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**Family-oriented Priorities, Policies and Programmes
in the Implementation of the
2030 Agenda for Sustainable Development
as Reported in the Voluntary National Reviews of
2020, 2021, 2022, 2023 and 2024**

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Executive Summary

This report analyses the role of family-oriented policies in achieving the Sustainable Development Goals (SDGs), drawing on Voluntary National Reviews (VNRs) submitted by 141 countries during the 2020–2024 period. Using a multidimensional framework—combining welfare regimes and state capacity, pre-distributive and redistributive measures, social investment, the socioecological model, and gender responsiveness—it offers a comprehensive assessment of how policies that actively engage women, men, and children contribute to sustainable development. This approach is aligned with the *People* dimension of the 2030 Agenda and provides a broader, integrated view of family wellbeing. While most Governments continue to recognise families as vital social institutions, the number of countries implementing family-oriented policies has declined since the 2016–2019 reporting cycle, primarily due to the disruptive impact of the COVID-19 pandemic, conflict, inflation, and climate-related shocks.

Family policies have been most consistently applied to **SDG 4 (quality education)**, where expanded school–family partnerships, early learning initiatives, and parenting support have contributed to improved equity and developmental outcomes. Strong results were also observed under **SDG 3 (health and wellbeing)**, **SDG 6 (water and sanitation)**, and **SDG 11 (sustainable cities and communities)**. In these areas, the engagement of families in service delivery, behaviour change, and participatory planning has reinforced resilience, especially in vulnerable and underserved communities. However, serious setbacks were found in **SDG 5 (gender equality)** and **SDG 16 (peace, justice, and child protection)**—including the prevention of intimate partner violence and violence against children, the redistribution of unpaid care work, and access to sexual and reproductive health services and legal identity. Efforts to reduce **poverty, hunger, and inequality (SDGs 1, 2, and 10)** also remain constrained by limited investment and fragmented implementation.

Key conclusions from the report:

- Family-oriented policies generate stronger outcomes when integrated into universal systems and reinforced by pre-distributive and redistributive frameworks.
- Education remains the strongest area of progress, while gender equality, child protection, and care policy have seen the greatest regression.
- Family participation in water, sanitation, housing, and mobility has fostered inclusive and risk-resilient service delivery—but remains underutilised in urban development.
- Mental health, climate change, and demographic transitions further underline the need for resilient, community-based and family-engaged responses.

Key messages:

- Family-oriented policies are not only protective—they are transformative, advancing equity, resilience, and sustainable development.
- Empowering families as co-implementers improves the reach, legitimacy, and sustainability of public policies.

- To meet the 2030 targets, Governments must reverse post-pandemic setbacks in SDGs 5 and 16, strengthen efforts on SDGs 1 and 2, and scale family participation in health, education, and urban systems.
- A renewed global commitment to inclusive, multidimensional family policy is essential for achieving the SDGs and ensuring no one is left behind.

Introduction: A multidimensional approach to family wellbeing through Sustainable Development Goals

The wellbeing of individuals and families lies at the heart of the 2030 Agenda for Sustainable Development. Yet the relationship between global development goals and family wellbeing remains a relatively underexplored domain in academic research. In this report, we propose an analytical framework to examine family wellbeing through the lens of selected Sustainable Development Goals (SDGs) and their respective targets, with a focus on the areas of poverty, food security, education, social protection, housing, water and sanitation, mobility and urban environments. Gender equality and free-of-violence family relations are also key elements of family wellbeing and sustainable development. Family-oriented policies are crucial for family wellbeing and are essential drivers of sustainable development.

This approach is informed by three core analytical and conceptual underpinnings. First, we draw on the socioecological framework of human development, which highlights the importance of multiple interacting systems that influence the lives of individuals and families – from the immediate microsystem of the household, to broader institutional and policy environments, up to the macrosystem of cultural and economic structures. This perspective allows us to map the various layers of influence that development policies and social protection strategies exert on family wellbeing.

Second, we build on the typology of welfare regimes, which recognises the diversity of institutional arrangements for social provision across countries and regions. Welfare regimes shape the extent to which families rely on the state, the market, or the family itself for their wellbeing. Analysing SDG implementation through the lens of welfare regimes enables us to capture how countries vary in their approaches to poverty reduction, social protection, and public investment in human development.

Third, our analysis prioritises the “People” dimension of the 2030 Agenda’s 5Ps framework, as it brings together many of the core areas that affect family wellbeing. The People dimension is centred on eradicating poverty and hunger (SDGs 1 and 2), and on enabling all individuals and families to lead fulfilling lives in dignity. It underscores the importance of inclusion, equality across different social domains, and the protection of the most vulnerable and marginalised groups. In this light, we examine in detail specific targets in SDGs 1, 2, 3, 4, 5, 6, 10, 11, and 16, as they collectively provide a comprehensive view of family wellbeing and social protection.

Additionally, this paper integrates good practices in family policy design in response to major megatrends that significantly impact families: technological change, demographic transitions, urbanisation, migration, and climate change.

The analysis draws on 171 Voluntary National Reviews (VNRs) submitted by 141 countries in English or Spanish between 2020 and 2024. Twenty-nine countries submitted reports in more than one year during this period. The data has been organised by year and country to provide a clear overview of reporting trends and country-level engagement with the SDG agenda.

Finally, we note that the conceptual underpinnings outlined here serve as guiding principles for our analysis. This report does not offer a detailed policy process analysis, nor an evaluation of the impact or coordination of specific measures. Nor does it seek to provide an in-depth assessment of the bioecological model or its direct application to public policy. Instead, the analysis is indicative of reported efforts, drawing on VNRs and complementary data to provide a broader and more integrated overview of the provision of family wellbeing in relation to the SDGs.

The countries that submitted the VNRs in the five years considered are:

2020: 38 Countries

Argentina, Armenia, Austria, Bangladesh, Brunei Darussalam, Bulgaria, Costa Rica, Ecuador, Estonia, Finland, Gambia, Georgia, Honduras, India, Kenya, Kyrgyz Republic, Liberia, North Macedonia, Malawi, Micronesia, Moldova, Mozambique, Nepal, Nigeria, Panamá, Papua New Guinea, Peru, Russian Federation, Saint Vincent and the Grenadines, Samoa, Seychelles, Slovenia, Solomon Islands, Trinidad and Tobago, Uganda, Ukraine, Uzbekistan, Zambia

2021: 38 Countries

Afghanistan, Angola, Antigua and Barbuda, Azerbaijan, Bahamas, Bhutan, Bolivia, Cabo Verde, China, Colombia, Cuba, Cyprus, Czech Republic, Denmark, Dominican Republic, Egypt, Germany, Guatemala, Indonesia, Iraq, Japan, Democratic People's Republic of Korea, Democratic Republic of Lao People's, Malaysia, Marshall Islands, Mexico, Namibia, Nicaragua, Norway, Paraguay, Qatar, San Marino Republic, Sierra Leone, Spain, Sweden, Thailand, Uruguay, Zimbabwe.

2022: 33 Countries

Argentina, Belarus, Botswana, Dominica, El Salvador, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Greece, Grenada, Italy, Jamaica, Kazakhstan, Latvia, Lesotho, Liberia, Malawi, Montenegro, Netherlands, Pakistan, Philippines, Sao Tome and Principe, Somalia, Sri Lanka, Sudan, Suriname, Switzerland, United Arab Emirates, Tuvalu, Uruguay.

2023: 32 Countries

Bahrain, Belgium, Bosnia and Herzegovina, Brunei Darussalam, Cambodia, Canada, Chile, Croatia, European Union, Fiji, Guyana, Iceland, Ireland, Kuwait, Liechtenstein, Lithuania, Maldives, Mongolia, Poland, Portugal, Romania, Rwanda, Saint Kitts and Nevis, Saudi Arabia, Singapore, Slovakia, Tajikistan, Tanzania, Timor Leste, Turkmenistan, Uzbekistan, Viet Nam, Zambia

2024: 29 Countries

Armenia, Austria, Azerbaijan, Belize, Brazil, Colombia, Costa Rica, Ecuador, Equatorial Guinea, Eritrea, Georgia, Honduras, Republic of Kenya, Democratic Republic of Lao's People, Republic of Mauritius, Mexico, Namibia, Nepal, Republic of Palau, Peru, Samoa, Sierra Leone, Solomon Islands, Republic of South Sudan, Spain, Uganda, Vanuatu, Republic of Yemen, Zimbabwe.

The 29 UN Member States that submitted VNRs twice are: Argentina (2020, 2022), Armenia (2024, 2020), Austria (2020, 2024), Azerbaijan (2021, 2024), Brunei Darussalam (2020, 2023), Colombia (2021, 2024), Costa Rica (2020, 2024), Ecuador (2020, 2024), Equatorial Guinea (2022, 2024), Eritrea (2022, 2024), Gambia (2020, 2022), Georgia (2020, 2024), Honduras (2020, 2024), Kenya (2020, 2024), Laos People (2021, 2024), Malawi (2020, 2022) Mexico (2021, 2024), Namibia (2021, 2024), Nepal (2020, 2024), Peru (2020, 2024), Samoa (2024, 2020), Sierra Leone (2021, 2024), Spain (2021, 2024), Solomon Islands (2020, 2024), Uganda (2020, 2024), Uruguay (2021, 2022), Uzbekistan (2020, 2023), Zambia (2020, 2023), Zimbabwe (2021, 2024).

An integrated analytical framework for family-oriented policies

Most of the world's population lives in families, regardless of residential arrangements, kinship types, or sexual orientation. Compared to other social units, families are where individuals experience multiple dimensions of wellbeing most directly and immediately. Therefore, analysing policies that affect families is a necessary and relevant task. These policies contribute to overall societal wellbeing and can play a central role in advancing the SDGs.

Previous work (Esteinou, 2020) analysing VNRs from 2016 to 2019 emphasised the multiple roles that families can play in policy frameworks—as recipients, instruments, managers, and co-designers. Since 2019, significant global challenges have emerged: the COVID-19 pandemic and the impact of lockdown measures, financial and economic crises, conflicts disrupting global supply chains and raising costs, and natural disasters and climate change related events. These challenges have generated widespread suffering, increased global inequality, and delayed or even reversed SDG progress. Many targets are far from being met by 2030.

Nevertheless, a review of recent VNRs reveals a more integrated vision of the SDGs and their interlinkages. This encouraging development can serve as a guide for coordinated action in the coming years.

Families are directly shaped by global transformations, policy environments, and everyday living conditions. As the primary site of care, education, protection, and identity, the family plays a central role in achieving sustainable development. This report adopts a multidimensional analytical framework to evaluate whether policies meaningfully support family wellbeing and contribute to the Sustainable Development Goals (SDGs). Drawing from socioecological theory, welfare regime analysis, and social policy research, the framework integrates five perspectives that together provide a systemic, inclusive, and policy-relevant lens.

This is not a strict or rigid analytical typology. Rather, the perspectives presented here serve as guiding tools for interpreting the diversity of family-oriented policies across different national and regional contexts. They help illuminate how policies work in practice, what dimensions of family wellbeing they address, and whether they support inclusive and sustainable development.

The socioecological model of family wellbeing

This report uses Bronfenbrenner’s bioecological systems theory (1979; Bronfenbrenner & Morris, 2007) as a foundational perspective for understanding how families interact with their environments. Human development and family wellbeing are influenced by five interconnected systems:

- **Microsystem:** the most immediate layer, involving family members, schools, and neighbourhoods;
- **Mesosystem:** interactions between different microsystems, such as the relationship between caregivers and educators;
- **Exosystem:** systems that affect families indirectly, such as parental working conditions and public infrastructure;
- **Macrosystem:** broader social and policy contexts, including legal frameworks, social norms, and political ideologies;
- **Chronosystem:** the role of time, including life transitions, generational change, and historical events such as the COVID-19 pandemic.

This model helps assess how policies at different systemic levels affect family life. For instance, labour market regulations (exosystem), education systems (mesosystem), and gender norms (macrosystem) all interact to shape a family’s wellbeing. It also supports a life-course approach, recognising that policies must support families at all stages—from early childhood to old age.

Welfare regimes and state capacity

Since the mid-20th century, welfare state typologies have been used to classify countries based on how they structure social provision (Titmuss, 1974; Esping-Andersen, 1990). However, these models—developed in the context of industrialised Western nations—do not capture the diversity of welfare arrangements globally. This report adopts a more flexible notion of welfare regimes (Arts & Gelissen, 2002; Walker & Wong, 2004; Hill & Irving, 2020), one that acknowledges the influence of historical legacies, political priorities, fiscal capacity, and institutional design.

We distinguish between universalist, targeted, residual, and developmental welfare approaches, and examine the capacity of states to deliver services across these models. Welfare regime analysis is essential for understanding how family-oriented policies are shaped—not just by need, but by political choices and governance models. It also draws attention to the interaction between the family, the market, and the state in the provision of care and services.

In low-capacity settings, family wellbeing often depends on informal care systems, which are gendered and unevenly distributed. In high-capacity welfare states, families benefit from institutionalised care infrastructures and more equitable labour policies. Understanding this variation is crucial to assessing the design, reach, and impact of family policies.

Redistributive and pre-distributive approaches

Inequality is a major determinant of family wellbeing. Redistributive and pre-distributive policies are distinct but complementary mechanisms for addressing inequality (Lucas et al., 2022).

- **Redistributive policies** correct inequalities after market outcomes. They include progressive taxation, cash transfers, food aid, and income support. These policies are particularly important for reducing poverty and compensating for structural disadvantage.
- **Pre-distributive policies** intervene before inequality arises. They include labour market regulations, universal education and health services, accessible childcare, and antitrust legislation. Such policies shape the conditions under which income and opportunity are distributed.

Research shows that redistribution alone is insufficient in contexts of high structural inequality, such as Latin America or Sub-Saharan Africa. In these settings, redistributive policies have modest impact without strong pre-distributive measures (Lucas et al., 2022). In contrast, countries that invest in both—such as through universal early childhood services or living wage laws—achieve better equity and intergenerational outcomes.

Pre-distributive policies raise the initial level of opportunity and wellbeing before market processes take effect, thus elevating the starting point from which other inequalities can be more effectively addressed. By shaping the foundational conditions of economic and social life—such as access to education, care, and decent work—pre-distributive strategies help prevent the reproduction of disadvantage.

This report uses the redistribution/pre-distribution distinction to assess whether family-oriented policies are merely compensatory (e.g., cash transfers), enabling (e.g., education access), or transformative (e.g., universal care services). The degree of redistribution is thus not just a fiscal question, but a measure of political commitment to equality.

Social investment perspective

The social investment paradigm offers a forward-looking model of welfare. Rather than focusing only on protecting people from market risks, it prioritises investment in human capabilities, particularly during the early years (Hemerijck, 2017; Plavgo & Hemerijck, 2024).

Hemerijck identifies three complementary policy functions:

- **Stock:** investment in human capital, such as education, nutrition, and health;
- **Flow:** support during transitions in the life course, such as parental leave and family support;
- **Buffer:** protection against social risks, including unemployment and disability.

When well-aligned, these functions contribute to sustainable family wellbeing and economic inclusion. However, social investment approaches also face critiques: they may favour the

economically active, overlook unpaid care work, and require significant fiscal resources (Cantillon, 2011).

Despite these challenges, the social investment model is particularly relevant for family policies, as it emphasises long-term outcomes over short-term relief. Policies like early childhood development, parenting support, and integrated service centres contribute not only to SDG 1 and 2 (poverty and food security), but also to SDG 4 (education), SDG 5 (gender equality), and SDG 10 (reduced inequalities).

Gender perspective: from blind to responsive

Care responsibilities within families are deeply gendered. In most regions, women perform most of the unpaid domestic and caregiving work, often at the expense of their education, income, and autonomy. Gender-blind policies risk reinforcing these inequalities.

This report assesses policies along a continuum:

- **Gender-blind:** policies that ignore gendered differences in caregiving roles.
- **Gender-sensitive:** policies that acknowledge unequal roles but do not seek to change them.
- **Gender-responsive:** policies that aim to transform gender norms and redistribute care, such as equal parental leave, formal childcare expansion, or universal basic services.

Family-oriented policies should support not only caregiving needs, but also shared responsibility, women's labour participation, and men's engagement in care. Gender-responsive approaches are essential to break cycles of inequality and enable all family members to thrive.

Together, these five perspectives form the integrated analytical framework used in this report. They guide the assessment of social protection coverage, policy examples, and implementation practices across 141 countries.

Megatrends influencing family-oriented policies

Families across the globe are increasingly affected by large-scale, interconnected transformations, or megatrends, that are reshaping social, economic, and environmental landscapes. Among these, technological change, demographic shifts, sustainable urbanisation, climate change, and migration are critical forces influencing family wellbeing. These trends present challenges and opportunities, demanding proactive, inclusive, and family-oriented policy responses. This section highlights the significance of these megatrends, analyses their implications for families, and identifies policies and programmes that support resilience, cohesion, and wellbeing in line with the 2030 Agenda.

1. Technological change

Technological change is increasingly shaping the structures and rhythms of everyday life, transforming how families learn, care, move, communicate, and access services. Its pervasiveness affects all dimensions of family wellbeing—education, health, work-life balance, mobility, environmental sustainability, and social protection. For this reason, many countries are actively integrating digital innovation into family-oriented policies. When guided by redistributive and pre-distributive approaches, a strong welfare infrastructure, and a gender-responsive perspective, technological change becomes a lever for inclusion, resilience, and social investment.

In the field of education, digital tools have been widely adopted to enhance access and improve learning outcomes for children and adolescents. Several countries have recognised the family as a critical partner in this transformation. In India (2020), the DIKSHA platform was scaled up to offer multilingual educational content accessible to families across rural and urban settings, supporting continuity of learning during crises. Costa Rica (2020, 2024) integrated digital literacy into national education and development plans, offering training for children and caregivers to ensure safe and effective use of digital tools. Similarly, Bangladesh (2020), under the “Digital Bangladesh” strategy, has provided ICT training to women and youth while enhancing remote access to educational and social services. In Uruguay (2021,2022), Plan Ceibal distributed devices to all schoolchildren and embedded digital pedagogy into public education, thereby reducing educational disparities and enhancing parental engagement. European countries such as Finland (2020) and Spain (2021, 2024) have embedded digital parenting and online safety into national curricula, recognising families as key agents in navigating the digital environment. These strategies not only support learning but also foster digital inclusion, intergenerational skills transfer, and parental participation—core aspects of family wellbeing.

In healthcare, digital technologies have facilitated more inclusive, accessible, and efficient services for families. Telemedicine, electronic health records, and health apps have been used to expand coverage and strengthen continuity of care. Costa Rica (2020, 2024) reported that over 90% of its national health services are digitised through the EDUS platform, allowing families to access appointments, medical records, and test results online. Egypt (2021) used digital platforms to ensure remote access to maternal and child health services, while India (2020) scaled up telemedicine to reach families in remote areas during the COVID-19 pandemic. Rwanda (2023) developed a Smart Health System linking patient records across facilities, improving early diagnosis and coordinated care for children and caregivers. Saudi Arabia (2023) introduced the Sehhaty app to streamline vaccination tracking and medical consultations for families. Estonia (2020), a pioneer in e-health, offers integrated digital access to prescriptions, appointments, and health histories, significantly reducing administrative burdens on families. These innovations, when embedded in universal health systems, support pre-distributive strategies that promote prevention, early intervention, and equitable access to care.

Technological change has also transformed how families access and manage social protection and administrative services. Digital platforms are increasingly used to deliver benefits, register for services, and access support. Qatar (2021) expanded its e-government systems to include family services such as education enrolment, health records, and child benefit registration. In Estonia (2020), digital tools have streamlined the administration of

family allowances and parental leave, reducing bureaucratic barriers and improving service efficiency. Indonesia (2021) integrated child protection standards into digital platforms to support children affected by online harm and strengthen family-based care responses. These initiatives highlight how digital governance, when inclusive and secure, enhances families' autonomy and facilitates their engagement with the welfare state.

Urban mobility is another area where smart technologies are improving family wellbeing and environmental sustainability. Public transport systems that integrate digital solutions and clean energy support affordable and safe mobility while reducing urban pollution. India (2020) and Colombia (2021, 2024) have introduced electric buses in major cities, helping working families reduce travel time and health risks associated with emissions. Austria (2020, 2024) implemented the “Klimaticket”, providing unlimited access to eco-friendly transport across the country—benefiting large households and low-income commuters. In Brazil (2024), digital systems have improved traffic management in cities like Curitiba, ensuring better access to urban services for families. Singapore (2023) offers real-time digital mobility tools and smart housing that reduce logistical pressures on family life, integrating technology with long-term planning for urban wellbeing.

Finally, technological innovation is supporting family resilience in the face of climate change. Countries are applying digital solutions to monitor environmental risks, manage natural resources, and promote green infrastructure. In Japan (2021), the Society 5.0 vision includes smart homes with energy-efficient systems and disaster preparedness features tailored to household needs. Finland (2020) and Denmark (2021) have invested in smart grids and green housing that promote sustainable living while reducing household energy costs. Costa Rica (2020, 2024) applies digital sensors for reforestation tracking and sustainable land management, benefitting rural families who depend on natural resources. In the United Arab Emirates (2022), Masdar City demonstrates how integrated urban planning and digital design can create a low-carbon, family-friendly environment. For countries highly exposed to climate risks, such as Tuvalu (2022), digital monitoring of coastal erosion is used to guide family relocation strategies and early warning systems, embedding technology into socioecological resilience planning.

Across these examples, technological change is not only reshaping services—it is also reshaping the relationship between families and the state. When policies are designed to be inclusive, family-oriented, and responsive to gender and generational needs, digital innovation can act as a powerful tool for equity and sustainability. However, ensuring that all families benefit requires deliberate investment in digital infrastructure, regulation, access, and capacity-building—particularly for the most disadvantaged. Only then can technology fulfil its promise as an engine for sustainable development and family wellbeing.

2. Demographic change

The world is experiencing dramatic demographic shifts, including ageing populations, declining fertility rates in many regions, and a growing share of children and youth in others. These changes affect intergenerational dynamics and place new pressures on families and welfare systems. Ageing societies face increasing demand for older people's care, often provided informally by women within households. Another pressure on the demand for older

people's care is that household size is very low, which challenges traditional support networks. In regions with large youth populations, such as Sub-Saharan Africa and parts of Asia, ensuring access to quality education, employment opportunities, and healthcare is critical for enabling families to support their younger members.

In response, countries are adapting policies to demographic realities. For example, Japan (2021), facing low fertility and an ageing society, has implemented a comprehensive family policy framework promoting work-life balance, expanding parental leave, and improving access to childcare to support young families. Spain's (2021, 2024) gender-equality strategies also address demographic pressures by promoting shared caregiving and supporting women's economic participation. In the Netherlands (2022), demographic planning includes family-oriented housing models and integrated care services that address the needs of both children and older adults.

In countries with predominantly young populations, demographic trends have encouraged policy frameworks focused on youth empowerment, reproductive health, and access to services. South Sudan (2024) has developed national strategies on youth development, civil registration, and reproductive health, aiming to improve access to services and support family resilience. Bhutan (2021) adopted a National Child Policy to promote child wellbeing in the face of shifting demographic patterns. In Uruguay (2021, 2022) and Cuba (2021), early childhood development and family support systems have been strengthened to manage the dual challenges of ageing and fertility transition. These responses reflect a social investment approach that views youth not only as beneficiaries, but also as active contributors to family and societal wellbeing.

Family-oriented demographic policies have also been tailored to diverse household structures and caregiving models. In Iceland (2023) and Germany (2021), legislation has expanded the definition of families to include same-sex couples and co-parenting arrangements, ensuring equal access to parental leave and social benefits. Denmark (2021) has introduced integrated care hubs supporting multigenerational households, and Finland (2020) developed family centres that offer targeted support to lone parents and elderly caregivers. Austria (2020, 2024) and Spain (2021, 2024) have broadened eligibility for family benefits and early childhood services to include single mothers and cohabiting partners, reflecting an inclusive definition of family. These examples demonstrate a shift toward inclusive and flexible welfare regimes that recognise evolving family forms and caregiving responsibilities.

Support for large families, single-parent households, and families facing economic hardship is also evident in policy adaptations across Europe and Central Asia. Moldova (2020) and Lithuania (2023) have increased maternity and paternity benefits and introduced housing support schemes for vulnerable families. These redistributive measures address both demographic and economic inequalities, helping families adapt to changing household dynamics and living costs.

While ageing is a key concern in some contexts, youth-focused investment is central in others. In countries with growing youth populations, such as Bangladesh (2020) and Indonesia (2021), policies have prioritised access to education, employment, and health services, recognising that the wellbeing of children and adolescents directly shapes future

demographic stability. In Mexico (2021, 2024), where both youth inclusion and population ageing are relevant, policies have combined intergenerational support networks with redistributive transfers and pre-distribute measures, such as early childhood services (*Centros de Atención Infantil*), youth training programmes (*Jóvenes Construyendo el Futuro*), cash transfers (*Becas para el Bienestar Benito Juárez*), and universal pension for old age people to support families across generations.

Addressing gender inequality within the family is also central to demographic policy adaptation. As more women participate in the workforce and dual-income households become the norm, the unequal distribution of unpaid care and domestic work remains a critical issue. Sweden (2021) and Iceland (2023) have promoted equal, non-transferable parental leave to encourage men's participation in childcare and support women's economic autonomy. In some Latin American countries, such as Uruguay (2021, 2022) and Mexico (2021, 2024), national care systems are developing to redistribute care responsibilities between families, the state, and the market, recognising unpaid care as a structural barrier to gender equality and sustainable development. They seek to bridge welfare gaps, reduce women's economic dependency, and strengthen the wellbeing of children and old age members.

More broadly, demographic change requires rethinking how societies value and support different stages of life. These examples of family-oriented policies show that countries are moving towards life-course approaches that support family wellbeing at every stage, from early childhood to old age. When embedded within redistributive welfare systems and supported by inclusive care policies, demographic adaptation becomes a foundation for equitable development. The socioecological perspective reinforces this view by recognising the interaction between population dynamics, family systems, and broader structural and environmental conditions.

3. Urbanisation

Urbanisation continues to accelerate globally, shaping the living conditions of families and affecting their access to housing, public services, mobility, and green spaces. With most of the world's population now living in cities, urban environments offer opportunities for improved livelihoods and services but also pose significant challenges. Unplanned or poorly regulated urban growth can deepen inequality, leading to overcrowded housing, informal settlements, limited access to basic services, and unsafe or exclusionary public spaces. For families, particularly those living in poverty or headed by women, these conditions undermine wellbeing, increase caregiving burdens, and weaken social and intergenerational networks.

In response, several countries have adopted urban development strategies that explicitly address family needs. In Brazil (2024) and Mexico (2021, 2024), intersectoral approaches integrate housing, mobility, and social protection, with a focus on reducing spatial inequality and increasing access to services. Colombia's (2021, 2024) national urban policy prioritises inclusive neighbourhood design and investment in public space and safety, especially in low-income communities. Peru (2020, 2024) and Chile (2023) have implemented community-

based planning that includes safe recreational areas and specialised services for children, adolescents, and caregivers. These initiatives reflect a commitment to placing family wellbeing at the centre of urban renewal and resilience efforts.

Family-sensitive housing policies are also advancing in diverse contexts. Namibia (2021, 2024) has prioritised the construction of affordable housing and the upgrading of informal settlements, focusing on the needs of women-led households and vulnerable families. In Finland (2020) Belgium (2023) and Austria (2020, 2024), decentralised urban models promote walkable, service-rich communities that reduce commuting burdens and support local caregiving and education. Japan (2021) has integrated green spaces, family housing, and ageing-friendly environments into compact city planning to improve quality of life across generations.

Several countries have also invested in public space and greening strategies that foster social cohesion and improve family wellbeing. In Qatar (2021), urban plans include shaded walkways, family-friendly parks, and inclusive service hubs aligned with cultural values and caregiving needs. Singapore (2023), through its Smart Nation initiative, has developed high-density yet family-friendly neighbourhoods with integrated childcare, eldercare, and recreational facilities. In Germany (2021) and Austria (2020, 2024), urban strategies promote inclusive access to green infrastructure and support child- and elder-friendly design through participatory planning mechanisms. In Kazakhstan (2022), the government has implemented the "Nurly Zher" housing programme, aiming to increase the availability of affordable housing and improve living conditions for families across urban areas.

In China (2021), urbanisation policies have increasingly focused on integrating rural migrants into cities by reforming the household registration system (hukou) and expanding access to public services. Initiatives such as the "Sponge City" programme aim to enhance urban resilience through green infrastructure, benefiting families by reducing flood risks and improving environmental quality.

Family-oriented urbanisation plays a vital role in achieving SDG 11 targets by embedding social equity and resilience into the fabric of city planning. Ensuring participatory design, improving access to decent and affordable housing, and expanding inclusive public spaces allows cities to better support caregiving, education, and community life. When grounded in welfare regimes and guided by redistributive and social investment approaches, sustainable urban planning becomes a key driver of family wellbeing and social cohesion.

4. Climate change and environmental resilience

Climate change is one of the most pressing global threats, with both direct and indirect consequences for families. Extreme weather events, rising sea levels, droughts, and biodiversity loss disrupt livelihoods, strain caregiving capacities, increase food insecurity and force displacement. Children, pregnant women, and older family members are especially vulnerable to environmental shocks, and families living in rural, coastal, or low-income areas are often the most exposed and the least protected. Climate-related stressors also intensify existing inequalities, placing additional pressure on gendered patterns of unpaid care and domestic responsibilities.

In response, countries are increasingly developing integrated strategies that recognise families as central actors in building climate resilience. Fiji (2023) and the Philippines (2022) have linked disaster risk reduction with family wellbeing by implementing community-based adaptation plans that prioritise child protection, inclusive relocation protocols, and social support during emergencies. These approaches draw on local knowledge and community structures to strengthen preparedness and protect vulnerable groups. In Viet Nam (2023), the government has implemented the Emission Reductions Payment Agreement (ERPA) with the World Bank, aiming to reduce carbon emissions from deforestation and forest degradation, which indirectly supports rural families dependent on forest resources. Similarly, Indonesia's (2021) National Adaptation Plan includes community-based disaster risk management strategies that engage families in resilience-building activities

Several governments have integrated social protection systems with climate-responsive programming to cushion families from environmental shocks. In Bangladesh (2020), climate-sensitive safety nets include targeted cash transfers and public works programmes that support family income during periods of drought or flooding. Similarly, Namibia (2021, 2024) has aligned its national nutrition and social development plans with environmental objectives, addressing food security risks that disproportionately affect children and caregiving households. Tuvalu (2022) and Vanuatu (2024)—small island developing states severely threatened by sea level rise—have implemented national disaster response plans that involve families in community preparedness, relocation planning, and early warning systems. These are supported by climate-resilient housing, inclusive school feeding programmes, and social protection that ensures continuity of care during crisis. In Central Asia, Kazakhstan's (2022) Climate Change Action Plan (2025–2027) under the CAREC programme emphasises regional cooperation to enhance climate resilience, including measures that support family livelihoods in agriculture and water management. China's (2021) National Climate Change Adaptation Strategy includes provisions for improving rural housing and infrastructure to protect families from climate-induced disasters.

In conflict-affected contexts, environmental stressors often intersect with displacement, increasing the vulnerability of families. South Sudan's (2024) health and nutrition roadmap, and Sudan's (2022) national plan to combat trafficking, acknowledge the compounded risks that climate change poses to displaced families, especially women and children. These policy responses adopt a socioecological lens, addressing both the environmental and social drivers of vulnerability.

In the Arab States, Qatar (2021) has included family resilience in its climate strategy through housing upgrades, disaster preparedness initiatives, and access to support services for vulnerable households. In Europe, Spain (2021, 2024) and Germany (2021) have promoted family-oriented environmental education and the development of green public spaces that support intergenerational wellbeing and ecological awareness. These initiatives also contribute to mitigation by encouraging more sustainable household practices. Poland (2023) has implemented the "Clean Air" programme, offering subsidies for home insulation and heating system upgrades, directly benefiting low-income families and reducing energy poverty.

Additional examples show how environmental policies are being aligned with inclusive development. In Portugal (2023) and Ireland (2023), climate action plans include components on energy poverty relief and home insulation subsidies for low-income families, reducing household vulnerability to temperature extremes while promoting sustainable consumption. In Costa Rica (2020, 2024), families have been engaged in reforestation and sustainable agriculture programmes through targeted rural development policies, combining environmental conservation with livelihood support. In the Caribbean, Saint Vincent and the Grenadines (2020) has prioritised community-based disaster risk management, integrating early warning systems and school-based shelters that support family protection and continuity of services during climate emergencies. Grenada (2022) has implemented innovative financial measures, such as disaster clauses in debt agreements, allowing for payment suspensions when significant insurance payouts are received, thereby providing families with more immediate support following climate-related disasters. In Central America, the Disaster Risk Insurance and Finance in Central America (DRIFCA) consortium supports climate-related agricultural insurance solutions for smallholder farmers in Guatemala (2021), El Salvador (2022), and Honduras (2020, 2024), enhancing food security and financial resilience for families.

These examples demonstrate that when climate action is grounded in family-oriented strategies—such as social protection, public education, gender-responsive care planning, and participatory adaptation—resilience becomes more sustainable and equitable. A socioecological approach highlights the need to address structural inequalities alongside environmental risk, ensuring that families not only adapt to climate change, but are supported in shaping long-term solutions.

5. Migration

Internal and cross-border migration is a defining feature of the 21st century and a major driver of social transformation. Families are both affected by and are actors within migration processes. Labour migration can provide income and opportunity, but it can also lead to family separation, intergenerational stress, and vulnerability to exploitation. Conflict or environmental stress is also a driver of families migrating together. Refugees and displaced families often face additional challenges in accessing basic services, housing, legal protections, and integration in host communities.

Family-oriented migration policies vary widely. Some host countries are investing in inclusive services and integration strategies that recognise the specific needs of migrant and refugee families. In Ghana (2022) and Mozambique (2020), for instance, cross-border coordination and victim support systems address child trafficking and family separation. Ecuador (2020, 2024) has adopted inclusive migration policies providing access to education, health, and legal services for migrant families, particularly those from neighbouring countries facing humanitarian crises. In Uganda (2020, 2024), anti-trafficking units at borders help detect and support victims, often involving family reunification efforts.

Programmes such as Angola’s (2021) “SMS Jovem” youth platform or Liberia’s (2020, 2022) reintegration services for displaced youth include family counselling and support

components. Policies in countries such as Sudan (2022) and Egypt (2021) also combine border management with community awareness, family reunification, and services for children affected by migration. Iraq (2021) has similarly expanded civil documentation initiatives for internally displaced families, supporting legal identity and access to services.

In Europe, Germany (2021) and Sweden (2021) provide family reunion pathways for asylum seekers and migrants, while ensuring education and health access for children. In the Arab States, Qatar (2021) offers integrated services and legal protections for migrant families, including maternal health services and education subsidies. In Thailand (2021), efforts to regularise migrant workers from neighbouring countries have included access to family registration, healthcare, and schooling for children. Meanwhile, Malaysia (2021) has implemented community-based services that extend legal aid and shelter to women and children affected by trafficking and irregular migration.

Migration-sensitive family policies have proven to be effective in protecting rights, promoting social cohesion, and ensuring access to essential services. This includes recognising the central role of families in sustaining resilience, identity, and wellbeing throughout the migratory journey—before departure, during transit, and upon settlement. Placing families at the heart of migration policies is essential to designing strategies that are not only effective and humane, but also socially sustainable.

Across all megatrends, integrating family-oriented approaches, through supportive services, inclusive planning, and participatory governance, has been essential to building resilient, equitable societies. Families are not just affected by global change but are central to shaping outcomes and solutions.

1. The starting point to welfare: End poverty, food insecurity and inequality



1.1 The landscape of poverty, food insecurity and deprivation (Targets 1.1, 1.2, and 2.1)



Ensuring equitable material wellbeing is a core objective of sustainable development and a foundational element of the SDG framework's People dimension. Poverty, food insecurity, and inequality remain key obstacles to achieving this goal, as they directly undermine basic needs and limit families' capacity to thrive. This section sets the landscape of current poverty, food insecurity, and deprivation. It draws on data from UNDP and the Oxford Poverty and Human Development Initiative (2024) for poverty indicators, and from FAO and UNICEF (2024) for food insecurity. While some figures predate the COVID-19 pandemic, they remain relevant for illustrating structural conditions, several of which are also reflected in the VNRs.

To organise the data, we classified countries using the following thresholds:

- **Extreme poverty (less than \$2.15/day):**
 1. Less than 5% of the population
 2. 5–9% of the population
 3. 10% or more of the population
- **National poverty (share of population below the national poverty line):**
 1. Below 20%
 2. 20–29%
 3. 30% or higher
- **Multidimensional deprivation intensity average:** Applied using the same thresholds as national poverty
- **Food insecurity:**

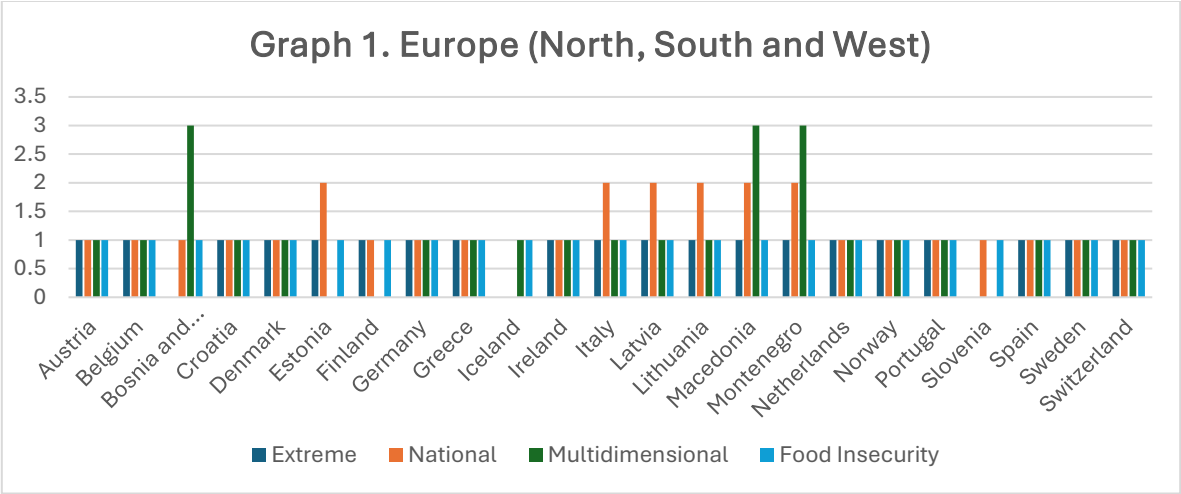


1. Less than 5% (food secure)
2. 6–15% (moderate)
3. 16% or more (severe)

Countries are grouped by region to reveal both inter- and intra-regional disparities.

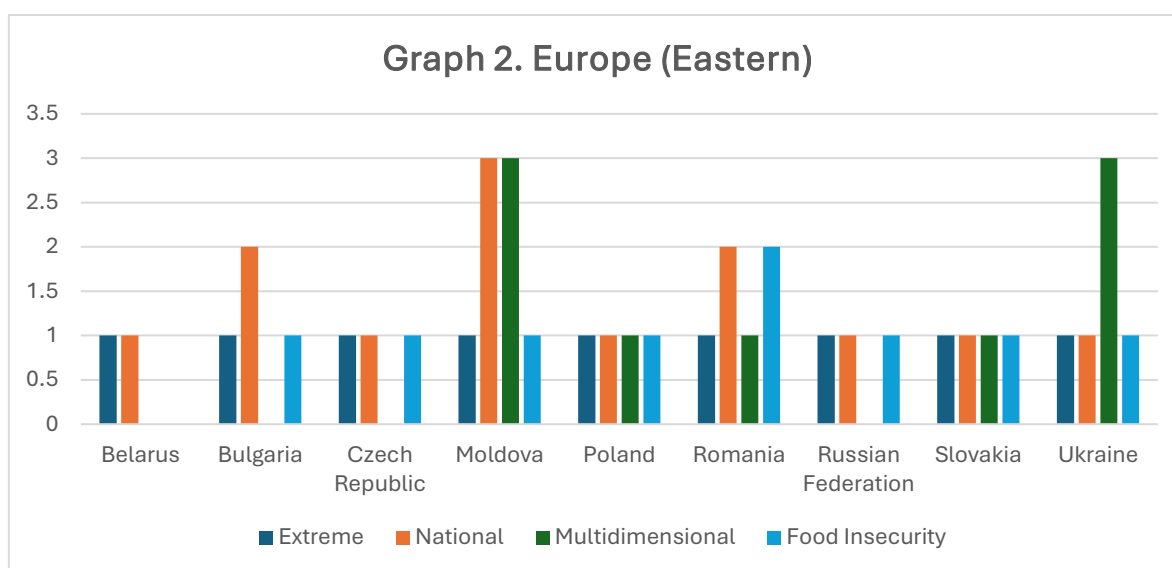
Europe and Central Asia

As illustrated in most countries in Northern, Southern, and Western Europe maintain low levels of extreme poverty and food insecurity, though notable exceptions in multidimensional deprivation and national poverty exist. As Graph 2 demonstrates, countries in Eastern Europe such as Moldova (2020), Romania (2023) and Ukraine (2020) face more pronounced challenges, particularly in terms of national poverty and multidimensional deprivation. These indicators underscore regional disparities and the continued need for robust social support systems.

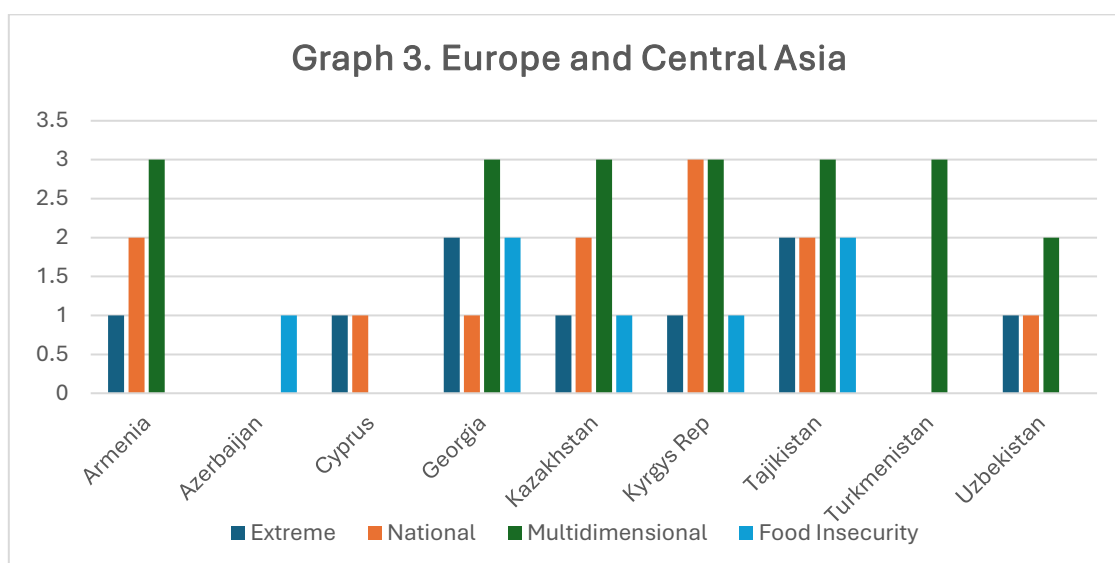


Sources: Based on data from UNDP and OPHI (2024) for extreme, national, and multidimensional poverty; FAO (2024) for food insecurity. Applies to all regions, graphs 1-7.¹

¹ Values on the Y-axis in the Graph represent grouped ranges for poverty and food insecurity levels. For extreme poverty: 1 = less than 5% of the population, 2 = 5–9%, 3 = 10% or more. For national and multidimensional poverty: 1 = less than 20%, 2 = 20–29%, 3 = 30% or more. For food insecurity: 1 = less than 5%, 2 = 6–15%, 3 = 16% or more. These criteria apply for all the following Graphs about poverty and food insecurity.



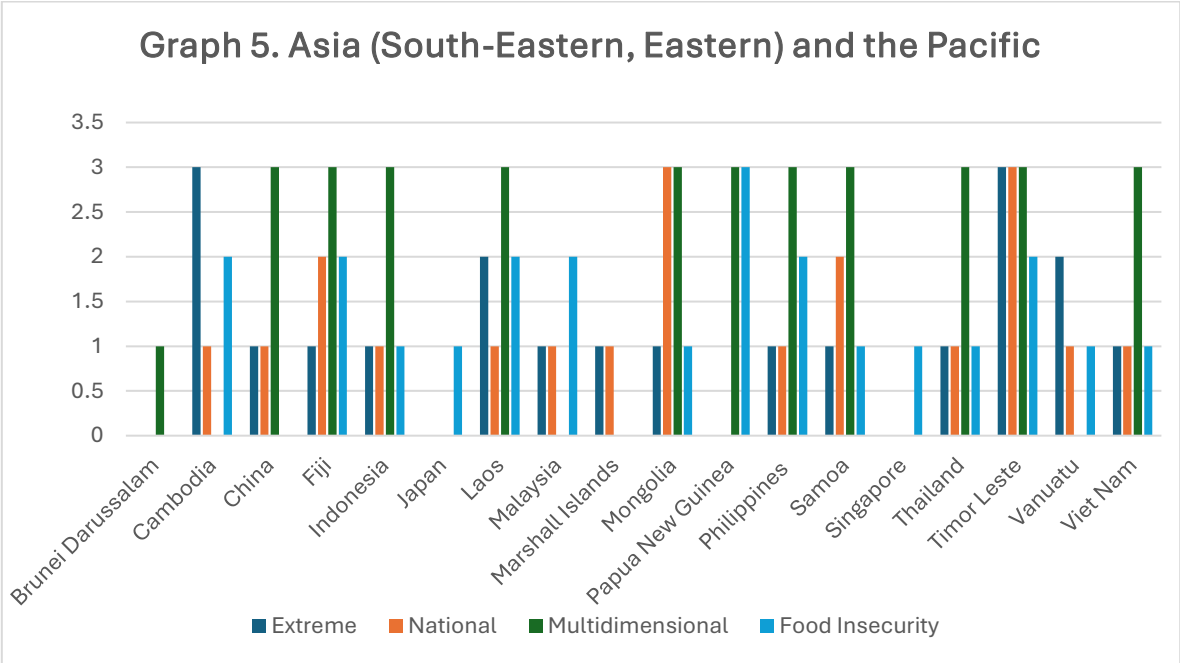
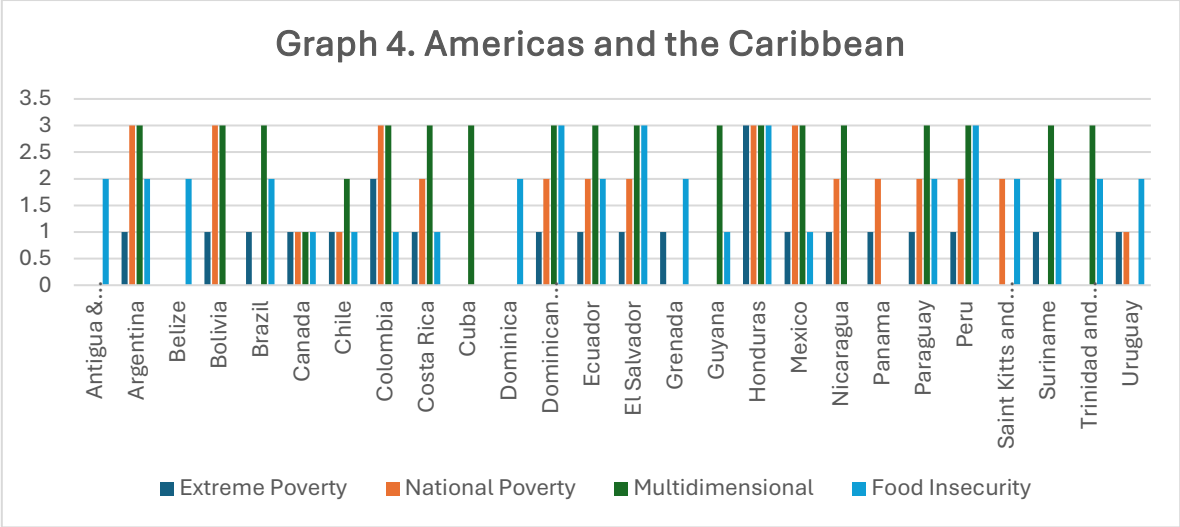
In the Europe and Central Asia region (Graph 3), high levels of multidimensional deprivation are especially visible in Armenia (2020, 2024), Kazakhstan (2022), Kyrgyzstan (2020), Tajikistan (2023), and Turkmenistan (2023). Tajikistan presents a particular adverse profile, with higher extreme poverty, national poverty, food insecurity, and deprivation intensity. In addition to high deprivation intensity, Georgia and Kyrgyzstan also show higher levels of extreme poverty, national poverty, and food insecurity.



Americas and the Caribbean

In the Americas and the Caribbean (Graph 4), most countries report low levels of extreme poverty, with the exception of Honduras (2020, 2024), where it exceeds 10%. However, national poverty and multidimensional deprivation remain serious challenges in Bolivia (2021), Colombia (2021, 2024), Ecuador (2020, 2024), El Salvador (2022), Guatemala (2021), Honduras (2020, 2024), Nicaragua (2021), and Peru (2020, 2024), where several

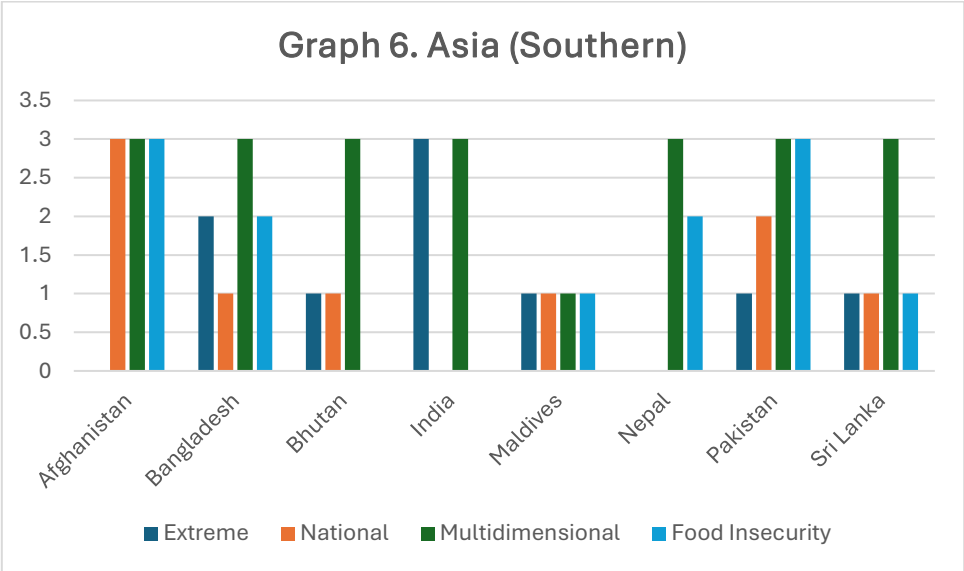
families experience overlapping disadvantages. Food insecurity also exceeds 15% in countries such as El Salvador, Honduras, Peru (2020, 2024), and the Dominican Republic (2021), revealing a persistent gap in access to adequate nutrition. Caribbean countries such as Saint Kitts and Nevis (2023), Dominica (2022), and Grenada (2022) also show high levels of multidimensional deprivation, underlining regional vulnerabilities that go beyond income poverty.

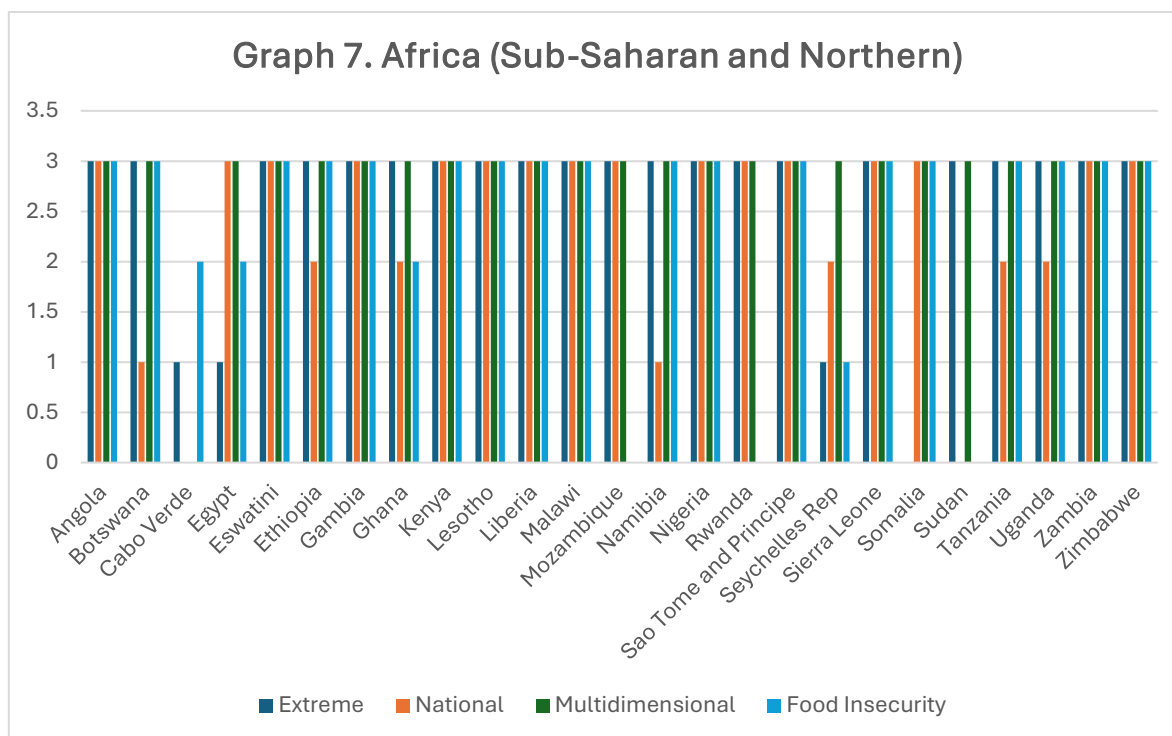


Asia and the Pacific

In Asia and the Pacific (Graph 5), multidimensional deprivation is the most widespread challenge, affecting the majority of countries. Cambodia (2023), Timor-Leste (2023), Laos (2021, 2024), Papua New Guinea (2020), and Vanuatu (2024) display severe levels of extreme poverty, national poverty, and food insecurity, making them some of the most vulnerable in the region. Although Indonesia 2021), Vietnam (2023), and Philippines (2022) have moderate levels of extreme poverty, they are still burdened by high levels of multidimensional deprivation. Small island states such as the Marshall Islands (2021), Fiji (2023), and Samoa (2020, 2024) face heightened food insecurity alongside structural poverty. On the other hand, countries like Japan (2021), Brunei Darussalam (2020, 2023), and Singapore (2023) exhibit lower levels of deprivation across all indicators.

In Southern Asia (Graph 6), nearly all countries face high levels of deprivation across multiple dimensions. Afghanistan (2021), India (2020), Nepal (2020, 2024), and Pakistan (2022) show critically high levels of extreme poverty multidimensional deprivation and food insecurity. Bangladesh (2020) and Bhutan (2021) also exhibit significant challenges, particularly in multidimensional poverty, although their extreme poverty levels are lower. The Maldives (2023) and Sri Lanka (2022) present a relatively better profile with lower levels across all indicators, yet remain vulnerable to food insecurity and the effects of inflation and global shocks. These indicators underscore the urgent need for family-oriented strategies that address food insecurity, strengthen community resilience, and invest in long-term human development.





Africa

In the Sub-Saharan and Northern Africa (Graph 7), the data reveal the most widespread and acute levels of material deprivation globally. The vast majority of countries exhibit extreme poverty, national poverty, and multidimensional deprivation intensity at the highest levels. Countries such as Ethiopia (2022), Mozambique (2020), Malawi (2020, 2022), Zambia (2020, 2023), Uganda (2020, 2024), and Zimbabwe (2021, 2024) all report critical indicators across all dimensions, with food insecurity affecting large shares of their populations. Even countries with relatively lower national poverty, such as Namibia (2021, 2024) or Ghana (2022), still experience intense multidimensional deprivation. Cabo Verde (2021) and Botswana (2022) stand out with more moderate levels in one or more indicators, yet still face notable vulnerability. The compounded nature of these deprivations severely restricts families' capacity to ensure wellbeing, resilience, and intergenerational opportunity. In such settings, both immediate assistance and long-term investments in family-oriented social infrastructure are essential to break cycles of poverty and inequality.

MENA region

In contrast to other regions, the Middle East and North Africa (MENA) region presents a significant data gap. Countries such as Bahrain (2023), Kuwait (2023), Qatar (2021), Saudi Arabia (2023), the United Arab Emirates (2022), and Yemen (2024) did not report significant information in their VNRs. However, although some of these countries have relatively high income levels and well-developed infrastructure, socioeconomic inequalities and regional disparities may still persist beneath the surface. In the case of Yemen, prolonged conflict and humanitarian crises have drastically increased vulnerability, though up-to-date statistics

remain scarce. Addressing these data limitations is essential to ensure that no population group is left unaccounted for in the global effort to eradicate poverty and hunger.

1.2. Income Inequality (Targets 10.1 and 10.2)



Poverty extends far beyond income below the internationally standardised poverty line or national thresholds. As previously noted, it undermines food security, and it obstructs access to health, education, and other essential services. Moreover, dimensions such as time spent at work, the quality of public services, and the adequacy of infrastructure significantly influence the capacity to achieve a decent standard of living. Poverty, therefore, is deeply interwoven with economic and social inequality. The previous section illustrated, through average multidimensional poverty intensity, the extent to which large segments of the global population live under highly adverse conditions. However, it is equally important to highlight the growing gap between the most privileged and the most disadvantaged groups. This section addresses that dimension by examining income inequality.

One particularly striking observation from the review of the VNRs is the limited information provided on economic inequality, as related to SDG targets 10.1 and 10.2. In contrast with the relatively robust attention given to poverty (targets 1.1 and 1.2), many VNRs have failed to develop indicators on inequality, despite its intensification in recent years. This lack of data reflects, in our view, a limited commitment to capturing the social dimension of poverty beyond income and economic growth, often leaving inequality to be addressed primarily through market mechanisms. The insufficiency of information in the VNRs has compelled us to rely on alternative sources, notably the World Inequality Lab, to develop a more complete regional analysis (Lucas et al., 2022). Policies and programmes reported in the VNRs to address inequality—particularly those with implications for families—are analysed in a later section.

Estimates from the World Inequality Lab (Lucas et al., 2022) reveal that, when measured against the estimated global average income (i.e., the average annual income received by the adult global population in purchasing power parity), the global bottom 50% captures just 8.5% of total income—less than one-fifth of the global average. The global middle 40% receives 39.5%, while the top 10% of earners capture 52%, or five times the global average. In 2021, global income inequality remained stark. When considering wealth inequality—the average value of assets owned by the adult global population—extreme disparities have persisted since at least 1910 (pp. 26–28).

Across regions, severe disparities also persist. The share of global average income is just 31% in Sub-Saharan Africa, 50% in South and South-East Asia, and 82% in Latin America. In contrast, it is 215% in Europe and 315% in North America. Meanwhile, East Asia, the Middle East and North Africa (MENA), and Russia and Central Asia have shares closer to the global average (117%, 112%, and 104%, respectively). Moreover, the gap is exacerbated by unequal labour burdens: Sub-Saharan Africans and South-East Asians spend approximately 30% more time at work annually than Europeans and North Americans (p. 28).

Income inequality also varies significantly within regions. When considering post-transfer income—income received after pensions and unemployment benefits but before income taxes and additional transfers—there are marked disparities between the bottom 50%, middle 40%, and top 10% income shares. In Latin America, MENA, Sub-Saharan Africa, and South and South-East Asia, the bottom 50% of earners capture only 9–12% of national income, levels on par with global inequality. These regions are characterised by dual social structures in which a small economic and political elite enjoys standards of prosperity akin to those of high-income countries. Conversely, in North America, East Asia, and Russia and Central Asia, the bottom 50% captures approximately 19% of national income. At the other end of the spectrum, the top 10% captures 36% in Europe, compared to 55–58% in the more unequal regions. These figures underscore the structural inequalities in income distribution: regions where the bottom 50% hold very little income are also those where the top 10% captures a disproportionate share. Notably, Europe stands out as relatively more equitable, being the only region in which the middle 40% (typically considered the "middle class") earns significantly more than the top 10% (Lucas et al., 2022, p. 30).


Variation also exists across countries within the same region, owing to differing national standards of living. Europe and North America, for instance, have comparable average incomes but markedly different levels of inequality. Similarly, MENA and East Asia exhibit similar income levels but divergent income distributions. These differences highlight that there is no inherent trade-off between higher income levels and greater inequality. Higher average income does not guarantee lower inequality. The degree of inequality within a society is, above all, a political choice: it is determined by how a society chooses to structure its economy (Lucas et al., 2022, p. 30), and by its policy decisions regarding which social protections are considered necessary and feasible to implement.

This is captured by the gap between the average income of the top 10% and that of the bottom 50% (T10/B50 ratio), which serves as a proxy for how societies distribute income across the economic ladder. In extremely unequal regions, the T10/B50 gap exceeds 20. In East Asia, Russia (2020) and Central Asia, and North America, the top 10% earns 16 times more than the poorest half. In Europe, the income gap is 10. Even within regions, disparities exist. In Africa, for instance, the gap ranges from 13–15 in Nigeria (2020) and Ethiopia (2022), to between 40 and 63 in Namibia (2021, 2024), Zambia (2020, 2023), and South Africa. In South and South-East Asia, the gap in India is 22, significantly higher than Thailand's (2021) 17. In Latin America, the average income gap is 13, but rises to 29 in Brazil (2024) and Chile (2023). Even among high-income countries, including those in Europe, variation is evident: in Germany (2021), Denmark (2021), and the United Kingdom, the T10/B50 income gap ranges from 7 to 10. In sum, regardless of a country's level of development, a wide range of inequality outcomes is possible (Lucas et al., 2022, p. 31).

Understanding income inequality within the framework of welfare regimes is essential. In contexts where redistributive policies are strong—such as universal social transfers, progressive taxation, and high-quality public services—inequality tends to be more contained. This is evident in European social democratic regimes, where a robust welfare state and a commitment to family wellbeing translate into lower income gaps and better social outcomes. Conversely, in regions with weak or residual welfare models, high inequality persists due to limited pre-distributive mechanisms (e.g., labour market regulations or

universal basic services) and minimal redistribution. As inequality is increasingly recognised as a determinant of intergenerational wellbeing, especially for children and families, social investment strategies that expand access to early education, healthcare, and social protection are critical tools for addressing structural disadvantages and promoting inclusive development.

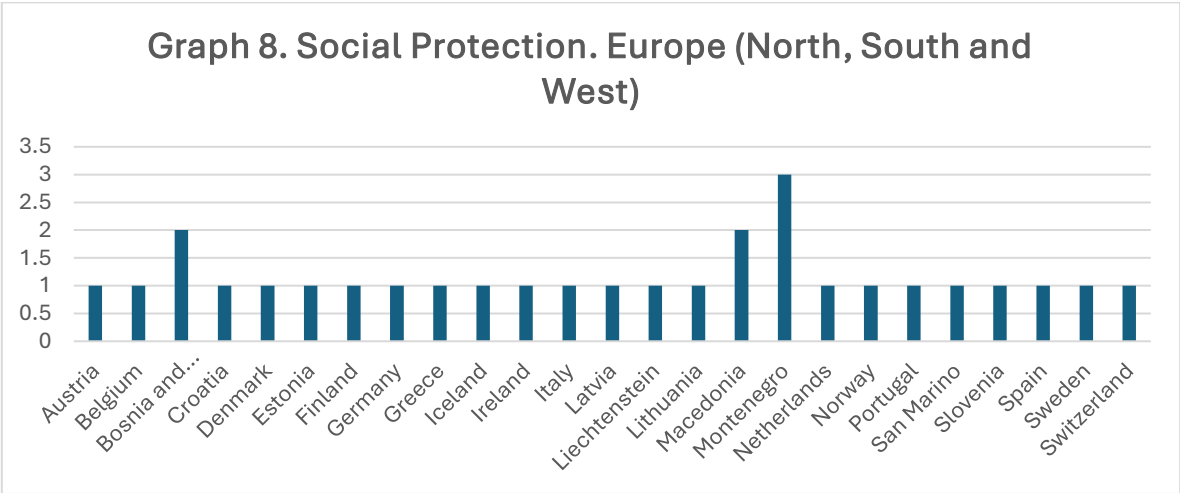
1.3. Social protection coverage: An overview of welfare regimes (Target 1.3)



In response to the high levels of poverty, food insecurity, and inequality documented across many countries, this section provides an overview of social protection coverage as a means of understanding national welfare capacities. Social protection coverage reflects each country's ability to address social risks and promote wellbeing. This descriptive section sets the landscape by classifying countries into coverage levels—high (70–100%), medium (40–69%), and low (<40%)—based on ILO definitions (ILO, 2024). It also briefly characterises the welfare regimes present in each region, without detailing specific family policies, which are analysed later.

Europe (Northern, Southern and Western)

In Northern Europe (Graph 8), countries such as Sweden (2021), Finland (2020), Denmark (2021), Norway (2021), and Iceland (2023) exhibit high coverage and strong universal welfare regimes. These systems are tax-funded and state-led, offering a broad range of services—including healthcare, education, and childcare—accessible based on residence. Their comprehensive nature contributes significantly to redistribution and the near elimination of extreme poverty, as in Finland (2020).



Sources: Based on data from ILO (2024). Applies to all Social Protection Graphs²

² Y-axis values in the Graph represent levels of social protection coverage, grouped into three categories for clarity: 1 = high coverage (70–100% of the population), 2 = medium coverage (40–69%), and 3 = low coverage (below 40%). Applies for all the Social Protection Graphs.

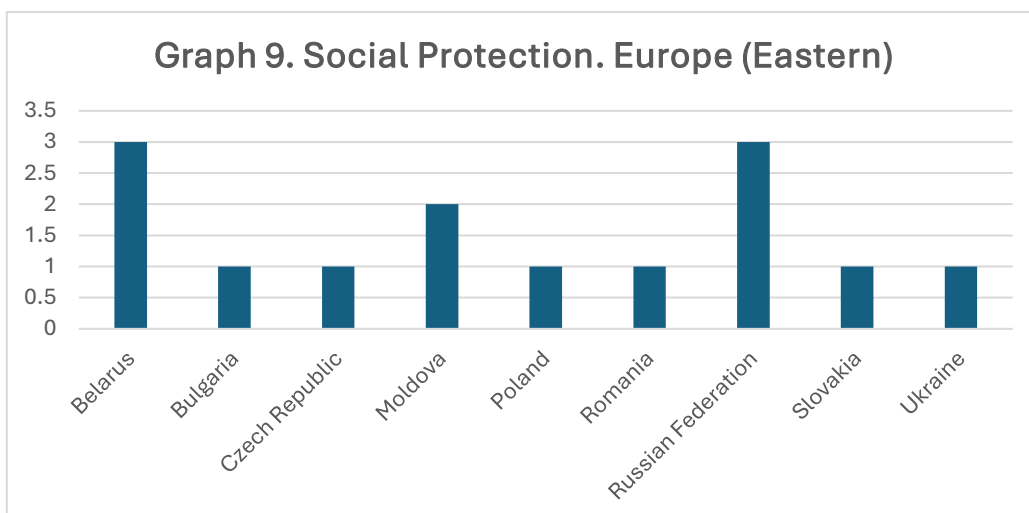
Southern European countries like Spain (2024), Italy (2022), Greece (2022), Portugal (2023), and Cyprus (2021) operate within more fragmented and employment-based welfare regimes. Coverage tends to be uneven, with significant reliance on family networks for care. Reforms such as Spain's (2024) minimum income scheme aim to enhance redistributive capacity.

Central European countries such as Germany (2021), Austria (2024), Belgium (2023), the Netherlands (2022), and Switzerland (2022) balance state and market elements. They offer a mix of universal services and targeted support, primarily funded by contributions. Their welfare regimes integrate redistributive and pre-distributive strategies, especially through active labour market measures.

In countries with post-socialist legacies—such as Estonia (2020), Slovenia (2020), Latvia (2022), and Croatia (2023)—coverage is generally high, though uneven, particularly in rural areas. These systems are transitioning, combining universal access with targeted assistance and market-based reforms. Their evolution reflects ongoing efforts to reconcile inclusive service provision with economic restructuring.

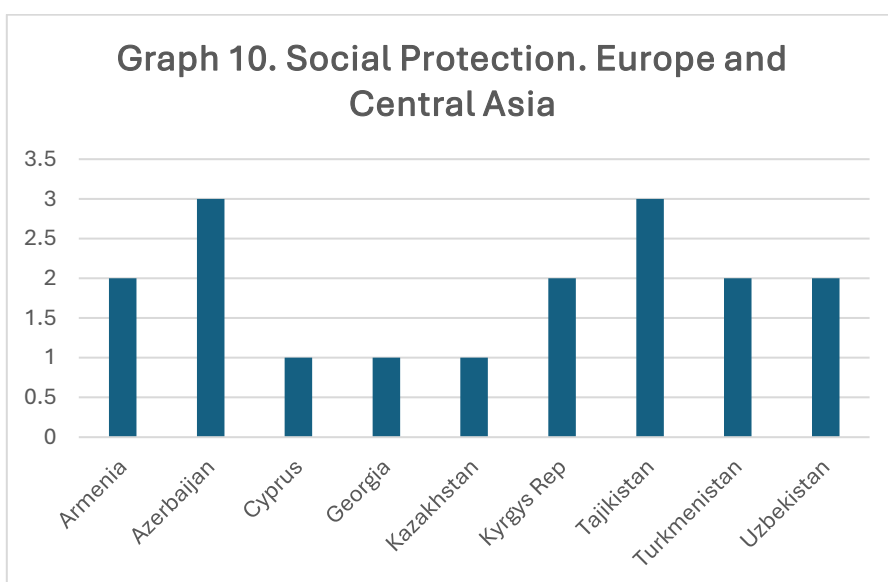
Europe (Eastern)

Countries in Eastern Europe (Graph 9) generally feature transitional welfare systems shaped by their socialist legacies and post-1990s reforms. Public provisioning remains central—especially for healthcare, education, and pensions—with social assistance schemes targeting low-income households. Czechia (2021) and Poland (2023), for instance, combine universal programmes with redistributive measures such as child allowances. Meanwhile, countries like Moldova (2020), Romania (2023), and Ukraine (2020) operate more constrained welfare systems, with targeted non-contributory benefits and activation policies for the unemployed. Belarus (2022) and the Russian Federation (2020) maintain broad social support systems, but face challenges related to ageing, informality, and rural poverty. Coverage levels vary, reflecting each country's fiscal capacity and welfare regime trajectory.



Europe and Central Asia

Countries in this region (Graph 10) combine Soviet-era universalist traditions with more recent market-oriented reforms. Many maintain strong state roles in providing pensions, healthcare, and family benefits, while expanding targeted assistance for vulnerable populations. Kazakhstan (2022), Georgia (2024), and Azerbaijan (2024) have adopted targeted social assistance (TSA) schemes, while Kyrgyzstan (2020) and Uzbekistan (2020) maintain PAYG pensions and means-tested child benefits. Turkmenistan (2023) emphasises state-led provision through cash transfers and disability support. These hybrid regimes mix pre-distributive elements like wage indexation with redistributive programmes aimed at social equity. Cyprus (2021), although an outlier, offers a mixed model of universal healthcare and minimum income protection within an EU-aligned welfare structure.

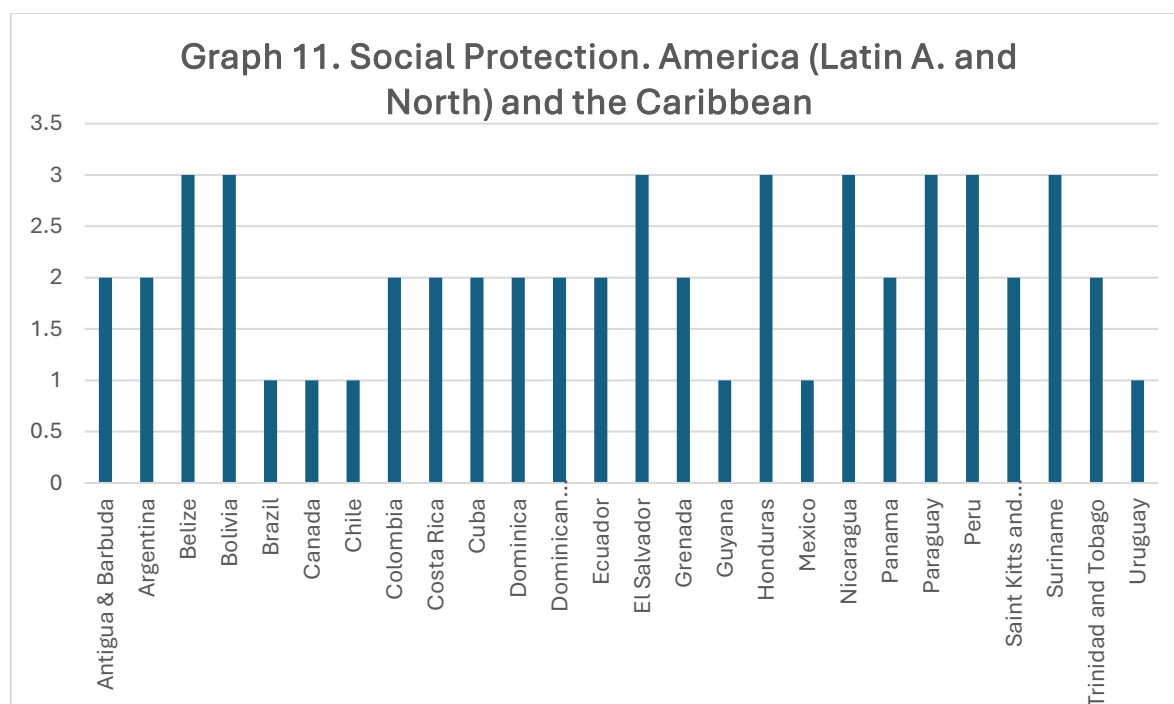


Americas and the Caribbean

Social protection systems across the Americas and the Caribbean (Graph 11) are marked by significant diversity. Canada (2023) represents a comprehensive welfare model combining universal healthcare, contributory social insurance, and targeted benefits such as the Canada Child Benefit and Guaranteed Income Supplement. However, regional inequalities persist, especially among Indigenous populations and single-parent households.

Latin American countries often operate hybrid systems that blend informal support, targeted cash transfers, and emerging universalist features. High informality constrains contributory coverage, leading to a reliance on conditional cash transfers (CCTs), non-contributory pensions, and targeted subsidies. Countries like Mexico (2021, 2024) and Brazil (2024) have enhanced social assistance through CCT expansions, minimum wage increases, and universal pensions. Chile (2023) has adopted a multi-pillar pension model.

Uruguay (2021, 2022), Costa Rica (2020, 2024), and Argentina (2020, 2022) are more universalist, offering broad access to healthcare, education, and pensions. Uruguay (2021) and Costa Rica (2020, 2024) prioritise care services and multidimensional poverty strategies, while Argentina (2020, 2022) provides comprehensive family and old age benefits.



Other countries such as Bolivia (2021), Ecuador (2020, 2024), Colombia (2021, 2024), and Honduras (2020, 2024) emphasise poverty alleviation through targeted programmes like JUNTOS (Peru 2020, 2024), Tekoporã (Paraguay 2021), and Bolsa Familia (Brazil 2024), often combining cash transfers with nutrition and school meal schemes.

The Caribbean features high human development levels in several countries. Antigua and Barbuda (2021) enacted a Social Protection Act with structured support for vulnerable

families. Saint Kitts and Nevis (2023) uses flagship CCTs like MEND and RISE to empower families. Cuba (2021) maintains strong outcomes in health and education through high public spending and targeted assistance.

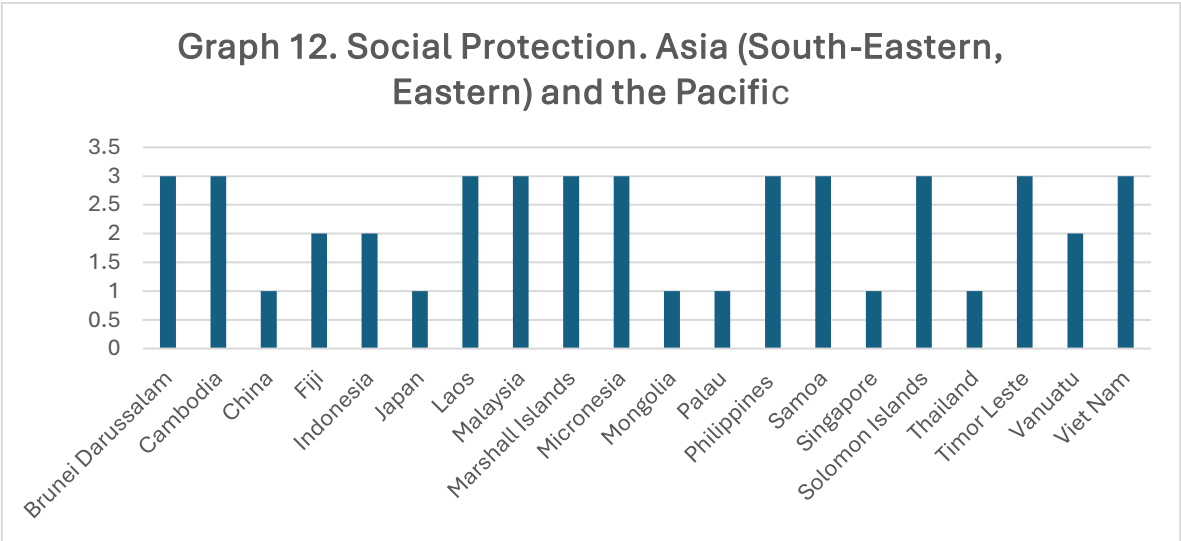
These diverse welfare arrangements reflect variations in fiscal capacity, labour informality, and policy orientation. As Graph 11 shows, social protection coverage in the region spans from universal systems to more fragmented safety nets.

Asia (South-Eastern, Eastern) and the Pacific

Social protection systems across Asia and the Pacific (Graph 12) reflect significant regional diversity. While East Asia features more advanced welfare institutions, South-East Asia and the Pacific often rely on targeted programmes amid high informality, limited resources, and exposure to climate risks.

East Asia

Japan (2021) operates a corporatist welfare regime based on employment-linked insurance and state support. Universal health coverage and basic pensions are in place, though demographic ageing and rising child poverty, especially in female-headed households, present mounting challenges. China (2021), combining a socialist legacy with market reforms, has achieved large-scale poverty reduction. Programmes such as Dibao and old-age pensions reach over 44 million people, and social protection mixes contributory, non-contributory, and state-funded mechanisms, promoting “common prosperity” and rural inclusion.



South-East Asia

These regimes combine family-based care traditions with targeted public support. Singapore (2023) adopts a productivity-driven model, with ComLink coordinating tailored, family-centred interventions. Malaysia (2021) provides CTs like Bantuan Prihatin Rakyat to

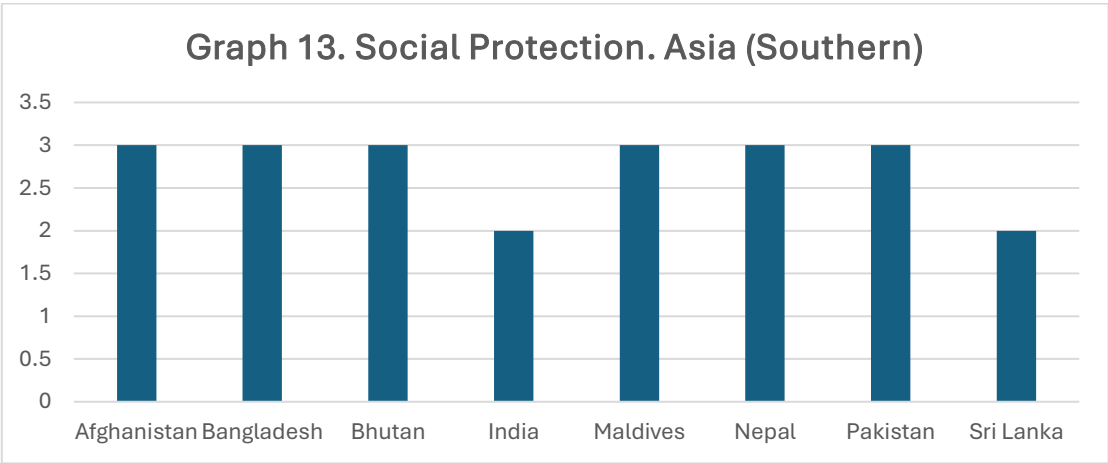
low-income families, but fragmentation and low spending persist. Thailand (2021) blends contributory and non-contributory programmes, including the Welfare Card Scheme and child grants, while gaps remain for informal workers. Indonesia (2021) supports poor families through Keluarga Harapan (CCT), national health insurance (JKN), and food support, and aims to expand coverage for informal workers. Vietnam (2023), Cambodia (2023), Laos (2021, 2024), Timor-Leste (2023, and Brunei Darussalam (2020, 2023) operate protective systems with CTs for vulnerable families, school meals, and indexed pensions. Cambodia’s ID Poor and Timor-Leste’s Bolsa de Mae-Jeresaun improve child outcomes.

Pacific Islands

High informality and climate risks shape protective models. Fiji (2023) and Samoa (2024) offer pensions and disability support. Vanuatu (2024) and Palau (2024) face demographic and economic pressures that strain formal and traditional support systems. Papua New Guinea (2020) lacks comprehensive national schemes and relies heavily on informal networks.

Southern Asia

Southern Asia (Graph 13) features a wide range of welfare regimes, from universalist models in Bhutan and the Maldives to targeted approaches in Bangladesh (2020) and Pakistan (2022). India (2020) blends federal and state-led initiatives, including employment guarantees and food security laws, while Nepal (2020, 2024) and Sri Lanka (2022) offer a mix of universal and means-tested benefits.

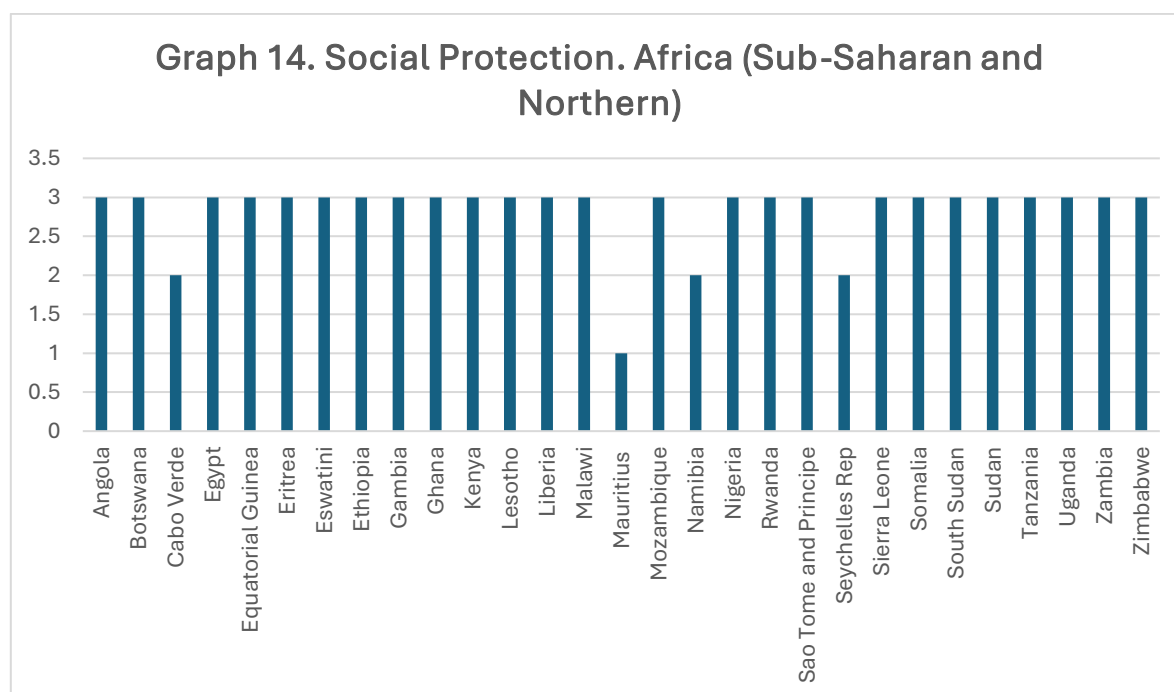


In contrast, Afghanistan’s welfare model has collapsed, relying entirely on humanitarian aid. Overall, the region reflects a spectrum of protective, mixed, and redistributive systems. Pre-distributive measures—such as labour market interventions and education—coexist with targeted transfers and pensions, increasingly aimed at supporting family wellbeing, reducing multidimensional poverty, and advancing inclusive development.

Africa (Sub-Saharan and Northern)

Welfare regimes across Africa (Graph 14) remain largely protective, shaped by a combination of targeted assistance, informal family support, and growing but uneven state involvement. In Northern Africa, Egypt (2021) and Sudan (2022) illustrate differing approaches within a shared context of high poverty and informality. Egypt's welfare system combines redistributive and protective measures through the *Takaful* and *Karama* programmes, which offer conditional and unconditional cash transfers to vulnerable groups, especially women-headed households, persons with disabilities, and the elderly. Sudan, meanwhile, relies primarily on the religiously inspired *Zakat* Fund, which channels aid to the poorest families, though coverage remains limited and uneven, particularly in rural areas.

In Sub-Saharan Africa, social protection systems are fragmented and often underfunded, but recent years have seen a gradual expansion of both contributory and non-contributory mechanisms. Seychelles (2020) and Mauritius (2024) stand out as rare examples of universalist regimes in the region, offering comprehensive coverage through pensions, healthcare, and education. Other countries, such as Ghana (2022), Ethiopia (2022), and Angola (2021), have implemented targeted cash transfers, school feeding schemes, and health insurance to address multidimensional poverty and support family wellbeing. Namibia (2024) has expanded its social pension system and introduced a Conditional Basic Income Grant, while Eswatini (2022) and Lesotho (2022) maintain non-contributory pension and child grant programmes.



Efforts are also underway to improve social protection delivery through integrated strategies. Uganda (2024) is developing a lifecycle-based social protection system that combines contributory and redistributive components, with specific outreach to informal workers,

youth, and older persons. Mozambique (2020) has adopted a gender-sensitive approach through its Basic Social Security Strategy, targeting rural and female-headed households.

Despite persistent fiscal and institutional challenges, many African countries are recognising the essential role of social protection in addressing poverty and inequality. Expanding these systems—particularly to reach marginalised and rural families—is crucial for promoting more inclusive welfare regimes and advancing the wellbeing of households across the life course.

MENA region

Welfare regimes in the MENA region States range from oil-financed, state-led models in the Gulf to fragile, aid-dependent systems in conflict-affected contexts. Countries like Bahrain (2023), Saudi Arabia (2023), Kuwait (2023), Qatar (2021), and Iraq (2021) offer free education, healthcare, and pensions primarily to nationals, with limited access for expatriates. Bahrain and Saudi Arabia combine contributory schemes with targeted cash transfers and food subsidies, often benefiting low-income families, women, and persons with disabilities. Kuwait adopts a universalist approach, covering vulnerable groups across the life cycle.

In contrast, Yemen (2024) faces welfare collapse, relying on humanitarian aid and limited cash transfers amid widespread poverty and institutional breakdown. Overall, while redistributive efforts are present, gaps in inclusivity, sustainability, and integrated family-oriented policies remain across the region.

1.4. Family-oriented policies that engage families in ending poverty, food insecurity and income inequality

Although VNRs do not always provide complete detail on the policy portfolios of each country, several promising trends are emerging. Several countries are adopting a multidimensional approach to poverty, recognising that wellbeing encompasses more than income alone. New statistical systems are being developed to capture the complexity of deprivation and identify hard-to-reach populations, thereby enabling more effective targeting and broader coverage. Efforts to improve policy coordination across ministries, levels of government, and international organisations are becoming more visible, while the localisation of the SDGs is gaining momentum—allowing national and subnational strategies to better reflect the specific needs of communities.

Within this evolving policy landscape, some countries are advancing family-oriented strategies that go beyond benefit provision to empower families as co-creators of wellbeing. These approaches mark a shift toward more participatory welfare regimes, where redistributive and pre-distributive measures are complemented by social investment grounded in family engagement. As countries confront the intersecting challenges of poverty, food insecurity, and structural inequality, these policies offer a pathway to more inclusive, responsive, and sustainable development. The following examples illustrate how different regions are incorporating families as active agents in the design, implementation, and monitoring of responses to SDGs 1, 2 and 10.

Europe and Central Asia

Across Europe and Central Asia, countries have increasingly adopted family-oriented programmes that promote consultation, empowerment, and co-responsibility in addressing poverty and inequality. These approaches reflect a broader shift within welfare regimes toward social investment models that emphasise partnership with families in service design and delivery.

In Ireland (2021), the national strategy *Better Outcomes, Brighter Futures* promotes local family support networks and child-centred planning, where parents and caregivers are directly engaged in identifying priorities and shaping interventions. In Portugal (2022), community-based social housing policies involve residents' associations and families in the planning and upgrading of facilities, strengthening local ownership and reinforcing the social fabric of disadvantaged neighbourhoods.

Slovenia (2020) established integrated family support centres that offer psychosocial, educational, and health services through family-led case management, allowing households to co-design care plans based on their specific needs. In Uzbekistan (2020), the revitalisation of the traditional *Mahalla* system has reconnected neighbourhood networks with formal social protection mechanisms, engaging families in monitoring wellbeing, identifying risks, and responding to local vulnerability.

In Finland (2020), municipal authorities work closely with low-income families to develop tailored social contracts that combine income support with employment counselling, housing assistance, and wraparound family services. This individualised approach enables a more responsive and coordinated path out of poverty.

Georgia (2020) has enhanced its *Targeted Social Assistance* programme through the integration of family-based social workers, who assist households in navigating services, setting educational goals for children, and participating in community planning processes. Similarly, in Armenia (2020), family vulnerability assessments have been incorporated into the *Family Benefit Programme*, allowing for personalised planning and greater accountability in programme delivery.

In Montenegro (2020), efforts to address exclusion and inequality among Roma communities have involved families directly in the planning and implementation of school attendance campaigns and nutrition interventions. These initiatives not only reduce disparities but also build trust between families and public institutions.

Latin America and the Caribbean (and Canada)

Across Latin America and the Caribbean, several countries have established participatory and community-based models that empower families in the design and implementation of poverty reduction and food security policies. These approaches reflect a shift toward more inclusive welfare strategies that blend income support with social investment and local engagement.

In Peru (2020), the *Haku Wiñay/Noa Jayatai* programme stands out as a rural development initiative that strengthens family production systems, food autonomy, and self-employment through direct technical assistance. The programme works with families to design microprojects, adapting interventions to local knowledge and resources. In Guatemala (2021), the *Criando con ternura* strategy links families and communities to nutrition, early childhood development, and violence prevention efforts, promoting culturally sensitive engagement in rural and indigenous areas.

Similarly, in Jamaica (2022), the *Programme of Advancement Through Health and Education (PATH)* combines conditional cash transfers with obligations for school attendance and health checkups, while involving families in local monitoring and feedback mechanisms. The Bahamas (2021) developed the *Citizen Budget* project, which aims to improve financial literacy and citizen participation, helping households understand how public funds are used and encouraging their voice in social investment planning.

In Colombia (2021), *Más Familias en Acción* mobilises families through local assemblies to monitor the use of transfers and co-design community projects that complement cash support with food security and early childhood services. Ecuador (2020) introduced territorial strategies for poverty reduction where families participate in *mesas locales* (local coordination spaces), defining priorities for health, education, and nutrition interventions and influencing service delivery in marginalised communities.

In Brazil (2021), *Auxílio Brasil*—an expansion of the former *Bolsa Família*—not only provides financial assistance to low-income households but also integrates family health visits, nutritional education, and school performance monitoring. Families are involved in setting personalised development goals and engaging with local service networks, linking cash support with pathways out of poverty.

Mexico (2021) adopted the *Sembrando Vida* (Sowing Life) programme, which supports rural families through sustainable agriculture and income generation, combining financial incentives with technical support and community-based work. Family members are involved in planning production units, reforestation activities, and food security strategies, fostering autonomy and environmental stewardship. In parallel, community kitchens (*comedores comunitarios*) in various states have enabled families, especially women, to lead food preparation and distribution efforts targeting vulnerable groups.

Although geographically outside the region, Canada (2023) shares several comparable approaches and offers relevant inspiration. Its *Poverty Reduction Strategy* and *National Housing Strategy* embed a family focus, particularly through the *Indigenous Early Learning and Child Care Framework*, which empowers Indigenous families and communities to design and govern services that meet their cultural, nutritional, and caregiving needs. These initiatives highlight the value of co-production in policy delivery and underline the relevance of family voice in breaking cycles of exclusion and inequality.

Asia and the Pacific

Across Asia and the Pacific, countries have increasingly adopted family-centred strategies that align poverty and hunger reduction with community participation and local empowerment. These approaches reflect a growing recognition that sustainable development requires not only economic support but also meaningful family engagement in policy design, service delivery, and behavioural change.

In Bangladesh (2020), the *Income Support Programme for the Poorest* includes behavioural change communication and household training, engaging mothers and caregivers in budgeting, nutrition, and early stimulation practices to support young children's development and family wellbeing. In the Philippines (2022), the *Pantawid Pamilyang Pilipino Program (4Ps)* requires family development sessions, in which caregivers actively set and monitor goals related to education, health, and financial planning—transforming families into key partners in improving children's outcomes and reducing poverty.

Thailand (2021) has successfully integrated families in local food system planning through the *Agriculture for School Lunch* programme, where rural households grow produce for school meals. This initiative not only enhances child nutrition but also provides income for farming families, linking food security with household resilience. In Fiji (2023), women's farming cooperatives engage extended families in producing and distributing nutritious food, particularly in flood-prone communities. These cooperatives contribute to both nutrition security and disaster resilience, fostering community solidarity and intergenerational support.

Several Pacific and South Asian nations have also built family engagement into their broader wellbeing strategies. In Tuvalu (2022), traditional family and community structures are integrated into local development planning, with elders and parents actively involved in decision-making on education and food systems. In Nepal (2020), the *Multi-Sector Nutrition Plan* explicitly promotes family participation in health, sanitation, and nutrition interventions. It targets adolescent girls, pregnant women, and caregivers with context-sensitive education campaigns, strengthening both household knowledge and community capacity.

In Bhutan (2021), the national development framework based on Gross National Happiness supports family and community participation in programmes designed to reduce poverty and promote social harmony. Local governance structures—including family councils—link public services with communal values and traditions. In Japan (2021), the government has fostered the development of community-based child-rearing support centres, where parents are engaged not only as service users but as co-designers and facilitators. These centres form peer-led networks that go beyond formal childcare provision, reinforcing parental agency and mutual support.

Africa

Across Africa, countries are increasingly implementing integrated social protection policies that recognise families not merely as recipients of aid but as active agents in the co-construction of solutions to poverty, food insecurity, and inequality. These approaches reflect

a growing investment in decentralisation, household empowerment, and participatory service delivery—strategies that directly contribute to the advancement of SDGs 1, 2, and 10.

In Uganda (2024), the *Parish Development Model* decentralises planning and budgeting to the community level, enabling households to articulate their own priorities and monitor the delivery of services and development projects. In Namibia (2024), national nutrition and food education initiatives include household-level training components aimed at sustainable farming practices, improved dietary diversity, and the active participation of families in combating hunger.

Zimbabwe (2024) launched Integrated Social Protection programmes that coordinate health, nutrition, and cash transfer services at the household level, while engaging family members through local committees. These structures serve as channels for family voices in programme delivery and feedback. Similarly, in Ghana (2022), the *Livelihood Empowerment Against Poverty (LEAP)* programme relies on community-based social welfare officers who engage directly with families in follow-up care, child protection efforts, and strategies to ensure school retention among vulnerable children.

In Ethiopia (2022), the *Productive Safety Net Programme* has been redesigned to incorporate community consultations and household planning, enabling families to participate in public works programmes and access complementary services such as vocational training and nutrition education. Malawi (2021) applies a similar logic in its *Social Cash Transfer Programme*, which includes community case management to ensure that families are actively engaged in decisions relating to child health, education, and protection.

Rwanda (2022) strengthens family participation through the *Ubudehe* social categorisation and planning system. This long-standing, community-driven initiative allows families to participate in decisions about the targeting of services and allocation of resources for social support. In Kenya (2022), the government scaled up integrated outreach in the Arid and Semi-Arid Lands (ASAL) regions, where mobile teams consult families directly about how they use cash transfers and about their needs in terms of education, food security, and resilience to drought.

MENA region

Some Arab States are adapting their strategies to promote more inclusive and participatory forms of social protection. In Iraq (2021), the *Social Protection Strategic Framework* includes components on community dialogue and grievance mechanisms, where families can express their needs and co-design local responses to poverty and exclusion. Qatar (2021) supports family cohesion through social services that involve households in mental health promotion, financial literacy, and planning for youth development. In Yemen (2021), humanitarian programmes work through community-based targeting, with family representatives involved in identifying vulnerable groups and managing distribution to ensure food and basic goods reach those most in need.

Together, these examples underscore how family engagement, in various forms, can strengthen the impact of anti-poverty and inclusion policies. By treating families as active

stakeholders rather than passive recipients, these countries are advancing progress on SDGs 1, 2, and 10 through more inclusive, responsive, and participatory welfare strategies, while reinforcing family wellbeing, community resilience.

Conclusions

1. A multidimensional framework clarifies the central role of families in addressing poverty, hunger, and inequality. The analytical framework used—combining welfare regimes and state capacity, redistributive and pre-distributive policies, social investment, and the socioecological model—has proven effective in identifying how family-oriented policies contribute to ending poverty (SDG 1), food insecurity (SDG 2), and inequality (SDG 10). The socioecological lens, in particular, captures how macro-level policy structures interact with family and community environments, shaping the conditions under which families can act as agents of change.

2. Family-oriented policies show wider uptake, but progress remains modest when adjusted for context. Since the previous reporting cycle (2016–2019), the number of countries implementing robust family-oriented policies has increased from 33 to 40. However, this growth must be viewed in light of the expanded scope of the review—141 countries in 2020–2024 compared to 114 previously—as well as the profound impacts of the COVID-19 pandemic and overlapping global crises. When these factors are considered, the scale of progress appears limited. Still, promising practices persist. In Austria (2020, 2024) and Belgium (2023), families are engaged through community-based counselling, parenting support, and financial literacy programmes that foster resilience and empowerment. In Finland (2020) and Sweden (2021), universal home visits and integrated family centres allow parents to shape service delivery in ways that address both immediate needs and long-term wellbeing. These examples demonstrate that where families are treated as co-creators, policies gain depth, legitimacy, and reach—even under strained conditions.

3. In lower-capacity regimes, family-oriented programmes are vital but uneven in scale and sustainability. In lower-capacity welfare regimes, particularly in Sub-Saharan Africa, South Asia, and Latin America, family-oriented policies are frequently used to reach vulnerable households. India (2020) mobilises mothers in nutrition and school feeding programmes, while Mexico (2021, 2024) engages rural families through *Sembrando Vida*, a livelihoods programme that promotes food security and income generation. In Malawi (2020, 2022) and Nepal (2020, 2024), families participate in agricultural and nutrition initiatives that link household production to food access and economic resilience.

4. Promising innovations are emerging in mixed and transitioning regimes. Countries with transitioning or mixed welfare systems—such as Thailand (2021), Ukraine (2020), Mongolia (2023), and Ecuador (2020, 2024)—are developing promising family-centred models. Mongolia’s child money programme connects household wellbeing indicators to direct transfers, while Ecuador’s integrated rural service centres support families through livelihood training, maternal care, and child nutrition. These approaches show that family engagement can enhance the effectiveness, equity, and sustainability of redistributive and social investment strategies.

5. Despite progress, family engagement in policy remains fragmented, and global crises have slowed gains. Compared to the pre-pandemic period, more Member States recognise the importance of family-centred approaches to ending poverty, hunger, and inequality. Yet implementation remains fragmented. Many policies still engage families primarily as service recipients rather than co-designers. The COVID-19 pandemic and other global crises—such as inflation, conflict, and climate-related shocks—have disrupted livelihoods, exacerbated inequalities, and strained institutional capacities, limiting the scale and sustainability of recovery efforts.

6. Countries adopting an integrated, family-oriented approach show more resilient progress. The most promising outcomes occur when family-oriented policies are embedded within broader redistributive and pre-distributive frameworks and designed to actively involve women, men, and youth. Countries such as Argentina (2020, 2022), Thailand (2021), Finland (2020), India (2020), Nepal (2020, 2024), and Costa Rica (2020, 2024) demonstrate how this multidimensional, socioecological approach strengthens progress across SDGs 1, 2, and 10. These countries are better positioned to sustain reductions in poverty, food insecurity, and income inequality while reinforcing family wellbeing over time.

2. A decent home with basic services and access to a welcoming urban and socioecological environment

Secure access to water, sanitation, housing, and a safe urban environment are fundamental to family wellbeing. These services not only reduce deprivation but enable families to live with dignity, health, and stability. Across countries, the availability and quality of such services reflect broader welfare arrangements and the capacity of states to invest in inclusive development. While this chapter highlights family-oriented policies that directly involve or support families, it also recognises the importance of wider social investments and governance frameworks in shaping equitable access to basic services.

2.1. Access to water and sanitation services (Targets 6.1, 6.2 and 1.4)



Access to safe drinking water and sanitation is a fundamental human right and a key marker of the capacity of welfare regimes to secure basic wellbeing and social inclusion. While infrastructure expansion has improved coverage in many countries, relatively few have gone further to actively engage families in the design, implementation, or monitoring of these services. In universalist and coordinated welfare regimes, the state often guarantees equitable access through comprehensive infrastructure and subsidies. In more fragmented, residual, or protective systems, however, meaningful access frequently depends on community-based solutions and household-level resilience. Across all types, the most promising examples show that when families are recognised as co-producers of services—not just passive recipients—outcomes are more sustainable, inclusive, and aligned with long-term wellbeing.

In Nepal (2020, 2024), the *Community-Led Total Sanitation* (CLTS) programme, operating within a mixed welfare framework, mobilises families to end open defecation through local planning, household action, and shared leadership. Similarly, in Viet Nam (2023), where social investment approaches are gaining ground, behavioural change is promoted through family and village-level mobilisation. In Bangladesh (2020), the BRAC WASH initiative complements limited state capacity with civil society action, involving families directly in arsenic mitigation, hygiene training, and sanitation maintenance.

India (2020) provides a protective welfare regime example where strong national programmes like *Swachh Bharat Abhiyan* and *Jal Jeevan Mission* have used mass mobilisation strategies to encourage rural families to build toilets and plan piped water access. In Indonesia (2021) and Timor-Leste (2023), village committees in hybrid welfare contexts engage families in co-designing infrastructure projects and promoting hygiene, often linked to broader child and maternal health services. In Georgia (2020, 2024), a transitional welfare model has implemented rural water initiatives that reduce caregiving burdens by involving households directly in water management training and maintenance.

Community-based models have been particularly successful in countries with decentralised or emerging welfare systems. In Kyrgyzstan (2020), *Water User Unions* enable rural families to manage and maintain local supply systems, while promoting hygiene at home and in

schools. Bosnia and Herzegovina (2023), through the UNDP-supported *Local Integrated Development Project*, ensured that family voices—especially from Roma and displaced groups—shaped local sanitation solutions. In Uganda (2020, 2024), a life-course approach to social protection integrates water and sanitation into early childhood services and elder care, fostering intergenerational wellbeing through household participation.

Ethiopia (2022) represents a strong example of integrated, participatory service provision within a protective welfare framework. The *One WASH National Programme* coordinates decentralised implementation through community health platforms, engaging families in managing water points, co-maintaining sanitation facilities, and promoting safe practices—especially in rural and drought-prone areas. This approach combines behavioural change, infrastructure development, and local governance, reinforcing family agency and ecological resilience.

Elsewhere, family-oriented policies that do not involve direct co-production still provide crucial support. In Germany (2021), enhanced WASH standards in educational and family centres ensure inclusive access for children and caregivers. Spain (2021, 2024) invests in family-sensitive water infrastructure in underserved areas and subsidises tariffs for low-income households. In Uzbekistan (2020, 2023), planning explicitly prioritises households with young children or elderly members. Canada (2023) targets Indigenous families with dedicated infrastructure funding, while Mexico (2021, 2024) delivers family-centred programmes to rural and indigenous communities.

Pakistan (2022) has introduced rural water systems managed at the community level to support child health and sustainability. In Yemen (2024), where the welfare state has collapsed, emergency WASH efforts prioritise family needs in IDP camps. Rwanda (2023) links hygiene promotion to education and health outcomes through local structures. And in Ethiopia, family engagement in water and sanitation is part of a broader decentralised strategy aligned with social investment goals.

2.2. A livable environment with decent housing, convenient mobility, and green and open space for public use. Risk-resilient (Targets 11.1, 11.2, 11.3, 11.5, and 11.7)



A liveable environment—including decent housing, accessible transport, and inclusive public spaces—is essential for family wellbeing. Secure and adequate housing enables families to meet their physical, emotional, and social needs, while reducing vulnerabilities linked to overcrowding, exclusion, or environmental risk. Pre-distributive and redistributive policies play a key role in shaping these conditions, from land-use regulations and urban planning to housing subsidies and service provision. Social investment in sustainable infrastructure—such as public transport and green spaces—can reduce inequalities and build resilience, especially in the face of climate change. This section explores how countries are addressing housing, mobility, and urban inclusion through a family-centred lens, identifying policies that enhance wellbeing and promote equitable development.

Europe (Northern, Southern and Western)

European countries with well-established welfare regimes have developed robust policy frameworks for urban development, housing, transport, and public spaces that contribute significantly to family wellbeing. Many of these policies adopt a social investment perspective and aim to reduce inequality, improve infrastructure, and support inclusive, sustainable cities. Within this framework, a number of countries have taken steps to engage families as active participants in urban policy, while others focus on targeted support that addresses specific needs of family households.

Several countries have adopted participatory approaches that involve families in the planning and co-production of urban environments. In Austria (2020, 2024), for example, Vienna's internationally recognised social housing system includes housing cooperatives and community-managed blocks, where families are directly engaged in decisions about their living environments. Austria also applies the *Baukultur* model, which supports community-led initiatives in urban revitalisation, adaptive reuse, and ecological development. In Estonia (2020), the *Good Public Space* programme promotes balanced regional development through community consultation, with families contributing to the design of safe, accessible public environments. Similarly, in Latvia (2022), local governments have partnered with communities to transform degraded areas into recreational spaces, incorporating family needs into urban regeneration. Ireland's (2023) *Housing for All* strategy includes mechanisms for community participation in rural revitalisation, allowing families to influence decisions around housing and local services. In Belgium (2023), the *Quartiersapaisés.Brussels* initiative improves quality of life through resident-led neighbourhood design, including traffic-calming measures and expanded public space—many of which reflect the priorities of families with children.

In addition to participatory measures, a range of policies specifically target families—especially those with low income, young dependents, or other vulnerabilities. Spain (2021, 2024) has implemented rent control measures and expanded social housing, with a clear focus on low-income families affected by housing cost overburden. Croatia (2023) and North Macedonia (2020) offer housing programmes specifically directed at young families, while Lithuania (2023) provides rental subsidies and has committed to expanding the social housing stock to address long waiting lists, particularly for families. Portugal (2023) is implementing the *New Generation of Housing Policies*, which supports leasing and construction initiatives aimed at increasing access for low- and middle-income families. In Finland (2020), the *Housing First* strategy continues to support families facing homelessness, with particular attention to immigrant households and those with children. Bosnia and Herzegovina (2023) has prioritised suitable housing for Roma families, while Greece (2022) introduced the *Housing and Work for the Homeless* programme to support single-parent households and unaccompanied minors.

Despite this range of promising practices, a number of structural challenges remain across the region. Rising housing prices in urban centres—driven by urbanisation and inflation—have strained affordability in Finland (2020), Denmark (2021), Iceland (2023), Liechtenstein (2023), and Sweden (2021). Overcrowding persists in several countries, with Latvia (2022)

reporting that one-third of households are affected—especially families with children—and Estonia (2020) noting inadequate heating and poor housing conditions in a significant share of dwellings. Greece (2022) highlights serious overcrowding and homelessness among Roma and single-parent families.

In the transport sector, while many countries—including Austria (2020, 2024), Germany (2021), Belgium (2023), Sweden (2021), and Finland (2020)—report accessible, efficient systems that enhance family mobility, others continue to face gaps. Montenegro (2022) and Slovenia (2020) cite underdeveloped city-level public transport, while Lithuania (2023) and Latvia (2022) are still working to improve system accessibility. These disparities affect families' ability to access employment, education, and childcare.

Green and open public spaces also vary widely across the region. Northern and Western European countries generally report ample public and recreational space. Denmark (2021) dedicates a significant share of urban land to green and open space, and both Finland (2020) and Norway (2021) ensure wide access to safe, inclusive parks. Additional efforts to expand and improve green infrastructure are reported in Liechtenstein (2023), Iceland (2023), Estonia (2020), and Latvia (2022). However, urban sprawl and infrastructure expansion in Germany (2021) have led to losses in public space, while Greece (2022) and Montenegro (2022) face planning challenges that limit the availability of such areas, particularly in newer developments. Accessibility for persons with disabilities remains a common concern across the region.

Europe (Eastern)

Eastern European countries demonstrate diverse urban development pathways shaped by differing welfare regimes, historical legacies, and levels of institutional integration with broader European frameworks. In this context, some states have made notable efforts to involve families as active agents in urban transformation. For instance, Poland (2023) exemplifies a pre-distributive approach that combines digital governance, green infrastructure, and citizen participation. Under its urban climate adaptation plans covering 44 cities, families have been directly engaged in consultations on mobility, housing retrofits, and local environmental improvements, reflecting a shift towards more participatory and family-inclusive planning. Similarly, Romania (2023) reports a sharp increase in community-based resilience activities—including awareness raising and emergency preparedness—in which families are encouraged to take part in building local capacities to respond to natural hazards. These examples suggest a growing recognition of the role families can play in shaping resilient, inclusive environments.

Beyond participatory mechanisms, several countries have adopted housing, transport, and environmental policies that specifically target families, especially low-income, Roma, or refugee households. In Poland (2023), the Social Housing Initiatives (SHI) programme enables local municipalities (gminy) to co-finance and develop rental housing with a focus on families in need, including single-parent households and those with young children. Moldova (2020) has prioritised addressing urban–rural disparities in basic housing services, although only around 60% of housing stock meets minimum standards—an issue that

disproportionately affects families with older persons, persons with disabilities, or young children. In Ukraine (2020), prior to the war, affordable housing programmes had achieved near-universal regional coverage, with a strong emphasis on supporting vulnerable groups including low-income families and displaced populations. The Russian Federation (2020) also reports improvements in affordability indicators and a reduction in substandard housing, largely benefitting middle- and lower-income family households.

Nevertheless, the region faces significant structural challenges that directly affect family wellbeing. Overcrowding remains a pressing issue: Romania (2023) still records the highest overcrowding rate in the European Union (41%), with Roma families particularly affected by informal housing and exclusion from basic services. Similarly, in Moldova (2020) and Slovakia (2023), substandard housing continues to affect elderly persons, women, and low-income families, revealing persistent inequalities across income, ethnicity, and geography. Czechia (2021) presents a paradox of high homeownership and low rental availability, which while offering stability for some, has led to speculative pressures and unaffordable rental markets for others—impacting families unable to access ownership or stable leases.

Transport accessibility also varies considerably. Poland (2023), Czechia (2021), and the Russian Federation (2020) have developed integrated public transport systems using smart technologies, which benefit families through improved mobility, cost efficiency, and time savings. In contrast, Moldova (2020) and Slovakia (2023) report outdated or underinvested systems, with limited adaptation for persons with disabilities, affecting the daily mobility of families with special needs. These disparities constrain equal access to education, employment, and health services for many households.

Efforts to enhance green and open public spaces, vital for child development, mental wellbeing, and environmental resilience, are increasingly present in urban plans. Bulgaria (2020) has designated six natural areas within Sofia as part of its Green City Initiative, and Slovakia (2023) ensures widespread access to safe public spaces. Czechia (2021) incorporates green infrastructure into its climate adaptation strategy, while Poland (2023) integrates nature-based solutions and blue-green corridors into city planning. However, these initiatives remain more advanced in urban centres, with rural or informal settlements still lacking adequate public recreational space.

Environmental and climate-related vulnerabilities intersect with social inequalities. Romania (2023) continues to face risks from earthquakes and other natural hazards, prompting multilevel government strategies that integrate social awareness, infrastructure reinforcement, and family-focused preparedness. This socioecological lens is increasingly necessary, as families living in informal or marginalised areas are more likely to be exposed to cumulative environmental risks.

Europe and Central Asia

In Europe and Central Asia, urbanisation and infrastructure development reflect a wide spectrum of welfare regimes, shaped by historical legacies and differing levels of state capacity. While some countries have established structured models for housing and urban

planning, others continue to face pronounced challenges in service delivery, housing adequacy, and environmental resilience—especially in rural and marginalised areas. Across the region, both pre-distributive and redistributive approaches are being implemented to improve family wellbeing, though their depth and coherence vary considerably.

Some countries are beginning to involve families as active agents in shaping their built environments. In Turkmenistan (2023), urban planning processes are formally participatory and combine infrastructure development with environmental protection and family-oriented services such as day care centres, schools, and healthcare facilities. These strategies aim to embed wellbeing into the spatial and institutional fabric of daily life. Kazakhstan (2022) has introduced regional urban standards that ensure walking-distance access to essential services—such as education, health, and recreation—enabling families to contribute feedback and influence spatial planning through citizen engagement platforms. Armenia (2020, 2024) has promoted local participation in disaster risk preparedness through campaigns like Making Cities Resilient, encouraging families and communities to take part in risk awareness and response measures.

In parallel, several countries are implementing policies that specifically target families in their efforts to improve housing conditions. Kazakhstan (2022) offers subsidised rental housing to low-income families, public servants, and students, while also expanding mortgage access. In Georgia (2020, 2024), the state has focused on long-term housing solutions for internally displaced families, providing durable shelter and reducing exposure to precarious living conditions. Tajikistan (2023) has allocated 7.2 thousand hectares for family housing construction over the past decade, directly benefiting more than 9 million people, primarily in rural areas. In Cyprus (2021), families receive rental subsidies and access to social housing programmes, with efforts to mitigate overcrowding and improve basic amenities, although overall housing quality remains a concern.

Despite these efforts, housing challenges persist across the region. In Kyrgyzstan (2020), while homeownership rates are high due to inheritance and self-construction, service access is fragmented and highly unequal. Cyprus (2021), although successful in addressing overcrowding, reports that nearly one-third of the population lives in homes affected by dampness, leaks, or structural decay. Georgia's (2020, 2024) housing stock remains outdated, with limited provision of social housing for low-income families. Even in Kazakhstan (2022), despite substantial investment, assistance is largely concentrated in urban centres, leaving rural families under-served.

Transport systems present a similarly mixed picture. Armenia (2020, 2024) has made significant strides by constructing more roads in the past four years than in the previous decade, improving regional mobility for families and rural communities. Kazakhstan (2022) is investing in eco-friendly mobility options, including cycling infrastructure and hybrid buses, and Turkmenistan (2023) maintains a low-cost, accessible public transport system, offering subsidies for schoolchildren and pensioners. These redistributive measures protect household budgets while enhancing daily mobility. However, countries such as Kyrgyzstan (2020) and Cyprus (2021) continue to face mobility challenges—whether due to underinvestment in public transport or low usage rates—which hinder equitable access to schools, workplaces, and health services.

Access to green and open spaces—critical for children’s play, physical activity, and community engagement—is improving in select countries but remains underdeveloped elsewhere. Turkmenistan (2023) has expanded urban parks and gardens under its Green Cities programme, and Kazakhstan (2022) incorporates green infrastructure into urban design standards. Armenia (2020) has launched initiatives that link disaster resilience with environmental planning. In contrast, Kyrgyzstan (2020) has seen no meaningful expansion of green space in the last five years, and environmental safety in urban areas is insufficiently prioritised. In Cyprus (2021), quality of life in public areas is undermined by concerns about vandalism, crime, and public safety, with over 12% of residents reporting incidents in their neighbourhoods.

MENA region

In most Arab States, urban development has been shaped by resource-driven welfare regimes that enable high levels of public investment in infrastructure, housing, transport, and environmental sustainability. Leveraging oil revenues, countries such as the United Arab Emirates (2022), Saudi Arabia (2023), Bahrain (2023), Qatar (2021), and Kuwait (2023) have pursued Smart City models that combine energy efficiency, digital governance, and urban greening. These strategies reflect strong pre-distributive orientations, supported by redistributive housing initiatives. However, policies that actively involve families as decision-making agents remain largely absent.

Family wellbeing is promoted through targeted housing and infrastructure programmes. In Saudi Arabia (2023), the Housing Assistance Programme, implemented with national NGOs, has reached over 10 million beneficiaries, increasing home ownership and providing subsidised financing for vulnerable families. Bahrain (2023) delivered 40,000 housing units through public–private partnerships, while Kuwait (2023) offers nominal-cost housing via the Public Authority for Housing Welfare. Qatar (2021) integrates housing into its National Development Strategy, combining long-term urban planning with policies to increase the availability of affordable housing, particularly for low-income Qatari families.

Qatar also emphasises sustainability in its urban development approach, with major investments in public transport and green infrastructure. Smart technologies are used to improve mobility, safety, and energy efficiency across residential areas. Similarly, the United Arab Emirates (2022) integrates walkable infrastructure, community facilities, and green space into urban masterplans to preserve cultural continuity and support family cohesion.

Public transport development continues to advance across the region. Saudi Arabia (2023) has built integrated metro and bus systems in major cities, Kuwait (2023) provides universal access, and the UAE (2022) maintains high user satisfaction. Bahrain (2023) is investing to improve uptake and coverage, recognising long-term sustainability challenges.

Access to green and open spaces remains uneven. Saudi Arabia (2023) is leading major ecological initiatives such as Green Riyadh and Green KSA to increase vegetation, reduce urban heat, and create recreational areas. Bahrain (2023) is implementing afforestation

campaigns to improve air quality and wellbeing. Qatar (2021) is enhancing its public parks network and prioritises environmental sustainability in new urban developments.

Iraq (2021), though affected by protracted conflict and economic strain, has made efforts to improve urban safety and inclusive planning. Recent reconstruction initiatives include rehabilitation of housing and infrastructure in war-affected areas, with a focus on vulnerable families. However, limited financial capacity and service disruptions hinder broader implementation, and few policies actively involve families as agents of change.

In stark contrast, Yemen (2024) continues to face acute humanitarian challenges. Urban areas suffer from conflict, displacement, and lack of basic services. Roughly 4.5 million internally displaced persons live in precarious conditions, and 44% of the population still resides in informal settlements. Reliable data remain limited, and wellbeing indicators have deteriorated significantly.

Americas and the Caribbean

Across the Americas and the Caribbean, urbanisation has deepened longstanding inequalities in access to adequate housing, safe public transport, and inclusive green space. While Canada (2023) exhibits a high standard of living, it shares with Latin America and the Caribbean (LAC) a persistent housing crisis that disproportionately affects low-income families, renters, single-parent households, and Indigenous communities. Throughout the region, policy responses reflect a mix of redistributive and pre-distributive approaches. However, family-oriented policies that engage families as active agents remain limited.

A few countries in LAC have adopted promising models that involve families directly. Argentina's (2020, 2022) *My Own House* programme supports family self-construction through public credit, empowering participants to shape their own homes and neighbourhoods. Similarly, Brazil's (2024) reinvigorated *My House, My Life* now integrates community participation into its housing and urban development strategy. Guatemala (2021) has initiated efforts to formalize housing investments by families receiving remittances, aiming to improve access to credit and integrate these investments into formal urban planning processes. These examples reflect more participatory and redistributive efforts to improve family wellbeing and urban cohesion.

More common across the region are targeted housing and subsidy programmes designed for families, particularly low-income and female-headed households. Guyana (2023) allocates nearly half of state-supported house lots to women-led families. Cuba (2021) has delivered over 80% of new dwellings through state subsidy. Nicaragua's (2021) *Solidarity Roof Plan* provided more than one million homes over a decade. Costa Rica (2020, 2024), Ecuador (2020, 2024), and Paraguay (2021) offer housing vouchers and bonuses, often integrated with informal worker support or neighbourhood upgrading schemes. While these programmes enhance material living conditions, they typically position families as beneficiaries rather than co-producers of solutions.

Housing gaps remain a significant challenge. Slum prevalence exceeds 30% in countries such as El Salvador (2022), Peru (2020, 2024), and Brazil (2024), with children particularly affected in Chile (2023). In Paraguay (2021), over half the poor population lives in inadequate housing. Overcrowding is widespread, reaching 56% in Uruguay (2021, 2022) and 45% in Bolivia (2021), while rural-urban disparities remain sharp, as seen in Panama's (2020) Darién region.

Mobility access and transport equity are also uneven. While Argentina (2020,2022), Chile (2023), and Uruguay (2021, 2022) ensure near-universal urban access, rural areas lag behind. Mexico (2021, 2024) and Chile (2023) have expanded eco-friendly mobility, combining rail, cycling, and cable transport, while Ecuador (2020, 2024) and Cuba (2021) are improving multimodal connectivity. Nonetheless, peripheral neighbourhoods often remain underserved, and transport insecurity persists in poorer urban areas.

Access to safe, inclusive green spaces is increasingly integrated into planning frameworks. Notable examples include Dominica (2022) and Guyana (2023), which require green infrastructure in new housing projects, and Chile's (2023) *Just Cities Plan*, which advances integrated, equitable urban environments. However, spatial inequality and limited public investment restrict availability in informal settlements and urban peripheries.

Finally, a growing number of countries are applying socioecological approaches to address climate vulnerability. Dominica (2022) exemplifies family-oriented climate resilience through its *Housing Revolution Programme*, which provides climate-proof homes prioritised for female-headed households and single mothers. Post-disaster housing responses in Mexico (2021, 2024) and risk-reduction strategies in Antigua and Barbuda (2021), Saint Kitts and Nevis (2023), and Ecuador (2020, 2024) further demonstrate the potential for inclusive, risk-informed urban development.

Asia (South-Eastern, Eastern) and the Pacific

Across South-Eastern and Eastern Asia and the Pacific, urbanisation trajectories reflect highly diverse contexts—from dense, technologically advanced city-states to sparsely populated island nations. Countries such as Japan (2021) and Singapore (2023) exemplify advanced social investment in urban development. Japan's SDG Future Cities and Singapore's integrated urban planning both incorporate participatory mechanisms, empowering local communities to shape their environments. In these cases, families are not only beneficiaries but also active agents in decision-making, particularly in green space planning and sustainable transport design.

Fiji's (2023) Koro-i-Pita Model Town is a notable example of family-oriented planning that actively involves vulnerable families in designing cyclone-resistant housing. In Vietnam (2023), women have been increasingly engaged in green urban planning initiatives. These experiences demonstrate the potential of involving families in shaping urban resilience.

Most other policy approaches in the region, however, target families without directly involving them in planning or implementation. Singapore's (2023) world-renowned public

housing ensures near-universal access to affordable homes. Vietnam (2023) has introduced public investment programmes to improve housing quality and availability, particularly for low-income and rural families. Indonesia (2021), Malaysia (2021), and Thailand (2021) combine housing subsidies with broader social services, although access remains uneven—especially in rural and geographically isolated areas. In Papua New Guinea (2020), only 2% of land has been released for housing, with minimal public housing provision.

Mobility and public transport systems are rapidly evolving. China (2022), Japan (2021), and Singapore (2023) have heavily invested in inclusive, green transport infrastructure. While Indonesia (2021) and Vanuatu (2024) report improvements in public satisfaction, private vehicle reliance remains high. Declining use of public transport is observed in Vietnam (2023), Mongolia (2023), and Samoa (2020, 2024). Nevertheless, Fiji (2023) is expanding electric mobility options, and the Democratic People’s Republic of Korea (2021) maintains robust metro systems.

Green and public spaces vary across the region. Singapore (2023) is implementing its City in Nature vision, aiming for universal park access. Samoa (2020, 2024) maintains eight accessible nature reserves. In Vietnam (2023), while legal advances have improved planning frameworks, urban green space remains limited. Micronesia (2020) retains communal rural spaces vital for family subsistence and cohesion.

In terms of disaster resilience, Japan (2021), Solomon Islands (2020, 2024), and Fiji (2023) offer strong institutional frameworks. Samoa (2020, 2024) and Laos (2021, 2024) face recurring climate risks with limited adaptive capacity. Fiji’s (2023) family-oriented Koro-i-Pita project stands out as a model for peri-urban resilience.

Asia (Southern)

Across Southern Asia, urbanisation is progressing rapidly, bringing significant challenges in housing, infrastructure, and access to services. While some smaller countries such as Bhutan (2021) and Maldives (2023) manage these pressures at a different scale, larger and more populous nations like India (2020), Pakistan (2022), and Bangladesh (2020) face substantial demands on governance and planning systems. The diversity of scale across countries reveals important differences in institutional capacity and the ability to implement family-oriented urban policies.

Some countries are explicitly engaging families as active agents in policy planning and implementation. India’s (2020) Pradhan Mantri Awas Yojana (PMAY) is a key example of this approach. The programme includes in-situ slum redevelopment, credit-linked subsidies, public-private partnerships, and individual home support. Importantly, it mandates female co-ownership and prioritises women in housing allotments, directly involving families—especially women—in decision-making, ownership, and construction processes. This embedded participation helps to empower families and ensure housing solutions meet their specific needs.

Most other policy approaches in the region target families without involving them directly in planning or implementation. Bhutan (2021) is implementing a national housing policy

focused on affordability and energy efficiency. Bangladesh (2020) is expanding public housing for low-income and public sector families, and Nepal (2020, 2024) has raised the proportion of households in safe housing to 54%. In Pakistan (2022), government initiatives aim to address slum upgrading and urban poverty. Maldives (2023), despite high housing investment, faces persistent overcrowding and poor design in Malé City, particularly affecting low-income families and older persons.

Transport systems across Southern Asia are also evolving. Bhutan (2021) is investing in electric vehicle infrastructure, while Bangladesh (2020) is reconstructing footpaths to improve accessibility for persons with disabilities. India's (2020) National Urban Transport Policy promotes green mobility, and Pakistan (2022) is expanding public transport through metro systems in major cities. However, many systems remain underdeveloped, particularly in smaller or rural municipalities.

Although reporting on public and green spaces remains limited, Bangladesh (2020) has prioritised the renovation of parks and development of urban green zones. Bhutan (2021) and Nepal (2024) have also integrated green infrastructure into spatial planning, reflecting a growing socioecological awareness.

Southern Asian countries are among the most vulnerable to natural hazards, including floods and earthquakes. Bhutan (2021) has implemented robust disaster risk reduction strategies. Nepal (2020, 2024) has achieved a major decline in the number of disaster-affected persons, and Bangladesh (2020) is using township development to reduce vulnerability in flood-prone areas. Pakistan (2022) has adopted a climate-resilient urban policy framework that promotes inclusive and adaptive planning.

Africa (Sub-Saharan and North)

Urbanisation trends across Africa are highly uneven. While some countries have made important progress in land-use planning and urban development frameworks, others continue to face acute challenges from rapid, unplanned urban growth, institutional capacity gaps, and limited fiscal resources. These differences reflect not only geographic and demographic diversity, but also diverse welfare regime trajectories shaped by colonial legacies, structural inequalities, and evolving state capacities. Across the continent, efforts to support family wellbeing in urban contexts vary significantly in scope and effectiveness.

Some policies explicitly engage families as active agents. In Rwanda (2023), families living in high-risk zones were relocated to safer, planned settlements through participatory processes. Community engagement is channelled through Joint Action Development Forums and neighbourhood-level dialogues, enabling households to co-identify local priorities and propose development actions. These forums influence municipal planning decisions, reflecting a pre-distributive and participatory governance model that strengthens family involvement in shaping local urban policy.

Similarly, Cabo Verde (2021) promotes community participation in local urban planning through national land-use and development frameworks aimed at supporting small urban

centres. This model encourages families to be part of local decision-making, aligning spatial planning with residents' lived experiences.

Most other urban policies in Africa target families without necessarily involving them in planning or implementation. For example, Mauritius (2024) is implementing the Regeneration and Revitalisation Plans under the Smart City Scheme. While the initiative includes social housing—10% of units allocated to low-income families—and ecological features such as solar panels, it does not appear to involve families directly in the planning process. Zimbabwe (2021, 2024) is expanding access to affordable housing by promoting the use of low-cost, locally sourced materials and offering state-supported housing loans. In Tanzania (2023), the digitisation of land records and ICT-based land management supports land titling and housing modernisation, primarily benefiting families through improved tenure security.

Redistributive housing policies are also being adopted in countries such as Egypt (2021), where a National Housing Strategy and a national spatial data infrastructure centre are in place. Ethiopia (2022) supports housing cooperatives and subsidised construction for low- and middle-income families. In Sao Tome and Principe (2022), however, 86% of urban residents continue to live in substandard or overcrowded housing despite policy interventions.

Urbanisation has outpaced infrastructure development in many countries, straining public service delivery. In Angola (2021), Gambia (2020, 2022), Ethiopia (2022), Uganda (2020, 2024), and Sudan (2022), cities have grown rapidly, but urban infrastructure—particularly water, sanitation, and housing—remains inadequate. Slums and informal settlements are widespread, housing 57% of the urban population in Kenya (2020, 2024), 65% in Ethiopia (2022) and Malawi (2020, 2022), and up to 86% in Gambia (2020, 2022). Only a few countries, such as Cabo Verde (2021) and Egypt (2021), report more moderate levels of informal housing due to targeted upgrading programmes.

Poor housing conditions have direct implications for family wellbeing. In many cases, families construct homes from makeshift materials due to poverty and lack of affordable alternatives. Overcrowding is common, and in countries such as Namibia (2021, 2024), informal settlements have been declared a national humanitarian crisis. In Eswatini (2022), gender-based violence and harassment in public spaces—including parks and schools—have been reported, highlighting the intersection of unsafe housing and violence risks.

Public transport access is gradually improving but remains uneven. In Kenya (2020, 2024), 66% of Nairobi's population has convenient access, compared to 19% in Mombasa. Namibia (2024) reports near-universal urban access within one kilometer (86.6%) but significant rural gaps (46%). Ethiopia (2022) has expanded public transport infrastructure, though it remains limited at 34%. Rwanda (2023) has improved access through non-motorised infrastructure and paved roads, benefitting persons with disabilities. In contrast, Cabo Verde (2021) highlights infrastructure gaps that still fail to accommodate persons with disabilities, limiting inclusive mobility.

Climate-related risks pose growing threats to urban populations. Angola (2021) reports that 37% of households live

in areas vulnerable to flooding and disease outbreaks. Kenya (2020, 2024), Cabo Verde (2021), Mauritius (2024), and Zimbabwe (2021, 2024) have all experienced multiple climate-related disasters. Responses include Mauritius's (2024) integration of disaster risk reduction into urban revitalisation strategies and Cabo Verde's (2021) creation of a National Disaster Observatory to improve risk monitoring.

Conclusions

1. Across all welfare regimes, family participation enhances outcomes in access water and sanitation. Twenty-seven Member States implemented family-oriented policies that actively engaged families in achieving SDG 6 (water and sanitation). From community-led sanitation efforts in India (2020) (Swachh Bharat) and behavioural change campaigns in Bangladesh (2020), to household-level monitoring in Zambia (2020, 2023) and Ecuador (2020, 2024), families contributed not only to improved service access but also to more inclusive and sustainable delivery models. These experiences—spanning high-capacity contexts like Chile (2023) and low-resource settings like Malawi (2020, 2022)—highlight how embedding family agency reinforces the equity and resilience of basic service systems.

2. Family engagement in urban planning and housing remains limited and uneven, with a decline since the previous reporting cycle. Compared to the 2016–2019 period, the number of Member States implementing family-oriented policies aligned with SDG 11 (sustainable cities) has declined—from 24 to just 19. These include countries such as Austria (2020, 2024), Brazil (2024), Ireland (2023), the Netherlands (2022), and Jamaica (2022). In Saint Vincent and the Grenadines (2020), Colombia (2021, 2024), and Uruguay (2021, 2022), families have participated in co-designing housing and contributing to community-based urban development. Portugal (2023) and the Netherlands (2022) have also integrated families into green space and mobility planning processes. However, despite growing awareness of the value of participatory approaches, most countries continue to treat families as passive beneficiaries rather than active co-creators of sustainable urban environments.

3. Examples across regions confirm the value of family-oriented approaches for sustainable, inclusive urban systems. In Europe and Central Asia, countries like Finland (2020), Poland (2023), and Spain (2021, 2024) demonstrated how co-housing initiatives, participatory design processes, and mobility consultations can enhance urban wellbeing. In Latin America, Colombia (2021, 2024) and Ecuador (2020, 2024) linked family engagement with disaster-resilient housing and inclusive infrastructure. In Africa and Southern Asia, countries like Rwanda (2023) and India (2020) employed family-centred housing schemes to reduce vulnerability and improve access to green spaces and transport. These examples reflect the strength of the socioecological model—where family wellbeing is shaped not only by income or services but also by environmental design and participatory governance.

4. Family agency, when embedded in social investment and redistributive systems, amplifies policy impact. In diverse settings—from decentralised water systems in Vietnam (2023) and urban co-design in Austria (2020, 2024), to climate-resilient land use in Rwanda

(2023)—countries that combine family engagement with redistributive investments and inclusive planning demonstrate stronger outcomes. Whether through grassroots sanitation efforts or participatory mobility frameworks, family involvement enhances the legitimacy, reach, and sustainability of public policies. These strategies align with the socioecological model and offer a roadmap for addressing interlinked environmental, infrastructural, and social risks.

5. Progress must be interpreted in light of COVID-19 and overlapping global crises. The COVID-19 pandemic, coupled with ongoing financial, environmental, and conflict-related crises, disrupted access to housing and basic services and strained urban and sanitation infrastructure in many countries. These challenges exposed long-standing structural gaps and environmental inequities. Yet, they also reaffirmed the importance of family participation—not only as a pathway to resilience but as a policy accelerator. Moving forward, placing families at the centre of urban and infrastructure strategies will be key to building inclusive, adaptive, and future-ready environments.

3. Health and wellbeing



Ensuring health and wellbeing for all remains one of the most significant and universal aspirations of sustainable development. For families, the capacity to maintain good health throughout the life course—from pregnancy and childbirth to early childhood, adolescence, adulthood and old age—is both a fundamental right and a precondition for broader social and economic inclusion. This chapter focuses on key health-related challenges with direct implications for family wellbeing: maternal and child mortality, early childhood nutrition, mental health, and the accessibility and quality of health services.

Health and wellbeing outcomes are deeply embedded within broader welfare regimes. Countries organise their health systems, social protections, and public investments in diverse ways—shaped by histories of redistribution, state capacity, and political commitments to equity. In this context, redistributive policies, such as universal healthcare access or targeted subsidies for vulnerable groups, and pre-distributive strategies, including education for health professionals, decentralised service provision, and prevention-oriented public health campaigns, are critical tools for reducing inequality and fostering resilience.

This chapter also places special emphasis on the social investment approach, which frames health not merely as a social cost, but as a vital investment in human capabilities and social cohesion. Investment in maternal and child health, nutrition, and mental health services directly enhances individual development and family functioning, while contributing to broader economic productivity and social stability. Furthermore, early and sustained investment in health has lasting intergenerational effects, improving long-term outcomes for children and enabling families to thrive across life stages.

Equally important is the application of the socioecological model, which recognises that health is influenced not only by individual or household behaviours, but also by social networks, community infrastructure, environmental conditions, and systemic factors such as income security and discrimination. This perspective allows us to examine how structural inequalities, environmental risks, and social determinants affect health outcomes and access to care—particularly for women, children, and marginalised groups.

Each section of this chapter explores specific challenges and progress related to Sustainable Development Goals (SDG) 3 and 2, with a focus on key targets related to maternal mortality (3.1), child mortality (3.2), early nutrition (2.2), mental health and suicide prevention (3.4), and health service coverage (3.8). Examples from countries across different welfare regimes and regions will illustrate the diversity of policy responses and innovations that contribute to advancing health as a cornerstone of family wellbeing and sustainable development.

3.1. A good start when giving life: The challenge of maternal mortality (target 3.1).

Maternal health stands as one of the most sensitive indicators of the wellbeing of families and the effectiveness of national health systems. It reflects not only the quality of clinical care during pregnancy and childbirth but also broader systemic factors such as access to



services, infrastructure, nutrition, education, income security, and social norms. The reduction of maternal mortality is thus a critical measure of both health equity and gender justice, and of a country's capacity to provide the conditions for life to begin with dignity and safety.

According to the World Health Organization (WHO, 2024, pp. 14–16), the global maternal mortality ratio (MMR) dropped by one-third between 2000 and 2015—from 339 deaths per 100,000 live births in 2000 to 227 in 2015. However, progress has since stagnated. By 2024, the MMR had only marginally improved to 223 deaths per 100,000 live births. A similar trend is observed in child survival. Between 2000 and 2022, global mortality among newborns and children under five fell by 51%, yet disparities persist. In 2022, children under five in the African region were ten times more likely to die than their counterparts in Europe.

This inequality reflects structural disparities in health systems, economic resources, and the organisation of welfare regimes. In universalist regimes, maternal care is generally integrated into broader systems of social protection, underpinned by public funding and universal access. These regimes tend to report very low MMRs. In lower-income countries and hybrid welfare models, however, maternal health often relies on a patchwork of public, private, and donor-driven interventions, with persistent service gaps and uneven outcomes.

A key factor influencing maternal survival is the presence of skilled health personnel during childbirth. The most recent data from the Global Health Observatory (2024) report that globally, 87% of births are now attended by skilled professionals. However, this figure masks significant regional differences: Europe leads with 99%, followed by the Americas (96%), South-East Asia (90%), the Arab States (85%), and Africa (74%). These disparities point to gaps in both pre-distributive capacity, such as training and retaining midwives and obstetricians, and redistributive mechanisms, such as rural outreach services and financial coverage for antenatal and emergency care.

From a social investment perspective, maternal health is not merely a health outcome but a strategic area for intergenerational development. Ensuring safe pregnancies and births lays the groundwork for healthy children, reduces the risk of orphanhood, and enables mothers to participate in economic and community life. Investment in maternal care—including antenatal visits, emergency obstetric services, and postnatal support—yields long-term returns in terms of child development, educational attainment, and household stability.

A socioecological lens further reveals that maternal mortality is not shaped by health systems alone. It is also influenced by factors such as household poverty, gender inequality, distance to care facilities, social norms around childbirth, and exposure to environmental risks (such as natural disasters or climate-induced displacement). These broader determinants reinforce the importance of integrated, multisectoral approaches to maternal health.

In the sections that follow, country-level disparities in MMR will be explored through a regional lens, drawing on the most recent data from the World Health Organization's Global Health Observatory (2024). Where national VNRs do not provide consistent indicators, WHO estimates are used to complement the analysis. Special attention is paid to policy frameworks and programmes that exemplify good practices in maternal health—whether

through universal systems, targeted support, or innovative service delivery models—always keeping family wellbeing at the centre.

Europe and Central Asia

The Europe and Central Asia region reports the world's lowest maternal mortality ratios (MMRs), with all 43 countries already achieving the SDG target of fewer than 70 maternal deaths per 100,000 live births. This outcome reflects robust welfare regimes, universal or near-universal health systems, and long-standing investments in maternal care, including the professionalisation of midwifery and decentralised service delivery.

Countries in Northern, Southern, and Western Europe benefit from universalist models that integrate maternal health into high-quality, publicly funded systems. Twelve countries—including Belgium (2023), Germany (2021), Iceland (2023), Ireland (2023), the Netherlands (2022), Spain (2021, 2024), and Sweden (2021)—report fewer than 5 maternal deaths per 100,000 live births. Ten others, such as Austria (2020, 2024), Finland (2020), and Switzerland (2022), maintain MMRs between 5 and 10, while Latvia (2022) and Portugal (2023) remain below 20. Even in these contexts, targeted measures continue to address inequalities affecting migrants, ethnic minorities, and rural populations.

In Eastern Europe, countries like Czechia (2021), Poland (2023), and Slovakia (2023) also report strong outcomes, drawing on institutional legacies of public health infrastructure. Some transitional systems—such as those in Bulgaria (2020) and Romania (2023)—still combine universal access with market-based reforms. In Central Asia, while maternal health indicators are comparatively lower, most countries—including Armenia (2020, 2024), Georgia (2020, 2024), and Uzbekistan (2020, 2023)—report MMRs between 20 and 30. Only Kyrgyzstan (2020), with 42 deaths per 100,000 live births, remains above this threshold.

Redistributive and pre-distributive efforts are evident across the region. These include mobile outreach services, rural midwifery networks, and subsidised antenatal care. In several countries, family allowances are linked to maternal health check-ups, and conditional cash transfers have been used to incentivise prenatal visits and birth registration in underserved areas.

While many policies target families, there are also promising examples that actively engage families as agents of maternal health. In Sweden (2021) and Finland (2020), parental education programmes involve both mothers and fathers in antenatal care planning and postnatal mental health. In Spain (2021, 2024), regional health centres offer culturally tailored birth preparation classes, co-developed with migrant communities, that include family members as support partners. In Georgia (2020, 2024) and Armenia (2020, 2024), family liaison models have been introduced to support maternal care in rural areas, training family members as care navigators and involving them in postpartum monitoring and referral.

These initiatives reflect a growing recognition of the social investment value of maternal health, with integrated services linking prenatal care to nutrition, early childhood support, and women's labour market reintegration. A socioecological perspective also highlights

persistent challenges, such as geographic isolation, income gaps, and the added vulnerability of displaced populations and migrant women—particularly in Central Asia and Eastern Europe.

MENA region

Maternal health outcomes across the MENA region States display marked contrasts, shaped by differences in health system capacity, welfare structures, and political stability. While several high-income countries have already surpassed the SDG target for maternal mortality (fewer than 70 deaths per 100,000 live births), others—especially those facing conflict and displacement—continue to struggle.

Countries such as the United Arab Emirates (2022), Kuwait (2023), Saudi Arabia (2023), Bahrain (2023), and Qatar (2021) report low MMRs, ranging from 3 to 17 deaths per 100,000 live births. These outcomes are supported by well-funded public health systems, high institutional delivery rates, and digitalised maternal care. Redistributive policies ensure financial protection, while pre-distributive strategies—such as professionalised midwifery, early antenatal screening, and smart health technologies—enhance service quality and continuity. In Qatar (2021), maternal health services are integrated into national digital health infrastructure, with multilingual outreach targeting expatriate populations.

These countries exemplify the social investment approach, where maternal health is framed as a cornerstone of human development. Kuwait (2023) and Bahrain (2023), for example, link maternal care to urban development and inclusive neighbourhood health services. In Saudi Arabia (2023), national strategies combine women’s health education, digital medical records, and expanded emergency care for at-risk populations.

Family-oriented policies that engage families as active agents are gradually emerging in these settings. In Saudi Arabia (2023), reproductive health education includes counselling for couples on birth planning and maternal nutrition. Bahrain (2023) has developed community-based maternal health centres where spouses and extended family members participate in postnatal care sessions. In Qatar (2023), maternal health campaigns involve family outreach workers who promote safe pregnancy practices and newborn care in both Qatari and migrant communities.

In contrast, Iraq (2021) and Yemen (2024) highlight the vulnerabilities of maternal health in conflict-affected and transitional settings. Iraq reports uneven maternal outcomes across regions, reflecting infrastructure gaps, service fragmentation, and the lingering effects of past conflict. Yemen’s situation remains critical, with an MMR of 118 deaths per 100,000 live births, exacerbated by displacement, insecurity, and severe health system collapse. These contexts demonstrate the socioecological risks facing women in fragile environments, where poverty, instability, and gender-based barriers intersect to undermine maternal health.

Despite regional progress, challenges persist. Non-citizen women, rural populations, and those facing legal or cultural obstacles often experience restricted access to reproductive services.

Americas and the Caribbean

While most countries in the Americas and the Caribbean have met the SDG target of fewer than 70 maternal deaths per 100,000 live births, nine countries remain above this threshold. These include Bolivia (2021) with 146 deaths, Dominican Republic (2021) with 124, Guyana (2023) with 85, Saint Kitts and Nevis (2023) with 80, and Suriname (2022) with 75. Others nearing the threshold are Belize (2024), Honduras (2020, 2024), Paraguay (2021), and Trinidad and Tobago (2020). These cases reflect persistent inequalities in health access, particularly in rural, Indigenous, and Afro-descendant communities.

By contrast, countries such as Chile (2023), Canada (2023), and Uruguay (2021, 2022) report low MMRs of 10–15, underpinned by strong universal health systems and sustained investment. Redistributive policies like conditional cash transfers and subsidised insurance have supported progress, but service gaps remain, especially in remote areas with limited skilled personnel and weak referral systems.

Family-oriented policies that engage families as active agents are emerging in several countries. In Uruguay (2021, 2022) and Chile (2023), home-visiting programmes involve family members in birth preparedness and postnatal care. In Mexico (2021, 2024), maternal health networks in Indigenous regions work with traditional birth companions and trained family liaisons to support prenatal follow-up and respectful maternity care. In Brazil (2024), the *Rede Cegonha* integrates family planning, transportation, and maternity centres designed to involve partners and relatives throughout the childbirth process.

These approaches strengthen trust, promote shared caregiving, and contribute to family wellbeing. Advancing maternal health in the region will require inclusive, gender-responsive systems that support and empower families as key partners in care.

Asia and the Pacific

Maternal mortality across Asia and the Pacific varies widely, reflecting disparities in welfare regimes, health infrastructure, and levels of social investment. Among the near 30 countries reviewed, only 12 have achieved the SDG target of fewer than 70 maternal deaths per 100,000 live births. These include Japan (2021), Singapore (2023), China (2021), Sri Lanka (2022), Malaysia (2021), Thailand (2020), Bhutan (2021), Vietnam (2023), Fiji (2020), Mongolia (2023), Brunei Darussalam (2020, 2023), and Tuvalu (2022). These countries typically benefit from long-term investments in universal health systems, high coverage of skilled birth attendance, and strong public health institutions. Maternal care is often embedded within broader social protection frameworks, consistent with a social investment approach that views health as a developmental priority.

At the other end of the spectrum, Afghanistan (2021) reports the highest MMR in the region—521 deaths per 100,000 live births—reflecting the collapse of basic services amid ongoing conflict. Several other countries report alarmingly high ratios: Timor-Leste (2023), Pakistan (2022), Papua New Guinea (2020), and Marshall Islands (2021) fall between 150 and 200. A second tier, including Bangladesh (2020), Cambodia (2023), Indonesia (2021),

Laos (2021, 2024), Micronesia (2020), Nepal (2020, 2024), Samoa (2020, 2024), Solomon Islands (2020, 2024), and Vanuatu (2024), reports MMRs between 100 and 150. Closer to the threshold, India (2020), Philippines (2022), and Palau (2024) range between 70 and 100.

These disparities reflect major pre-distributive challenges, including persistent shortages of skilled personnel, gaps in referral and emergency transport systems, and limited health infrastructure, especially in rural and remote areas. In many cases, redistributive mechanisms such as free or subsidised maternal services or rural outreach programmes are underdeveloped or unevenly implemented. Applying a socioecological perspective reveals how maternal mortality is also shaped by broader factors—geographic isolation, low levels of education, entrenched gender norms, and exposure to natural disasters and climate change.

In this context, several family-oriented policies that engage families as active agents have emerged as promising responses. In Nepal (2020, 2024), a national network of female community health volunteers engages households directly through home visits and group counselling, promoting antenatal care and safe childbirth, especially in rural areas. In Indonesia (2021), community maternal health days include family members—particularly husbands—in sessions on birth planning, maternal nutrition, and postpartum support. In Sri Lanka (2022), health clinics actively involve spouses in prenatal education and postnatal follow-up, fostering joint responsibility and early family support.

These approaches enhance trust in the health system, promote shared caregiving, and strengthen the continuity of care. By recognising families as vital partners—rather than passive recipients—these policies contribute to more resilient and inclusive maternal health systems across the region.

Africa

Africa remains the region most affected by high maternal mortality. Among the 29 countries reviewed, only four have met the SDG target of fewer than 70 maternal deaths per 100,000 live births: Egypt (2021) with 17 deaths, Cabo Verde (2021) with 40, Seychelles (2020) with 42, and Mauritius (2024) with 66. A few others report relatively lower figures—Sao Tome and Principe (2022) at 75, Zambia (2020, 2023) at 85, and Mozambique (2020) at 99—but still fall short of the global goal. These outcomes reflect years of investment in maternal health systems and targeted service delivery, yet remain the exception across the continent.

The vast majority of countries face maternal mortality ratios that remain unacceptably high. Countries such as Eswatini (2022), Namibia (2021, 2024), Kenya (2020, 2024), Botswana (2022), and Ethiopia (2022) report between 100 and 200 deaths per 100,000 live births, while others—Ghana (2022), Malawi (2020, 2022), Sudan (2022), and Tanzania (2023)—range between 200 and 300. The situation is most acute in countries such as Gambia (2020, 2022), Sierra Leone (2021, 2024), Zimbabwe (2021, 2024), Lesotho (2022), Liberia (2020, 2022), Somalia (2022), South Sudan (2024), and Nigeria (2020), which report over 300 maternal deaths, with Nigeria reaching an alarming 993 deaths per 100,000 live births.

These figures reflect deep and persistent structural challenges. Pre-distributive deficits—such as critical shortages of trained health personnel, weak referral systems, and inadequate rural

service coverage—are widespread. Redistributive measures remain limited, often constrained by fiscal capacity, conflict, or weak institutional frameworks. In fragile and conflict-affected states like Somalia (2022), South Sudan (2024), and Nigeria (2020), health systems are overwhelmed or severely disrupted, leaving women with little to no access to skilled care during pregnancy and childbirth.

Nonetheless, some countries are showing signs of progress. In Gambia (2020, 2022), maternal mortality has declined in recent years, and births attended by skilled health personnel have increased to 84%. These gains illustrate the potential of sustained social investment policies—even in resource-constrained settings—to improve outcomes when paired with targeted efforts to reach underserved populations.

A socioecological perspective is particularly relevant across Africa, where maternal health is influenced not only by access to medical services, but also by broader determinants such as poverty, food insecurity, gender-based violence, harmful traditional practices, and environmental risk. The compound effects of displacement, climate change, and limited education for girls further exacerbate risks to maternal wellbeing.

While few explicit family-oriented policies that engage families as active agents are documented in national reviews, there are emerging efforts in some countries to involve communities and family networks in maternal health. In Uganda (2020, 2024), Mozambique (2020), and Ethiopia (2022), community health worker programmes include home visits and family counselling to raise awareness about prenatal care and safe delivery. In Sierra Leone (2021, 2024), maternal waiting homes near rural health centres have helped bridge geographic barriers and are increasingly involving families in birth preparedness. These initiatives highlight the value of engaging household members—especially men and elders—in maternal care decision-making and follow-up.

To reduce maternal mortality sustainably, African countries will need integrated strategies that place families at the centre of health promotion. Strengthening family participation, reinforcing community-based care, and ensuring that maternal health is linked to broader development goals—such as nutrition, education, and climate resilience—will be key to protecting women and supporting intergenerational wellbeing.

3.2. A good start in life: The challenge of child mortality (Target 3.2)



Reducing neonatal and under-five mortality remains a cornerstone of global health and a vital indicator of family wellbeing. SDG Target 3.2 aims to end preventable deaths of newborns and children under five, setting thresholds of fewer than 12 and 25 deaths per 1,000 live births, respectively. These indicators reflect not only access to health services but also deeper societal investments in maternal care, nutrition, early childhood development, and social protection.

Progress in child survival is closely tied to the strength of welfare regimes, state capacity, and the integration of health and social services. Redistributive policies—such as free immunisation programmes or targeted outreach to vulnerable families—and pre-distributive investments in health infrastructure, professional training, and parental education play a

decisive role. The socioecological model further reminds us that child health is shaped by household conditions, income, caregiving arrangements, and broader environmental and social determinants.

This section reviews regional progress towards reducing child mortality, with particular attention to family-oriented policies that engage parents and caregivers as active participants in improving child health and survival. These efforts are essential to fostering not just survival, but the long-term development and resilience of children and their families.

Europe (North, South, West)

Northern, Southern, and Western European countries have achieved some of the world's lowest child mortality rates, with nearly all reporting fewer than 5 neonatal deaths and 10 under-five deaths per 1,000 live births. These outcomes are the result of long-established welfare regimes that combine universal health coverage, robust maternal and child health systems, and sustained investment in early childhood services. The region exemplifies how pre-distributive policies—such as professionalised paediatric care, public health infrastructure, and free immunisation—and redistributive mechanisms ensuring universal access can together eliminate preventable child deaths.

The success of these countries also reflects a strong commitment to family-oriented policies that actively engage families as partners in child health. In Sweden (2021), Germany (2021), Finland (2020) and Norway (2021), for instance, child health centres offer regular developmental assessments, vaccinations, parental counselling and follow-up services for all families, ensuring that parents play an active role in health promotion and early detection. These centres maintain long-term relationships with families, supporting them not only in managing child illness but also in fostering wellbeing and resilience. Parents are encouraged to participate actively in health monitoring and early learning, reinforcing a shared model of responsibility between the state and the family.

A key family-oriented policy in this context is the widespread implementation of evidence-based parenting programmes. These initiatives aim not only to reduce preventable mortality but also to strengthen families' capacities to nurture and protect their children. In Sweden (2021), the *Triple P – Positive Parenting Program* is offered through local municipalities, helping parents build skills in child-rearing, emotional regulation, and safe caregiving.

In Italy (2022), Ireland (2023) and Spain (2021, 2024), home-visiting programmes led by community nurses or family paediatricians reach new parents during the early months of a child's life. These visits offer both clinical follow-up and psychosocial support, tailored to the household's needs. In Portugal (2023), the National Health Service promotes integrated early intervention networks that combine health, education, and social services while empowering parents to participate in care plans for at-risk children.

Digital innovation has also enhanced family engagement. In Belgium (2023), Ireland (2023), Estonia (2020) and Slovenia (2020), e-health platforms enable parents to access child health records, receive developmental reminders, and communicate directly with healthcare

providers. These tools promote continuous family involvement in a child's health journey and strengthen trust in public systems.

From a social investment perspective, these policies not only reduce child mortality but also enhance early development, educational readiness, and long-term family wellbeing. The socioecological model is evident in-service delivery that considers housing, education, and social protection—ensuring that child survival is embedded in broader systems of care and inclusion.

As birth rates decline and populations age, maintaining strong child health outcomes will depend on continued investment in families and caregiving environments. The European model demonstrates that universal, rights-based health systems, combined with meaningful family participation, can sustain early life outcomes and promote intergenerational wellbeing.

Eastern Europe and Central Asia

Countries across Eastern Europe and Central Asia have made substantial progress in reducing neonatal and under-five mortality, with nearly all reaching or nearing the SDG 3.2 thresholds. Neonatal mortality rates are now below five deaths per 1,000 live births in most countries, except for Moldova (2020), which still reports a higher rate of 10. Under-five mortality rates remain relatively low: Moldova (2020) at 14, Romania (2023) at 7, Ukraine (2020) at 9, and Bulgaria (2020) and Slovakia (2023) at 6. In Central Asia, most countries have also met the targets, though Tajikistan (2023) and Turkmenistan (2023) continue to face challenges, with neonatal mortality rates at 13 and 23, and under-five mortality at 30 and 40, respectively. These figures reflect persistent service gaps in rural areas, compounded by limited infrastructure and the need for stronger social protection systems.

Child survival in the region has been supported by universal health coverage and public health interventions rooted in strong welfare traditions. Pre-distributive strategies—such as routine child health screenings, immunisation campaigns, and parental education—are reinforced by redistributive measures that reduce barriers to access for vulnerable households. Importantly, several countries have advanced family-oriented policies that recognise parents and caregivers not merely as beneficiaries but as key actors in promoting child wellbeing.

In Romania (2023) and Poland (2023), home-visiting programmes offer both medical and psychosocial support to new parents, especially in low-income and rural communities, encouraging early engagement with health services and improving continuity of care. In Bulgaria (2020), integrated child protection systems include parental involvement in the design and evaluation of early intervention plans, particularly for children with developmental risks or disabilities. Slovakia (2023) has also invested in family support centres that promote parenting skills and health literacy through group-based and individual counselling sessions.

Parenting programmes are a cornerstone of this active engagement model. In Ukraine (2020), the government has scaled up its *Parenting for Lifelong Health* initiative, offering structured

sessions for caregivers that focus on non-violent discipline, emotional bonding, and early stimulation. In Moldova (2020), the *Bun Venit Copil Drag* ("Welcome Dear Child") programme engages families from pregnancy through early childhood, combining health visits, education, and community-based peer support to reduce preventable risks and strengthen caregiving practices. These interventions reflect a social investment approach that builds family capacities and reduces health inequalities over the life course.

To sustain progress and close remaining gaps—particularly in Central Asia—further efforts are needed to ensure inclusive service delivery in remote areas, improve cross-sectoral coordination, and promote socioecological strategies that involve families, communities, and institutions in a shared effort to secure child wellbeing.

Americas and the Caribbean

Most countries in the Americas and the Caribbean have made notable progress in reducing child mortality, though regional averages remain higher than those observed in Europe and Central Asia. Out of the 26 countries reviewed, 22 have achieved the SDG 3.2 target of fewer than 12 neonatal deaths per 1,000 live births. Among them, Canada (2023), Chile (2023), Cuba (2021), Uruguay (2021, 2022), and Antigua and Barbuda (2021) report neonatal mortality rates of five or fewer. Seventeen countries, including Argentina (2020, 2022), Brazil (2024), and Mexico (2021, 2024), fall within the 6 to 10 range. Only four countries—Bolivia (2021), Guyana (2023), Dominican Republic (2021), and Dominica (2022)—remain above the target. In terms of under-five mortality, 23 countries have met the goal of fewer than 25 deaths per 1,000 live births, with Canada (2023), Argentina (2020, 2022), Chile (2023), Costa Rica (2020, 2024), Cuba (2021), and Uruguay (2021, 2022) reporting some of the lowest ratios in the region. Nonetheless, under-five mortality remains above target in Guyana (2023), Dominica (2022), and the Dominican Republic (2021), reflecting structural inequalities in service provision.

This progress is the result of long-standing social investment in maternal and child health, universal immunisation campaigns, nutrition programmes, and expanding public healthcare systems. Countries with sustained reductions in child mortality typically combine universal access to primary healthcare with redistributive measures that support low-income families. Conditional cash transfer programmes such as Brazil's (2024) *Bolsa Família* and Mexico's (2021, 2024) *Bienestar* have historically linked financial assistance to participation in maternal-child health services, fostering a culture of regular health check-ups and vaccinations among vulnerable populations.

Several countries have also implemented family-oriented policies that directly engage parents and caregivers as agents of change in improving child health outcomes. In Peru (2020, 2024), the *Programa Nacional Cuna Más* provides home visits and early stimulation services in remote and impoverished areas, actively involving caregivers in the developmental monitoring and health promotion of children under 3. In Jamaica (2022), the *Early Childhood Parenting Places* initiative offers safe community spaces where families receive parenting support, health guidance, and psychosocial services, strengthening parents' roles in child wellbeing. Similarly, in Chile (2023), the *Chile Crece Contigo* system engages families through integrated services from pregnancy onwards, including prenatal classes,

parenting workshops, and follow-up for at-risk children. These programmes not only offer direct services but empower families with the knowledge, skills, and confidence to support their children's survival and development.

Parenting programmes have emerged as a particularly effective tool for engaging families in child health. In Brazil (2024), the *Criança Feliz* programme delivers home-based guidance on early stimulation, nutrition, and bonding to caregivers of young children, especially in families receiving social benefits. In the Dominican Republic (2021), the *Programa de Paternidad y Maternidad Responsables* includes components on maternal health, shared caregiving responsibilities, and early childhood care, helping to shift norms and strengthen family capacities. These interventions, grounded in a socioecological and social investment perspective, seek not only to reduce child mortality but also to address underlying inequalities in parenting support and access to early services.

Nevertheless, persistent disparities remain—particularly along lines of income, geography, and ethnicity. Countries with higher mortality rates tend to face challenges such as insufficient health infrastructure in rural or indigenous areas, uneven health workforce distribution, and limited outreach capacity. Environmental risks, inadequate housing, and intergenerational poverty further compound these challenges. To consolidate progress, countries in the region must sustain investments in early childhood systems, prioritise inclusive outreach to marginalised families, and strengthen rights-based frameworks that place families at the centre of public policy.

Asia and the Pacific

Progress in reducing child mortality across Asia remains uneven, reflecting wide disparities in health system capacity, geographic accessibility, and social investment in early childhood. Among the 22 countries of South-Eastern and Eastern Asia, 15 have met the SDG 3.2 target of fewer than 12 neonatal deaths per 1,000 live births, and 16 have achieved the under-five mortality target of fewer than 25 deaths. Leading examples include Japan (2021) and Singapore (2023), with neonatal and under-five mortality rates as low as 1–2 deaths per 1,000 live births, and China (2021) reporting rates of 3 and 7, respectively. These outcomes are supported by strong welfare systems, universal healthcare coverage, and comprehensive maternal-child health services.

However, seven countries in the region still fall short of the neonatal target: Marshall Islands (2021), Micronesia (2020), Fiji (2023), and the Philippines (2022) report rates around 13–14, while Laos (2021, 2024), Papua New Guinea (2020), and Timor-Leste (2023) report significantly higher rates, ranging from 20 to 22. Six of these countries also exceed the under-five mortality threshold (Fiji, Philippines, and Marshall Islands), with Laos, Papua New Guinea, and Timor-Leste recording ratios between 40 and 49 deaths per 1,000 live births. These figures underscore persistent inequalities in access to skilled birth attendance, neonatal care, and essential health services in rural, indigenous, and island communities.

In Southern Asia, conditions are even more challenging. Of the eight countries reviewed, only Maldives (2023) and Sri Lanka (2022) have achieved both targets, while Bhutan (2021) is approaching them. The remaining countries—including India (2020), Pakistan (2022), and

Bangladesh (2020)—continue to report high neonatal mortality rates ranging from 17 to 39. Only three countries in the subregion have met the under-five mortality goal. These gaps reveal weaknesses in both pre-distributive measures—such as skilled antenatal care, institutional births, and postnatal follow-up—and redistributive systems ensuring affordable access to essential services for the poorest families.

Countries that have achieved sustained reductions in child mortality typically embed early childhood services within broader social investment strategies. In Sri Lanka (2022), for example, the longstanding *Maternal and Child Health Programme* includes routine home visits, child growth monitoring, and parent education, particularly in rural and low-income settings. In China (2021), the *Basic Public Health Service* programme provides universal maternal and child health check-ups, and engages caregivers through community-based health education campaigns. These initiatives promote continuity of care while empowering families with the knowledge and tools to support their children's health.

Several countries are also advancing family-oriented policies that actively involve families in preventing child mortality. In the Philippines (2022), the *Kalusugan at Nutrisyon ng Mag-Nanay Act* strengthens maternal and child health through community mobilisation and parent-focused counselling on nutrition, breastfeeding, and hygiene. In Thailand (2021), village health volunteers—often mothers themselves—play a key role in educating and supporting families with newborns, especially in remote areas. Similarly, in Indonesia (2021), the *Posyandu* system (integrated health posts) facilitates regular child growth monitoring and parenting sessions that engage communities and promote shared responsibility for child survival.

Parenting programmes are also expanding across the region. In India (2020), the *Home-Based Newborn Care* component of the National Health Mission trains community health workers to support caregivers in rural areas with essential practices for newborn survival, while also offering parenting advice and nutritional counselling. In Bangladesh (2020), the *MaMoni Maternal and Newborn Care Strengthening Project* includes a strong emphasis on family engagement through participatory learning groups, encouraging families to develop birth preparedness plans and adopt evidence-based caregiving practices.

A socioecological lens highlights how structural poverty, malnutrition, gender inequality, and environmental vulnerability intersect to influence child survival. In several small island and fragile states, such as Timor-Leste (2023) and the Marshall Islands (2021), climate-related disruptions—including floods, droughts, and cyclones—compound service delivery challenges and heighten risks for mothers and children. In response, countries like the Maldives (2023) and Fiji (2023) are beginning to integrate disaster preparedness and climate resilience into maternal and child health programming, recognising the role of families as first responders and essential actors in safeguarding children's health.

To accelerate progress, countries across Asia must expand equitable access to essential services, strengthen intersectoral policies that reach the most vulnerable households, and scale up family-oriented strategies that empower parents and communities. Ensuring that every child survives and thrives will require targeted investment in both people and systems, guided by principles of inclusion, resilience, and shared responsibility.

Africa

Child mortality remains a critical concern across Africa, especially in Sub-Saharan countries where progress towards SDG Target 3.2 is uneven and often slow. Of the 29 countries reviewed, only five—Sao Tome and Principe (2022), Cabo Verde (2021), Egypt (2021), Seychelles (2020), and Mauritius (2024)—have achieved the neonatal mortality goal of fewer than 12 deaths per 1,000 live births. Most other countries report significantly higher ratios. Eritrea (2022, 2024), Rwanda (2023), Uganda (2020, 2024), Malawi (2022), and Namibia (2021, 2024) fall within the 17–19 range, while another group of countries—including Botswana (2022), Kenya (2020, 2024), Ghana (2022), and Zimbabwe (2021, 2024)—report neonatal mortality between 20 and 28. At the upper end, Liberia (2022), Sierra Leone (2021, 2024), Nigeria (2020), and South Sudan (2024) face ratios between 30 and 39, reflecting persistent structural and service delivery challenges.

These high mortality rates are linked to pre-distributive deficits, such as inequitable geographic access to health facilities, low antenatal care coverage, and inadequate referral systems. Redistributive gaps also persist, with out-of-pocket costs, transport barriers, and understaffed public services disproportionately affecting poor, rural, and marginalised families. In fragile or conflict-affected states like Somalia (2022) and South Sudan (2024), these challenges are compounded by displacement, food insecurity, and humanitarian crises.

Nonetheless, promising examples of family-oriented policies are emerging across the continent. In Rwanda (2023), the *Home-Based Newborn Care* programme mobilises community health workers to visit households during the critical postnatal period, providing guidance to mothers and caregivers on hygiene, breastfeeding, and danger signs. These visits help build trust and knowledge within families while linking them to formal health systems. In Uganda (2020, 2024), the *Integrated Early Childhood Development Policy* includes parenting education and nutrition sessions at community centres, empowering families to take an active role in child health and early development. Similarly, in Ghana (2022), the *Community-Based Health Planning and Services (CHPS)* initiative deploys nurses to rural zones where they offer immunisation, child monitoring, and maternal counselling, all with direct family participation.

Mauritius (2024), one of the countries with the lowest neonatal mortality rates in the region, integrates family-oriented approaches into its *Maternal and Child Health Programme*, offering universal prenatal care, group parenting classes, and early detection services. In Cabo Verde (2021), mobile health units extend outreach to remote families, combining service delivery with caregiver education to increase uptake and adherence to newborn care protocols.

Parenting programmes are expanding as strategic tools to engage families in improving child survival. In Malawi (2020, 2022), UNICEF-supported parenting interventions train caregivers in responsive caregiving, early stimulation, and nutrition, often through local women's groups and community health platforms. In Ethiopia (2022), the *Community-Based Nutrition Programme* includes family dialogue sessions and peer support groups, encouraging caregivers to adopt evidence-based practices while fostering a collective sense of responsibility for children's wellbeing.

From a socioecological perspective, child mortality in Africa is shaped not only by service gaps but also by poverty, malnutrition, gender inequality, environmental hazards, and weak education systems. Addressing these interlinked drivers requires comprehensive and cross-sectoral action. Countries like Namibia (2021, 2024) and Kenya (2020, 2024) are integrating maternal and child health into broader social protection frameworks, linking nutrition, early learning, and health entitlements into one cohesive policy space where families are recognised as essential partners.

To accelerate progress, governments must strengthen intersectoral coordination and continue investing in maternal and child health through universal, accessible, and family-responsive systems. Rights-based frameworks that centre families as active agents—not just recipients—are essential to reducing mortality, improving resilience, and ensuring that all children in Africa have the chance to survive and thrive.

3.3. A good start that lasts: Nurturing the first years and the challenges of malnutrition (stunting, wasting and being overweight) (Target 2.2)



Nutrition is both a foundation and a mirror of human development. When adequate, it enables children to grow, learn, and thrive, supporting family wellbeing, social inclusion, and long-term national progress. When inadequate, it constrains individual potential and reinforces intergenerational cycles of poverty, poor health, and exclusion. From a life course and socioecological perspective, early nutrition is shaped by household conditions, caregiving practices, public services, and environmental factors—making it a crucial determinant of health, resilience, and equity.

Malnutrition in early childhood takes three primary forms: stunting, wasting, and being overweight. Stunting, a manifestation of chronic undernutrition, leads to irreversible cognitive and physical impairments. Wasting, an indicator of acute undernutrition, is life-threatening and often reflects fragile health systems, food insecurity, and humanitarian crises. Meanwhile, overweight and obesity are on the rise—even in low- and middle-income countries—driven by poor diets, urbanisation, and growing health inequalities. This coexistence of undernutrition and overnutrition, often within the same country or household, constitutes a “double burden” of malnutrition that is intensifying in many parts of the world.

The persistence of these trends is linked to structural inequalities and the uneven impacts of urbanisation, economic crises, and recovery from the COVID-19 pandemic. Prevalence rates reflect the effectiveness of pre-distributive measures—such as maternal education, clean water access, and healthy food environments—as well as redistributive interventions like child nutrition programmes, social transfers, and universal healthcare. Globally in 2022, 22.3% of children under five were stunted, 6.8% were wasted, and 5.6% were overweight—all still above SDG targets (FAO et al., 2024).

Tackling malnutrition requires more than medical or emergency responses. It calls for sustained social investment and integrated, family-centred policies grounded in welfare state principles. Interventions must address both structural and behavioural determinants of nutrition across the life course, with a focus on prevention, inclusion, and equity.

This section examines how different regions are responding to the complex and evolving challenges of child malnutrition—and what these efforts reveal about the conditions that shape children’s start in life.

Europe and Central Asia

Across Europe and Central Asia, child nutrition outcomes reflect the strength—and evolving challenges—of established welfare regimes. Most countries report low rates of stunting and wasting among children under five, the result of long-standing investments in maternal and child health, universal healthcare systems, and broad access to clean water and adequate sanitation. In countries such as Austria (2024) and Lithuania (2023), stunting rates are as low as 2.9% and 1.8%, respectively. Similarly, Sweden (2021), Norway (2021), Iceland (2023), Ireland (2023), Poland (2023), and Czechia (2021) have met SDG targets for both stunting and wasting, with no major nutritional deficits reported.

Nevertheless, disparities persist. In Bosnia and Herzegovina (2023), stunting has risen to 9.1%, signalling the need for targeted pre-distributive interventions in vulnerable populations. In Georgia (2024), the national stunting rate is relatively low at 5%, but rural areas and girls experience higher prevalence, reflecting intersecting socio-economic and gendered inequalities. Likewise, in Turkmenistan (2023), stunting stands at 7.1% and wasting at 4.1%, while Azerbaijan (2024) and Tajikistan (2023) report more persistent challenges, with stunting rates of 16% and 17%, and wasting at 6%. These figures point to ongoing barriers in access to adequate nutrition, quality healthcare, and early care services—particularly in remote or low-income settings.

Family-oriented policies have played a key role in reducing malnutrition where progress has occurred. In Ireland (2023), the *Healthy Ireland* framework includes parenting support and community-based nutrition education, empowering families to make informed dietary choices. In Poland (2023), local governments implement *family health centres* that provide integrated maternal and child services, including nutritional counselling for parents of infants and toddlers. In Lithuania (2023), nutrition awareness campaigns in preschools actively involve parents, with regular feedback loops between families and caregivers to reinforce healthy eating habits from early childhood.

In Central Asia, promising family-centred approaches are emerging. In Georgia (2024), a national *Preschool Nutrition Support Initiative* delivers fortified meals in early education centres while engaging parents in menu planning and nutrition workshops. Tajikistan (2023), despite its higher rates of undernutrition, has piloted community-based family health sessions where mothers receive guidance on locally available, nutrient-rich foods and age-appropriate feeding practices. These efforts represent a social investment approach that not only addresses immediate needs but strengthens the caregiving environment over time.

While undernutrition remains a concern in parts of the region, a growing challenge across both high- and middle-income settings is childhood overweight and obesity. Although lower than in other regions, overweight prevalence is increasing in urban centres due to changing diets, reduced physical activity, and exposure to ultra-processed foods. Austria (2024) reports 9% of children under five as overweight, while figures reach 15% in Ireland (2023) and

Czechia (2021), 20% in Romania (2023) and Poland (2023), and as high as 32% in Italy (2022). In Central Asia, Kazakhstan (2022) reports an overweight rate of 9%, and both Turkmenistan (2023) and Tajikistan (2023) report 3%.

These emerging trends underscore the influence of modern food environments, marketing practices, and urban lifestyles. In response, several European countries are adopting preventive, family-focused strategies. In Sweden (2021), healthy school meal policies are coupled with parent engagement to extend healthy behaviours into the home. Italy (2022), where childhood obesity is particularly high, has introduced community-based programmes that include parent education, active play promotion, and nutrition workshops designed to shift intergenerational habits.

In an ageing demographic context, countries like Norway (2021) are also recognising the need for life-course nutrition strategies that integrate early childhood and older adult health, promoting intergenerational solidarity and inclusive wellbeing. Across the region, maintaining progress on undernutrition while addressing excess malnutrition calls for adaptive policies that combine universal service provision with targeted outreach—and that view families as key partners in achieving nutritional equity.

Americas and the Caribbean

Countries across the Americas and the Caribbean are grappling with a double burden of malnutrition, where stunting and overweight coexist—often affecting different groups within the same population. This complex nutritional landscape reflects deep-rooted structural inequalities, rapid urbanisation, and shifts in food systems. Regional averages show stunting at 11.5%, wasting at 1.4%, and overweight at 8.6%, but these figures conceal significant disparities across and within countries.

In Canada (2023), national averages for stunting (3.6%) and wasting (0.2%) remain low, yet sharp disparities persist. Among Indigenous populations in Nunavut, food insecurity affects over half of all households, contributing to far higher rates of undernutrition. These patterns highlight the limitations of universal health coverage when redistributive mechanisms fail to reach marginalised families. In response, local programmes such as community-led nutrition education and Indigenous food sovereignty initiatives are involving families directly in food access and early child nutrition decisions.

In Central America, stunting remains a widespread concern. Honduras (2020, 2024) reports a prevalence of 19%, while Ecuador (2020, 2024) records 17.5%, both signalling chronic undernutrition, particularly in rural and Indigenous areas. Wasting rates, however, remain relatively low across the region. In South America, stunting is less prevalent but still persistent, ranging from 7% in Brazil (2024) and Peru (2020, 2024) to 16% in Bolivia (2021). Notably, Chile (2023) faces a different challenge, with a high wasting prevalence of 12.3%, pointing to acute nutritional stress in specific settings and a need for responsive health and food security systems.

At the same time, overweight and obesity in early childhood are rising across the region, including in contexts marked by poverty and food insecurity. Urbanisation, aggressive

marketing of ultra-processed foods, and sedentary lifestyles are contributing to this trend. In Argentina (2020, 2022) and Uruguay (2021, 2022), overweight prevalence exceeds 12%, reflecting the growing influence of unhealthy food environments and limited nutrition education.

To respond to these challenges, several countries are advancing family-oriented policies that recognise parents and caregivers as central actors in addressing malnutrition. In Brazil (2024), the *Programa Cresça com Seu Filho* (“Grow with Your Child”) combines home visits with parent coaching on child feeding, hygiene, and stimulation, targeting families in vulnerable urban and rural areas. In Peru (2020, 2024), the *Juntos* conditional cash transfer programme links income support to participation in health check-ups and nutrition monitoring, encouraging families to engage regularly with services that support early childhood development.

In Chile (2023), the *Chile Crece Contigo* system offers a comprehensive package of nutritional support, parenting guidance, and community-based interventions from pregnancy through early childhood. Families are not only beneficiaries but active participants in setting goals, monitoring progress, and co-producing health plans. In Mexico, community kitchens and rural nutrition education campaigns involve mothers in food preparation, local menu design, and peer-to-peer learning—building social capital alongside improved child health.

These examples demonstrate the importance of integrating nutrition into broader social investment frameworks. Across the region, the most promising approaches are those that combine early childhood services with redistributive measures—such as child allowances, food subsidies, or cash transfers—while embedding families at the heart of delivery and accountability. The double burden of malnutrition will only be addressed through coordinated, multi-sectoral strategies that improve food environments, strengthen primary health systems, and empower families to nurture healthy futures for their children.

MENA region

Most MENA region States report low levels of child stunting and wasting, reflecting high living standards, strong health systems, and public investment in maternal and child health. In Saudi Arabia (2023), for instance, stunting stands at 3.8% and wasting at 4.4%, while the United Arab Emirates (2022) reports even lower levels, with stunting at just 2.3%. These positive outcomes are supported by family-oriented health strategies that actively engage parents and caregivers. In the UAE, the National Strategy for Motherhood and Childhood integrates parenting awareness into public health campaigns, focusing on breastfeeding, nutrition, and early stimulation. In Saudi Arabia, primary healthcare centres provide nutrition counselling to families and promote healthy lifestyle habits through targeted outreach. While these policies are often top-down, they increasingly encourage parental participation as part of a preventive, life-course approach.

By contrast, countries such as Yemen (2024) face severe nutritional crises, with 35.1% of children under five affected by stunting—a consequence of prolonged conflict, food insecurity, and the breakdown of essential services. In such fragile contexts, family agency is constrained yet still mobilised through community-based interventions. UNICEF-

supported programmes in Yemen involve caregivers in the detection and treatment of acute malnutrition, breastfeeding support groups, and home-based nutrition sessions. These examples highlight the need for context-sensitive, family-centred strategies across the region—combining immediate nutritional support with broader social investment that empowers families and strengthens resilience.

Asia and the Pacific

Child malnutrition remains a pressing concern across Asia, particularly in Southern and South-Eastern subregions. Stunting affects over 30% of children in Southern Asia and 26.4% in South-East Asia and the Pacific, while wasting also exceeds global targets—reaching 14.3% in Southern Asia. Although less common, childhood overweight is steadily increasing, ranging from 2.8% to 7.4%, and reaching an alarming 41% in Palau (2024). These patterns reflect persistent urban–rural and socioeconomic disparities. In Laos (2021, 2024), rural stunting reaches 32.8%, while in Vietnam (2023), stunting is notably higher among ethnic minority groups.

Despite these challenges, some countries are making progress. China (2021) and Samoa (2020, 2024) report stunting rates below 7.5%, supported by coordinated public health and nutrition strategies. Family-oriented policies are playing a key role in this progress. In Thailand (2021), village health volunteers work closely with parents in rural areas to deliver nutrition education and monitor child growth. In Timor-Leste (2023), community-based nutrition programmes engage caregivers in both undernutrition prevention and obesity awareness. Malaysia (2021), facing the double burden of malnutrition, has introduced family nutrition counselling and healthy school meal initiatives that involve parents in menu planning and health promotion. These examples underscore the importance of placing families at the centre of nutrition strategies, combining education, access, and empowerment to improve long-term outcomes.

Africa

Sub-Saharan Africa continues to face the highest global burden of child malnutrition, with stunting affecting an average of 30% of children under five. In contrast, Northern African countries report lower rates—21.7% for stunting and 12.3% for overweight—reflecting stronger health systems and relatively higher living standards. Egypt (2021), for example, reports stunting at 17.5% and wasting at 3%. In many other parts of the continent, however, chronic undernutrition remains widespread: stunting rates reach 37% in Ethiopia (2022), 35.5% in Malawi (2020, 2022), and 33% in Rwanda (2023). Countries such as South Sudan (2024) and Liberia (2022) also face stunting levels above 25%, pointing to long-standing structural inequalities in food access, maternal care, and basic services.

While wasting is generally lower, it remains a concern in fragile states. Somalia (2022) reports a wasting rate of 12%, while in South Sudan (2024) it climbs to 17.7%, reflecting acute food insecurity and weak health infrastructure. Overweight remains relatively rare across the region—around 3–5% in most countries—except in Equatorial Guinea (2022, 2024), where it reaches 20%, indicating a growing nutrition transition in isolated contexts.

In response to these challenges, several African countries are implementing family-oriented policies that actively engage caregivers in preventing and addressing malnutrition. In Rwanda (2023), *home-based nutrition counselling* is delivered through community health workers who guide parents on child feeding, hygiene, and the use of locally available foods. In Malawi (2020, 2022), the *Care Group Model* empowers mothers to act as peer educators, sharing knowledge about nutrition and infant care through household visits and community dialogues. Ethiopia's (2022) *Community-Based Nutrition Programme* includes family dialogue sessions and growth monitoring days, encouraging early detection and sustained parental involvement. In Ghana (2022) and Uganda (2020, 2024), early childhood development policies link nutrition support with parenting education, emphasising the critical role of families in shaping children's health from birth.

These examples highlight the importance of integrated, family-centred strategies in tackling Africa's chronic undernutrition crisis. Strengthening the role of families as active participants—rather than passive recipients—remains essential to building resilience, promoting equity, and ensuring that every child has a healthy start in life.

3.4. Towards a comprehensive wellbeing approach: the challenges of suicide behaviour and mental health problems (Target 3.4)



Mental health is increasingly recognised as a fundamental component of overall wellbeing and human development. While the COVID-19 pandemic intensified attention to mental health, it also exposed major gaps in care systems—especially in low- and middle-income countries—where services remain under-resourced and often inaccessible. In response, a gradual shift is taking place from a narrowly medicalised, psychiatric model toward a broader wellbeing-oriented approach. This emerging framework, aligned with a social investment perspective, promotes prevention, social inclusion, and community-based support. However, progress remains uneven, constrained by limited data, entrenched stigma, and deep-seated inequalities in access to services.

Only 41% of countries have reliable data to estimate suicide rates, and just 5% are able to provide even minimally adequate treatment for major depressive disorders (UGMH, 2023). Structural drivers—such as poverty, gender inequality, displacement, and climate-related stress—continue to exacerbate the social determinants of mental ill health. These factors often intersect with family-level vulnerabilities, placing additional burdens on caregivers and undermining intergenerational wellbeing. Suicide remains a stark indicator of systemic failure: more than 700,000 people die by suicide each year. It is the fourth leading cause of death among youth aged 15 to 29. In some contexts, criminalising attempted suicide further reinforces marginalisation and deters individuals from seeking help.

Within this complex landscape, family-oriented policies play a vital role in both promoting mental health and preventing suicide. When designed to support caregivers, strengthen family relationships, and reduce stressors such as poverty or domestic violence, these policies can create enabling environments for psychological resilience and early intervention. Parenting support, mental health education, family counselling, and community-based psychosocial programmes are increasingly recognised as key strategies to strengthen mental

wellbeing across the life course. This section explores regional patterns in mental health outcomes and suicide, drawing on VNRs and WHO data, and highlights how pre-distributive and redistributive policies—including those centred on families—can contribute to more equitable, inclusive, and sustainable mental health systems.

Europe and Central Asia

Europe reports the highest regional average for suicide globally, with 12.4 deaths per 100,000 population, despite its high standards of living and strong welfare systems. Central Asian countries such as Azerbaijan (2021, 2024), Tajikistan (2023), Turkmenistan (2023), Armenia (2020, 2024), Georgia (2020, 2024), and Cyprus (2021) report the lowest rates—below 5 per 100,000—while the highest are recorded in Lithuania (2023), the Russian Federation (2020), and Ukraine (2020), all exceeding 20 per 100,000. A striking gender gap persists: in Lithuania, Ukraine, and the Russian Federation, male suicide rates reach 38 to 39 per 100,000, underscoring the social vulnerabilities and mental health service gaps affecting men across the region.

Seventeen countries report male suicide rates between 20 and 30 per 100,000, including Estonia (2020), Latvia (2022), Belarus (2022), Croatia (2023), Belgium (2023), and Slovenia (2020), with similar figures observed in parts of Central and Eastern Europe. An additional 23 countries report male suicide rates between 10 and 19, including Austria (2020, 2024), Poland (2023), Germany (2021), Portugal (2023), Switzerland (2022), Czechia (2021), and Finland (2020). These widespread figures suggest that, even in high-income contexts, mental health remains insufficiently addressed, particularly for high-risk groups such as older men and adolescents.

Mental health challenges are rising across all age groups. Older adults often experience social isolation and diminished community ties, while younger generations face mounting pressures related to academic performance, employment precarity, and social media exposure. The COVID-19 pandemic has deepened these pressures and amplified existing mental health vulnerabilities. In response, several European countries are adopting more integrated, wellbeing-oriented approaches focused on prevention, inclusion, and early intervention. Nordic countries such as Denmark (2021), Finland (2020), Iceland (2023), Norway (2021), and Sweden (2021) are expanding access to mental health services within schools, primary care, and community systems. Iceland, in particular, has adopted a holistic model that connects mental health to social, economic, and environmental wellbeing.

Family-oriented policies are central to many of these initiatives. Ireland (2023) leads with its national policy *Sharing the Vision*, which strengthens community-based services and promotes the role of families in prevention, crisis response, and recovery. The accompanying *Healthy Ireland* framework addresses mental health promotion through schools, workplaces, and parenting support. Spain (2021, 2024) and Greece (2022) also emphasise the role of families in supporting youth mental health, with Greece establishing Early Intervention Units in Psychosis to detect and treat conditions at their onset, involving parents in treatment plans.

Austria (2020, 2024) has scaled up access to psychological services for children and adolescents through its *Gesund aus der Krise* initiative, offering therapy and psychosocial

education with active parental participation. Romania (2023) operates youth centres that offer therapeutic and rehabilitation services for children with disabilities, where family members are involved in care planning and follow-up. Belgium (2023) is investing in mental health support for old age people in residential care, involving relatives in care coordination and emotional support efforts. In Central and Eastern Europe, Croatia (2023) and Bulgaria (2020) are investing in early prevention services, while Kyrgyzstan (2020) has piloted a community-based model that reduces hospitalisation by delivering primary mental healthcare with strong family and community links.

Together, these efforts reflect a regional shift toward socially inclusive, family-centred mental health strategies. By recognising families as essential partners in mental health promotion, European countries are laying the groundwork for more resilient and equitable systems of care.

Arab States (MENA region)

The Arab States report an average suicide rate of 3.6 deaths per 100,000 population—among the lowest globally. Most other countries report five or fewer deaths, including Egypt (2021), Saudi Arabia (2023), United Arab Emirates (2022), Kuwait (2023), Yemen (2024), and Bahrain (2023). As elsewhere, male suicide rates consistently surpass those of women, highlighting persistent gendered vulnerabilities.

Although suicide rates remain low, mental health challenges are becoming increasingly visible, especially among children and adolescents. Several countries are beginning to respond with targeted initiatives, spurred by the psychological toll of the COVID-19 pandemic and broader social transformations. Bahrain (2023), for instance, is expanding its mental health services and has announced the establishment of its first psychiatric hospital for children to improve early diagnosis and intervention. In the United Arab Emirates (2022), a rise in suicide attempts among students has prompted the introduction of school-based mental health campaigns and preventive education, including the active involvement of families and caregivers in awareness and support efforts.

These developments signal a shift toward greater institutional recognition of mental health in the region—particularly for vulnerable youth. However, significant gaps remain in service access, stigma reduction, and workforce capacity. Expanding family-oriented approaches that engage parents, educators, and communities as active partners will be essential to advancing inclusive, preventive mental health systems across the Arab States.

Americas and the Caribbean

The Americas report an average suicide rate of 9.9 deaths per 100,000 population, with wide variation across countries. The highest rates are found in Uruguay (2021, 2022), Guyana (2023), and Suriname (2022), where suicides reach 23 to 25 per 100,000—particularly affecting men, whose rates are often more than double those of women. In contrast, ten countries—including Grenada (2022), Peru (2020, 2024), Honduras (2020, 2024), and Colombia (2021, 2024)—report fewer than five deaths per 100,000. Another nine countries,

such as Mexico (2021, 2024), Argentina (2020, 2022), and Brazil (2024), fall within the 5–10 range, while Cuba (2021) and Trinidad and Tobago (2020) report around 15.

Mental health has emerged as a growing regional concern, particularly following the COVID-19 pandemic. In Canada (2023), self-reported mental health ratings declined significantly, prompting the launch of national initiatives like *Wellness Together Canada*, a digital platform for mental health support. Importantly, Canada also promotes Indigenous-led, community-based approaches that integrate cultural practices with family engagement in suicide prevention.

In Latin America and the Caribbean, several countries are taking initial steps toward more inclusive and family-responsive mental health systems. Argentina (2020, 2022) extends mental health services not only to adolescents but also to their families, recognising the role of parents and caregivers in both prevention and recovery. In Belize (2024), efforts are underway to improve access to mental health care for individuals at risk of self-harm, including outreach programmes that involve family members in care plans. Colombia (2021, 2024) has developed targeted mental health strategies that focus on resilience and community-based care, while Brazil (2024) continues its transition from institutional to community mental health services, actively incorporating families into care networks through family support centres and psychosocial rehabilitation.

Chile (2023) has responded to high suicide rates among older adults with the *Building Mental Health* programme, which encourages intergenerational dialogue and family inclusion as protective factors. In Ecuador (2020, 2024), mental health interventions are extending to educational and workplace settings, with universities leading awareness campaigns that promote supportive family environments and stress management.

Despite these promising developments, mental health systems across the region remain fragmented and often rely on traditional, hospital-based models. A deeper shift toward comprehensive, preventative, and family-centred approaches is still in its early stages. Expanding policies that recognise families as active partners in mental health promotion will be essential to building more inclusive and resilient systems across the Americas.

Asia and the Pacific

Suicide remains a significant public health issue across Asia and the Pacific, with an average rate of 10.1 deaths per 100,000 in South-East Asia and 9.5 in the Western Pacific. Thailand (2021) reports the highest rate in the region at 18 per 100,000, followed by Sri Lanka (2022) with 15 and India (2020) with 13. In contrast, countries such as Bangladesh (2020), Maldives (2023), and Indonesia (2021) report rates below 5, as do Papua New Guinea (2020), Brunei Darussalam (2020, 2023), and Laos (2021, 2024). Suicide rates are also elevated in some Pacific Island states—such as Vanuatu (2024), Mongolia (2023), and Micronesia (2020)—ranging between 15 and 20 per 100,000.

Mental health challenges are rising across the region, particularly among youth and marginalised populations. In Bangladesh (2020) and Bhutan (2021), high suicide rates among women are linked to domestic violence and gender-based discrimination, highlighting the

importance of addressing family-level risk factors. Several countries are responding with youth-focused initiatives: Malaysia (2021), Sri Lanka (2022), and Palau (2024) are expanding school-based mental health programmes, while Indonesia (2021) incorporates mental health education into national curricula. Fiji (2023) combines physical activity promotion with counselling services, and Japan (2021) is strengthening emergency mental health response capacity.

Family-oriented policies are emerging as part of broader wellbeing efforts. In Brunei Darussalam (2020, 2023), mental health helplines are complemented by parental guidance services, encouraging early intervention through family support. In Maldives (2023), national campaigns involve caregivers in recognising early signs of distress and promoting youth wellbeing within the home. India (2020) is scaling up community-based mental health outreach that includes peer support networks and parental involvement in suicide prevention strategies. Laos (2021, 2024), despite implementation challenges, has adopted a national mental health strategy that incorporates family engagement in rural outreach and community sensitisation efforts.

Nevertheless, mental health systems across the region remain weak. Stigma, a shortage of trained professionals, and limited access in rural and remote areas continue to hinder progress. Countries such as Fiji (2023) and Laos (2021, 2024) are making efforts to overcome these barriers by expanding services, training staff, and integrating families into public awareness and prevention campaigns. While progress is uneven, the growing recognition of families as partners in mental health care marks a critical step toward more inclusive, resilient, and community-based systems.

Africa

The average suicide rate in Africa is 7.3 deaths per 100,000 population, with significant variation across countries. Lesotho (2022) and Eswatini (2022) report the highest rates, at approximately 25 and 24 deaths, respectively. At the other end of the spectrum, Sao Tome and Principe (2022) and Seychelles (2020) report rates of 5 or fewer per 100,000. A large group of countries—including Kenya (2024), Gambia (2022), Nigeria (2020), Tanzania (2023), and Ethiopia (2022)—fall within the 6 to 10 range. Six others, such as Rwanda (2023), Mozambique (2020), and Namibia (2024), report rates between 11 and 15, while Cabo Verde (2021) and Zimbabwe (2024) fall between 16 and 20.

Mental health challenges across the continent are profound, shaped by intersecting pressures such as poverty, food insecurity, displacement, and climate-related stress. These structural conditions contribute to high psychological vulnerability, while mental health systems remain weak, particularly in rural areas where services are often non-existent or inaccessible. Stigma surrounding mental illness further limits help-seeking and the development of responsive care systems.

VNRs provide limited information on formal mental health policies or institutional responses, underscoring the urgent need for greater attention and investment. However, a few family-oriented initiatives have emerged. In Rwanda (2023), community health workers are trained to identify and refer individuals at risk, and they often engage families in providing

psychosocial support. In Uganda (2024), mental health awareness activities have been linked to broader family and youth programmes, although these remain limited in scale. Across most countries, however, mental health remains a marginal issue in policy planning, highlighting the need for inclusive strategies that place families and communities at the centre of mental health promotion.

3.5. Coverage of health services (Target 3.8)



Access to health services is fundamental to family wellbeing and a key function of modern welfare regimes. It not only shapes individual health outcomes but also protects families from financial hardship linked to illness. Universal health coverage reflects both pre-distributive strategies—such as investment in primary care—and redistributive mechanisms that ensure access regardless of socioeconomic status.

From a social investment perspective, health coverage is vital to building human capabilities and supporting long-term participation in education, work, and society. When services prioritise reproductive, maternal, child, and mental health, they contribute directly to intergenerational wellbeing. A socioecological lens also highlights how access depends on wider conditions—such as housing, geography, and social protection—that influence whether families can actually use available services.

This section assesses essential health service coverage using VNRs and the International Labour Organization (ILO, 2024) index, which draws on key indicators across maternal and child health, infectious and chronic diseases, and health system capacity. Countries are grouped into three categories—high (75–100%), medium (50–74%), and low (below 50%)—to explore how different policy choices and welfare models support or hinder the right to health and family wellbeing.

Europe and Central Asia

Health service coverage in Europe reflects the enduring strength of universal welfare regimes, with most Northern, Southern, and Western European countries—such as Austria (2020, 2024), Finland (2020), and Iceland (2023)—achieving coverage levels above 85%. Eastern European countries like Czechia (2021) and Slovakia (2023) also report high coverage, though others—such as Bosnia and Herzegovina (2023), Bulgaria (2020), and Moldova (2020)—fall slightly below 75%, indicating persistent gaps.

While most systems guarantee access through strong pre-distributive and redistributive policies, challenges remain. The COVID-19 pandemic exposed inequalities in access, particularly for migrants, rural populations, and low-income families. Nordic countries like Sweden (2021) and Denmark (2021) continue to provide comprehensive, publicly funded care, but broader socioecological factors—such as income inequality and discrimination—still shape families' ability to benefit fully.

Several countries are reforming health systems to enhance equity and sustainability. Germany (2021) and Portugal (2023) are modernising care delivery, while Switzerland

(2022) has mandated quality improvements by law. Ireland's *Sláintecare* (2023) promotes need-based access and inclusion, and Romania (2023) is shifting toward community-based services, expanding local health centres for vulnerable groups.

In Eastern and Central Europe, Poland (2023) is investing in senior care and digital health, and Belarus (2022) and the Russian Federation (2020) maintain high public coverage with strong access to medicines. However, countries like Kyrgyzstan (2020) and Georgia (2020, 2024) face structural challenges—vaccine hesitancy, cost barriers, and infrastructure gaps—despite efforts to reduce out-of-pocket payments.

Across the region, sustaining universal coverage amid demographic ageing, fiscal pressure, and technological change remains a key policy priority. Continued investment in inclusive, preventive, and locally accessible services is essential to uphold family wellbeing and health equity.

MENA region

Health coverage in MENA region States is largely shaped by redistributive welfare models, with high-income countries like the UAE (2022), Saudi Arabia (2023), Bahrain (2023), and Kuwait (2023) reporting near-universal access and strong investment in infrastructure, prevention, and digital health.

Some policies actively engage families. Saudi Arabia's (2023) Early Childhood Development strategy integrates caregiver support, nutrition, and developmental monitoring, positioning families as partners in care. The UAE (2022) introduced the HPV vaccine through school and family-based outreach, reflecting preventive, family-oriented action.

Other countries target families more broadly through universal services. Bahrain (2023) promotes health as a shared value, while Kuwait (2023) and Qatar (2021) focus on access and technology. Iraq (2021) maintains basic services amid constraints. However, deeper family engagement remains limited beyond a few cases, and equity in access for migrant workers and other marginalized groups remains a policy concern.

Americas and the Caribbean

Health service coverage in the Americas and the Caribbean varies widely, reflecting diverse welfare regimes and institutional capacities. Canada (2023) leads with 91% essential coverage, followed by Cuba (2021), Chile (2023), and Costa Rica (2024), each above 80%. However, disparities remain—particularly among Indigenous populations in Canada (2023) and rural or marginalised communities across Latin America.

Some countries are actively engaging families in health initiatives. Brazil (2024) has revitalised its Family Health Strategy, integrating families into community-based care through multidisciplinary teams. Chile (2023) delivers services via Family Health Centres that tailor care to local population needs, and Paraguay (2021) is expanding Family Health

Units to improve access in underserved areas. Costa Rica (2020, 2024) focuses on outreach to remote families and improving family planning services.

Other policies target families more generally through broader redistributive and pre-distributive efforts. Argentina's (2020, 2022) SUMAR programme now includes older adults; Cuba (2021) offers universal free healthcare; and Peru (2020, 2024) incorporates telemedicine to expand access. Countries such as Colombia (2021, 2024), El Salvador (2022), and Ecuador (2020, 2024) are strengthening immunisation and primary care, while Mexico (2021, 2024) and Paraguay (2021) face challenges in sustaining vaccination rates.

While family engagement is growing in some health systems, most programmes remain focused on service delivery rather than co-creation. Broader family participation in planning and implementation could enhance equity and resilience across the region.

Asia and the Pacific

Health coverage in Asia and the Pacific is highly uneven, with strong systems in countries like Singapore (2023), Japan (2021), and Malaysia (2021), but low access in parts of Southern Asia and the Pacific, including Papua New Guinea (2020), Pakistan (2022), and Afghanistan (2021). High-performing systems often combine redistributive policies, layered financing, and preventive strategies to promote equity and family wellbeing.

Some countries actively engage families in health planning and delivery. India's (2020) Ayushman Bharat programme includes health and wellness centres that incorporate community participation and target family needs, especially through outreach in maternal and child health. Mongolia (2023) and Vietnam (2023) ensure near-universal immunisation, supported by school- and family-based outreach. Samoa (2020, 2024) uses digital tools to deliver services to families in remote areas, improving continuity of care and responsiveness.

Other approaches primarily target families without direct engagement. China (2021) and Singapore (2023) provide comprehensive health coverage through institutional systems and regulation. Malaysia (2021), Palau (2024), and Maldives (2023) offer generous public subsidies, while Cambodia (2023) and Laos (2021, 2024) have expanded insurance access for the poor. Sri Lanka (2022) combines modern and traditional medicine, especially for elders, though further community involvement is needed.

Overall, while family wellbeing is central to health strategies in several countries, deeper family engagement in planning and delivery remains limited. Bridging this gap—particularly in low-coverage settings—will be critical to achieving universal health coverage across the region.

Africa

Health coverage across Africa remains critically low, with only Seychelles (2020) reaching high coverage (75%) and the majority of countries falling below 50%. Cabo Verde (2021) (71%) and Egypt (2021) (70%) show relative strength, but countries like Ethiopia (2022)

(35%) and Nigeria (2020) (38%) reflect the region's systemic inequalities and underfunded health systems. These challenges stem from fragile welfare regimes, limited public investment, and significant socioecological stressors affecting families.

A few countries have begun engaging families as active agents in improving health outcomes. Kenya (2020, 2024) is expanding Primary Health Care Networks and digitising services to improve accessibility, while Uganda (2020, 2024) is integrating community-based care and workforce development to promote health at the family level. In Zimbabwe (2021, 2024), child and maternal health programmes include free services, and in Sierra Leone (2021, 2024), community outreach is helping extend affordable health coverage to excluded groups.

Most policies, however, continue to target families without direct involvement. Equatorial Guinea (2022, 2024), Sudan (2022), and South Sudan (2024) are improving immunisation and maternal health, but systemic constraints—such as limited infrastructure, high out-of-pocket costs, and frequent service disruptions—undermine their effectiveness. Ethiopia (2022) illustrates how overlapping crises, including conflict and displacement, can reverse progress and erode family wellbeing in the absence of protective systems.

In sum, achieving universal health coverage in Africa will require deeper family engagement, stronger redistributive measures, and sustained investment in inclusive and resilient health systems.

Conclusions

1. Family-oriented strategies are central to improving maternal and child health, especially when embedded in strong welfare systems. Countries with universal welfare regimes—such as Finland (2020), Sweden (2021), and Denmark (2021)—demonstrate how coordinated health and social services can empower families as co-creators of maternal and child wellbeing. For example, Sweden's universal home-visiting and family centres actively involve parents in postnatal care and early child development. In Uruguay (2021, 2022) and Costa Rica (2020, 2024), integrated maternal-child health systems provide tailored support to families in vulnerable communities. In lower-capacity contexts such as in Uganda (2020, 2024), Bangladesh (2020), and Zambia (2020, 2023), community health outreach involving families has been key to expanding access and building trust in the health system. These examples show that across welfare regimes, policies that actively engage women, men, and extended families lead to improved service uptake and better outcomes.

2. Nutrition-focused family policies are most effective when they combine social investment with household-level engagement. In Finland (2020), Italy (2022), and Sweden (2021), school meal programmes and parental education initiatives promote healthy behaviours across generations. Bhutan (2021) and Nepal (2020, 2024) involve families in community nutrition campaigns and growth monitoring, while Mexico (2021, 2024) and Colombia (2021, 2024) have adopted household-targeted food support and education to combat undernutrition and obesity. These strategies reflect a pre-distributive approach rooted in social investment, helping prevent malnutrition before it becomes a public health burden. Whether through universal systems or targeted interventions, involving families in shaping

food practices has proven critical to addressing both undernutrition and rising childhood obesity.

3. Family engagement in mental health remains limited but shows emerging promise in some regions. While formal family-centred mental health policies are rare, several countries have initiated inclusive strategies. In Finland (2020) and Ireland (2023), mental health services incorporate family education and early detection in schools. Uganda (2020, 2024) and Sierra Leone (2021, 2024) have linked psychosocial support to youth and parenting programmes, recognising the family unit as a protective space. In Chile (2023) and Colombia (2021, 2024), mental health promotion is included in early childhood services and adolescent outreach. These efforts—though fragmented—signal a growing awareness that empowering families to understand, detect, and manage mental distress is essential to building resilient, community-rooted care systems.

4. Universal health coverage becomes more equitable and responsive when it integrates families in both design and delivery. In countries like Austria (2020, 2024), Belgium (2023), and the Netherlands (2022), family health is addressed through universal and locally delivered services that invite participation in care pathways. In Thailand (2021), Costa Rica (2020, 2024), and Uruguay (2021, 2022), primary care models have expanded family access to essential services by linking them with community health providers. Colombia (2021, 2024) and Mexico (2021, 2024) have strengthened digital platforms and home-based care to ensure continuity of care for families. These examples illustrate that welfare systems—whether universal or mixed—become more effective when families are treated not as passive recipients but as co-implementers of health strategies.

5. The COVID-19 pandemic and overlapping crises contributed to a decline in the number of countries implementing family-oriented health policies. Between 2020 and 2024, only 39 of the 141 countries reporting through VNRs implemented family-oriented health strategies, compared to 44 of 114 during the 2016–2019 cycle. This proportional decline reflects the disruption caused by the pandemic, global financial volatility, and the strain on health systems. Nonetheless, some countries—including Argentina (2020, 2022), Nepal (2020, 2024), Vietnam (2023), and Ecuador (2020, 2024)—used family networks and community health systems to maintain service delivery. Across welfare regimes, these examples confirm that family participation enhances policy resilience and accelerates recovery in times of crisis. Strengthening family engagement—through redistributive, pre-distributive, and social investment policies—remains essential for achieving SDG targets 3.1, 3.2, 2.2, 3.4, and 3.8.

4. Social investment and human development: Quality education



Access to quality education and early childhood development lies at the heart of social investment strategies and is fundamental to sustainable human development. Education not only shapes individual life trajectories but also contributes to family wellbeing by promoting long-term health, income security, and social inclusion. Strong education systems serve as pre-distributive mechanisms, reducing inequalities and enhancing opportunities across generations. Redistributive measures—such as conditional cash transfers, school feeding programmes, and subsidies for transport—are equally vital to support equitable access for disadvantaged families.

This chapter assesses progress on SDG targets 4.1 and 4.2, with a dual focus on the expansion of inclusive, equitable education and the quality of early childhood development. It examines how education policies operate as tools of social investment within diverse welfare regimes, while highlighting the socioecological conditions that shape outcomes for families. Particular attention is given to family-oriented policies that engage parents and caregivers as active agents in the learning process—whether through parenting support, nutrition in schools, or inclusive community initiatives—recognising their essential role in improving educational quality and child development.

4.1. Access to basic education and relevant learning outcomes (Target 4.1)

This section reviews progress on SDG target 4.1 by assessing enrolment, completion, and proficiency outcomes in primary and secondary education. Emphasis is placed on education as a core component of welfare regimes and social investment strategies, and on family-oriented policies that engage parents and communities as active agents in learning and school life.

Europe and Central Asia

European countries generally maintain robust public education systems rooted in social-democratic and conservative welfare regimes, where education is framed as both a right and a tool for equalising opportunities. Most countries report near-universal primary completion (97% average across 24 countries), with top performers including Germany (2021), Portugal (2023), Denmark (2021), Sweden (2021), and Lithuania (2023). Secondary completion rates also remain high, though disparities are visible, ranging from 75% in Bulgaria (2020) to 97% in Croatia (2023).

Despite strong access, student proficiency in reading, mathematics and science is declining. One in three students across the EU struggles with maths, and one in four underachieves in reading or science (EU, 2024). These trends are more severe among students from disadvantaged backgrounds, who are over six times more likely to underperform. Countries such as Romania (2023), Bosnia and Herzegovina (2023), and Georgia (2020, 2024) report dropout due to poverty, early marriage, or lack of family support.

Family-oriented policies that actively involve parents and communities are a growing focus. In Spain (2021, 2024), school canteens provide nutritious meals and serve as spaces for family involvement in children's wellbeing. Portugal (2023) promotes parenting support programmes, family-school councils, and local partnerships to address dropout. Finland (2020) supports family engagement through trust-based teacher autonomy, reduced homework, and emphasis on student wellbeing. Italy (2022) delays academic tracking to give all students, regardless of family background, a stronger common foundation. Georgia (2020, 2024) has implemented textbook distribution, school infrastructure upgrades, and teacher training that includes parental communication strategies.

Innovative learning approaches aligned with social investment are also being introduced. Denmark (2021) and Norway (2021) promote play-based learning and cross-disciplinary curricula. Estonia (2020) continues to lead in core skills, supported by digital classrooms and school–family collaboration. Inclusive strategies are widespread: Sweden (2021) and Slovenia (2020) integrate children with special needs into mainstream classrooms, often with strong parental involvement and tailored support plans.

In Central Asia, the gap between urban and rural areas is more pronounced. Kazakhstan (2022) has launched early literacy and STEM initiatives in urban schools, while Tajikistan (2023) and Turkmenistan (2023) face persistent challenges due to shortages in teaching resources and family poverty. Georgia (2020, 2024), however, demonstrates how targeted investment in both infrastructure and parental engagement can reduce inequalities and improve early learning outcomes.

MENA region

Most Arab States report near-universal enrolment and high completion rates at the primary level, with Bahrain (2023), the United Arab Emirates (2022), Kuwait (2023), Qatar (2021) and Saudi Arabia (2023) achieving rates above 95%. At the secondary level, Bahrain and the UAE maintain strong outcomes, though data on learning proficiency remain limited. The UAE stands out with high student performance in mathematics and reading, reflecting sustained pre-distributive investment in early learning and skills development. In contrast, Yemen (2024) continues to face systemic disruption due to conflict, with only 65% primary completion prior to the escalation.

Education reforms in the region are increasingly shaped by social investment and welfare-state logic. Countries like Bahrain (2023) and the UAE (2022) are integrating digital learning, STEM education, and inclusive practices. Bahrain's Smart Schools initiative and mandatory teacher training support interactive, future-oriented learning. Saudi Arabia's Tatweer programme introduces digital tools and collaborative learning environments, while Kuwait's student-centred reforms aim to shift away from rote memorisation. However, resistance to change and traditional models still pose barriers.

Family-oriented policies that actively engage parents are emerging across the region. Qatar (2021) promotes parental involvement through school governance boards and parent–teacher partnerships, fostering stronger school–family connections. Iraq (2021) has implemented community-based education in rural and conflict-affected areas, engaging parents in school

rehabilitation and child retention strategies. These participatory models support more resilient and responsive education systems.

In sum, while access to education remains strong in much of the Arab region, more attention is needed to improve learning outcomes and deepen family engagement.

Americas and the Caribbean

In the Americas and the Caribbean, access to primary education is nearly universal, but secondary enrolment and learning outcomes remain uneven due to persistent structural inequalities. Canada (2023) continues to uphold a strong welfare-based education system, though gaps persist among Indigenous and socioeconomically disadvantaged students. In Latin America, countries like Cuba (2021), Dominica (2022), and Brazil (2024) report high enrolment and strong redistributive frameworks, while others such as Argentina (2020, 2022), Ecuador (2020, 2024), and Peru (2020, 2024) reveal significant proficiency shortfalls, particularly in mathematics and reading.

Despite these challenges, a range of family-oriented policies across the region actively engage parents and communities in education. Belize (2024) launched the Education Upliftment Project, offering tuition, transport, meals, and uniforms for at-risk students, promoting parental involvement and school continuity. Ecuador's (2020, 2024) "All to the Classroom" programme mobilises outreach brigades to identify out-of-school children and reintegrate them through household visits, demonstrating a community-based socioecological approach.

Nicaragua (2021) uses nutrition programmes like school meals and "Glass of Milk" to enhance attendance and parental engagement, especially in rural areas. Argentina's (2020, 2022) socioeducational programmes—such as child and youth orchestras and educational camps—foster active family participation and school reintegration post-COVID. In Bolivia (2021), the Juancito Pinto Bonus offers monetary incentives to families, reducing dropouts and economic pressures.

Brazil (2024) is restoring its public education system through full-time schooling and support for students with learning difficulties, and Mexico (2021, 2024) expands scholarships and infrastructure adapted for gender and disability inclusion. Cuba (2021) continues to deliver inclusive, high-quality education, particularly for students with disabilities, while Peru (2020, 2024) addresses school violence, inclusion, and mental health through a socioecological lens.

These examples reflect a growing commitment to social investment and redistributive policies in the region, with a distinct emphasis on family participation as a key strategy to enhance learning outcomes and educational resilience.

Asia and the Pacific

Across Asia and the Pacific, primary and secondary enrolment rates are generally strong, with countries such as Singapore (2023), Brunei Darussalam (2020, 2023), Maldives (2023),

and Vietnam (2023) approaching universal access. However, disparities remain, particularly in countries such as Pakistan (2022), Timor-Leste (2023), and Nepal (2020, 2024), where structural barriers limit enrolment and retention, especially in rural and marginalised areas.

Proficiency in foundational skills is uneven. While Japan (2021) and India (2020) report high learning outcomes, countries such as Samoa (2020, 2024) and Nepal (2020, 2024) face major gaps in numeracy and literacy. These disparities are shaped by socioecological factors including poverty, geographic isolation, inadequate infrastructure, and climate vulnerability.

Family-oriented policies that actively engage parents and communities are increasingly central to education strategies. India's (2020) *Samagra Shiksha* programme supports inclusive learning with gender-sensitive infrastructure and parental participation in school governance. Fiji (2023) offers free textbooks, school transport, and early childhood grants, directly supporting families. Mongolia (2023) strengthens attendance through school meals, while Vietnam (2023) provides preschool fee waivers for families in remote and ethnic minority areas.

Other policies target families more broadly. Pakistan (2022) links conditional cash transfers to school attendance under the Benazir Income Support Programme. Palau (2024) and Tuvalu (2022) have launched community-based reading and parenting programmes to promote early childhood literacy. Cambodia (2023) and Laos (2021, 2024) are expanding access through social protection and national insurance schemes.

Despite persistent inequalities, countries in the region are investing in more inclusive and family-responsive education systems. Strengthening foundational learning and parental engagement remains essential to advancing human development and intergenerational wellbeing.

Africa

Education systems across Africa face deep structural challenges, with significant disparities in enrolment, retention, and learning outcomes. While primary school enrolment exceeds 80% in countries such as Lesotho (2022), Namibia (2021, 2024), and Sierra Leone (2021, 2024), secondary enrolment remains low in many contexts—falling below 50% in Zambia (2020, 2023), Uganda (2020, 2024), and Ethiopia (2022). Dropout rates are particularly high in rural and conflict-affected areas, where poverty, gender norms, and food insecurity compound barriers to school completion.

Proficiency outcomes reveal wide variation. Zimbabwe (2021, 2024) and Namibia (2021, 2024) report relatively strong performance in reading and mathematics, while countries such as Gambia (2020, 2022) and Ghana (2022) show alarmingly low skill levels, especially in early grades. Learning disparities are often tied to inadequate infrastructure, untrained teachers, and exposure to environmental stressors, such as conflict and climate shocks. These socioecological conditions reduce attendance and limit children's capacity to learn, particularly among girls, children with disabilities, and those living in poverty.

Family-oriented policies are increasingly being used to improve education outcomes. In Zimbabwe (2021, 2024), parents participate in school planning and the supervision of school feeding programmes, enhancing both access and nutrition. Kenya (2024) integrates digital literacy and early grade monitoring with family engagement strategies, while Malawi (2020, 2022) support parental involvement in early childhood development and school readiness. In Tanzania (2023), the abolition of discriminatory policies against pregnant schoolgirls marks progress toward inclusive education, while community-based re-enrolment initiatives are beginning to re-engage out-of-school youth.

Broader redistributive policies—such as fee abolition in Zambia (2020, 2023), Malawi (2020, 2022), and Eritrea (2022, 2024), and school meal programmes in Liberia (2022) and Eswatini (2022)—also support families by reducing direct education costs and encouraging attendance. Although several policies still target families passively, an emerging shift toward engaging families as active partners in learning can be observed.

4.2. Access to early childhood education and developmental outcomes (Target 4.2).

Early childhood education (ECE) is a foundational element of social investment and a critical entry point for building equitable welfare regimes. Access to quality ECE supports children's holistic development and strengthens long-term family wellbeing. Programmes typically nurture core developmental domains—early literacy and numeracy, emotional regulation, empathy, and pro-social behaviour—as well as health, cognitive, and psychosocial readiness, as recognised by OECD and UNICEF frameworks.

ECE policies serve as pre-distributive tools, equipping children with essential capabilities before formal schooling and helping to reduce future inequalities. While around 75% of children globally are developmentally on track, significant disparities remain across regions and social groups, often driven by poverty, geography, and unequal access to services.

In response, many countries have scaled up investment in early childhood services, integrating parenting support, preschool education, and community-based care. This section reviews progress in ECE coverage and developmental outcomes, with particular attention to policies that engage parents and families as active partners in learning and care. Grounded in the socioecological model, the analysis highlights how families, communities, service systems, and policy environments interact to shape children's early development and readiness for school.

Europe and Central Asia

Across Europe, early childhood education (ECE) is widely recognised as a pillar of social investment, with most countries achieving near-universal enrolment for children aged 3 to the start of primary school. Robust welfare regimes in Northern and Western Europe—such as Sweden (2021), Denmark (2021), Belgium (2023), and Portugal (2023)—integrate ECE into publicly funded systems that combine high access with inclusive, play-based learning and strong parental engagement. These systems also report strong developmental outcomes: countries like Finland (2020) and Estonia (2020) consistently lead in early literacy, cognitive,

and psychosocial domains, reflecting the effectiveness of integrated, high-quality services and comprehensive family supports.

Parental involvement is central to many national strategies. Finland (2020) and Denmark (2021) promote home–school collaboration through inclusive pedagogies and shared decision-making, while Portugal (2023) has expanded universal access and introduced outreach to vulnerable families. Slovakia (2023) guarantees legal entitlement to pre-primary education, and Lithuania (2023) has improved participation by combining subsidies with community-based outreach. In contrast, countries like Romania (2023), Bulgaria (2020), and Italy (2022) face challenges related to affordability, rural coverage, and workforce shortages, which contribute to more uneven outcomes—particularly for children from low-income or minority backgrounds.

ECE for children under 3 years of age remains more limited across the region. While Nordic countries such as Sweden (2021) and Denmark (2021) report participation rates above 75% for this age group, many other countries—including Germany (2021), Spain (2021, 2024), and Slovenia (2020)—fall below 40%, and rates are as low as 4% in Romania (2023). Expanding high-quality services for infants and toddlers, particularly through integrated childcare and family support programmes, is essential to reducing early disparities and supporting working parents.

In Central Asia, progress varies. Kazakhstan (2022) reports 90% enrolment for children aged 3–6 and has introduced mobile centres and public–private partnerships to extend access. Developmental data show that over 75% of children in Kazakhstan (2022) and Uzbekistan (2020, 2023) are on track in psychosocial domains, though literacy and numeracy indicators remain weaker in rural areas. Tajikistan (2023) and Turkmenistan (2023), with rates around 16–20%, lag due to infrastructure gaps and limited outreach. Family-oriented policies are emerging, with countries like Uzbekistan (2020, 2023) using community centres and parenting support to improve access and developmental outcomes.

In sum, while Europe and Central Asia show significant progress in ECE coverage and developmental outcomes, disparities persist within and across countries. Expanding redistributive support, improving service quality, and strengthening family engagement—especially for children under three—are essential to advancing child wellbeing and equitable foundations for learning.

Americas and the Caribbean

Early childhood education and care (ECEC) in the Americas and the Caribbean presents a mixed picture, shaped by contrasting welfare regimes and levels of social investment. While some countries have achieved near-universal access for children aged 3–5, services for children aged 0–3 remain limited and uneven. In Canada (2023), only 31% of children aged 0–5 are in regulated childcare, with informal arrangements still widespread—particularly among low-income families. By contrast, Cuba (2021), Brazil (2024), and Costa Rica (2024) report high enrolment for ages 3–5—above 90%—and have integrated early education into broader health and social protection systems.

Countries like Uruguay (2022), Chile (2023), and Costa Rica (2024) have invested in family-oriented programmes that actively engage parents in child development. Cuba’s “Educate Your Child” programme trains caregivers to support learning at home, while Costa Rica combines early stimulation with home visits and parenting support. Brazil’s Bolsa Familia offers a conditional cash transfer linked to early education attendance, reinforcing family involvement in development and school readiness. These efforts have contributed to high developmental outcomes across health, learning, and psychosocial domains.

Medium-performing countries such as Mexico (2024), Argentina (2022), and Colombia (2024) report enrolment rates between 60–75% for children aged 3–5, with growing investment in ECEC infrastructure and parental awareness campaigns. In Mexico, despite preschool being compulsory, participation among 3-year-olds remains low. Developmental data show that 70% of children are on track, though gaps persist in nutrition and psychosocial support. Colombia and Argentina face similar challenges with service quality, particularly in rural areas.

In lower-performing countries like Honduras (2024), Bolivia (2021), and Nicaragua (2021), ECEC coverage is below 50%, and family outreach remains limited. These systems struggle with underfunded infrastructure, high malnutrition, and limited psychosocial programming. Structural inequalities—poverty, rural isolation, and gender norms—continue to undermine early development, especially for children aged 0–3.

Across the region, redistributive programmes such as cash transfers and school feeding have helped alleviate barriers to participation. Still, sustained investment in inclusive, family-engaging ECEC strategies—particularly in underserved areas—remains essential for closing gaps and promoting equitable child development from the earliest years.

MENA region

Early childhood education and care (ECEC) across the Arab States shows growing momentum, especially in some countries, where social investment has expanded access for children aged 3–6. The United Arab Emirates (2022) and Bahrain (2023) report over 90% enrolment, while Qatar (2021) and Kuwait (2023) are strengthening policies and infrastructure to improve quality and coverage. However, provision for children aged 0–3 remains limited across the region, often concentrated in private or informal care settings.

The strongest developmental outcomes are observed in countries with integrated, family-oriented approaches. In the United Arab Emirates (2022), the national early childhood strategy includes parenting workshops, home-based learning resources, and regular family consultations in preschools. Bahrain (2023) promotes active parental involvement through community-based nurseries, parenting support hotlines, and early learning campaigns. These policies help ensure that nearly all children aged 3–5 are developmentally on track across health, learning, and psychosocial domains. In contrast, countries like Saudi Arabia (2023) and Iraq (2021) face persistent challenges, underscoring the need for stronger family engagement, targeted support, and expanded services for children aged 0–6.

Asia and the Pacific

Early childhood education and care (ECEC) across Asia and the Pacific is characterised by wide disparities in access, quality, and developmental outcomes, shaped by differing welfare regimes and levels of social investment. Coverage for children aged 3–6 is near universal in countries like Japan (2021), Singapore (2023), Maldives (2023), and Tuvalu (2022), where ECEC is embedded within broader human development strategies. These countries combine public funding, quality standards, and inclusive curricula to support holistic development. For instance, Japan and Singapore integrate health, nutrition, and psychosocial support within play-based learning, promoting emotional regulation, early literacy, and social cohesion. Developmental indicators in these contexts show that nearly all children are on track across cognitive, health, and psychosocial domains.

Several other countries—including China (2021), Malaysia (2021), and Mongolia (2023)—report ECEC coverage above 80%, though urban-rural gaps and uneven service quality persist. In Vietnam (2023), where 75% of children aged 3–5 are enrolled, family outreach and preschool fee waivers in ethnic minority regions help address inequality. Yet, developmental outcomes remain mixed. India (2020), Nepal (2020, 2024), Cambodia (2023), and Fiji (2023) show moderate coverage (40–75%) and highlight the importance of family-oriented programmes. India's (2020) Child Development Services and Samagra Shiksha promote parenting education, nutrition, and preschool attendance, though regional disparities in access and malnutrition continue to hinder outcomes. In Samoa (2020, 2024), Bhutan (2021), and the Philippines (2022), ECEC faces infrastructure limitations, especially for children aged 0–3, who are often excluded from formal care systems.

Countries with low coverage—such as Indonesia (2021), Bangladesh (2020), Laos (2021, 2024), and Timor-Leste (2023)—report significant barriers to early learning, particularly for disadvantaged families. In these contexts, ECEC is often fragmented or informal, and few children under age three are reached by structured programmes. While countries like Laos (2021, 2024) and Pakistan (2022) are beginning to expand access through community-based and subsidised models, most young children face limited opportunities for early development. Across the region, family-oriented policies—such as home visits, nutrition schemes, and parental education—are increasingly recognised as vital components of inclusive early childhood strategies. Continued investment in both access and quality, especially for children aged 0–3, is critical to achieving equitable developmental outcomes and strengthening family wellbeing across Asia and the Pacific.

Africa

Early childhood education and care (ECEC) in Africa remains limited in both access and quality, particularly for children aged 0–3, who are largely excluded from formal services. For children aged 3–6, enrolment remains low across much of the continent, with only a few countries reporting participation above 40%. Seychelles (2020) has achieved near-universal coverage, and Tanzania (2023) reports 89% enrolment, driven by strong national campaigns and community mobilisation. In contrast, most countries—including Kenya (2020, 2024), Ghana (2022), Nigeria (2020), and Uganda (2020, 2024)—report participation rates below

40%, often due to under-resourced systems, lack of trained teachers, and limited outreach to rural or vulnerable communities.

Despite these challenges, several promising family-oriented policies are emerging. Tanzania's (2023) *Quality Early Learning Package* and *Fursa kwa Watoto* initiative provide community-based pre-primary services, train caregivers, and promote school readiness through locally developed materials, storybooks, and learning videos. Kenya's (2020, 2024) *Tayari* programme has improved early learning outcomes by engaging families and schools in joint efforts to enhance literacy, numeracy, and emotional development. In Rwanda (2023), home-based centres and the *Ishema Mu Muryango* programme deliver early education and parenting support directly within communities, promoting health, nutrition, and cognitive development. These approaches reflect a growing recognition of the importance of family engagement as a pillar of early learning, particularly in rural areas with limited institutional infrastructure.

While comprehensive data on developmental outcomes remains scarce, the available evidence suggests that family-focused, play-based, and community-driven models can improve school readiness and child wellbeing. Expanding such initiatives, particularly for children under three, and strengthening pre-distributive strategies through workforce training, parental outreach, and inclusive policies will be key to reducing early inequalities and achieving SDG 3 across the region.

Conclusions

1. Family-oriented policies in education have expanded significantly since 2016–2019, marking the strongest area of progress among all SDGs. In the 2020–2024 period, 38 countries implemented family-oriented policies that actively engaged parents and caregivers in achieving SDG 4, compared to only 18 countries in the 2016–2019 cycle. This growth reflects an increasing awareness among Member States of the crucial role parents and families play in children's educational outcomes. Countries like Finland (2020), Ireland (2023), and Austria (2020, 2024) have institutionalised parental involvement through universal early education, collaborative governance, and inclusive curricula. In Latin America, Brazil (2024), Costa Rica (2020, 2024), and Colombia (2021, 2024) have expanded school–family partnerships through home-based early learning and nutritional programmes, linking education with broader wellbeing and social inclusion. In Tuvalu (2022), community-based reading and parenting initiatives have strengthened early literacy and brought learning closer to families, demonstrating how small island states are also advancing inclusive, family-responsive education strategies.

2. Quality education systems that embed family engagement yield stronger learning and equity outcomes. Countries with robust welfare regimes—such as Sweden (2021), the Netherlands (2022), and Germany (2021)—have integrated family participation into early learning centres, school governance, and support for vulnerable students. These strategies not only improve academic achievement but also address social disparities. In Uruguay (2021, 2022) and Chile (2023), redistributive education programmes include family outreach components, while in Vietnam (2023) and Estonia (2020), preschool fee waivers and parenting workshops improve access for disadvantaged households. These models

demonstrate how embedding families in education systems reinforces both equity and educational quality.

3. Early childhood development strategies grounded in the socioecological model are improving developmental outcomes. Countries such as Cuba (2021) and Denmark (2021) combine universal early education with community-based parenting support and health monitoring, creating a continuum of care from birth to school entry. In Jamaica (2022), family-based interventions have increased school readiness and reduced early childhood gaps. This reflects a shift toward socioecological approaches that recognise the interdependence between household environments, service systems, and community contexts in shaping child development.

4. Despite progress, coverage and inclusion remain uneven—especially for children under age three and marginalised families. While countries like Sweden (2021), Belgium (2023), and Singapore (2023) report high enrolment and strong outcomes for children aged 3–6, services for children under 3 remain limited across most welfare regimes. In Mexico (2021, 2024) and Argentina (2020, 2022), for example, preschool participation for younger children remains low despite being compulsory. Rural and low-income families continue to face barriers to high-quality early learning in countries such as Peru (2020, 2024), Colombia (2021, 2024), and Vietnam (2023). Expanding services for infants and toddlers and strengthening targeted support for marginalised households remain critical for achieving universal and equitable early childhood development.

5. Family-oriented policies are vital for resilience, continuity, and equity in education—especially in post-crisis contexts. The COVID-19 pandemic and other global disruptions have impacted educational continuity, deepened existing inequalities, and forced education systems to rethink the role of families. Countries like Spain (2021, 2024) and Italy (2022) responded by strengthening family–school coordination, home learning support, and digital inclusion. In Canada (2023) and Poland (2023), targeted strategies supported parents in maintaining learning routines and mental health at home. These examples underscore how family engagement serves not only as a support mechanism but as a resilience strategy during times of crisis.

6. Welfare regimes that combine social investment with inclusive governance are better positioned to sustain education outcomes across generations. Countries such as Finland (2020), Uruguay (2021, 2022), and Singapore (2023) exemplify how coordinated, well-funded, and participatory education systems support both individual development and broader social equity. When family-oriented policies are integrated into redistributive and pre-distributive frameworks, they strengthen not only educational access and quality but also intergenerational wellbeing and social cohesion. This multidimensional approach is key to achieving SDG 4 in a sustainable and inclusive manner.

5. Care and wellbeing for all: Gender equality and violence-free family relationships



This final chapter explores how gender equality, care, and violence prevention intersect to shape family wellbeing and advance the Sustainable Development Goals (SDGs), particularly Goals 5 and 16. Using a multidimensional analytical framework—welfare regimes and state capacity, pre-distributive and redistributive policies, social investment strategies, and the socioecological model—it examines how policies reflect gender-blind, gender-sensitive, or gender-responsive approaches. Central to this analysis is the identification of family-oriented policies that actively engage parents and families as agents of change in promoting gender equality, reducing violence, and supporting care.



Families are at the heart of care provision and social reproduction, yet responsibilities remain unequally distributed. This often reinforces women's economic dependency and constrains their autonomy. Achieving more equitable care arrangements and improving work-life balance policies are critical for gender equality and sustainable wellbeing. At the same time, many families continue to be affected by intimate partner violence, child abuse, harmful practices such as child marriage and female genital mutilation, and violent discipline—issues that demand integrated, gender-responsive, and family-centred policy responses.

The chapter is structured into three sections. The first addresses gender equality and women's empowerment in the context of care and work (Target 5.4), focusing on policies that enhance autonomy and redistribute unpaid care. The second examines violence within family contexts (Targets 5.3, 16.2, and 16.9), including against women and children. The third focuses on family planning and reproductive health (Targets 3.7 and 5.6), with an emphasis on rights-based approaches and family engagement. Together, these sections aim to highlight promising practices and systemic gaps in positioning families as active partners in building inclusive, violence-free, and gender-equal societies.

5.1. Gender equality and women's empowerment: work-care balance and women's autonomy (Target 5.4)



Unpaid care and domestic work remain one of the most entrenched expressions of gender inequality worldwide. Despite gains in women's labour force participation, caregiving responsibilities continue to fall disproportionately on women, limiting their time, income, and autonomy. This structural imbalance not only reproduces economic and social disparities but also restricts the full exercise of women's rights and reinforces traditional roles within families. Where care infrastructure is limited, the burden intensifies—especially for women in low-income, rural, or marginalised households.

Target 5.4 of the 2030 Agenda calls for the recognition, reduction, and redistribution of unpaid care work. Yet, many policy responses remain partial or gender-blind, offering support without challenging the unequal division of responsibilities. Family policies such as

parental leave, childcare services, and family allowances often assume women as default caregivers, rather than transforming the norms and systems that underpin gendered care arrangements.

Approaches to care policy vary widely across welfare regimes and levels of state capacity. In high-income countries with strong social-democratic or dual-earner models, investments in universal childcare, paid paternity leave, and integrated care services have aimed to redistribute care more equitably and strengthen female economic autonomy. In contrast, many low- and middle-income countries still rely on fragmented, targeted interventions with limited ability to reshape the structural drivers of inequality.

A socioecological lens further reveals how factors such as labour informality, migration, ageing populations, and intergenerational living influence the organisation and experience of care. Intersecting inequalities related to poverty, ethnicity, rurality, and disability often deepen the care burden for specific groups of women and families, affecting their wellbeing in complex ways.

This section examines how countries are addressing the care gap through family-oriented policies that engage parents and families as active agents in achieving SDG 5.4. Drawing on VNRs from 2020 to 2024, it assesses whether national strategies move beyond supporting women as caregivers to building more equitable care systems—redistributing responsibilities, supporting autonomy, and investing in sustainable wellbeing for all family members.

Europe and Central Asia

Across Europe and Central Asia, gender equality and the reorganisation of care remain central but uneven dimensions of the SDG 2030 Agenda. Welfare regime traditions and levels of state capacity continue to shape national approaches to SDG target 5.4, with clear contrasts between countries with institutionalised, gender-responsive care systems and those still relying on informal or family-based caregiving. While the Nordic countries lead in advancing women's autonomy through universal services and shared parental responsibilities, other subregions continue to struggle with persistent gender norms, underfunded care infrastructure, and policies that assume rather than transform women's caregiving roles.

In the Nordic region (e.g. Sweden 2021, Norway 2021, Finland (2020), Denmark 2021), public childcare, paid parental leave for both mothers and fathers, and gender mainstreaming are cornerstones of care policy. These countries also actively promote father engagement in early caregiving through non-transferable paternity leave quotas, helping reshape family dynamics and reinforcing shared responsibility. In Sweden (2021), policies to combat men's violence against women are integrated across sectors—from health and housing to education—demonstrating a socioecological approach to wellbeing. In Norway (2021), equal parental leave legislation explicitly supports both work-life balance and the redistribution of care within families.

In Western and Central Europe, countries such as Austria (2020, 2024), Germany (2021), Belgium (2023), and the Netherlands (2022) have moved toward gender-sensitive and, increasingly, gender-responsive models. Austria's investment in caregiver allowances and family counselling reflects a social investment approach that recognises informal caregiving as a public concern. Germany promotes co-parenting through shared parental leave, while Belgium's multilevel governance facilitates partnerships with civil society to engage parents in early education and violence prevention efforts.

Southern European countries, including Spain (2021, 2024), Portugal (2023), and Italy (2022), are strengthening their policy frameworks to promote gender equality in care. Spain's *Plan Corresponsables* is a notable example, aiming to professionalise informal care while providing time-use education and shared caregiving incentives for both parents. Expanded paternity leave and flexible work arrangements are designed to engage fathers and reduce the care burden on women. However, care remains heavily feminised and underpaid, with migrant women often filling systemic gaps under precarious conditions.

In Eastern and South-Eastern Europe, countries such as Lithuania (2023), Romania (2023), and Czechia (2021) continue to rely on family-based care models, with limited take-up of leave entitlements by fathers and scarce state-funded alternatives. Some progress is being made—such as Lithuania's legal reforms on domestic violence—but care policies often reinforce traditional family roles rather than challenge them. Programmes aimed at supporting families tend to focus on protection and basic services, rather than empowering all family members to share caregiving equally.

The Western Balkans and Eastern Partnership countries (e.g. Moldova 2020, Ukraine 2020, Georgia 2020, 2024) show growing legal commitments to gender equality, but implementation remains uneven. Moldova's data reveal a 20-point employment gap for women with young children, due largely to weak care services and limited support for dual-earner families. In Georgia, parenting education and community-level support services have been introduced but require broader scale-up to shift caregiving norms.

In Central Asia, countries such as Kazakhstan (2022), Uzbekistan (2020, 2023), and Kyrgyzstan (2020) are beginning to frame gender equality as part of broader state development strategies. Uzbekistan's new domestic violence legislation and Kazakhstan's network of crisis centres show promise, but redistribution of care responsibilities remains limited. Most programmes are still women-centred, without mechanisms to engage men or support shared caregiving at home.

Across the region, countries with strong investment in childcare and parental leave—especially when designed to promote shared use—are better positioned to achieve SDG 5.4. Yet in many contexts, family policies engage parents in limited or gendered ways, focusing on maternal support rather than on transforming caregiving arrangements. Initiatives that involve both parents in early childhood education, parenting skills, and family counselling—such as those seen in Spain (2021, 2024), Sweden (2021), and Austria (2020, 2024)—offer models for building more inclusive and equitable care systems.

In sum, Europe and Central Asia offer diverse approaches to recognising and redistributing unpaid care. Where policies are grounded in strong welfare regimes, gender-responsive planning, and active family engagement, progress toward SDG 5.4 is most evident. However, sustained effort is needed across all subregions to ensure that family-oriented policies not only support but empower both mothers and fathers—as active agents in transforming care relations and promoting gender equality within the family and beyond.

MENA Region

Across the MENA region States, efforts to promote gender equality are increasingly visible through legal reforms, expanded leadership opportunities for women, and measures to boost female labour force participation. However, persistent gaps remain in addressing the unequal distribution of unpaid care work and in transforming traditional gender roles within families. Most countries in the region operate under conservative-corporatist welfare regimes, where family remains the core site of social reproduction. While gender-sensitive policies are becoming more common, truly gender-responsive measures—those that seek to redistribute care and engage both women and men as equal caregivers—remain limited.

In the United Arab Emirates (2022), gender equality is promoted through national strategies and labour market reforms. Yet, parental leave policies remain minimal, and there is no national childcare system—placing the burden of caregiving primarily on women. Bahrain (2023) has institutionalised gender mainstreaming in government planning, but the absence of public care infrastructure and shared leave policies reflects a continuation of female-dominated care roles. In Kuwait (2023), financial allowances to housewives and older women recognise their caregiving contributions but do not promote shared responsibility or access to public care services.

Some targeted programmes do offer potential entry points for transformation. In Saudi Arabia (2023), the Qurrah programme subsidises childcare to support women's employment, engaging families by providing financial incentives for early childhood enrolment. However, these efforts remain isolated, and most care responsibilities are still seen as maternal. Qatar (2021) offers extended maternity protections, but the lack of paternity or parental leave options reinforces caregiving as a female obligation. Iraq (2021) mandates employers to provide childcare and maternity leave, but without state co-financing or complementary leave for fathers, the system places pressure on women and disincentivises equitable hiring practices.

Overall, family policies across the region tend to support women as caregivers rather than actively engaging families as agents of change. Public childcare provision is limited or absent, and leave systems are typically designed around maternal roles, with few mechanisms to support co-parenting or dual-earner arrangements. Redistributive investments in care—such as universal childcare services, shared parental leave, or caregiver training—are rare. The predominance of targeted, compensatory measures reflects a gender-sensitive but not transformative approach, reinforcing the privatisation and feminisation of care.

Americas and the Caribbean

In the Americas and the Caribbean, family policies have increasingly been integrated into national strategies to achieve SDG 5.4. Yet the region remains deeply heterogeneous. Only a few countries have embraced gender-responsive approaches that explicitly aim to recognise, reduce, and redistribute unpaid care work. Most continue to rely on gender-sensitive or gender-blind frameworks that, while offering essential support, often reinforce traditional caregiving roles and women's economic dependency within households.

Uruguay (2021, 2022) stands out with its *Sistema Nacional de Cuidados*, a universal care system for children under 3, older adults, and persons with disabilities. This model promotes co-responsibility among the state, families, and society, engaging both women and men in caregiving and directly challenging the feminisation of care. Costa Rica's (2020, 2024) *Red Nacional de Cuido* similarly advances a gender-responsive vision, combining care services with family outreach and support. In contrast, countries like Mexico (2021, 2024) have struggled to institutionalise a national care system; while programmes such as *Sembrando Vida* support rural women's autonomy, public childcare access remains fragmented and limited, placing pressure on families—particularly mothers. In Canada (2023), a new federal initiative aims to build a universal, affordable childcare system, with targeted investments in regulated care for children under six. While provincial variations persist, this shift reflects a growing commitment to gender equality and to reducing the care burden on families, particularly low-income women.

Parental leave policies vary widely. Uruguay (2021, 2022) has taken concrete steps to promote fathers' engagement through shared, non-transferable parental leave. In contrast, most countries—including Mexico (2021, 2024), Brazil (2024), Ecuador (2020, 2024), and Peru (2020, 2024)—offer leave primarily to mothers, with minimal or optional paternity leave, reinforcing caregiving as a maternal duty. In Argentina (2020, 2022), progressive leave policies coexist with traditional norms, while in Central America and the Caribbean, maternity leave dominates and paternity provisions are scarce or restricted to public employees.

Cash transfers and family allowances are important redistributive tools across the region but often reflect maternalist assumptions. Argentina's (2020, 2022) *Asignación Universal por Hijo* and Mexico's (2021, 2024) *Programa para el Bienestar de las Mujeres* provide critical income support yet rarely address time poverty or promote shared care responsibilities. In the Caribbean, most cash transfers—such as those in Saint Kitts and Nevis (2023) and Dominica (2022)—target women as caregivers but are not linked to care services or broader redistributive systems. Jamaica (2022) has prioritised early childhood education, but affordable public childcare and paid leave remain limited, sustaining care burdens on women.

Despite these limitations, some countries are moving toward more inclusive, care-centred agendas. Uruguay (2021, 2022) and Costa Rica (2020, 2024) explicitly challenge gendered norms, fostering family participation and shared responsibility. In many other countries, however, policies continue to reinforce women's caregiving roles without empowering families as agents of change. Informal caregiving, low wages in feminised sectors, and

intersecting inequalities—especially affecting Indigenous, rural, and low-income women—further constrain autonomy and economic participation.

To truly transform care systems and advance family wellbeing, countries in the region must invest in universal, rights-based care services, reform leave policies to engage fathers meaningfully, and support community and feminist movements advocating for care justice. Integrating care into broader social protection, labour, and fiscal policy is essential for shifting from support to transformation—placing care at the centre of gender equality and sustainable development.

Asia and the Pacific

Across Asia and the Pacific, family policies have evolved within diverse institutional, cultural, and developmental contexts. While many countries have expanded investments in education, health, and social protection, persistent gender inequalities in unpaid care and domestic work continue to constrain women’s economic autonomy and reinforce traditional family roles. National approaches range from gender-blind or gender-sensitive to more progressive gender-responsive policies—though few have fully transformed care into a shared, institutionalised responsibility.

The unequal distribution of care remains a central challenge. In Japan (2021), women perform four times more unpaid work than men; in Afghanistan (2021), the gap is even more pronounced, with women averaging over 11 hours of unpaid labour daily. Similar disparities are documented in Nepal (2020, 2024), Sri Lanka (2022), Vietnam (2023), and Indonesia (2021). Despite legal commitments to equality in countries like Singapore, Lao PDR, and Indonesia, gender norms within households often remain unchallenged by policy implementation.

Social investment in care infrastructure is emerging in several upper- and middle-income countries. Singapore (2023) offers subsidised childcare, parenting programmes, and caregiver support grants. Its Baby Bonus scheme and Work-Life Grant actively involve families in developmental goals while promoting fathers’ participation. Thailand (2021) provides state-funded childcare centres and has extended maternity leave, while the Maldives (2023) has introduced paternity leave for public servants and subsidised home care services. Japan has expanded parental leave and childcare facilities, although male uptake remains limited due to entrenched cultural expectations.

Family-oriented policies in India (2020) include parenting programmes through Integrated Child Development Services (ICDS), which also offer supplementary nutrition, pre-school education, and health services to mothers and children. Nepal (2020, 2024) supports maternity incentives for rural women and is expanding local care centres. Yet in many South and Southeast Asian countries—such as Cambodia (2023), Bangladesh (2020), and Timor-Leste (2023)—care responsibilities remain predominantly privatised, with limited support for caregivers or redistribution of responsibilities between men and women.

Redistributive measures such as conditional cash transfers also play a role. Pakistan’s (2022) Benazir Income Support Programme and India’s (2020) PMUY and Janani Suraksha Yojana

provide income support linked to maternal and child health, engaging families in developmental outcomes. However, these programmes rarely include components aimed at changing care norms or supporting male caregiving roles.

The socioecological context compounds care inequalities. Climate vulnerability, rural isolation, and informal employment structures—especially in countries like Laos (2021, 2024) and Sri Lanka (2022)—limit access to care services and deepen gender disparities. Migration further disrupts care arrangements, often leaving women as sole caregivers or absent due to work abroad. Singapore (2023) and Japan (2021) have taken steps to address these dynamics by integrating digital caregiving tools and flexible work arrangements into national care strategies.

In sum, while Asia and the Pacific show promising examples of social investment and policy innovation, most countries still treat care as a private, female obligation. Expanding universal access to childcare, formalising caregiver support, reforming parental leave, and investing in community-based care services—especially in rural and low-income areas—are essential for building gender-responsive care systems. Family-oriented policies that actively engage both women and men in caregiving roles remain the key to achieving SDG 5.4 and strengthening sustainable family wellbeing.

Africa

Across Africa, countries are increasingly committing gender equality through legal reforms and strategic frameworks. Yet, structural barriers—such as the unequal distribution of unpaid care work, limited access to public care infrastructure, and persistent gender norms—continue to undermine women’s economic autonomy and family wellbeing. Most national policies remain gender-sensitive at best, offering recognition without fundamentally transforming caregiving roles. However, a few countries are beginning to adopt gender-responsive approaches that aim to redistribute care responsibilities and involve families more actively in the pursuit of equality.

Some states—such as Namibia (2021, 2024), Sierra Leone (2021, 2024), and South Sudan (2024)—have introduced national strategies that explicitly challenge traditional roles and seek to promote shared responsibility. Namibia’s Gender Equality Policy recognises both women’s and men’s roles in caregiving, while Sierra Leone’s Gender Equality and Women’s Empowerment Act calls for affirmative action in employment and public leadership. Yet in fragile settings like Sudan (2022) and Somalia (2022), the institutional and fiscal capacity to implement such commitments remains limited, and gender inequalities in care remain deeply entrenched.

Family-oriented policies that engage caregivers are beginning to emerge. In Uganda (2020, 2024), the Early Childhood Development policy includes affordable childcare and community engagement, while in Rwanda (2023), family support centres integrate parenting education, nutrition, and psychosocial support. Ethiopia (2022) has launched government-run daycare centres in select institutions, allowing employed mothers to remain in the workforce while maintaining caregiving roles. These initiatives reflect early steps toward family-inclusive care systems that empower both mothers and fathers.

Social investment in care remains uneven. Mauritius (2024) and Namibia (2021, 2024) offer paid maternity leave and regulate domestic employment conditions, signalling a move toward formalising care roles. In Liberia (2022), workplace reforms include breastfeeding accommodations, while Zambia (2020, 2023) has developed integrated “One-Stop Centres” for GBV survivors—connecting health, legal, and family services. However, across most of the region, paternity leave is either absent or minimal, and public childcare infrastructure is insufficient, reinforcing caregiving as a female obligation and limiting men’s participation as active caregivers.

A socioecological lens highlights how gender inequality intersects with environmental stress, displacement, and poverty. In Ethiopia (2022) and Angola (2021), women lead family adaptation to drought and climate change but face land insecurity and lack of childcare. In these contexts, care remains privatised and informal, and development strategies often overlook the time burdens placed on women. Without climate-resilient care infrastructure or redistribution of caregiving responsibilities, such pressures deepen household vulnerability.

In sum, while several African countries are laying policy foundations for gender equality, the transformation of care systems remains partial and fragmented. Progress depends on advancing from gender-sensitive recognition to gender-responsive action—through investment in universal care services, promotion of shared parental leave, support for community-based care, and full inclusion of men and families as co-agents in achieving SDG 5.4. Only then can unpaid care be recognised not as a private burden but as a public good central to family wellbeing and sustainable development.

5.2. Violence-free family relationships



5.2.1 Intimate partner violence (Target 5.2)

Across the 2020–2024 VNRs, intimate partner violence (IPV) against women remains a pervasive yet underreported issue, particularly within the private sphere of the home. While many countries refer broadly to gender-based violence—including physical, sexual, psychological, and digital forms—few provide disaggregated, recent, or comparable prevalence data specifically on IPV within the last 12 months. Notable exceptions such as Finland, which reports that nearly half of all women have experienced physical or sexual violence in their lifetime, underscore both the severity of the issue and the importance of high-quality data, even in countries with strong gender-equality frameworks.

This lack of consistent data represents a significant challenge to monitoring progress on SDG target 5.2, which calls for the elimination of all forms of violence against women and girls in public and private life, including IPV. However, despite data limitations, VNRs reveal a growing political and institutional commitment to tackling IPV through legislative reforms, national action plans, specialised services, and intersectoral strategies. These efforts are best understood when analysed through the lens of welfare regimes, gender-responsive policy design, redistributive and pre-distributive measures, and the socioecological conditions that shape both risk and resilience within families. Central to this analysis is the identification of family-oriented policies that engage women, men, and communities as active agents in

preventing violence and fostering safe, respectful, and supportive relationships within the home.

Europe and Central Asia

Across Europe and Central Asia, national responses to intimate partner violence (IPV) have gained increasing visibility and political support, though with significant variation in institutional capacity, policy integration, and cultural transformation. In countries with strong social-democratic welfare regimes—such as Sweden (2021), Finland (2020), Norway (2021), Denmark (2021), and Ireland (2023)—IPV prevention is addressed through multisectoral strategies that combine legal reform, investment in shelters, integrated victim services, and gender equality education. Sweden and Finland have introduced robust consent laws and long-term strategies, while Ireland has strengthened interagency coordination and victim support frameworks. These approaches are embedded within wider systems that recognise the role of families and schools in challenging norms and promoting prevention.

In Southern Europe, countries such as Portugal (2023), Spain (2021, 2024), Italy (2022), and Greece (2022), and also Austria (2020, 2024) have developed inclusive national strategies, combining legal innovation with community engagement. Spain's State Pact includes awareness campaigns for parents and school-based initiatives to involve families in early prevention. Austria integrates perpetrator counselling and digital safety laws with support for migrant women, while Italy and Greece operate 24/7 helplines and shelter networks targeting vulnerable populations, including those affected by multiple forms of discrimination.

In Western and Central Europe, Belgium (2023) and Germany (2021) have adopted intersectional, socioecological models, such as Family Justice Centres and coordinated case management. Belgium also promotes school-level gender education, though data gaps—like the absence of femicide statistics—persist. Germany has allocated significant funding to IPV services and is expanding national reporting systems.

Central and Eastern European and post-socialist countries—including Lithuania (2023), Romania (2023), Latvia (2022), Estonia (2020), Poland (2023), Slovakia (2023), and Czechia (2021)—are progressively aligning with EU frameworks and the Istanbul Convention. Measures range from rehabilitation for perpetrators to housing networks, school-based prevention, and family mediation services. Romania's protected housing programme and Lithuania's national IPV prevention council represent evolving social investment approaches, while Latvia and Estonia combine public campaigns with parental training to promote non-violent communication at home.

Southeastern Europe and the Western Balkans—notably Bosnia and Herzegovina (2023), Croatia (2023), Slovenia (2020), and North Macedonia (2021)—have reinforced their legal frameworks, improved service coordination, and adopted digital prevention tools such as Slovenia's *Odklikni* platform. These countries also include family members in local outreach, linking IPV prevention with community empowerment and resilience-building.

In post-Soviet contexts, countries like Uzbekistan (2020, 2023) and Kazakhstan (2022) are expanding social investment through shelters, family support centres, and legal amendments.

Uzbekistan's roadmap and digital platforms mark important shifts despite prevailing patriarchal norms. Kazakhstan's reclassification of domestic violence offences and family resource centres signal intent, though enforcement remains inconsistent.

Across the region, family-oriented and community-based programmes play an increasingly important role. Spain (2021), Finland (2020), Ireland (2023), Estonia (2020), and Slovenia (2020) integrate IPV awareness into school curricula, involve parents' associations, and promote gender-equitable attitudes among children. Croatia (2023) and Lithuania (2023) include family mediation and outreach to engage fathers and extended families in prevention efforts. These actions align institutional responses with everyday family dynamics, shifting IPV from a private issue to a collective responsibility.

Key challenges remain. High IPV prevalence persists even in countries with advanced legal and welfare systems, reflecting the depth of cultural and intergenerational norms. Data limitations, particularly on femicide and underreporting in marginalised communities, constrain evidence-based policymaking. In post-socialist and lower-capacity contexts, policy implementation is often uneven, and funding for shelters, psychosocial support, and coordinated services remains limited. Ensuring that IPV responses are not only institutional but also embedded in family, school, and community environments is essential to long-term transformation and the realisation of Target 5.2.

Americas and the Caribbean

Intimate partner violence (IPV) remains a pervasive and deeply rooted issue across the Americas and the Caribbean, cutting across welfare regimes, economic levels, and legal systems. While most countries have taken important steps to criminalise IPV and expand survivor services, their responses vary significantly in scope, coherence, and impact. Countries such as Argentina (2020, 2022), Uruguay (2021, 2022), Canada (2023), and Chile (2023) exemplify more advanced, gender-responsive approaches. These include integrated legislation, multisectoral coordination, and survivor-centred services that reflect a broader understanding of IPV as both a human rights violation and a structural barrier to family wellbeing. In contrast, Brazil (2024), Peru (2020, 2024), and Ecuador (2020, 2024) demonstrate gender-sensitive responses with important legal protections, but limited transformative capacity, while countries such as Panama (2020), Honduras (2020, 2024), Dominica (2022), Guatemala (2021), and Belize (2024) still operate within gender-blind frameworks, focusing primarily on reactive interventions and underdeveloped care infrastructure.

The diversity of responses reflects underlying welfare regimes. Canada (2023), Uruguay (2021, 2022), and Chile (2023) benefit from stronger institutional capacity and public service coverage, allowing for more comprehensive IPV strategies that combine justice, health, education, and housing systems. Mexico (2021, 2024) and Argentina (2020, 2022) operate within stratified regimes, where progressive laws coexist with significant inequalities in access to support—especially in rural, Indigenous, and low-income areas. Meanwhile, in low-capacity regimes such as Honduras (2020, 2024), Nicaragua (2021), and parts of the Caribbean, public systems are often underfunded or absent, and much of the IPV response

relies on NGOs or international support. In these contexts, national IPV frameworks are fragmented, enforcement is weak, and survivor protections are precarious.

Despite these structural differences, several countries have begun to integrate family-oriented and community-based strategies into their IPV responses. In Uruguay (2021, 2022), parenting programmes and family support centres incorporate IPV prevention into early childhood and youth services, fostering intergenerational awareness and safe spaces for dialogue. Argentina (2020, 2022) mobilises local families and communities through gender roundtables and the *Acompañar* programme, which provides psychosocial services linked to survivors' family and social networks. Chile (2023) supports family-school partnerships and community campaigns to promote respectful relationships and recognise early warning signs. Canada (2023) implements Indigenous-led family healing initiatives grounded in cultural traditions and intergenerational storytelling, which strengthen community solidarity and trauma recovery. In Belize (2024), the Road Map to End Child Marriage and Early Unions highlights families as change agents in norm transformation, combining IPV prevention with broader efforts in education, health, and child protection.

At the same time, many countries continue to prioritise protective services over preventive, redistributive, or pre-distributive measures. While Uruguay (2021, 2022) and Chile (2023) have advanced pension reforms and employment support for IPV survivors, and Mexico (2021, 2024) links care and gender budgeting through *Sembrando Vida*, few have developed universal care systems or parental leave frameworks that truly redistribute time, responsibility, and power. Jamaica (2022) and Saint Vincent and the Grenadines (2020), for example, lack integrated public childcare, limiting options for survivors seeking autonomy or exit from violent relationships. In Trinidad and Tobago (2020) and Dominica (2022), formal IPV responses exist primarily in the legal or health sectors, with little cross-sectoral integration or family engagement.

Challenges across the region remain significant. IPV prevalence is still high, particularly among Indigenous, Afro-descendant, and migrant women. Underreporting is widespread, data systems are weak, and justice mechanisms are often inaccessible or re-traumatising. The COVID-19 pandemic intensified these risks, as confinement, financial stress, and care overload fuelled increased violence at home. Institutional responses remain heavily centralised and urban-focused, while rural and remote communities lack outreach, shelter, or culturally appropriate services. Furthermore, prevention efforts often fail to engage men and boys or address intergenerational cycles of violence within families.

To advance SDG 5.2, countries in the Americas and the Caribbean must move beyond reactive protection toward systemic change. This includes sustained social investment in care systems, education, and mental health; redistributive policies that address economic dependence and time poverty; and family-centred interventions that involve both women and men in prevention. Strengthening intersectoral coordination, scaling community-based models, and embedding gender-responsive approaches into national development plans will be essential to ensure violence-free family relationships and uphold the dignity and safety of all.

MENA region

In the Arab States, intimate partner violence (IPV) remains a serious but underreported issue, with only a few countries providing structured data or coordinated responses. While information is limited, recent national efforts in Bahrain (2023), Kuwait (2023), and Iraq (2021) suggest emerging institutional frameworks that reflect varying degrees of gender sensitivity and family involvement in addressing domestic violence.

Bahrain (2023) has taken significant steps to build an integrated, family-oriented response to IPV. Family Protection Offices, now present in several police stations and being expanded nationwide, provide not only immediate assistance but also preventive services. These offices work to ensure victims' safety and privacy, demonstrating a shift toward institutional accountability. A specialised Family and Children Prosecution Office further strengthens this approach by offering legal, psychological, and social support to survivors, reinforcing the idea that families—not only individuals—require protection and recovery mechanisms. The introduction of the “Takatof” unified database marks a promising development in evidence-based policymaking. By harmonising definitions of violence across government entities and linking relevant services, Bahrain's strategy supports a more coordinated and preventative system that engages both institutional actors and family networks. In Kuwait (2023), the government reports an extremely low prevalence of physical violence against women (0.02% in 2022), nearing the SDG target for 2030. While this figure suggests progress, the absence of detail on prevention and support mechanisms raises questions about reporting, definitions, and the effectiveness of outreach. Without public strategies that engage men, families, or communities, Kuwait's approach remains limited in its transformative potential. Iraq (2021) presents a more complex context. During the COVID-19 pandemic, domestic violence cases more than doubled, revealing how crises can intensify family stress and violence. The Law on Protection Against Domestic Violence and related studies by the Women's Empowerment Department identified the need for safe shelters, financial support, and protective mechanisms for survivors. The rise in abuse, early marriage, suicide related to spousal violence, and sexual harassment of minors highlights a broader socioecological vulnerability. While Iraq has identified key structural causes—such as harmful traditional practices, poverty, and displacement—it has yet to establish comprehensive, family-centred strategies that promote prevention, recovery, and behavioural change.

Across the region, promising institutional reforms are emerging, particularly in Bahrain (2023), where families are actively included in the design and delivery of protection services. However, the broader challenge remains the development of gender-responsive and family-oriented policies that move beyond reactive support toward prevention, education, and the transformation of harmful gender norms. Strengthening multi-sectoral coordination, engaging men and boys, and supporting families as change agents will be essential to advancing SDG 5.2 and ensuring violence-free home environments.

Asia and the Pacific

Across Asia and the Pacific, intimate partner violence (IPV) remains a widespread and deeply rooted challenge, shaped by persistent gender inequality, unequal access to services, and entrenched socio-cultural norms. While countries in the region vary widely in institutional capacity, legal frameworks, and welfare regime development, there is growing recognition

of the need for coordinated, gender-responsive, and family-oriented approaches to prevent violence and promote family wellbeing.

Countries such as Singapore (2023), Thailand (2021), and Japan (2021) illustrate emerging models of comprehensive IPV prevention. Singapore's Taskforce on Family Violence exemplifies a gender-responsive strategy, combining legislative reform, preventive education, and coordinated services across justice, health, and social sectors. Thailand has institutionalised gender equality at multiple levels of governance and supported IPV prevention through community-based counselling and family mediation services. Japan expanded its data collection and response mechanisms during the COVID-19 pandemic, integrating family-focused outreach in shelters and counselling systems. These efforts reflect mature welfare regimes that align social investment with strong institutional capacity.

In contrast, countries like Timor-Leste (2023) and Papua New Guinea (2020) report high IPV prevalence—over 59% of women in both cases—highlighting the disconnect between legal protections and effective implementation. Limited infrastructure, weak enforcement, and cultural stigma inhibit access to support services. Still, in countries such as Nepal (2020, 2024) and Laos (2021, 2024), modest reductions in IPV have been reported through grassroots prevention, national policy reform, and increased public awareness. Nepal's constitutional guarantees and local mediation committees illustrate the potential of combining pre-distributive measures with community-based prevention. Similarly, Vietnam (2023) and Maldives (2023) have aligned national plans with international frameworks and invested in women's access to education, employment, and justice.

Small island states, including Samoa (2020, 2024) and Fiji (2023), offer innovative family-oriented responses despite limited state capacity. Samoa's Fa'a Samoa approach integrates traditional family and religious leadership in domestic violence prevention, engaging fathers and kin networks to promote respectful relationships. Fiji has implemented bystander training and community monitoring committees, activating local actors in early IPV detection and response. In Indonesia (2021), Family Learning Centres (Pusat Pembelajaran Keluarga) provide parenting education and violence prevention support, linking family wellbeing with village-level governance. Tuvalu (2022) has taken initial steps by reviewing gender-based violence laws and improving intersectoral coordination, though its small size and limited resources continue to challenge service delivery.

Social protection and redistributive policies remain uneven. India's (2020) economic empowerment programmes (e.g., POSHAN Abhiyan) and Indonesia's (2021) social safety nets contribute indirectly to IPV prevention by reducing economic dependency and stress within households. Meanwhile, countries such as Brunei Darussalam (2020, 2023) and Micronesia (2020) have begun to scale up legal aid and survivor-centred services, though many remain pilot initiatives rather than embedded systems. Pre-distributive reforms in Mongolia (2023) and Nepal (2020, 2024)—including property rights, education, and women's political participation—offer structural pathways to long-term gender transformation.

Despite this progress, major challenges persist. IPV remains underreported across the region due to stigma, fear, and lack of institutional trust. In many countries, laws exist but are poorly

enforced, and services—such as shelters, legal assistance, and psychosocial support—are fragmented or urban-centred. The COVID-19 pandemic further exposed the fragility of support systems, with rising IPV rates in contexts such as India (2020), Timor-Leste (2023), and Papua New Guinea (2020). Deep-seated gender norms continue to limit men's engagement in caregiving and IPV prevention, while women often lack secure channels to seek help.

In sum, progress on SDG 5.2 in Asia and the Pacific requires not only institutional reform but also the empowerment of families and communities as agents of prevention and support. The most promising strategies combine national gender policy with community-based mechanisms—such as parenting education, school-family partnerships, and local mediation—that engage both women and men in reshaping norms, promoting non-violence, and ensuring protection within the home. Bridging the gap between law and lived experience remains the central challenge in achieving violence-free family relationships across the region.

Africa

Across Africa, intimate partner violence (IPV) remains one of the most pervasive threats to women's rights and family wellbeing. While nearly all countries have adopted gender-sensitive legal frameworks to address IPV, the extent of progress is shaped by divergent welfare regimes, institutional capacity, and levels of social investment. Countries such as Namibia (2021, 2024), Mauritius (2024), Zimbabwe (2021, 2024), and Cabo Verde (2021) are moving toward gender-responsive frameworks, embedding IPV prevention into national action plans, legal reforms, and community-level interventions. Namibia's survivor-centred national plan promotes empathy and early help-seeking, while Mauritius includes IPV-specific indicators in its coordinated national strategy. Cabo Verde has operationalised specialised GBV courts and shelters, improving access to justice and protection for survivors.

In countries with stronger welfare structures, such as Zimbabwe (2021, 2024), Uganda (2020, 2024), Zambia (2020, 2023), and Malawi (2020, 2022), governments have invested in multi-sectoral IPV responses. These include GBV databases, case tracking platforms, and integrated recovery centres that provide psychosocial, legal, and health services. Sierra Leone (2021, 2024) has launched a toll-free hotline and six One Stop Centres offering comprehensive support to IPV survivors. Meanwhile, fragile or post-conflict states like Sudan (2022), Somalia (2022), and South Sudan (2024) struggle with weak enforcement, underfunded services, and heightened risk of violence due to displacement and instability.

Several countries are increasingly linking IPV prevention to social investment. Kenya (2020, 2024) and Uganda (2020, 2024) have established GBV recovery centres and safe spaces, while Malawi (2020, 2022) has trained local first responders and expanded support units in high-risk areas. These initiatives shift the burden of response from families to public institutions, offering survivors pathways to safety and resilience. Redistributive policies—such as survivor allowances, legal aid, and workplace protections—are gaining traction in countries like Mauritius (2024), where HeForShe Clubs and labour protections align IPV prevention with economic rights. Seychelles (2020) has quantified the fiscal cost of IPV at 4.6% of GDP, using this data to justify large-scale prevention and survivor care investments.

Pre-distributive efforts to change attitudes and norms are also gaining ground. Botswana (2022), Namibia (2021, 2024), and Kenya (2020, 2024) have launched public campaigns and male engagement programmes to challenge patriarchy and raise awareness of IPV. Kenya's Presidential Declaration to end FGM and national anti-violence campaigns have helped to shift perceptions about wife beating and domestic abuse. However, rural women in many countries still lack access to safe shelters, legal representation, or economic alternatives, reinforcing dependency and exposure to abuse.

Family- and community-based interventions have become a key element of IPV strategies across the region. Sierra Leone (2021, 2024) and Malawi (2020, 2022) have partnered with local leaders to facilitate community dialogues and incorporate psychosocial education into family support services. In Namibia (2021, 2024), household outreach campaigns engage men in discussions about caregiving and conflict prevention. Kenya's (2020, 2024) school-based programmes involve parents in promoting healthy relationships among adolescents, while Uganda (2024) and Malawi (2022) mobilise traditional authorities and family support groups to mediate disputes and support survivors. Seychelles (2020) and Lesotho (2022) have begun to monitor the economic and emotional costs of IPV at the household level, reinforcing the argument for preventive family-centred policy responses.

Key challenges remain across Africa. Despite legal reforms, IPV continues to be underreported due to fear, stigma, and limited trust in institutions. Rural and marginalised populations face the most acute access barriers to services. Coordination between sectors—health, justice, and social protection—is often weak, leading to fragmented interventions. Several countries still lack robust data systems to monitor prevalence, case outcomes, and service effectiveness. Patriarchal norms, economic dependency, and political instability further constrain efforts to prevent violence and support survivors. While progress is emerging, particularly where family and community engagement is prioritised, achieving SDG 5.2 across Africa will require sustained political will, deeper investment in public services, and a transformative shift in how societies understand and address violence within the home.

5.2.2. Ending child marriage, female genital mutilation (FGM) and other harmful practices (Target 5.3)



Europe and Central Asia

Across Europe and Central Asia, the overall prevalence of child marriage and female genital mutilation (FGM) is low by global standards, yet these harmful practices persist in specific population groups—particularly among Roma communities and some migrant and minority groups. In Eastern and South-Eastern Europe, early marriage remains a serious concern for Roma girls and those living in poverty. For instance, Bosnia and Herzegovina (2023) reports that 7.5% of women aged 20–24 were married before age 18, but the rate rises to 25% among Roma girls aged 15–19. Bulgaria (2020) shows a national child marriage rate of 12%, with significantly higher figures among Roma families. North Macedonia (2020) and Montenegro (2022) report similarly disproportionate rates for Roma girls—up to 43% in some areas—while early pregnancies are frequently tied to informal or customary unions. In Georgia (2020, 2024) and Armenia (2020, 2024), early marriage has

declined overall but remains common in rural and traditional households. Meanwhile, FGM, although nearly absent in native populations, has emerged as a policy concern in countries like Germany (2021) and Sweden (2021), where migrant and diaspora communities may continue these practices.

Most European countries have adopted strong legal frameworks banning child marriage and FGM, supported by national strategies, multisectoral coordination, and targeted programming. Several have implemented promising family-oriented initiatives that engage parents, local leaders, and schools to shift social norms. North Macedonia (2020) introduced a multisectoral child protection plan with Roma community outreach, while Bulgaria (2020) linked access to education and social services with awareness campaigns for Roma families about girls' rights. Montenegro (2022) has strengthened birth registration and adolescent health services, helping prevent early marriage and pregnancies. In Georgia (2020, 2024), the national human rights strategy mobilised schools, families, and community leaders to address early marriage, while Armenia (2020, 2024) involved parents and religious leaders in culturally sensitive campaigns to delay marriage and support girls' education. In Western Europe, Sweden (2021) and Germany (2021) established specialised services for girls at risk of FGM, combining legal, medical, psychosocial, and family-centred support. These models reflect a gender-responsive, socioecological approach to ending harmful practices.

Social investment and redistributive policies play a key role in prevention. Programmes that extend child benefits, improve access to schooling, and support maternal health disproportionately benefit families at risk. Pre-distributive interventions, including school-based curricula, youth engagement, and local mediation services, are commonly used to delay marriage and promote agency. In countries such as North Macedonia (2020), Georgia (2020, 2024), and Montenegro (2022), targeted services for Roma families, including mobile health units and community liaisons, have reinforced early intervention. These efforts often operate within constrained welfare systems, but they demonstrate how family-oriented approaches can transform harmful practices even in lower-capacity settings.

Challenges persist across the region. Child marriage remains underreported where it takes place in informal or customary unions, and FGM may be hidden within migrant or diaspora communities. Legal enforcement is uneven, particularly in rural or marginalised areas where poverty and traditional norms limit access to services. In several contexts, stigma and lack of trust in authorities hinder families from seeking support. Coordination across health, education, justice, and child protection systems is not always consistent, and data disaggregation remains limited. To accelerate progress toward SDG 5.3, countries must continue to invest in culturally sensitive, family-engaged strategies, while scaling up institutional capacity, legal enforcement, and inclusive services that respond to the needs of the most vulnerable girls and families.

Across the Americas and the Caribbean, child marriage and early unions persist as significant gender equality concerns, especially in rural, Indigenous, and low-income communities. Prevalence rates vary widely across the region. In Peru (2020, 2024), 2.9% of women aged 20–24 were married before age 15 and 19.2% before 18; in Mexico (2021, 2024), those figures were 3.6% and 20.7%, with higher rates among Indigenous girls (30.3%). Honduras (2020, 2024) reported 9% married before 15 and 34% before 18, while Brazil (2024) recorded declines in formal underage marriage—from 4.7% (2011) to 1.8% (2021)—though early informal unions remain prevalent. In Paraguay (2021), 3.6% were married before 15 and 21.6% before 18. Costa Rica (2020, 2024) has seen a recent increase in early unions, particularly in rural areas, while Uruguay (2021, 2022) and Chile (2023) have achieved remarkably low rates. Cuba (2021) linked early unions to adolescent fertility, reporting high birth rates among girls aged 15–19. Countries like Dominican Republic (2021), Belize (2024), Jamaica (2022), Guatemala (2021), acknowledge early marriage as part of broader gender and development challenges, even where prevalence data remain limited.

Several governments have enacted legal reforms to raise the minimum age for marriage to 18, often with no exceptions. Peru (2020, 2024), Guatemala (2021), Dominican Republic (2021), Jamaica (2022), and Trinidad and Tobago (2020) exemplify this trend, closing loopholes and harmonising religious and civil codes. However, some countries like Brazil (2024) and Paraguay (2021) continue to allow marriage from age 16 with parental consent. Family-oriented policies have gained momentum as part of broader national strategies. Belize (2024) developed a multisectoral Road Map to End Child Marriage and Early Unions, engaging health, education, child protection, and economic development actors, with families at the centre of behavioural change. Uruguay (2021, 2022) and Mexico (2021, 2024) have integrated early marriage prevention into broader social investment frameworks, combining universal health and education services with targeted outreach to marginalised families. Cuba (2021) links child marriage to adolescent pregnancy and approaches it through its gender equality agenda, involving parents, schools, and healthcare providers. Costa Rica (2020, 2024) and Guatemala (2021) have focused on rural disparities through community data collection and awareness campaigns targeting parents and religious leaders.

From an analytical perspective, most countries in the region operate within stratified or mixed welfare regimes. Higher-capacity states like Uruguay (2021, 2022), Chile (2023), and Canada (2023) provide institutionalised services and progressive legal frameworks, while countries like Honduras (2020, 2024) or Guatemala (2021) face weaker infrastructure and enforcement capacity. Pre-distributive measures—such as school-based education, community mobilisation, and legislation—are increasingly visible. Redistributive interventions, including cash transfers and adolescent services, are less consistently linked to early marriage prevention. Social investment approaches—seen in Belize (2024), Uruguay (2021, 2022), and Mexico (2021, 2024)—aim to empower girls and families through inclusive, culturally sensitive interventions. The socioecological model is reflected in family-based strategies across the region: Jamaica (2022) and Saint Vincent and the Grenadines (2020), for instance, are promoting family and community involvement in transforming social norms and improving access to services.

Challenges remain, particularly in addressing the root causes of early marriage—poverty, gender norms, and lack of education—within underserved rural and Indigenous communities.

Despite legal progress, enforcement gaps, fragmented service delivery, and lack of disaggregated data weaken the effectiveness of policy interventions. In countries like Honduras (2020, 2024), Guatemala (2021), and Paraguay (2021), early unions remain common, especially in informal forms not captured by civil registration. Scaling up coordinated, family-centred, and rights-based approaches—while strengthening data systems, community leadership, and adolescent empowerment—will be essential to achieve SDG target 5.3 and ensure that all children, especially girls, can grow up free from harmful practices.

MENA region

Across the Arab States, child marriage remains a critical concern in some countries, though overall prevalence varies significantly across the region. In Bahrain (2023), early marriage has been gradually declining, with 4.7% of women aged 20–24 married before age 18 in 2018 and 4.5% in 2021. Kuwait (2023) has seen a similar downward trend, reporting only 2.7% of girls married or engaged before age 18 by 2022. Notably, Kuwait also reports zero cases of female genital mutilation (FGM) since 2016, marking progress on both indicators under SDG Target 5.3. These relatively low prevalence rates reflect stronger welfare systems, better access to education, and evolving social norms that increasingly support girls' rights and autonomy.

In contrast, child marriage remains a deeply entrenched and urgent issue in countries affected by fragility and conflict. Yemen (2024) reported that 6.5% of women aged 20–24 were married before age 15 and 29.6% before age 18. Protracted conflict has intensified vulnerabilities, with early marriage often used as a coping strategy in the face of poverty, displacement, and insecurity. Nearly one-fifth of internally displaced households are headed by girls under 18. The lack of legal protection, limited access to services, and entrenched gender norms have severely constrained efforts to prevent child marriage and other harmful practices. Similarly, Iraq (2021) recorded high rates of early marriage: 7.2% of women aged 20–24 were married before age 15 and 27.9% before age 18 (2018 data), reflecting persistent challenges despite some institutional recognition of the problem.

Family-oriented policies have started to take shape in some parts of the region. In Bahrain (2023), national efforts to strengthen family protection frameworks have included multisectoral coordination and improved data systems, which can be leveraged to prevent early marriage and support at-risk families. In Kuwait (2023), the steady decline in early marriage may be partially attributed to broader investments in girls' education, public awareness, and strengthened civil registration systems. However, in fragile contexts like Yemen (2024) and Iraq (2021), policy efforts remain fragmented or under-resourced, and reliable data collection remains a challenge due to social stigma and limited legal enforcement. Challenges persist, particularly in contexts of conflict, displacement, and poverty, where families may see early marriage as a means of protection or economic relief. Cultural norms, lack of access to education, and the absence of family support contribute to the persistence of harmful practices.

Asia and the Pacific

Child marriage continues to pose a serious challenge across Asia and the Pacific, particularly in South Asia, which accounts for nearly half of the world's child brides. Prevalence remains especially high in Papua New Guinea (2020), where over 60% of women aged 20–24 had married before age 18, and in Laos (2021, 2024), where nearly one-third of girls are married before 18, with the highest rates among rural and ethnic minority communities. In Bangladesh (2020), over half of young women still marry before 18, although a downward trend is emerging. India (2020) has achieved significant reductions, yet disparities persist across regions. Early unions are also documented in disadvantaged areas of Vietnam (2023) and Indonesia (2021), while countries such as Mongolia (2023) report a recent increase in rates despite historically low levels. In contrast, early marriage is relatively rare in Japan (2021), Malaysia (2021), and Cambodia (2023), though underage unions still occur among marginalised groups. Female genital mutilation (FGM) is not widely practised in the region, but few countries have comprehensive legal frameworks or systematic prevention mechanisms in place.

Several countries have introduced family-oriented policies to tackle child marriage and its root causes. Nepal (2020, 2024) stands out for integrating legal reform with family and community engagement through partnerships such as *Maiti Nepal*, which supports survivors and raises awareness at the household level. Laos (2021, 2024) has adopted a comprehensive, multisectoral programme—“Let’s Act Together to End Early and Forced Marriage”—that combines community mobilisation, youth empowerment, sexual education, and vocational training. Maldives (2023) has enacted the Children’s Rights Protection Act and established local IBAMA mechanisms to monitor and prevent child marriage through family and community services. In Micronesia (2020), Family Safety Acts have enabled GBV referral pathways that link survivors and families to early response systems. India’s (2020) Child Protection Units operate at the community level, combining child rights education, healthcare, and family outreach to delay marriage and promote schooling. Bangladesh (2020) has implemented incentives and awareness programmes that encourage school continuation for girls. In Thailand (2021), judicial oversight mechanisms now regulate underage marriages in Islamic communities, reinforcing family and child protection within religious and legal frameworks.

Countries are also embedding early marriage prevention into broader social investment and redistributive strategies. Solomon Islands (2020, 2024) has incorporated child protection into early childhood development policies, while Sri Lanka (2022) and Philippines (2022) have enhanced data systems and integrated child protection into national planning. Indonesia (2021) supports Family Learning Centres (*Pusat Pembelajaran Keluarga*) that promote parenting education and violence prevention, while Maldives (2023) has expanded community-based child protection and services for adolescent girls. In Tuvalu (2022), national strategies to support adolescent wellbeing are emerging within broader gender equality efforts, although limited data restricts monitoring.

From an analytical perspective, countries in South and Southeast Asia often operate within mixed or low-capacity welfare regimes, where services are fragmented and implementation heavily supported by civil society or international partners. Pre-distributive measures—including education campaigns, legal reforms, and birth registration—are increasingly applied in Nepal (2020, 2024), India (2020), Laos (2021, 2024), and Sri Lanka (2022).

Redistributive policies, such as conditional cash transfers and adolescent reproductive health services, are under way but often lack scale or sustainability. The socioecological model is gaining traction in countries like Nepal, Laos, and Thailand (2021), where interventions target individual behaviours, family dynamics, community norms, and institutional systems in tandem.

Challenges remain profound, particularly in fragile contexts like Pakistan (2022), where poverty, social pressure, and climate-induced displacement drive increases in early marriage despite legislative efforts. Inconsistent enforcement, gaps in service delivery, and the persistence of patriarchal norms hinder progress across much of the region. Moreover, data limitations and stigma continue to obscure the full extent of the problem, particularly in rural and marginalised communities.

Still, the region is home to a growing number of promising family-oriented and community-based strategies. By empowering parents, engaging local leaders, and investing in adolescent girls through health, education, and protection systems, countries are gradually shifting social norms and reducing harmful practices. Achieving Target 5.3 will require sustained investment, cross-sector coordination, and continued efforts to mobilise families as active partners in protecting girls' rights and wellbeing.

Africa

Child marriage and female genital mutilation (FGM) remain deeply entrenched in many parts of Africa, with Sub-Saharan countries exhibiting some of the highest global prevalence rates. In Zimbabwe (2021, 2024) and Uganda (2020, 2024), over 30% of women aged 20–24 were married before 18, while similar rates are reported in Zambia (2020, 2023), Sao Tomé and Príncipe (2022), Malawi (2020, 2022), and Lesotho (2022). FGM prevalence is extreme in Somalia (2022) (99%), Sierra Leone (2021, 2024) (83%), and widespread in Liberia (2022), though exact figures remain elusive. In contrast, countries such as Eswatini (2022), Cabo Verde (2021), Namibia (2021, 2024), Botswana (2022), and Mauritius (2024) report low or negligible FGM prevalence. Encouragingly, several countries—including Kenya (2020, 2024), Ethiopia (2022), Gambia (2020, 2022), Eritrea (2022, 2024), and Uganda (2020, 2024)—report declining rates of both harmful practices among younger cohorts, signalling gradual normative shifts.

Multiple countries have adopted family-oriented policies and national strategies aimed at transforming community norms and strengthening legal protections. Eritrea (2022, 2024) and Malawi (2020, 2022) have enforced laws prohibiting child marriage and FGM, reinforced by local committees, religious leaders, and parental outreach. In Mozambique (2020), Law No. 19/2019 criminalises all parties involved in child marriage, while Sudan (2022) integrated child marriage and FGM prevention into national frameworks through the *Saleema* campaign and the Maputo Protocol. Ethiopia's (2022) costed roadmap (2020–2024), Zambia's (2020, 2023) national strategy, and Uganda's (2020, 2024) comprehensive plan all reflect socioecological models that actively engage families, communities, and service providers. In Somalia (2022), the *Dear Daughter* campaign empowers parents to speak out against FGM, while Sudan (2022) has engaged mothers and community leaders to reinforce positive norms around girls' bodily autonomy.

Education, health, and social services are increasingly used as entry points for prevention. Zimbabwe (2021, 2024) has adopted gender-responsive curricula and media campaigns, while Uganda (2020, 2024) promotes school re-entry policies for pregnant girls, linking family dialogue to retention strategies. Eritrea (2022, 2024) and Somalia (2022) have integrated FGM awareness into formal education, fostering early value formation within households. In Namibia (2021, 2024), national child protection committees collaborate with families to identify girls at risk, and in Mauritius (2024), coordinated service delivery links parents to psychosocial and legal support.

Analytically, African countries vary in terms of welfare regimes and state capacity. Namibia (2021, 2024), Ethiopia (2022), and Uganda (2020, 2024) exhibit stronger coordination and institutional structures supported by multisectoral cooperation and international partnerships. In contrast, fragile or conflict-affected countries like South Sudan (2024) and Somalia (2022) face serious capacity gaps, despite national commitments. Pre-distributive measures such as legal reforms and education campaigns are widespread, but redistributive services—like shelters, adolescent-friendly health centres, and legal aid—remain patchy and under-resourced, especially in rural and marginalised communities. Still, investments in adolescent girls, as seen in Zambia (2020, 2023), Malawi (2020, 2022), and Sudan (2022), are promising for long-term social transformation.

Challenges persist. Legal enforcement is often weak in rural or traditional areas, as reported in Lesotho (2022) and Zambia (2020, 2023). In countries like Somalia (2022), Gambia (2020, 2022), and Nigeria (2020), religious and cultural norms continue to sustain early marriage and FGM despite policy commitments. Data gaps, particularly disaggregated by age and geography, as well as lack of harmonised legal frameworks and underrepresentation of women in policymaking—as seen in Zambia (2020, 2024)—further limit progress. Conflict and displacement exacerbate vulnerabilities, with high rates of early marriage among internally displaced girls in South Sudan (2024) and Somalia (2022).

In sum, while legislative reforms and national strategies are expanding across Africa, the most effective progress has come from family-focused, community-based approaches that combine legal protections with education, service access, and norm change. Campaigns like *Saleema* and *Dear Daughter*, and integrated plans in Eritrea (2022, 2024), Uganda (2020, 2024), and Sudan (2022), show that when families are engaged as partners in prevention, meaningful change becomes possible. To meet SDG 5.3, these approaches must be scaled and sustained with stronger investment, reliable data, and consistent political commitment.

5.2.3. *Violence against children and young men and women, and birth registration (Targets 16.2 and 16.9)*



Europe and Central Asia

Across Europe and Central Asia, most countries have developed comprehensive legal and institutional frameworks to address violence against children (SDG 16.2) and ensure universal birth registration (SDG 16.9). However, significant disparities remain in implementation, data collection, and service access—particularly for marginalised groups. Violence in the home, including physical punishment and

psychological abuse, remains a concern across welfare regimes. In Montenegro (2022) and Georgia (2020, 2024), over two-thirds of children have experienced violent discipline, despite the adoption of national child protection plans and family-focused legal reforms. In Kyrgyzstan (2020), family separation due to labour migration has increased children's vulnerability to abuse, prompting the development of family support programmes and psychosocial centres. In strong welfare states such as Sweden (2021) and Finland (2020), child abuse persists—especially sexual violence—despite high institutional capacity. These countries have responded with targeted action plans and legal reforms, while Denmark (2021) highlights the ongoing challenge of inconsistent data collection.

Several countries are integrating family-oriented strategies into broader child protection efforts. Austria (2020, 2024) and Estonia (2020) have expanded family counselling and mediation services to prevent violence and promote child mental health, while Spain (2021, 2024) has embedded public awareness and school-family partnerships into its national protection system. The Slovenian (2020) Barnahus model brings child protection, justice, and health services together in a child- and family-friendly setting. In Ireland (2023) and Portugal (2023), though frameworks are in place, limited coordination and integration of family-based interventions hinder comprehensive responses. Countries like Lithuania (2023) and Latvia (2022) are investing in parental education, counselling for victims, and rehabilitation for perpetrators, though services remain uneven across regions. North Macedonia (2020) and Greece (2022) demonstrate how multisector collaboration—linked to education, justice, and social services—can support rights-based responses, especially for vulnerable children such as unaccompanied minors.

Efforts to address child trafficking and abuse are gaining momentum. Cyprus (2021) and Czechia (2021) have adopted integrated child protection and trafficking strategies with strong interagency coordination. Germany (2021) and Belgium (2023) have invested in Family Justice Centres and crisis services. In Ukraine (2020) and Kazakhstan (2022), national referral mechanisms and awareness campaigns have improved prevention and support, though funding and consistency remain challenges. The Netherlands (2022) has supported overseas territories like Curaçao and Aruba in strengthening migrant child protection and birth registration, while San Marino (2021) and Moldova (2020) have promoted app-based emergency support and social-health service integration.

Most European countries have achieved near-universal birth registration (SDG 16.9), supported by strong civil registration systems linked to health and social protection. However, barriers persist in Moldova (2020), Montenegro (2022), Latvia (2022), and Ukraine (2020), where documentation requirements or parental legal status can hinder registration, especially for migrant, stateless, or Roma families. In the Netherlands (2022), gaps remain for children in non-traditional or LGBTIQ+ families. These challenges highlight the need for inclusive administrative reforms and outreach services that recognise the diverse realities of modern families.

Challenges persist across the region. Despite progress, violent discipline in the home remains normalised in some contexts, and services are often fragmented, underfunded, or inaccessible to children without adult intermediaries. Children in institutional care, migrant households, and rural communities face elevated risks. Gender perspectives are inconsistently applied,

and data disaggregation remains a weakness—limiting the ability to tailor family-focused and rights-based interventions. In countries like Moldova (2020), Kyrgyzstan (2020), and Portugal (2023), trust in public institutions remains low, hindering reporting and uptake of services. Coordination between justice, health, education, and family support systems—especially for early intervention and community prevention—requires sustained investment and policy alignment.

Overall, countries in Europe and Central Asia are making important strides in preventing violence against children and ensuring legal identity from birth. Where family engagement, school collaboration, and inclusive governance are central to national strategies—as in Spain (2021, 2024), Slovenia (2020), and Cyprus (2021)—progress is more likely to be sustained. Closing remaining protection and registration gaps will depend on reinforcing socioecological and gender-responsive models that place families at the heart of national child wellbeing strategies.

Americas and the Caribbean

Across the Americas and the Caribbean, violence against children and adolescents—including violent discipline, abuse, exploitation, and human trafficking—continues to undermine family wellbeing and child rights, posing a significant challenge to the achievement of SDG Target 16.2. While several countries have established legal and institutional frameworks, the persistence of gender-blind norms, structural inequality, and weak enforcement mechanisms highlights the need for stronger family-oriented, gender-responsive, and socioecological strategies.

Violent discipline in the home remains widespread and socially tolerated in several countries. In Belize (2024), 65.1% of children aged 1–14 experience violent discipline, with nearly half subjected to physical punishment. Paraguay (2021) reports similar figures—54.8% of boys and 49.3% of girls—while Chile (2023) notes a 62.5% prevalence of psychological or physical punishment. In Jamaica (2022), 85% of children under 15 experience violent discipline at home. These statistics reveal gaps in pre-distributive investments, such as early childhood education and parental support systems that promote non-violent caregiving. Cuba (2021), by contrast, has achieved strong outcomes through a gender-sensitive, welfare-based approach: corporal punishment is legally prohibited, and intrafamily violence prevention is integrated across public policy.

Child abuse and sexual violence also pose critical threats, particularly in contexts with weak coordination or under-resourced child protection systems. In Peru (2020, 2024), over 4,000 cases of sexual violence against children were reported, while Uruguay (2021, 2022) highlighted emotional violence as the most prevalent form. In Nicaragua (2021), a robust gender-responsive and socioecological approach includes specialised gender violence courts and integrated support clinics. Guatemala (2021) reported over 8,000 cases of sexual violence against children and adolescents, though only a fraction reached court the same year, exposing institutional gaps. Jamaica (2022) recorded over 43,000 child abuse reports in just two years, and Saint Vincent and the Grenadines (2020) recognised child abuse as domestic violence, with ongoing legal reforms to enhance protection. Costa Rica (2020, 2024) and the

Dominican Republic (2021) have advanced integrated strategies, though implementation gaps and intersectional inequalities remain.

Human trafficking affects vulnerable populations across the region, particularly women and children. Belize (2024), Ecuador (2020, 2024), Bolivia (2021), and the Dominican Republic (2021) have developed legal frameworks and intersectoral mechanisms for protection and reintegration. Nicaragua (2021) has strengthened judicial protocols and repatriation services, representing a redistributive and community-based approach. Guatemala's (2021) mobile units for rural outreach, and Cuba's (2021) preventive systems coordinated with civil society, reflect strong public commitment. In Antigua and Barbuda (2021), international ratifications and national legislation have laid the foundation, though enforcement remains a challenge. These initiatives highlight the growing importance of coordinated responses that include both institutional and family-centred actors.

Family-oriented policies are central to prevention and support. Countries like Nicaragua (2021), Belize (2024), and Cuba (2021) have made notable progress by engaging families in protection, rehabilitation, and norm transformation. In Mexico (2021, 2024), programmes such as the National Programme for the Protection of Children and Adolescents and the Spotlight Initiative support interinstitutional coordination and promote family engagement, although child-specific data remain limited. Chile's (2023) Specialised Foster Care Programme targets early intervention in high-risk settings. However, in Brazil (2024), structural inequalities are acknowledged but have not yet translated into targeted family-based strategies under SDG 16.2.

Despite progress, the region faces significant challenges. Implementation remains uneven across countries, with many interventions lacking sustainable funding or institutional depth. Rural, Indigenous, and marginalised families often remain underserved due to weak infrastructure or discriminatory practices. Gender-blind policies persist in several countries, limiting the effectiveness of prevention and care strategies. Strengthening redistributive mechanisms, scaling up social investment, and embedding family participation in all stages of policy planning and implementation are critical to advancing SDG 16.2.

Birth registration (Target 16.9) is nearly universal in countries like Cuba (2021), Uruguay (2021, 2022), and Costa Rica (2020, 2024), thanks to strong civil registration systems linked to health and social services. However, gaps remain in Bolivia (2021), Honduras (2020, 2024), and several Caribbean nations, where registration is hindered by poverty, remote geography, or weak public infrastructure. Integrating birth registration into maternal health, early childhood programmes, and outreach to undocumented populations is essential to ensuring every child has the right to legal identity and access to basic services from birth.

MENA region

Progress toward SDG Target 16.2 in the Arab States is uneven, with limited reporting and notable data gaps. However, available information from a few countries highlights persistent concerns around violent discipline in the home, child abuse and sexual violence, and human trafficking—particularly in fragile contexts.

Violent discipline in the home remains a deeply rooted practice in Yemen (2024), where 79% of children aged 1–17 were subjected to physical punishment and/or psychological aggression in the past month, based on the most recent available data from 2013. This reflects limited pre-distributive investment in parental education and social norm change, exacerbated by protracted conflict and weak institutional capacity.

Child abuse and sexual violence are growing concerns in Iraq (2021), where domestic violence and psychological abuse affecting women and children have intensified. The rise in such violence reflects significant implementation gaps in protection systems and underscores the need for redistributive and gender-responsive policies that can engage families as active agents in prevention.

Human trafficking data show contrasting trends. While Kuwait (2023) reports zero cases of human trafficking since 2016—a figure that may reflect underreporting or lack of detection mechanisms—Bahrain (2023) saw an increase from 8 detected victims in 2018 to 83 in 2021. Iraq (2021) reported a doubling of trafficking victims between 2018 and 2019, including high numbers of women and children, pointing to the impact of conflict, displacement, and weak cross-sectoral coordination.

Overall, the region lacks comprehensive and participatory family-oriented strategies to prevent violence against children. None of the countries reviewed report policies that explicitly involve families or communities in monitoring, preventing, or responding to such violence. The dominant approach remains top-down and legalistic, with limited social investment in support systems that empower families or transform harmful gender and caregiving norms. Strengthening institutional capacity, developing integrated child protection systems, and engaging families in prevention and recovery will be essential to accelerating progress on Target 16.2 across the region.

Asia and the Pacific

Across Asia and the Pacific, violence against children—including violent discipline, abuse, exploitation, and trafficking—remains a serious and persistent challenge, despite significant policy and institutional efforts. High prevalence of violent discipline continues in several countries, often reflecting entrenched social norms, limited enforcement, and gaps in family support systems. In Vietnam (2023), 72.4% of children aged 1–14 experienced some form of violent punishment at home, while Malaysia (2021) and Bhutan (2021) reported similarly high rates—70.8% and 64.1%, respectively. Indonesia (2021) recorded 48.4%, with rural areas more affected, while in Laos (2021, 2024), the rate fell from 77% to 62% following national prevention efforts. Nepal (2020, 2024) also reported a reduction in violent discipline but remains far from target levels. In response, countries such as Laos (2021, 2024), Palau (2024), Bhutan (2021), and Japan (2021) have introduced or strengthened legal bans, multisectoral protocols, and family engagement mechanisms, signaling growing alignment with pre-distributive strategies.

Family-oriented and community-based approaches are increasingly part of national responses to child abuse and sexual violence. Bhutan (2021) has institutionalised Women and Children Welfare Committees in every district, and Indonesia (2021) coordinates child

protection through cross-sector protocols. Mongolia (2023) and Malaysia (2021) have developed child helplines and integrated case management systems. Bhutan's pilot GBV prevention programme works with caregivers and adolescents, while Nepal (2020, 2024) and Bangladesh (2020) have established adolescent clubs and community groups to raise awareness and provide support. Brunei Darussalam (2020, 2023) and Bangladesh (2020) have also introduced gender-sensitive policies and hotlines that link children and families directly to services. These strategies reflect a shift toward socioecological models that place families and communities at the centre of prevention and recovery.

Efforts to address child trafficking are also gaining traction. Palau (2024) adopted a robust four-pillar approach—prevention, protection, prosecution, and partnership—and established a specialised unit for trafficking cases. Nepal (2020, 2024) has successfully reduced cross-border child trafficking by enhancing community-level protection and reintegration strategies. Bhutan (2021), Bangladesh (2020), and Malaysia (2021) have strengthened anti-trafficking laws and institutional mechanisms, while Thailand (2021) and Mongolia (2023) continue to address enforcement challenges. These efforts are increasingly tied to broader social investment and redistributive frameworks, such as victim assistance, family counselling, and legal aid, which enable families to become active agents in child protection.

Family-based care and child-friendly legal systems are gaining visibility. Malaysia (2021) promotes a mix of institutional and family-based care, while Bhutan (2021) has expanded child-friendly courts and safe spaces for survivors. Countries like Palau (2024), Brunei (2020, 2023), and Indonesia (2021) have embedded family engagement into national recovery and protection strategies. India (2020) and Mongolia (2023) are scaling rights-based policies that prioritise early childhood protection, legal awareness, and family outreach. The use of the INSPIRE framework, adopted in Bhutan (2021) and Mongolia (2023), underlines the growing regional commitment to coordinated, gender-responsive action rooted in the socioecological model.

Birth registration (Target 16.9) presents a mixed picture. While countries like India (2020) and Palau (2024) have strengthened civil registration through legal reform and digital services, others continue to face significant barriers. Nepal (2020, 2024), Laos (2021, 2024), Bhutan (2021), and Bangladesh (2020) report persistent gaps in rural and remote areas, often due to weak institutional capacity, geographic isolation, or socio-cultural obstacles. Mongolia (2023) and island nations such as Solomon Islands (2020, 2024) and Vanuatu (2024) struggle with infrastructural challenges that hinder universal and timely registration. In Micronesia (2020), the absence of a national child protection policy further limits registration efforts. Expanding mobile registration, improving civil registry systems, and increasing awareness among families—particularly in underserved communities—remain critical for ensuring children's right to legal identity.

Despite these efforts, major challenges persist. High rates of violent discipline reflect the slow pace of normative change and insufficient family support, particularly in low-capacity welfare contexts. In countries such as Papua New Guinea (2020), Indonesia (2021), and Bangladesh (2020), enforcement gaps, fragmented services, and underreporting continue to undermine progress. Weak integration of services across education, health, and justice sectors, along with limited gender-responsive planning in some areas, further hinders the

sustainability of interventions. Where institutional reach is limited, as in mountainous or island territories, families face structural exclusion from birth registration and child protection services.

Nevertheless, the region has made significant advances in aligning policies with SDG Targets 16.2 and 16.9. Countries that prioritise family-oriented, rights-based, and multisectoral approaches—such as Bhutan (2021), Nepal (2020, 2024), and Indonesia (2021)—demonstrate the importance of empowering families as co-protectors of children. Expanding these models, reinforcing legal frameworks, and addressing inequalities in access will be crucial to achieving child wellbeing and protection across Asia and the Pacific.

Africa

Violence against children across Sub-Saharan Africa remains a widespread and deeply rooted issue, encompassing violent discipline in the home, sexual abuse, exploitation, and trafficking. Despite national and regional commitments to SDG Target 16.2, implementation remains uneven due to limited institutional capacity, entrenched patriarchal norms, conflict, and poverty. Applying a socioecological lens alongside welfare regime analysis, social investment, and gender perspectives reveals stark disparities, but also emerging efforts that place families at the centre of prevention and care strategies.

Violent discipline within the home is alarmingly high across the region. In Nigeria (2020), 89.4% of children experienced violent punishment, with enforcement of the Child Rights Act uneven, particularly in areas affected by insecurity and conservative norms. Similar patterns emerge in Eswatini (2022), where 88% of children reported psychological or physical aggression, and Sao Tome and Principe (2022), where 83.5% of children—especially girls—were subjected to such punishment. Zimbabwe (2021, 2024) reported 64.1%, and Uganda (2020, 2024) and Namibia (2021, 2024) documented widespread physical punishment and neglect. In contrast, Mauritius (2024) became one of only a dozen African countries to fully prohibit corporal punishment through its Children's Act. Nonetheless, most countries have not coupled legal bans with broader social investment in parenting support, education, or early intervention, limiting their effectiveness and reach.

Child abuse and sexual violence are also deeply entrenched, particularly where family poverty, weak legal systems, and social silence converge. Mozambique (2020) prosecuted nearly 15,000 cases of domestic violence in one year, with female children overrepresented. Cabo Verde (2021) saw a sharp rise in child sexual abuse, particularly within households, yet justice mechanisms remain underfunded. Liberia (2022) recognised that trafficked rural children are vulnerable to sexual exploitation in urban areas, often denied education and family protection. Angola (2021) and Mauritius (2024) have introduced reforms such as hotlines, offender registries, and child-sensitive courts, while Eswatini (2022) reported 38% of young women experiencing sexual violence before age 18. Kenya (2020, 2024) reported progress in reducing early sexual abuse, but like Uganda (2020, 2024), continues to face challenges linked to deep-rooted cultural norms that normalise intrafamily violence and silence survivors.

Human trafficking, particularly of children, remains a critical concern. In South Sudan (2024), Namibia (2021, 2024), and Sudan (2022), trafficking is exacerbated by displacement, conflict, and poverty. Ghana (2022) reported the rescue of over 1,900 victims between 2017 and 2020—more than half of them children. Mozambique (2020) and Tanzania (2023) established anti-trafficking strategies and cross-border mechanisms, while Angola (2021) launched new SOPs and a dedicated hotline. Egypt (2021) also prioritised prevention campaigns and hotline support, aligning anti-trafficking with gender-based violence policies. Still, enforcement across the region remains fragmented and under-resourced, particularly in rural and post-conflict zones.

Some countries are beginning to implement family-oriented and participatory strategies to strengthen prevention and support systems. In Mozambique (2020), government and civil society actors work directly with families to prevent violence, reintegrate victims, and foster awareness. South Sudan (2024) has integrated birth registration and family-based care for orphans and vulnerable children, helping rebuild protective environments. Angola's (2021) SMS Jovem platform gives youth and parents access to counselling and reporting tools, while Liberia (2020) has piloted psychosocial and vocational programmes to support youth reintegration into family and community life. Mauritius (2024) expanded child-sensitive legal processes, including family participation in protective monitoring. These initiatives reflect growing, though still limited, movement toward engaging parents and families not just as passive recipients, but as proactive agents of change and protection.

Nonetheless, major challenges persist. Legal reforms are often not matched by public investment or widespread community engagement. Rural areas and informal settlements remain underserved, and fragmented coordination across education, health, and justice sectors hampers early response and support. In Zambia (2020, 2023), Lesotho (2022), and Nigeria (2020), enforcement of protection laws remains weak, while in Somalia (2022) and Sudan (2022), displacement, political instability, and cultural resistance continue to impede progress. Underreporting, social stigma, lack of trust in public institutions, and gender-insensitive service design further reduce accessibility for survivors and families. Moreover, data on child protection remain incomplete or outdated in many countries, limiting evidence-based policymaking.

Birth registration (Target 16.9) remains a critical barrier across much of the continent, affecting children's access to basic rights and protection services. While countries such as South Sudan (2024) have passed civil registration laws and improved birth certification coverage, progress is hindered by weak administrative capacity and financial constraints. In Nigeria (2020), gaps in implementation and conflict zones undermine legal identity efforts. Mozambique (2020) and Liberia (2022) face similar constraints, especially in rural areas. In Ghana (2022), Angola (2021), Namibia (2021, 2024), and Malawi (2020, 2022), registration disparities reflect broader structural inequalities and geographic isolation. Strategies such as mobile registration units, integration with maternal and child health services, and awareness campaigns targeting parents and caregivers remain underdeveloped. Scaling such efforts is essential to ensure that all children are counted, protected, and able to access education, healthcare, and justice.

In conclusion, advancing child protection and legal identity in Africa requires strengthened welfare regimes, investment in preventive services, and a commitment to placing families at the heart of protection strategies. Countries that integrate legal reforms with participatory, gender-responsive, and community-rooted approaches—such as Mozambique (2020), Mauritius (2024), and Liberia (2022)—offer promising pathways for sustainable progress on SDG Targets 16.2 and 16.9.

5.3. Family planning and reproductive health (Targets 3.7 and 5.6)



Universal access to sexual and reproductive health and rights is fundamental to achieving gender equality, promoting bodily autonomy, and supporting the overall wellbeing of families. Within the 2030 Agenda, SDG Target 3.7 calls for integrated, equitable access to quality reproductive health services—including family planning, information, and education—as part of national health strategies. Progress is typically assessed through indicators such as the proportion of women aged 15–49 whose need for family planning is satisfied with modern methods and the adolescent birth rate, both of which reflect women’s reproductive autonomy and the enabling environment in which decisions are made.

In parallel, SDG Target 5.6 affirms the right of all individuals—regardless of gender, age, or marital status—to make informed and voluntary decisions about their sexual and reproductive health. Achieving this target requires more than legal guarantees; it depends on policies and systems that empower women and adolescents, support men’s involvement, and engage families and communities as active partners in transforming social norms and ensuring access to services.

This section explores country-level progress through the combined lenses of welfare regimes and state capacity, social investment, pre-distributive and redistributive measures, the socioecological context, and gender responsiveness. Emphasis is placed on how family-oriented policies—those that involve and support women, men, and families as agents of change—shape access to family planning, reproductive decision-making, and adolescent health. The analysis highlights both institutional approaches and culturally embedded strategies that contribute to reproductive rights and sustainable family wellbeing.

5.3.1. Family planning and reproductive health (Target 3.7)



Ensuring that women aged 15 to 49 have their need for family planning satisfied with modern contraceptive methods is a central component of SDG Target 3.7. Beyond access to contraception, this target encompasses the broader availability of sexual and reproductive health services, enabling individuals and couples to make informed choices about the timing and spacing of childbirth. These decisions directly affect women’s autonomy, health, and participation in education, employment, and public life—core dimensions of family wellbeing. This section assesses regional progress through the lens of welfare regimes and state capacity, social investment, pre-distributive and redistributive policies, gender perspectives (blind, sensitive, responsive), and the socioecological model. Special attention is given to family-oriented

policies that empower both women and men, and that involve families as active participants in advancing reproductive rights.

Europe and Central Asia

In most European countries, reproductive health and family planning services are embedded within comprehensive public health systems. Countries such as Sweden (2021), Spain (2021, 2024), Portugal (2023), the Czechia (2021), Estonia (2020), Kazakhstan (2022), and the Russian Federation (2020) report that more than 75% of women have their family planning needs met with modern contraceptive methods. These achievements reflect long-standing investments in universal healthcare, gender-responsive policies, and inclusive reproductive health strategies. In Nordic countries—such as Finland (2020), Denmark (2021), and Norway (2021)—family planning services are offered at low or no cost, often integrated with school-based sexuality education and maternal health programmes. These states promote shared responsibility between women and men, while also providing targeted support for adolescents, migrant families, and low-income households.

Family-oriented and pre-distributive strategies are visible in several country examples. Czechia (2021) combines family planning with infertility prevention and access to assisted reproduction, supporting couples through all stages of reproductive decision-making. Ireland (2023) is revising its National Sexual Health Strategy, launching a free contraception scheme and remote sexual health testing services, aiming to reduce financial and logistical barriers for young people and low-income families. Croatia (2023) and Iceland (2023) invest in school-based comprehensive sexuality education and public awareness campaigns, equipping adolescents and parents with accurate, age-appropriate information. Belarus (2022) supports youth-friendly health centres that involve families in preventive education on early sexual activity and STI transmission.

However, progress is uneven across Eastern Europe and Central Asia. In countries such as Ukraine (2020), Belarus (2022), Kyrgyzstan (2020), Moldova (2020), Tajikistan (2023), and Georgia (2020, 2024), between 50% and 75% of women report having their need for modern contraception met. In Kyrgyzstan, disparities are evident: access is higher among urban, educated women, while adolescents and rural families remain underserved. Georgia has improved service availability but lacks consistent contraceptive provision. Pre-distributive policies such as sexual education and community outreach are often underdeveloped or inconsistently implemented.

Further gaps exist in countries where satisfaction with modern contraceptive methods remains below 50%. These include Romania (2023), Armenia (2020, 2024), Montenegro (2022), North Macedonia (2020), and Bosnia and Herzegovina (2023). In Montenegro (2022), adolescent birth rates remain disproportionately high among Roma and Egyptian girls—fifteen times the national average—underscoring the need for culturally sensitive, family-focused interventions. Similarly, Bosnia and Herzegovina reports that only 20% of women have access to modern methods, reflecting systemic challenges in both policy design and service delivery.

Adolescent fertility rates across most of Europe are generally low, particularly in Western and Northern countries where access to contraception and reproductive health education is widespread. However, rates remain higher in parts of Southeastern and Eastern Europe, including Romania (2023) and Bulgaria (2020), where adolescent birth rates among girls aged 10–14 exceed 1.0 per 1,000—a reminder that reproductive autonomy and family planning services must be accessible and equitable from early adolescence.

Despite progress in universalising access to reproductive health services, significant gaps remain—especially in countries with weaker welfare regimes or fragmented health systems. Access to modern contraception is often shaped by socio-economic status, geographic location, ethnicity, and education. In many Eastern and Central Asian countries, family planning remains primarily women’s responsibility, with limited engagement of men or couples. Adolescent reproductive health is still underprioritised in policy and practice, and sexual education is either absent or contested in several countries. Pre-distributive investments in family counselling, male involvement, and culturally responsive outreach are not yet systematised. To achieve Target 3.7, countries must adopt a more inclusive, family-oriented approach that embeds reproductive health into public services, engages men and boys, and centres the needs of adolescents and vulnerable populations in both policy and practice.

Americas and the Caribbean

Across Latin America and the Caribbean, many countries report relatively high levels of satisfaction among women aged 15–49 with access to modern contraceptive methods. In Nicaragua (2021), Brazil (2024), Cuba (2021), Colombia (2021, 2024), Mexico (2021, 2024), Ecuador (2020, 2024), Costa Rica (2020, 2024), Argentina (2020, 2022), El Salvador (2021), Honduras (2020, 2024), Paraguay (2021), and the Dominican Republic (2021), over 80% of women report that their family planning needs are being met. These results reflect a regional trend toward integrating family planning into primary healthcare and adopting gender-sensitive or gender-responsive welfare systems that include social investment in reproductive health.

Several countries have developed family-oriented policies that actively involve women, men, and adolescents in reproductive decision-making. Argentina (2020, 2022) offers a strong example of universal access, with over 5,600 health centres distributing contraceptives and providing phone-based guidance on voluntary and legal termination of pregnancy (IVE/ILE). Cuba (2021), operating under a universal public health model, ensures free access to a broad range of reproductive services, including infertility care and community-based education, engaging families across the life cycle. Colombia (2021, 2024) has strengthened its service delivery through coordination with local authorities, promoting decentralised and culturally sensitive approaches to family planning, particularly in rural and Indigenous communities.

In Ecuador (2020, 2024), the Intersectoral Policy on Prevention of Pregnancy in Girls and Adolescents is grounded in a rights-based and family-oriented approach. It incorporates adolescent-friendly services, sexuality education, and parental engagement in preventing early pregnancies. The Dominican Republic (2021) guarantees free access to contraceptive methods and supports efforts to reach underserved communities. Nicaragua (2021) mobilises

community health workers and local leaders to distribute contraceptives and engage men and women in informed reproductive choices. Costa Rica (2020,2024) continues to invest in sexual and reproductive health through national development plans, offering counselling and services for adolescents and young couples as part of its social protection system.

Despite progress, adolescent fertility remains a persistent challenge in the region, reflecting unequal access to information, services, and gender-responsive education. Honduras (2020, 2024) has one of the highest adolescent fertility rates globally—reaching 98 births per 1,000 girls aged 15–19—while the Dominican Republic (2021) continues to report high rates among both 15–19 and 10–14 age groups. These trends are compounded by socio-economic disparities, cultural taboos, and weak enforcement of child protection laws. In contrast, countries such as Chile (2023) and Canada (2023) report adolescent birth rates below 20 per 1,000, illustrating the impact of comprehensive sexuality education, school retention programmes, and universal access to reproductive services.

While many countries in the region have developed legal and institutional frameworks for family planning, implementation gaps persist, especially for adolescents, rural populations, and Indigenous communities. Access to contraceptives is uneven in marginalised areas, and services often lack adolescent-specific components or culturally appropriate outreach. Male involvement in reproductive health remains limited, and sexual education is inconsistently integrated into school curricula. Gender-blind policies or siloed service delivery also constrain comprehensive care. Addressing these gaps requires pre-distributive investment in community education, the expansion of youth-friendly and family-centred health services, and redistributive policies that ensure financial and geographic accessibility. Engaging families—particularly parents, caregivers, and young couples—as informed and empowered actors is essential to advancing reproductive autonomy and achieving SDG Target 3.7 in the region.

Asia and the Pacific

Across Asia and the Pacific, progress toward ensuring access to family planning and reproductive health (SDG target 3.7) remains uneven, shaped by diverse welfare regimes, state capacities, and socio-cultural norms. Several countries report high satisfaction with modern contraceptive methods among women aged 15 to 49, including Indonesia (2021), the Democratic People’s Republic of Korea (2021), and Thailand (2021), reflecting long-standing public investment in family planning programmes. Moderately high levels are observed in Bhutan (2021) (85%) and Bangladesh (2020) (80%), with India (2020) and Sri Lanka (2022) reporting 75% satisfaction. However, countries like Nepal (2020, 2024) (60%), Timor-Leste (2023) (49%), and Maldives (2023) (25%) lag, highlighting disparities in access, quality, and continuity of services.

Family-oriented policies play a crucial role in shaping access to reproductive services. Indonesia (2021) has integrated family planning with maternal and child health, adopting a community-based approach that includes men and local leaders in awareness campaigns. Bhutan (2021) addresses geographical and cultural barriers by expanding mobile clinics and training health workers to provide culturally appropriate services in remote areas. Bangladesh (2020) offers adolescent-friendly health centres and incorporates reproductive health

education into school curricula, helping young people make informed choices. In India (2020), reproductive health is framed within broader national missions, supporting family wellbeing through women's empowerment, maternal care, and rural outreach.

Promising practices also include integration with gender-based violence prevention, as seen in Fiji (2023), which has introduced GBV screening in family planning services and strengthened in-service provider training. The Marshall Islands (2021) ensures contraceptive availability across dispersed islands through mobile supply mechanisms and community education. In the Solomon Islands (2020, 2024), reproductive health education is embedded in the national curriculum, supporting long-term investment in gender equality and youth empowerment.

Nonetheless, challenges persist, particularly in reaching vulnerable groups such as adolescents, rural populations, and ethnic minorities. In Maldives (2023), the decline in contraceptive use among unmarried women is exacerbated by geographic dispersion and limited youth-targeted services. Laos (2021, 2024) continues to face high adolescent fertility rates and inadequate service coverage for ethnic and rural communities, prompting the adoption of the Noi Framework to improve adolescent health and reduce early marriage. In Timor-Leste (2023) and Nepal (2020, 2024), satisfaction with contraceptive services remains low, reflecting broader gaps in health infrastructure, social investment, and gender-sensitive service delivery.

To meet SDG target 3.7, countries in the region must expand pre-distributive investments in education and adolescent health, strengthen redistributive policies such as free contraceptive provision and outreach services, and ensure reproductive rights are upheld within a gender-responsive, socioecological framework. Family engagement remains essential—not only as recipients but as active agents in promoting reproductive autonomy, shared responsibility, and intergenerational wellbeing.

Africa

Across Africa, access to family planning and reproductive health services shows gradual improvement, with notable variation across subregions. Countries such as Zimbabwe (2021, 2024), Eswatini (2022), Lesotho (2022), Botswana (2022), Namibia (2021, 2024), Malawi (2020, 2022), and Kenya (2020, 2024) report relatively high satisfaction levels—ranging between 75% and 80%—among women aged 15–49 whose needs for family planning are met with modern contraceptives. These countries demonstrate gender-sensitive policy environments supported by public investment and growing institutional capacity. In Namibia (2021, 2024), family planning policies promote long-acting reversible contraceptives and youth-friendly clinics, while Zimbabwe's (2021, 2024) comprehensive *Adolescent Sexual and Reproductive Health Strategy* integrates school-based education with community outreach to address early pregnancies and empower adolescents and families in reproductive decision-making.

Moderate satisfaction rates, between 50% and 74%, are seen in Cabo Verde (2021), Rwanda (2023), Zambia (2020, 2023), Uganda (2020, 2024), Ethiopia (2022), Sao Tomé and Príncipe (2022), Mozambique (2020), Tanzania (2023), and Sierra Leone (2021, 2024). Several of

these countries adopt social investment strategies to strengthen access to family planning, though regional and socioeconomic disparities persist. Zambia (2020, 2023) and Malawi (2020, 2022) have expanded community-based distribution of contraceptives and awareness programmes targeting adolescents, but coverage remains uneven in rural provinces. Cabo Verde (2021) addresses geographic inequities by integrating family planning into rural maternal health outreach, aiming to bridge gaps in service delivery between urban and interior regions.

In countries where satisfaction remains lower—between 25% and 50%—such as Liberia (2022), Mauritius (2024), Gambia (2020, 2022), Ghana (2022), Nigeria (2020), and Angola (2021), structural and cultural barriers continue to limit reproductive autonomy. Ghana (2022) attributes recent declines to COVID-19-related supply disruptions and underfunding of youth-oriented services, while Nigeria (2020) highlights the urgent need for adolescent-friendly interventions that consider the role of families and communities in reproductive decision-making. In Liberia (2022), institutional capacity constraints and persistent gender norms impede the expansion of equitable and confidential reproductive health services for young women.

Adolescent fertility remains a pressing concern throughout the region, with the highest rates—above 150 per 1,000 girls aged 15–19—reported in Mozambique (2020), South Sudan (2024), Angola (2021), and Equatorial Guinea (2022, 2024). Countries such as Uganda (2020, 2024), Tanzania (2023), Liberia (2022), Zambia (2020, 2023), and Malawi (2020, 2022) also face high adolescent birth rates (100–150 per 1,000), pointing to enduring barriers in education, service uptake, and family communication on sexual health. In response, Sao Tomé and Príncipe (2022) and Namibia (2021, 2024) have implemented policies aimed at addressing stigma, regional inequalities, and social silence around adolescent sexuality, working with parents, schools, and communities to increase awareness and shift harmful norms.

Challenges across the continent remain substantial. Several countries still rely on fragmented or donor-dependent service provision, and access to family planning in humanitarian, conflict-affected, or low-capacity settings remains limited. Adolescent girls face compounded vulnerabilities due to poverty, lack of education, and restricted mobility. Legal and policy frameworks are not always accompanied by strong implementation, and family-oriented strategies are often underdeveloped or disconnected from community realities. Expanding comprehensive sexuality education, improving rural and youth outreach, and embedding reproductive autonomy within broader family wellbeing agendas are essential to advancing Target 3.7 across diverse African contexts.

MENA region

Across the Arab States, information on access to family planning and reproductive health remains limited in VNRs, yet some countries report important developments. Bahrain (2023) provides universal maternal and child health services, including reproductive care and family planning, reflecting a strong state commitment to integrated health. The United Arab Emirates (2022) maintains stable coverage, with 67.2% of women having their family

planning needs met by modern methods, alongside low adolescent birth rates—5.4 per 1,000 for those aged 15–19 in 2019.

Qatar (2021) shows more modest coverage, with 38% of women’s needs met, and notable disparities by age and education. Young women (15–24) report the lowest satisfaction, reflecting cultural and informational barriers, though adolescent birth rates remain low—just 3.4 per 1,000 for Qatari girls. In Iraq (2021), service coverage declined from 93% to 78% during the pandemic, but community-based responses, including Red Crescent outreach to displaced families, helped sustain awareness and access in crisis settings.

Yemen (2024) faces one of the highest adolescent birth rates in the region (54 per 1,000), highlighting urgent unmet needs in a context marked by conflict and service disruption.

Overall, while some countries have expanded family-oriented reproductive services, significant gaps remain in reaching adolescents, rural populations, and lower-educated women. Greater investment in gender-responsive, culturally sensitive, and community-engaged policies will be essential to achieving equitable reproductive health outcomes.

Across regions, family planning policies illustrate a mix of gender-blind, gender-sensitive, and gender-responsive approaches. Higher satisfaction with contraceptive methods is generally associated with robust public health systems, gender-responsive welfare regimes, and investments in social services. Yet gaps remain, particularly for adolescents, rural populations, and unmarried women.

Persistent high adolescent fertility rates in certain countries reflect not only limited access to services but also the influence of cultural norms, incomplete implementation of legal frameworks, and insufficient service integration. Comprehensive family policies that integrate education, reproductive rights, and health care systems, backed by redistributive and pre-distributive policies, remain essential to enhancing family wellbeing and achieving Targets 3.7 and 5.6.

5.3.2. Universal Access to Sexual and Reproductive Health and Reproductive Rights (Target 5.6)



This section assesses regional progress towards achieving SDG Target 5.6, which aims to ensure universal access to sexual and reproductive health and reproductive rights. Using a multidimensional framework that includes gender perspectives (blind, sensitive, responsive), welfare regimes, pre-distributive and redistributive policies, social investment, the socioecological model, and a focus on family wellbeing, the analysis highlights how different countries engage families as active agents—or overlook them—in promoting reproductive autonomy and care.

Europe and Central Asia

Most countries in Europe and Central Asia offer near-universal access to reproductive health services, underpinned by robust welfare regimes and public health systems. Nordic countries

such as Sweden (2021), Norway (2021), Denmark (2021), and Finland (2020) exemplify gender-responsive, family-oriented models that promote autonomy through accessible contraception, abortion, and sexuality education. Sweden's national strategy guarantees equal access regardless of age, gender, or sexual orientation, reinforcing shared responsibility within families.

Family-oriented programmes also exist in Austria (2020, 2024) and Spain (2021, 2024), where reforms aim to eliminate reproductive exploitation and obstetric violence, and to ensure young women's rights. However, gaps persist in transitioning welfare systems. In Lithuania (2023), for instance, legal barriers to voluntary sterilisation and limited information access reflect pre-distributive deficits. In the Czechia (2021), the lack of standardised care and independent midwifery undermines continuity of family-based services.

In Central Asia, countries such as Kazakhstan (2022), Georgia (2020, 2024), and Turkmenistan (2023) have adopted national reproductive health strategies, though implementation is often urban-focused and poorly integrated across sectors. In Turkmenistan (2024), only 42.2% of women report the ability to make informed reproductive decisions, revealing major barriers for families in rural or conservative settings.

Americas and the Caribbean

In Latin America and the Caribbean, reproductive autonomy varies widely. Gender-responsive and family-inclusive policies are evident in Cuba (2021) and Argentina (2020, 2022), where free access to abortion, contraception, and sexuality education reflect strong state capacity and redistributive investment. Argentina's legalisation of abortion and Cuba's universal coverage model demonstrate integrated approaches that empower families and individuals to make informed decisions.

Canada (2023) has adopted a rights-based, equity-oriented model that expands services for underserved communities, including Indigenous families. In contrast, Central American countries such as Honduras (2020, 2024) and El Salvador (2022) show low contraceptive use and high adolescent pregnancy, pointing to deep gender inequalities and minimal investment in family-centred services. These settings often lack youth-friendly structures and community-based education that engage parents and adolescents alike.

In Mexico (2021, 2024), regional inequalities are stark. While Mexico City provides high autonomy and access, states like Chiapas lag, highlighting the need for decentralised, family-oriented outreach that includes community education and shared decision-making. Across the region, redistributive and pre-distributive mechanisms remain uneven, affecting the poorest and most marginalised households.

Asia and the Pacific

Asia and the Pacific present a mixed picture. Bhutan (2021) and the Democratic People's Republic of Korea (2021) provide near-universal access through strong public systems, showing how coordinated services can support family wellbeing. Bhutan's emphasis on geographic equity and adolescent care is particularly notable. Fiji (2023) and Samoa (2020,

2024) also stand out for inclusive service delivery and youth engagement through mobile clinics and trained health workers.

In contrast, countries like Bangladesh ((2020) and Nepal (2020, 2024) continue to experience high adolescent fertility and low decision-making autonomy, particularly in rural areas. Despite widespread contraceptive availability in Indonesia (2021), only 29.5% of women report full autonomy over reproductive decisions, revealing a gap between service access and personal agency within families.

India's (2020) structural constraints—including low female land ownership and limited economic empowerment—undermine reproductive rights despite national legal guarantees. Similarly, in the Solomon Islands (2020, 2024) and Papua New Guinea (2020), patriarchal norms and weak legal protections continue to restrict women's agency and exclude families from educational interventions.

Several countries, including Brunei Darussalam (2020–2023), Mongolia (2023), and Bhutan (2021), are aligning with INSPIRE and gender-responsive principles through public awareness campaigns, community engagement, and school-based programmes. These efforts reflect growing recognition of families as crucial actors in protecting and exercising reproductive rights.

Africa

African countries show wide disparities in reproductive rights and autonomy. Kenya (2020, 2024), Namibia (2021, 2024), and Lesotho have adopted legal and policy frameworks that support informed decision-making and engage communities through youth-friendly services, school-based education, and family outreach. In Kenya, the proportion of married women making informed reproductive choices has doubled since 2014, a sign of policy progress and broader family inclusion.

Zimbabwe (2021, 2024) and Botswana (2022) have made redistributive commitments through contraceptive coverage and maternal care, though adolescent fertility remains high. In countries like Zambia (2020, 2023) and Uganda (2020, 2024), geographic and class-based inequalities persist, with rural women and adolescents often excluded from quality care and information—underscoring weak pre-distributive systems.

In Liberia (2022) and Malawi (2020, 2022), harmful gender norms and poor health infrastructure inhibit effective service delivery. Eritrea (2022, 2024) offers a compelling example of progress, with over 90% of women reporting autonomy in healthcare decisions—supported by community education, social investment, and accessible health services. Mozambique (2020), Angola (2021), and Somalia (2022), however, remain hindered by structural limitations such as early marriage, weak legal protections, and underfunded reproductive health systems.

While promising family-oriented approaches are emerging in parts of the continent, gaps in education, outreach, and policy implementation limit their reach. Expanding services that

actively include women, men, and extended families is essential to securing reproductive rights and promoting sustainable wellbeing.

Conclusions

1. Unequal care responsibilities continue to limit women's autonomy and family wellbeing. In most countries, unpaid care and domestic work remain heavily feminised, limiting women's economic participation and reinforcing traditional gender norms. Countries such as Sweden (2021), Iceland (2023), and Canada (2023) have made progress by implementing family-oriented care systems that redistribute responsibilities between men and women, engaging fathers and providing institutional support to all caregivers.

2. Family-oriented care policies are stronger in countries with high state capacity and social investment. Welfare regimes such as those in Finland (2020), Austria (2020, 2024), and Uruguay (2021, 2022) invest in childcare, parental leave, and family counselling services, enabling a more balanced division of care. These approaches contrast with more fragmented or gender-blind strategies observed in countries with lower institutional coordination or where care remains privatised.

3. Countries with strong family engagement show better resilience in preventing violence against women and children. In SDG 16-related areas, including intimate partner violence and violence against children, countries such as Spain (2021, 2024), Ireland (2023), Colombia ((2021, 2024), and Thailand (2021) have implemented intersectoral responses that include school-family partnerships, parenting education, and community outreach. These measures help prevent violence and foster a culture of shared responsibility within families and communities.

4. The number of countries implementing family-oriented policies for SDG 5 and 16 has declined since the pandemic. In the current cycle, only 27 countries reported family-oriented policies for SDG 5 (compared to 46 pre-pandemic), and only 40 for SDG 16 (down from 52). This decline reflects weakened investment in family engagement, especially in areas of care redistribution, reproductive autonomy, and violence prevention—marking these areas as the weakest in SDG implementation.

5. Adolescent reproductive health and autonomy remain under-addressed. Although countries like Argentina (2020, 2022), Cuba (2021), and the Netherlands ((2022) have integrated adolescent health into reproductive services, many others—such as Indonesia (2021), Kenya (2020, 2024), and Mexico (2021, 2024)—still face high adolescent fertility rates due to stigma, lack of services, or insufficient youth-oriented outreach. Gender-sensitive school programmes and youth-inclusive family planning remain limited despite being key to achieving SDG Targets 3.7 and 5.6.

6. Reproductive rights are best protected where gender-responsive, family-inclusive systems are in place. Countries such as Norway (2021), Portugal (2023), and Colombia (2021, 2024) have adopted integrated approaches combining legal guarantees with family-centred health education and services. In contrast, where sexual and reproductive health

services are fragmented or delivered without family outreach—such as in Nepal (2020, 2024) or the Philippines (2022)—reproductive autonomy is more constrained.

7. Multisectoral coordination is essential to prevent violence and harmful practices. In the area of SDG 16.2 and 5.3, countries such as Germany (2021), Peru (2020, 2024), and the Philippines (2022) have built coordinated systems that link schools, justice, and health sectors to families, addressing early marriage, trafficking, and child abuse. Where family counselling and legal protection are integrated into child and adolescent services, protective environments are stronger.

8. Family engagement in care, health, and protection remains most effective when embedded in universal policies. Universal access to care services, legal identity (birth registration), reproductive health, and child protection—backed by family participation—produces more equitable outcomes. Countries such as Denmark (2021), Uruguay (2021, 2022), and Singapore (2023) demonstrate that when family roles are institutionalised within inclusive welfare policies, care and wellbeing are more sustainable.

9. Policy coherence and continuity are needed to sustain progress. Many countries show promising reforms—such as Finland’s (2020) gender equality planning, Mexico’s (2021, 2024) care infrastructure initiatives, or India’s (2020) community-based adolescent health programmes—but lack continuity or full integration. Sustained political commitment, budget allocation, and participatory governance are required to embed family-oriented policy frameworks and achieve long-term transformation.

10. Care and violence prevention policies remain the weakest points of the global SDG response. Compared to other areas like education or poverty reduction, the fields of care redistribution and violence prevention still receive less attention in policy design. The post-pandemic decline in family-oriented policy implementation in SDGs 5 and 16 underscores the need for renewed prioritisation of families as co-agents in building equitable, violence-free, and resilient societies.

Conclusions

The analysis of (VNRs) from 141 countries during the 2020–2024 cycle confirms that families remain central to the implementation of the 2030 Agenda. Across all regions, Governments continue to recognise families as vital social institutions for achieving the Sustainable Development Goals (SDGs), particularly in the areas of education, health, sanitation, urban development, and poverty reduction. Compared to the earlier cycle (2016–2019), which included 114 countries over four years, the current period covers more countries and a longer timeframe. Despite this expanded coverage, the number of countries implementing family-oriented policies that actively engage women, men, and children as agents of change has declined across most thematic areas—with the notable exception of SDG 4 (quality education). This setback is largely attributable to the severe disruptions caused by the COVID-19 pandemic and overlapping global crises such as conflict, inflation, and climate-related shocks.

However, what has clearly emerged is a growing awareness among Member States of the crucial role that families play—not only as beneficiaries of services, but as co-drivers of sustainable development. Governments increasingly recognise that when families are engaged as active participants, outcomes improve, resilience is strengthened, and social cohesion is reinforced. Based on the frequency and depth of references in national reports, family policies are most often considered relevant to the implementation of SDG 4 (quality education), followed by SDGs 3 (health and wellbeing), 6 (water and sanitation), 11 (sustainable cities and communities), 1 (no poverty), 2 (zero hunger), 10 (reducing inequalities), 16 (peace, justice and strong institutions), and 5 (gender equality).

This report adopted a multidimensional framework that combined welfare regimes and state capacity, pre-distributive and redistributive policies, social investment strategies, the socioecological model, and gender-responsive policy design. These analytical lenses helped reveal the conditions under which family policies are most impactful. In particular, the socioecological model provides a powerful lens for understanding how environmental, social, institutional, and community-level factors interact to shape family wellbeing. Addressing the relevant SDG targets using this integrated framework is closely aligned with the *People* dimension of the 2030 Agenda, offering a broader and more holistic view of family wellbeing—one that situates families not just as recipients of services, but as participants in shaping sustainable development outcomes.

Evidence from this period suggests that when family-oriented policies are embedded within this multidimensional framework, they generate stronger, more equitable, and longer-lasting outcomes. These policies do not only expand access to services but also foster behavioural change, intergenerational equity, and inclusive governance. The following numbered conclusions are grouped thematically, reflecting the five chapters of the report and their respective SDG targets.

1. Family-oriented policies have contributed meaningfully to the achievement of SDGs 1, 2, and 10 (Targets 1.1, 1.2, 2.1, and 10.2), but overall progress remains fragile and uneven.

Evidence from the 2020–2024 period shows that outcomes in poverty reduction, food security, and inequality are significantly stronger when family-oriented policies are embedded within broader redistributive and pre-distributive frameworks. In these cases, the active engagement of families in income generation, food production, and local development is linked to deeper and more equitable results. Forty countries implemented such policies during this period—an increase from the previous cycle—but this growth must be viewed in the context of an expanded reporting base and the severe impact of the COVID-19 pandemic and related global crises. In many lower-capacity welfare regimes, family-oriented strategies remained fragmented, small-scale, or short-term, limiting their transformative potential. While several countries are making efforts to align family engagement with systemic investment strategies, the pace of recovery has been slow, and gains remain highly vulnerable to ongoing economic and environmental shocks.

2. In the domain of basic services and sustainable cities (SDGs 1.4, 6.1, 6.2, 11.1, 11.2, 11.3, 11.5, and 11.7), family participation has supported more inclusive service models, particularly in water and sanitation.

Twenty-seven countries implemented family-oriented strategies to improve water access, hygiene, and sanitation—often through behaviour change campaigns, community management, and household outreach. This has been critical for the realisation of Targets 6.1 and 6.2 and for extending the right to water under Target 1.4. By contrast, family involvement in urban development (Target 11.3) and sustainable housing and mobility (Targets 11.1, 11.2, and 11.5) has declined, with only 19 countries reporting such policies in 2020–2024, compared to 24 in 2016–2019. The pandemic exposed deep inequalities in urban environments and underscored the need for participatory planning—yet most housing and city-level programmes still treat families as passive beneficiaries rather than co-creators of sustainable spaces.

3. Family-oriented health policies have played a crucial role in advancing maternal and child health, nutrition, mental health, and universal health coverage (Targets 3.1, 3.2, 2.2, 3.4, and 3.8).

Countries that embedded families into health promotion—through home visits, parenting support, or outreach—achieved stronger outcomes. School meal programmes and nutrition counselling further contributed to child development and household food security. However, only 39 countries implemented family-centred health policies during the 2020–2024 cycle, down from 44 in 2016–2019. This decline, driven by pandemic-related disruptions, reflects the fragility of health systems and underinvestment in family engagement. Still, families were empowered as co-implementers—especially in universal or integrated systems—resilience and service continuity were better maintained.

4. Education (Targets 4.1 and 4.2) stands out as the strongest area of progress, with a clear expansion of family-oriented policies.

From 18 countries in 2016–2019 to 38 in 2020–2024, Member States increasingly recognised the critical role of parents and caregivers in early childhood development and learning. Countries with strong welfare regimes institutionalised family engagement in school

governance and curriculum design, while others developed home-based learning, parenting education, and early literacy programmes. These measures have contributed to higher enrolment, reduced disparities, and better developmental outcomes—especially when targeting children aged 3–6. However, inclusion for children under 3 and marginalised families remains limited, and targeted investment in the first years of life remains essential for achieving universal and equitable access to education.

5. SDG 5—particularly Targets 5.2, 5.3, 5.4, and 5.6—represents the weakest area in the implementation of family-oriented policies, despite its centrality to gender equality and family wellbeing.

The number of countries implementing such policies fell from 46 in the pre-pandemic period to just 27 in 2020–2024. This decline reflects both weakened commitment and structural barriers to redistributing care, preventing gender-based violence, and advancing reproductive rights. Unpaid care remains overwhelmingly feminised, and violence prevention efforts rarely include coordinated support for families or community-based education. Adolescent reproductive health remains under-addressed, with high fertility rates and weak outreach to young people and parents. Without renewed investment and family-inclusive approaches, SDG 5 risks becoming the most delayed and fragmented of all SDGs.

6. Family-oriented responses to SDG 16 (Targets 16.2, 16.3, and 16.9) have also declined, with only 40 countries reporting such policies—down from 52 in 2016–2019.

While some countries have institutionalised family roles in child protection, violence prevention, and birth registration, overall progress is slowing. Child abuse, violent discipline, and trafficking remain widespread, especially in fragile and under-resourced settings. Services often lack cross-sectoral coordination and do not sufficiently involve families in detection, prevention, and recovery. Birth registration, critical for legal identity (Target 16.9), remains incomplete in rural, displaced, and undocumented populations. Countries that placed families at the centre of protection strategies—through school partnerships, counselling, and mobile registration—showed more inclusive and sustainable results.

7. A renewed global commitment to family-oriented policy is urgently needed—especially in the areas most affected by setbacks.

Achieving the SDGs will require not only technical solutions but also inclusive governance, structural redistribution, and social investment strategies that place families at the heart of development. Reversing the post-pandemic decline in SDG 5 and SDG 16 requires targeted support for care systems, reproductive autonomy, and violence prevention—alongside robust education, health, and protection systems that mobilise families as agents of change. Strengthening these foundations will be essential to building just, resilient, and sustainable societies beyond 2030.

Recommendations

Advancing family-oriented policies to accelerate implementation

1. Reposition families as active agents in SDG implementation.

Governments should move beyond viewing families solely as service recipients and formally recognise their role as co-implementers of development strategies. This requires institutional mechanisms that promote meaningful participation of women, men, and children in policy design, delivery, and evaluation across all sectors.

2. Embed family-oriented approaches within multidimensional policy frameworks.

Family policies are most effective when integrated with pre-distributive and redistributive measures, social investment strategies, gender-responsive planning, and the socioecological model. Interventions should reflect the complex environments shaping family wellbeing, including education, housing, income, health, and care systems.

3. Prioritise investment in the most underperforming areas—unpaid care, violence prevention, and harmful practices (SDGs 5 and 16).

To reverse the post-pandemic setbacks in the implementation of family-oriented policies under SDGs 5 and 16, governments must urgently scale up efforts in three interconnected areas: (a) reducing and redistributing unpaid care and domestic work through universal access to quality childcare, parental leave, and old age people services; (b) preventing and responding to violence against women—particularly intimate partner violence (IPV)—through family-centred support systems, education, and accountability mechanisms; and (c) addressing violence against children and harmful practices such as child marriage and female genital mutilation (FGM) by expanding parenting programmes, school–family partnerships, community outreach, and legal protection. These efforts should be embedded within multisectoral strategies that include families as co-actors in prevention and recovery, while also strengthening reproductive health services and inclusive birth registration systems to ensure legal identity and equal protection.

4. Strengthen integrated, family-oriented responses to poverty and hunger (SDGs 1 and 2).

Poverty and food insecurity remain major barriers to family wellbeing and sustainable development, particularly in lower-capacity settings. To accelerate progress toward SDGs 1 and 2, governments should prioritise policies that combine income support, food assistance, and livelihoods promotion with active family engagement. Conditional and unconditional cash transfers, school meal programmes, community agriculture, and nutrition education are more effective when designed to involve women, men, and youth as co-implementers. Pre-distributive and redistributive strategies must be scaled and better integrated—linking social protection, employment, and food systems—to reduce intergenerational deprivation and build household resilience to economic and climate-related shocks.

5. Expand and sustain family engagement in education, health, and mental wellbeing systems.

The progress observed under SDG 4 shows that early childhood policies, strong welfare

systems, and school–family partnerships enhance equity and learning outcomes. Similar approaches should be scaled in health (SDG 3) and nutrition (SDG 2), with particular emphasis on maternal, child, and adolescent wellbeing. In addition, more comprehensive strategies are needed to address mental health—especially for youth and older adults—by integrating families into preventive care, psychosocial support, and community-based services that reduce stigma and promote intergenerational wellbeing.

6. Promote inclusive urban development and basic services through family participation and climate resilience.

Policy implementation for SDGs 6 and 11 should include families in the design, monitoring, and delivery of services. Participatory planning in water, sanitation, housing, and mobility not only improves outcomes but also builds resilience to climate-related risks. Engaging families—particularly in underserved and vulnerable communities—can strengthen adaptive capacity, enhance sustainability, and support more equitable responses to environmental challenges.

7. Recognise and integrate diverse family forms into policy and service delivery.

To ensure that no one is left behind, governments must acknowledge and support the full diversity of families—including those formed by sexual and gender minorities, single female-headed households, and other non-normative arrangements. Legal recognition, inclusive service design, and active participation of all family types are essential to uphold rights, reduce discrimination, and advance the universal goals of equality, wellbeing, and dignity for all.

8. Develop robust data systems to track family engagement.

Governments should improve data collection and reporting on family-oriented policies, disaggregated by age, gender, and household structure. This is essential to monitor progress, identify gaps, and design targeted interventions—especially for marginalised groups.

9. Renew political and financial commitment to family-inclusive development.

Achieving the 2030 Agenda requires sustained investment in integrated policies that strengthen family resilience, promote intergenerational wellbeing, and reinforce the social fabric. National development plans should systematically incorporate family-oriented goals, with adequate funding and cross-sectoral coordination.

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