

Health in the 2030 Agenda for Sustainable Development

Report by the Secretariat

1. In September 2015, Heads of State and Government met at United Nations Headquarters in New York to agree on a new generation of 17 Sustainable Development Goals and 169 targets, to succeed the Millennium Development Goals and to guide global development over the 15 years to 2030.

2. This paper traces the development of the Sustainable Development Goals, highlights key differences from the Millennium Development Goals and outlines some areas of strategic importance to global health. The Sustainable Development Goals will have significant implications for the work of WHO. The last section of the paper highlights potential changes that may be required regarding WHO's priorities and methods of work, to ensure that the Organization plays a leading role in implementation and review of the health-related Sustainable Development Goals.

THE BIRTH OF THE SUSTAINABLE DEVELOPMENT GOALS

3. Member States of the United Nations gave a first mandate to start work on the post-2015 development agenda in 2010, five years before the end date for the Millennium Development Goals. Based on the outcome document of the United Nations Conference on Sustainable Development, held in Rio de Janeiro in 2012 (Rio+20), an Open Working Group of the General Assembly on Sustainable Development Goals, consisting of representatives of Member States of the United Nations, was established to develop a set of Sustainable Development Goals that would be presented to the General Assembly for its consideration. The Open Working Group, following its own consultative process, duly presented its proposals in 2014, at which point it was agreed that they would form the main basis for negotiation of a final set of goals to be agreed by Heads of State and Government in September 2015.

4. The final text of the 2030 Agenda for Sustainable Development, which takes into account the outcomes of other global meetings in 2015 (the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development), was adopted by the General Assembly in September 2015.¹

5. A 10-page declaration precedes the main body of the document, which sets out 17 Goals and 169 targets. The full list of the Goals is contained in Annex 1. The main sections of the Declaration focus on the new Agenda, the means of implementation, and follow-up and review.

¹ United Nations General Assembly resolution 70/1.

6. The Sustainable Development Goals will come into effect on 1 January 2016. Two processes will subsequently be completed. First, work is being done on development of a global indicator framework under the auspices of the United Nations Statistical Commission, involving an Inter-Agency and Expert Group on Sustainable Development Goal Indicators, with 28 Member States as observers. A proposal from the Statistical Commission to the United Nations Economic and Social Council is expected in March 2016.

7. Second, while the Goals and targets in the 2030 Agenda for Sustainable Development are global in nature and universally applicable, the Declaration envisages a situation with “each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances”.¹ How this will work in practice and what will be the role of global and regional institutions in supporting countries in setting such targets remain to be seen.

8. Once an indicator framework has been agreed, a complex and intensive reporting, follow-up and review process will begin. The Secretary-General, with support from organizations in the United Nations system, will produce an annual progress report. The report will inform the high-level political forum on sustainable development, under the auspices of the United Nations Economic and Social Council, which will also receive a global sustainable development report (at a frequency to be decided). Meeting every four years “under the auspices of the General Assembly, the high-level political forum will provide high-level political guidance on the Agenda and its implementation”.² Review mechanisms will also be established at regional and national levels and are likely to be more active and relevant than has been the case for the Millennium Development Goals.

9. The transition from Millennium Development Goals to Sustainable Development Goals cannot be seen merely in terms of a longer list of goals and targets. The Sustainable Development Goals are different from the Millennium Development Goals in fundamental ways, as is the political context in which they have been developed and in which they will be implemented.

10. The Millennium Development Goals had a consistent and more or less singular purpose. Emerging from a series of global development conferences in the 1990s, they were about the achievement of better human development outcomes (primarily in terms of poverty, education and health) in developing countries. They were also framed as a compact between developed and developing countries, with goal 8 specifying the need to develop a global partnership for development in order to achieve goals 1 to 7.

11. The Sustainable Development Goals, in the words of the Declaration, are “integrated and indivisible, global in nature and universally applicable”.¹ They seek to be relevant to all countries. They are therefore about development, but not just about developing countries.

12. The second major difference is the breadth of the Agenda; it is “of unprecedented scope and significance”.³ While the Millennium Development Goals were about a limited set of human development targets, the Sustainable Development Goals cover the economic, environmental and social pillars of sustainable development with a strong focus on equity – expressed most frequently as

¹ United Nations General Assembly resolution 70/1, paragraph 55.

² United Nations General Assembly resolution 70/1, paragraph 87.

³ United Nations General Assembly resolution 70/1, paragraph 5.

“no one will be left behind”.¹ While the breadth and ambition of the Agenda have attracted much critical comment, one can argue that the scope of the Sustainable Development Goals more closely reflects the range of issues with which a government in reality has to contend than the narrow agenda of the Millennium Development Goals.

13. The Millennium Development Goals were silent about the impact of political factors in countries. Yet most of the countries in which those goals are farthest from being reached are those that have gone through a period of sustained political turbulence requiring humanitarian and developmental support. Sustainable Development Goal 16 explicitly recognizes the importance of peace and security as necessary conditions for sustainable development.

14. “We recognize that each country has primary responsibility for its own economic and social development”.² This sentence from the Declaration points to a final difference to consider: the Sustainable Development Goals’ relationship with development assistance. The outcome of the Third International Conference on Financing for Development held in Addis Ababa gives more emphasis to domestic and private financing and highlights the role of international public finance, including official development assistance, in catalysing additional finance from other sources. There is a growing consensus that over the next 15 years development assistance will remain important, but for a decreasing number of poor and often fragile countries.

15. In addition, the fact that the Millennium Development Goals were successful in attracting both funding and political attention fuelled intense competition during the period of consultation and implementation. A wide range of interest groups, including international agencies, lobbied intensely to ensure that their priorities found a place – with little concern for the coherence of the agenda as a whole. While this competition and fragmentation is likely to continue, the Declaration in the 2030 Agenda for Sustainable Development stresses the crucial importance of interlinkages and the integrated nature of the Goals to ensure that the purpose of the new Agenda is realized.

16. Overall, the Millennium Development Goals were forged in an atmosphere of greater global optimism, in which the prospects for increases in development assistance spending were bright (and indeed were realized). The political context now is very different. Economic insecurity, cuts in public services and growing inequality in many developed countries reduce political interest in international development and increase public hostility to aid. Indeed, it has been argued that only if the governments of developed countries do more to tackle inequality and insecurity at home, as part of their contribution to the Sustainable Development Goals, will they have the political space to pursue the idea of global solidarity that underpins the new Agenda.³

THE PLACE OF HEALTH IN THE SUSTAINABLE DEVELOPMENT GOALS

17. Several health targets in the Sustainable Development Goals follow on from the unfinished agenda of the Millennium Development Goals, and many of the other health targets are derived from World Health Assembly resolutions and related action plans.

¹ United Nations General Assembly resolution 70/1, paragraph 4.

² United Nations General Assembly resolution 70/1, paragraph 41.

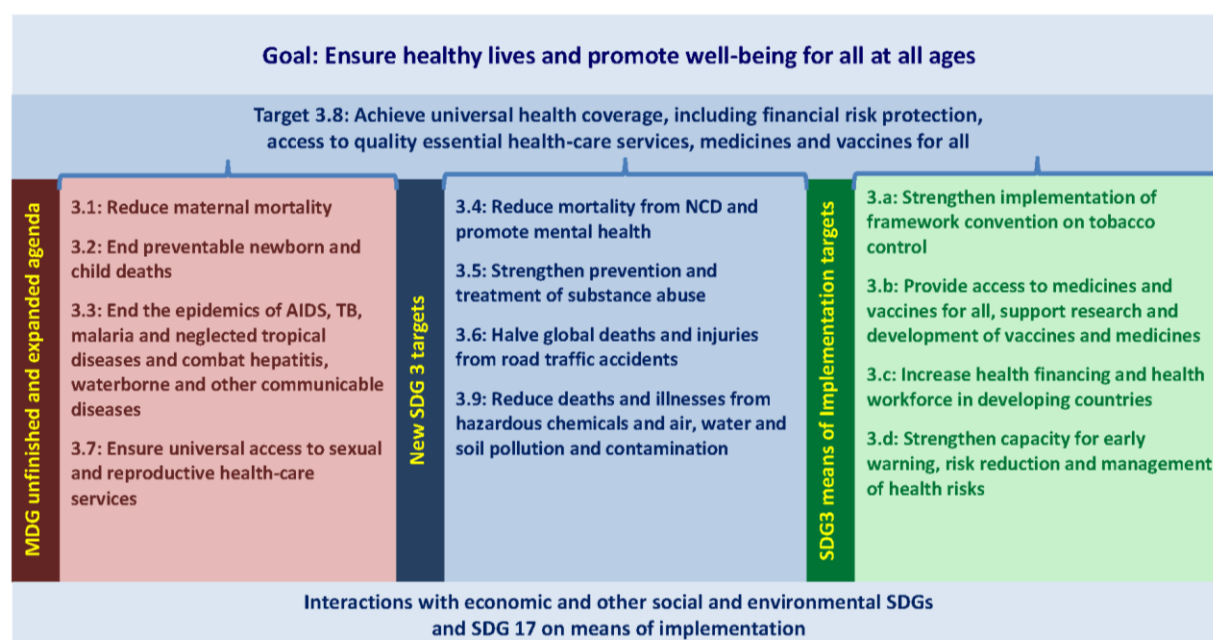
³ See for example: Barder O. Addis: a good first step, but a terrible last word, for 2015. Washington DC: Center for Global Development; 2015 (<http://www.cgdev.org/blog/addis-good-first-step-terrible-last-word-2015>, accessed 24 November 2015).

18. At the same time, it is important to recognize the breadth of the new Agenda: not only one that sees health as ensuring healthy lives and promoting well-being for all at all ages, but also one in which health and its determinants influence, and are influenced by, other goals and targets as an integral part of sustainable development.

19. The Millennium Development Goals reflected a relatively narrow range of human development outcomes, within which it was logical that health should be prominent. The Sustainable Development Goals, by contrast reflect a far wider range of environmental, economic and societal concerns. Sustainable Development Goal 3 on health – Ensure healthy lives and promote well-being for all at all ages – is one among 17 Goals. Some commentators have made the point that health has either “lost out” or been demoted from its place in the Millennium Development Goals, where three of the eight goals were concerned with health. All the Sustainable Development Goals are designed to be cross-cutting, and the interlinkages and networks within them are as important as the individual Goals themselves. Moreover, the importance of reducing inequalities within and among countries has been explicitly recognized as Sustainable Development Goal in itself (Goal 10) and applies to all the other Goals, including health. Having only one Goal is both logical and in no way underplays the importance of health. Health is positioned as a major contributor to the other Sustainable Development Goals: without health, many of them cannot be achieved. Health also benefits from progress towards the other Sustainable Development Goals.

20. Figure 1 sets out the targets under Goal 3 in a way that distinguishes between those that have been carried forward and enhanced from the Millennium Development Goals, those that have been added, and those that are referred to as specific “means of implementation”. Goal 17 is a cross-cutting goal on means of implementation that is relevant to all the others. It covers financing, partnership, technology assessment and data, monitoring and accountability.

Fig.1. A framework for the health Goal and targets in the 2030 Agenda for Sustainable Development



21. Gaps are few. There is no mention of immunization coverage as a specific target, but it is integral to the achievement of at least four of those that are listed. Access to sexual and reproductive health care is included, but sexual and reproductive rights, violence and discrimination against women and girls are dealt with elsewhere (Goal 5). Older people are mentioned in Goal 2 on nutrition and in

Goal 11 on cities (safer environments). Population ageing (a global trend with important implications for health systems) is absent, except indirectly through its impact on noncommunicable diseases and mental health. It therefore needs to be seen as an integral part of progress towards universal health coverage.

22. One of the few issues that is among WHO's leadership priorities yet missing from the Sustainable Development Goals is antimicrobial resistance. It has been included in the health paragraph of the Declaration¹ but it is an important omission in the targets themselves.

Health systems are central to the new Agenda

23. The Declaration states:

“To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to ...” (there follows a brief summary of health targets).¹

24. This places universal health coverage as the target that underpins and is key to the achievement of all the others, thereby showing how it can increase coherence, reduce fragmentation in the health sector, and contribute to the development of strong health systems. Universal health coverage is defined as all communities and all people receiving the services they need and are protected from health threats, while also ensuring that they are protected from financial hardship. Universal health coverage includes health protection, promotion, prevention, treatment, rehabilitation and palliation.

25. One of the acknowledged problems of the era of the Millennium Development Goals was the fragmentation of country health systems that resulted from the establishment of separate programmes, each focusing on its own targets, with little consideration for their impact on the health system as a whole. This situation is exacerbated when each programme produces a separate estimate of financial needs – geared primarily to advocacy rather than accurate budgeting. The net result is that health systems capable of providing integrated, people-centred care and achieving multiple targets, with realistic estimates of overall cost, have been hard to establish.

26. Given that the 13 health targets in the new Agenda cover most national health concerns and the majority of WHO's work programme areas, an approach to national health development that focuses on individual programmes in isolation will be counterproductive. It risks even greater fragmentation and competition than has been seen in the past. More critically, as noted above, it will fail to address the many cross-cutting issues that do not fit neatly into programme areas.

The Sustainable Development Goals can put governance for health centre stage

27. One of the basic principles underpinning the Sustainable Development Goals is that they are “integrated and indivisible”: progress in one area is dependent on progress in many others. Translating this insight into practical action is one of the key challenges for the new Agenda. Many of the synergies are well known (such as those that exist between health, education, nutrition, social protection and conflict). Other links, however, are less direct but no less important – for example, between sustainable consumption and noncommunicable disease risk factors, or between climate change and the spread of vector-borne diseases.

¹ United Nations General Assembly resolution 70/1, paragraph 26.

28. One growing concern that the nexus of links between the Sustainable Development Goals can help to address is that policy in a growing number of other sectors can impact positively or negatively on health. The fundamental idea behind “governance for health”¹ is that deliberate action is needed to influence governance in other policy arenas to promote and protect health. The integrated nature of the Sustainable Development Goals provides additional legitimacy for WHO to pursue a more active role in this respect. Areas of particular relevance, in which governance can have a positive impact on health, include trade and intellectual property, sustainable energy, income inequality, migration, food security, and sustainable consumption and production. While much of the attention on governance for health has focused on global issues, the Declaration points to the importance of governance for health at national and regional levels.

29. The Millennium Development Goals have had a marked influence on the institutional landscape for global health. While they have been successful in mobilizing money and political attention, many of the mechanisms established over the last 15 years have contributed to creating a competitive institutional landscape globally, with fragmented delivery systems at country level. The result is that competition for funds (on behalf of one target or another), and for the limelight of public attention, too often outweighs collaboration on improving health as a whole, with people rather than diseases as the centre of concern.

30. With talk already starting about creating yet more purpose-specific funds aligned to specific health targets, it is evident that the new generation of goals could make the situation worse. But there is an alternative. The adoption of the Sustainable Development Goals offers an opportunity to take a fresh look at the institutional arrangements that are required to improve and maintain people’s health. Such an approach would widen the scope of the discussion on “global health architecture” beyond the current debates about financing and institutional positioning. Instead, there is now an opportunity to start thinking about what is needed in terms of institutional arrangements for financing and producing global public goods; for improving cross-border health security; for improving the relevance and coherence of United Nations bodies in the field of health; for addressing the causes of noncommunicable diseases; and for enhancing standardized measurement and accountability. This forms the basis of the institutional arrangements for better governance for health.

Financing the Sustainable Development Goals

31. The Sustainable Development Goals are affordable, but with important caveats. First, like for any normative framework, the aim is progressive realization. Countries will proceed at their own pace, given the availability of resources; in the case of the Sustainable Development Goals, this point is reinforced by the emphasis on national target-setting. Second, even though estimating the costs of some of the more aspirational targets will remain highly imprecise, some Goals (including Goal 3) can and should be costed more accurately. Third, the new Agenda will not be financed primarily from aid budgets (a concern that often prompts the question of affordability to be asked in the first place). In fact, despite the large increases in development assistance for health during the era of the Millennium Development Goals, the average low-income country still financed 75% of its total health expenditure from domestic resources.

¹ See for example: Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe. Copenhagen; WHO Regional Office for Europe: 2011 (EUR/RC61/Inf.Doc./6, http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf, accessed 24 November 2015); Frenk J, Moon S. Governance challenges in global health. *N Engl J Med*. 2013;368:936-942 (<http://www.nejm.org/doi/full/10.1056/NEJMr1109339>, accessed 24 November 2015).

32. As noted above, development assistance will remain important for some countries but their number is likely to decrease, and such assistance will be concentrated in a few, fragile, least developed countries.¹ A growing concern in regard to these countries will be how to better integrate humanitarian and development assistance. In too many instances, sustainable recovery and the development of health systems that can mount an all-hazards approach to health security have been compromised by the hiatus that occurs when short-term humanitarian assistance ends and longer-term development support is late or fails to materialize.

33. The economies of many low- and lower middle-income countries are expected to continue to grow relatively rapidly in the foreseeable future. Countries' capacity to raise and spend funds domestically will be further enhanced if the statements of intent expressed at the Third International Conference on Financing for Development, to make national tax systems more efficient, are realized; if the global measures being taken to combat tax evasion and illicit tax flows are effective; and if partnerships with private sector entities align investments with the principles of better health and sustainable development.

34. Looking more specifically at health, the key question is whether the Sustainable Development Goals will change established patterns of spending within the sector. While noncommunicable diseases do not threaten global security, as AIDS or pandemics have been predicted to do, the increase in such diseases in low- and middle-income countries threatens to overwhelm fragile health systems unless rapid investments are made in disease prevention and health promotion. Noncommunicable diseases are still seen by development assistance agencies as competing for health funds (despite the need for intersectoral action), and the growing interest in health systems arguably has more to do with concerns about health security than with universal health coverage and people-centred care.

Follow-up and review

35. The annual review of progress by the high-level political forum on sustainable development, under the auspices of United Nations Economic and Social Council, and the four-yearly reviews by the General Assembly will be informed by progress reports prepared by the United Nations Secretary-General. If the purpose of this process is to enhance accountability for commitments made at the General Assembly, it is critical that the high-level picture is not lost in detailed reporting on targets and indicators.

36. The process for follow-up and review is described in the Declaration. With 169 targets and potentially well over 200 global indicators, including about 24 for the health Goal, this will inevitably be complex. A further risk is therefore that a legitimate concern for accountability results in too many demands for data, and that the process will fail to gain support, particularly in those countries that already feel over-burdened by existing reporting requirements.

37. For the health Goal, many existing reporting systems can be used to monitor individual targets. Moreover, the new Agenda offers an opportunity to rationalize the reporting requirements contained in multiple World Health Assembly resolutions. The key risk, however, is that current efforts to develop indicators, assess progress and hold governments and others to account focus exclusively on individual targets, ignoring the big picture, the interrelations between Goals and targets and, particularly, equity.

¹ While this point reflects the received wisdom (see for example: Kharas H, Prizzon A, Rogerson A. Financing the post-2015 Sustainable Development Goals – a rough roadmap. London; Overseas Development Institute: 2014), many analyses show only a weak relationship between development assistance and economic development, reflecting the real-world incentives that continue to guide aid allocation.

38. Several overarching indicators can serve the purpose of monitoring progress toward the health Goal, including life expectancy, the number of deaths before the age of 70 years,¹ and healthy life expectancy. If it could be measured reliably, healthy life expectancy would capture both mortality and years of life lived in less than good health (i.e. with a disability). However, challenges remain with regard to the availability of data that are comparable over time and across populations, and which allow the progress made in reducing inequalities to be tracked.

39. The Declaration places much greater emphasis than the Millennium Development Goals on country and regional follow-up and review processes, as the basis for accountability and remedial actions. Given the more political nature and breadth of the new Agenda, one can assume that civil society bodies and others will use the Sustainable Development Goals to hold governments to account. Again in contrast to the Millennium Development Goals, it is inevitable that social media – employed by civil society and a hyper-connected generation of socially concerned advocates – will play an important role, initially in determining whether the Sustainable Development Goals gain public traction and then, assuming that they do, in insisting on greater accountability.

IMPLICATIONS FOR THE WORK OF WHO

40. A United Nations system that is fit to deliver on the 2030 Agenda should be innovative, inclusive, results-oriented and responsive to the differentiated needs of countries. This will require overarching changes within and across the system in many areas. Some of those changes are well under way, others require action to stimulate the transformation process. The implications of the Sustainable Development Goals for WHO should be considered in the context of an overall shift towards integrated approaches to their implementation.

41. The health targets within the Sustainable Development Goals cover all the main priorities in the Twelfth General Programme of Work 2014–2019. While WHO will continue to work closely with other partners in the United Nations system and beyond, it is the only global organization with a mandate to cover the whole field of health.

42. The Sustainable Development Goals require that WHO maintains and strengthens its core functions as set out in the Twelfth General Programme of Work, particularly in terms of supporting countries to generate necessary funding; advising on the most cost-effective interventions and delivery strategies; defining indicators; and defining research priorities. In addition, the Agenda will place new demands on WHO at global, regional and country levels.

Governance for health

43. The Sustainable Development Goals provide a new and exciting opportunity for WHO to assume a leading role in governance for health. While the achievement of individual targets will remain at the heart of WHO's core business, realizing this higher ambition will require thinking about the Sustainable Development Goals as an “integrated and indivisible” agenda, in the way that they are intended.

¹ Norheim OF, et al. Avoiding 40% of the premature deaths in each country, 2010-30: review of national mortality trends to help quantify the UN Sustainable Development Goal for health. *Lancet*. 2015;385(9964):239-252. [http://dx.doi.org/10.1016/S0140-6736\(14\)61591-9](http://dx.doi.org/10.1016/S0140-6736(14)61591-9).

44. Issues for discussion include: increasing WHO's effectiveness in governance for health (interaction with policy processes in other sectors) at global and, increasingly, at regional and country levels; assuming a more proactive role in shaping the architecture for global health, particularly in relation to health security and the development of global public goods; and measuring effectiveness and impact in health governance.

Progress reporting and reviews

45. The breadth of the health targets under Goal 3 and the range of health determinants reflected in the full set of Sustainable Development Goals pose an important governance challenge: how to tell a coherent story about whether health is improving? Since 2009, WHO governing body meetings have included an agenda item on monitoring progress towards the Millennium Development Goals. With the new and expanded 2030 Agenda for Sustainable Development, having one agenda item covering all 13 targets would be cumbersome and repetitive. It would also be illogical, given that the targets under Goal 3 cover the five technical categories in the Programme Budget.

46. Issues for discussion include how best to report and review progress and performance at global, regional and country levels.

Priority-setting

47. There is little in the new Agenda that would suggest the need for fundamental change in the categories or criteria used for priority-setting that were agreed with Member States. There will, however, be a need to review the relative weight and importance given to the various categories.

48. Issues for discussion include: adjusting relative priorities of categories in the Programme Budget and General Programme of Work in the light of the new Agenda; and ensuring that any adjustment is reflected in subsequent planning and budgeting.

Financing and resource mobilization

49. While the new Agenda attaches greater weight to issues such as noncommunicable diseases than was the case in the past, there is no guarantee, given the continued reliance on voluntary funds from official development assistance and development cooperation agencies, that funding to WHO will follow suit.

50. Issues for discussion include: securing funding for the new Agenda, and notably for areas such as noncommunicable diseases, broader health governance work and universal health coverage; and widening the funding base to reflect a broader health agenda without compromising existing programmes.

Programming and resource allocation

51. The current reform programme has sought to introduce a bottom-up approach to planning and budgeting, with the aim of making WHO more responsive to national health needs. At the same time, the current Programme Budget structure still drives planners to work within, and compete for resources for, their specific programme area. The new Agenda now requires WHO support to be geared to a broader set of national priorities in health and related sectors.

52. Issues for discussion include: adapting the timing and structure of planning to reflect a more country-driven agenda in health; ensuring adequate resource allocation for governance for health, health systems development and the cross-sectoral work that is implied by the new Agenda.

53. This point has fundamental implications for work in WHO, particularly at country level. To respond to the new Agenda, WHO will need to ensure that individual programme areas contribute to, and work within, the framework of a country's overall health plan or strategy. This will require more active collaboration within and between programmes than has been the case in the past. It also raises important questions as to how planning, budgeting and resource allocation can provide the incentives needed to drive more collaborative work across the Organization.

WHO staff competencies

54. The new Agenda – with its focus on national strategies and cross-sectoral working – will increase the demand for staff with the requisite competencies in these and other areas highlighted in the Sustainable Development Goals. Many of these changes have been foreseen in the existing programme of WHO reform.

55. Issues for discussion include: matching staff planning with the needs of the new Agenda, particularly at country level and in relation to cross-sectoral and governance for health activities.

CONCLUSION

56. In summary, WHO has opportunity to demonstrate that the goal of healthy life and well-being for all at all ages is more than the sum of the individual targets that contribute to its attainment. The integrated nature of the Sustainable Development Goals also provides new legitimacy for addressing the wider determinants of health.

57. WHO has the potential to play a lead role (and indeed can offer an example to other sectors) in how to operationalize the new Agenda. For it to be successful, however, its priorities and finance must be aligned to the new Agenda; its planning and budgeting must respond to a wider set of health needs; and it must be supported by human and financial management systems that facilitate new ways of working. While WHO's core functions will remain relevant, the balance between them, as well as the relative roles and responsibilities of different levels of the Organization, may need to be recalibrated in the light of the 2030 Agenda for Sustainable Development.

ACTION BY THE EXECUTIVE BOARD

58. The Board is invited to note the report.

ANNEX 1

THE 17 SUSTAINABLE DEVELOPMENT GOALS

1	End poverty in all its forms everywhere
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3	Ensure healthy lives and promote well-being for all at all ages
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5	Achieve gender equality and empower all women and girls
6	Ensure availability and sustainable management of water and sanitation for all
7	Ensure access to affordable, reliable, sustainable and modern energy for all
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10	Reduce inequality within and among countries
11	Make cities and human settlements inclusive, safe, resilient and sustainable
12	Ensure sustainable consumption and production patterns
13	Take urgent action to combat climate change and its impacts (acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change)
14	Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

ANNEX 2

THE 13 HEALTH TARGETS IN SUSTAINABLE DEVELOPMENT GOAL 3

3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
3.4	By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

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