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THIRTY-FOURTH MEETING

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Venue: Executive Board Room, WHO, Geneva

Agenda item 3

Update on the AIDS response in the post-2015 development agenda

Additional documents for this item:

Conference Room Papers:

Conference Room Papers:

- **Conference Room Paper 1** *(UNAIDS/PCB (34)/14.CRP1)*: UNAIDS-Lancet Commission Synthesis report of consultations
- **Conference Room Paper 2** *(UNAIDS/PCB (34)/14.CRP2)*: UNAIDS-Lancet Commission Youth online review report

Action required at this meeting - the Programme Coordinating Board is invited to:

See decisions in paragraph below:

The Programme Coordinating Board is invited to:

35. *Welcome* the update on AIDS response in the post-2015 development agenda and;

36. *Take note* of the decision of the UNAIDS Programme Coordinating Board at its 32nd meeting on the post-2015 development agenda, in particular:

   a. *Stresses* the importance of ensuring that HIV and AIDS are central to the post-2015 UN development agenda and of advocating for the inclusion of targets under relevant goals towards achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination; and

   b. *Builds on* the lessons learned from the HIV and AIDS response in addressing other complex health and development challenges in the post-2015 era.

37. *Take note* of the ECOSOC Resolution E/2013/L.32, in particular:

   a. *Recognizes* the value of the lessons learned from the global HIV and AIDS response for the post-2015 development agenda, including the lessons learned from the unique approach of the Joint Programme [and that] the Joint Programme offers the United Nations a useful example to be considered, as appropriate, as a way to enhance strategic coherence, coordination, results-based focus and country-level impact, based on national contexts and priorities.

38. *Take note* of the ongoing work of the Open Working Group on Sustainable Development Goals and its explicit inclusion of language on "ending the epidemics of AIDS, tuberculosis and malaria";

39. *Call on* Member States and the UN Joint Programme to pursue a distinct and explicit commitment in the post-2015 development agenda to ending the AIDS epidemic as a public health threat by 2030, provisionally defined as reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels, such that AIDS no longer represents a major threat to any population or country.

I. OVERVIEW

1. The international community faces the opportunity to collectively establish and commit to a transformative development agenda that delivers sustainable social, economic and environmental justice. Based on the experience of the Millennium Development Goals (MDGs), we know that a new global framework will set policy priorities, energise alliances and guide the allocation of national and international resources. The AIDS response, and the Joint Programme specifically, is well positioned to catalyse critical leadership to realize such an agenda.

2. The purpose of this paper is to present the proposed position for UNAIDS on AIDS in the post-2015 development agenda for discussion and endorsement, in the context of the current state of the HIV epidemic, as well as to update the Board on the process to elaborate the post-2015 development agenda since the 33rd Programme Coordinating Board (PCB).

3. The proposed position suggests that the Programme Coordinating Board call for a distinct and explicit commitment to ending the AIDS epidemic as a public health threat by 2030, provisionally defined in the post-2015 development agenda as reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels, such that AIDS no longer represents a major threat to any population or country. In addition, it suggests that the Programme Coordinating Board call for HIV-sensitive indicators to be included under several potential relevant post-2015 goal areas to encourage and monitor efforts to address the social, political and economic determinants of HIV – from community to global level. This proposed position directly builds on UNAIDS's vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths, and the 2011 United Nations General Assembly Political Declaration on HIV/AIDS. It also takes forward UNAIDS Board and ECOSOC decisions (2013) on AIDS in the post-2015 development agenda, as well as a range of high-level political calls for ending AIDS.

4. An intensive and consultative Member State-led process is underway to produce recommendations on potential SDGs, targets and indicators to be achieved by 2030 for discussion at the 2014 UN General Assembly session (see Annexes 1, 2 and 4 for more detail). Member States will subsequently enter into negotiation. At this time the support of the Programme Coordinating Board is critical to promote a commitment to ending the AIDS epidemic by 2030 in the post-2015 development agenda.

II. AIDS TO DATE: AN EVOLVING EPIDEMIC IN A CHANGING WORLD

5. The MDGs recognized halting and beginning to reverse the AIDS epidemic as a critical imperative for development progress. More recently, building on UNAIDS's Strategy 2011-2015, Member States committed to ten targets towards a vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths in the 2011 United Nations General Assembly Political Declaration on HIV/AIDS. Scientific developments, continued resource mobilisation and renewed political will aligned to encourage the most ambitious commitments made yet in the global AIDS response.

6. Global commitment to the AIDS response has delivered results and, notably, results are gaining pace. Over the past decade new HIV infections have declined by 33%. In 2012, ten million people living with HIV in low- and middle-income countries were accessing life-saving treatment and, despite the global financial crisis, access is rapidly expanding. Today, millions of people are alive because the global community chose, against

considerable odds and amid much scepticism, to commit to introducing treatment worldwide.

7. Establishing a clear focus on results and accountability has been a priority for the HIV community. The Global AIDS Response Progress Reporting (GARPR) system has among the highest response rates of any international development monitoring mechanism. Using platforms ranging from the UN Security Council to social media, new political spaces have been created where governments and civil society hold each other accountable for commitments made and demand further action.

8. The continued positioning of AIDS as a global development priority recognises the increasingly well-established economic argument for investing in the AIDS response. Access to HIV treatment generates economic returns up to three times the investment by increasing productivity, preventing children from becoming orphaned and deferring the health care costs associated with advanced HIV-related illnesses.[1] The returns on investing in AIDS are likely even higher: the Lancet Commission on Investing in Health augmented the calculation of the economic benefits of investing in health with the intrinsic value of better health and additional life-years. The Commission concluded that additional life-years due to health improvements were responsible for 24% of the growth in income in low- and middle-income countries from 2000 to 2011.[2]

9. Investments in the AIDS response have produced important results for health, development and human rights. The inherent links between HIV, maternal and child health (MDGs 4 and 5) and sexual and reproductive health and rights (SRHR) has meant that progress in the AIDS response and in integrating services has delivered progress across these issues. The Global Plan on the Elimination of HIV infections among Children and Keeping their Mothers Alive, for example, aims to prevent 90% of new infections among children and 50% of AIDS-related maternal deaths by 2015. Progress is clear: the number of children acquiring HIV is down 24% since 2009, while AIDS-related maternal mortality is 20% lower than in 2003. Integration of HIV services with SRHR programmes has also been demonstrated to improve health outcomes, quality of care, efficiencies and coverage of services for underserved populations and to reduce stigma and discrimination.[3,4]

10. The epidemic, however, is far from over. More than two million new HIV infections occur every year, 40% of which are among young people aged 15-24.[5] An estimated 15% of the global epidemic is concentrated in just 30 cities in Eastern and Southern Africa – cities which host only 0.8% of the world population.[6] Alarmingly, the number of people living with HIV in urban settings is growing faster than the rate of urbanization in many places.

11. While a record number of people are accessing HIV treatment, 18 million people eligible for treatment remain without access today – and treatment coverage for children remains half that for adults. In 2012, 1.6 million people died of AIDS-related causes while AIDS remains the leading cause of death globally among women of reproductive age. While the cost of first-line antiretrovirals has plummeted in recent years, similar initiatives to reduce the cost of second-line regimens must be scaled up. Innovative partnerships with pharmaceutical companies and support to strengthen the local production capacity of quality-assured, affordable medicines in low- and middle-income countries are urgently needed.

12. Cost is not the only barrier to treatment uptake. Individuals are "lost to follow up" at each key stage of the HIV care continuum, reducing the number of people living with HIV who remain healthy and well. In the United States of America, for example, only one in four

people living with HIV have suppressed viral load.[7] Improved treatment outcomes will rely on a comprehensive array of community-based integrated health and support services for people living with HIV.

13. People living with HIV who are able to access and stay on treatment however face an emerging set of challenges. In many places, the maturation of the epidemic has exacerbated the over-burdening of health systems ill-equipped to provide the needed chronic care for patients on HIV treatment, while long-term treatment itself is associated with increased risk of non-communicable diseases (NCDs).[8]

14. Both our understanding of the epidemic, and the epidemic itself, are evolving. New analysis reveals the unequal distribution of the HIV epidemic across countries and regions. More than 90% of new HIV infections in Asia, for example, are occurring in just five middle-income countries. In 13 of 33 countries in sub-Saharan Africa, the HIV prevalence among adults varies at least five-fold, depending on the province or state.

15. Across countries, regardless of income level, young people, and particularly young women, remain at the centre of the HIV epidemic. In low- and middle-income countries, young women account for 24% of all new HIV infections among adults – 50% more than young men of the same age group. Structural, social and behavioural dynamics make young people particularly vulnerable to HIV. Global rates of youth unemployment, for example, are expected to reach 13% in 2018.[9] Joblessness is intricately bound with complex conditions including poverty, hopelessness, violence and substance use – all of which can exacerbate vulnerability to HIV. Young people face a further amalgam of interrelated vulnerabilities: young people disproportionately engage in behaviours that put them at greater risk of HIV, including use of party and injecting drugs and unprotected sex[10]; young women's experience of gender inequalities is particularly pronounced (e.g. young women are more likely to experience gender-based violence than older women[11]), and; youth-specific barriers to sexual and reproductive health services and education endure.

16. The distribution of new infections within populations has also been changing in many countries. While declining among the general population, epidemics among key populations[12] – men who have sex with men (MSM), sex workers and their clients and people who use drugs – are on the rise.[13] People in prisons and closed settings are also disproportionately affected by the epidemic. In prisons, prevalence of HIV and other sexually transmitted infections, hepatitis B and C and tuberculosis, is 2 to 10 times higher, and in some cases 50 times higher, than in the general population.[14] The epidemiology of HIV in these key populations is generally poorly understood, often due to the vicious cycle of low political concern for these groups, inadequate funding and lack of available disaggregated data.

17. Further, punitive laws focused on key populations remain common throughout the world: in 2012, 70% of countries were reported to have laws, regulations and policies presenting obstacles to effective HIV programmes.[15] HIV prevention for these groups requires a different approach, as they are often hard-to-reach, marginalized, disempowered and stigmatized. A business-as-usual approach that does not account for the sociocultural and political environment in which people contract and live with HIV has little chance of success.[16]

18. An articulation of the future of the AIDS response must consider how to overcome obstacles, including through a more sophisticated understanding of the epidemic and a rights-based response, and seize opportunities in an increasingly complex global environment. It is no coincidence that three out of four poor people today live in middle-

income countries[17] and that three out of four new HIV infections occurred in these countries. In 2012, 10 middle-income countries accounted for just over 50% of all global AIDS-related deaths. A major debate is underway on the future of development cooperation and the role of aid, particularly in middle-income countries, with implications for the sustainability of gains in the AIDS response.

19. While recent economic growth has lifted nearly half a billion people out of poverty,[18] growing inequality is recognised as one of the greatest worldwide risks to sustainable development.[19] A significant majority of households in developing countries today—more than 75% of the population—are living in societies where income is more unequally distributed than it was in the 1990s.[20] Such concentration of wealth presents a powerful threat to inclusive political and economic systems, and compounds other inequalities, such as those between women and men – itself a powerful predictor of HIV risk.

20. Thus, despite the ambition of the AIDS response to enable universal access to services, powerful barriers to the right to health remain entrenched, particularly for the most vulnerable. These are closely linked to social and structural determinants of HIV – some international and regional, such as trade agreements and others operating at community and national levels, such as age, gender, income, inequality, education, housing, occupation, social class, race/ethnicity, sexual orientation and legal frameworks. Progress in poverty reduction[21], universal education[22], food security[23,24], SRHR[25], and gender equality[26], for example, are strongly linked to improved HIV treatment adherence, reduced mortality and lower rates of new infections particularly among women and girls.[27] Social protection is a critical enabler of progress on a range of development goals, including ending poverty, promoting gender equality and empowerment, reducing risk of HIV infection and enabling access to treatment[28].

21. Ending the AIDS epidemic is possible (Box 1) – it is contingent on joint, rights-based action on the social, political and economic determinants of HIV, and will demand new models of service delivery, development cooperation and strengthened partnerships with, for example, the women's and youth movements and the private sector.

Box 1. Why 'ending the AIDS epidemic'? Why now?

Building on the work of a scientific experts meeting to define 'End of AIDS', convened by UNAIDS in September 2013 and chaired by Professor Salim S. Abdool Karim, the Chair of UNAIDS Scientific Expert Panel, Working Group 1 of *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health*, also chaired by Salim S. Abdool Karim, validated the concept that ending the AIDS epidemic is possible in the coming years. Drawing from experiences in countries and mathematical models, the Working Group demonstrated that combinations of available interventions could reduce HIV incidence to a level that no longer represents a public health threat. The Working Group's validation built upon the following findings, among many others:

- Since 2010, the HIV prevention landscape has been transformed with more positive HIV prevention trial outcomes in the last three years than the first 29 years of the epidemic, including the breakthrough that treatment with combination antiretrovirals can reduce transmission of HIV to a sexual partner by 96%;

- The scale-up of antiretroviral prophylaxis, and more recently, antiretroviral therapy (ART) for pregnant women living with HIV has made the elimination of new HIV infections among children feasible, even in the absence of a vaccine or cure;

- The HIV epidemic can be prevented, stabilized and even reversed among people who inject drugs through comprehensive harm reduction programmes as demonstrated in Australia and in several other countries;

- In an analysis of the scale up of combination prevention in South Africa, the implementation of expanded HIV counselling and testing, ART provision, voluntary male medical circumcision, microbicides and pre-exposure prophylaxis could avert over 60% of new HIV infections after ten years.

Working Group 1 defined '"the end of AIDS" as epidemic control – reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as a result of deliberate intervention measures. This can be mathematically defined as the point at which the reproductive rate of infection (the measure of the propensity of an epidemic to spread) is below 1. To reach this point, a progressive decline in HIV incidence and AIDS-related mortality, will be required in the defined geographical area (for example, a local, district or country level) and the "locally acceptable level" is a point where HIV no longer represents a public health threat and is no longer ranked among the leading causes of a country's disease burden.

In short, ending the AIDS epidemic will require locally tailored responses combined with deliberate national and global policies and investments, strengthened by strategic alignment with other development and health efforts.

III. UPDATE ON THE UNAIDS AND LANCET COMMISSION: DEFEATING AIDS – ADVANCING GLOBAL HEALTH

22. The second and final meeting of *The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health*, held in London on 13-14 February 2014, drew on much of the above analysis on the current state of the AIDS epidemic and sought to find consensus on solutions that could be as expansive and systemic as the challenges confronted by the response. The event, chaired by Peter Piot, Director of the London School of Hygiene and Tropical Medicine and co-convened by the Executive Director of UNAIDS

and Richard Horton, Editor-in-Chief of *The Lancet*, included over 30 Commissioners and Commissioner representatives: among them the President of Ghana and the First Ladies of Gabon, Japan and Rwanda. *The Lancet* described the meeting as the kind of moment "when conditions for serious social change can be realised, when new social movements can be ignited".[29]

23. Commissioners embraced evidence presented that demonstrated that ending the epidemic is possible, and that ending it can benefit from and serve as a catalyst for a grand convergence between ending poverty, ending diseases of poverty and protecting human rights. Commissioners also recognised several of the greatest challenges that pose obstacles to ending AIDS and called for innovative solutions and new ways of working to address these:

   a) Why people are being left behind, and how best to address structural determinants that deal simultaneously with the inter-related challenges of HIV, extreme poverty and inequality;
   b) How to incentivize innovation in a range of systems to deliver and ensure health – from the community to global pharmaceutical production and trade;
   c) What kind of financing mechanisms are needed to address the differentiated needs of people in fragile, low- and middle-income countries, and ensure that investments in health are used to their maximal effect; and
   d) How to address the current deficit in global health governance through a realignment of power structures and accountability mechanisms.

24. The Commission's report remains a work in progress.

IV. TOWARDS A UNAIDS COMMON POSITION ON AIDS IN THE POST-2015 DEVELOPMENT AGENDA

25. The UNAIDS-Lancet Commission, along with a range of leading political, civil society and scientific bodies, foresee that, with adequate investments, rights-based approaches and innovative programming, ending the AIDS epidemic by 2030 is possible and can be one of the great triumphs of the post-2015 era.

26. Progress towards ending the epidemic can also spur progress on a range of development, peace, gender equality and human rights challenges. The AIDS response has demonstrated its ability to break through political gridlocks, to dismantle unhealthy and unjust global trade regimes, to confront deeply entrenched social norms, to establish partnerships across sectors and to constantly innovate where systems and institutions are ineffective or inefficient.

27. ECOSOC Resolution E/2013/L.32 stressed the "*importance of ensuring that the AIDS response is an important element in the post-2015 agenda and of advocating for the inclusion of targets under relevant … goals towards achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths*". It also "*recognized the value of the lessons learned from the global HIV and AIDS response for the post-2015 development agenda, including the lessons learned from the unique approach of the Joint Programme*" and that "*the Joint Programme offers the United Nations a useful example to be considered, as appropriate, as a way to enhance strategic coherence, coordination, results-based focus and country-level impact, based on national contexts and priorities*"[30].

28. Similarly, the Programme Coordinating Board in its June 2013 session stressed "*the importance of ensuring that HIV and AIDS are central to the post-2015 UN development*

agenda" and of "*advocating for the inclusion of targets under relevant goals towards achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination*". It called on Member States both to "*Work to ensure the sustainability of national HIV and AIDS responses, recognizing the principle of country ownership, including through strengthening management, building strategic partnerships, shared responsibility, and multi-sectoral approaches*" and to "*Build on the lessons learned from the HIV and AIDS response in addressing other complex health and development challenges in the post-2015 era, including through membership in the Open Working Group on Sustainable Development Goals, taking into consideration relevant elements as contained in the 2011 United Nations General Assembly Political Declaration*".[31]

29. The proposed position for UNAIDS (Box 2) takes forward the decisions of the Board and ECOSOC, builds directly on UNAIDS's vision of the three zeroes and responds to calls from a range of global leaders and stakeholders including the UN Secretary-General,[32] the African Union,[33] the United States Government,[34] the Organisation of African First Ladies against AIDS,[35] 100-plus African civil society organisations,[36] 1000-plus organisations, public figures and activists who signed the Washington D.C. Declaration following the 2012 International AIDS Conference,[37] and the International Federation of Medical Students' Associations, which represents 1.3 million students, in their Hammamet Declaration.[38] The Joint Programme has consulted with development partners and civil society in development of the proposed position, which is expected to continue to evolve given the dynamic nature of the post-2015 debate.

30. 'Ending the AIDS epidemic' is understood to be the reduction of HIV incidence and AIDS-related deaths to levels that no longer represent a major health threat to any population or country, as presented in Figure 1.

BOX 2. PROPOSED POSITION FOR UNAIDS

IN THE POST-2015 DEVELOPMENT AGENDA:

1) An explicit and distinct commitment to *ending the AIDS epidemic as a public health threat by 2030*, provisionally defined in the text of the post-2015 development agenda as reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels, such that AIDS no longer represents a major threat to any population or country;

2) HIV-sensitive indicators under several goal areas, including health, gender and youth, to ensure policy coherence and joined-up action to address the social, political, economic and environmental determinants of HIV, poor health, poverty and inequality (at community, national and global levels); and,

3) Strengthened inclusive accountability mechanisms to enable broad participation and ownership in implementing and monitoring the post-2015 agenda.

Figure 1. Proposed commitment on AIDS in the post-2015 agenda.

Ending the AIDS epidemic by 2030.

GETTING TO ZERO:

NEW HIV INFECTIONS

↓90%

- 90% reduction in new adult HIV infections, including among key populations

- Zero new infections among children

DISCRIMINATION

↓90%

- 90% reduction in stigma and discrimination faced by people living with HIV and key populations

AIDS-RELATED DEATHS

↓90%

- 90% reduction in AIDS-related deaths

Delivering equity: indicators to be disaggregated by: age, gender, key population, and income status to measure progress on leaving no one behind. The baseline year is 2010.

31. To ensure a prominent position for the AIDS response in the post-2015 agenda, UNAIDS must continue to exert political leadership and provide strategic guidance throughout the complex debate. The Joint Programme is engaged at all levels – national, regional, global and in close partnership with civil society – to fulfil the calls of ECOSOC and the Board. The Joint Programme is pursuing several channels of strategic engagement in the post-2015 process and debate, including in intergovernmental bodies and processes; engaging member states; supporting civil society discussions; generation of strategic information and evidence on the future of the AIDS response; and, the UNAIDS-Lancet Commission (see Annex 3 for details on specific activities).

32. A prominent position on AIDS in the next development framework is in the interest of all countries: as a public health priority in many countries and in all countries as a potential pathfinder, strategic partner and catalyst for more inclusive, gender-transformative and rights-based action, which puts people at the centre of development. A global commitment to ending the AIDS epidemic as well as tuberculosis and malaria by 2030 will hold the international community accountable to the unfinished MDGs—while demanding a paradigm shift towards breaking down governance, socioeconomic, legal and political obstacles to sustainable development and to ensuring healthy, productive and dignified lives for all.

33. With adequate investments, rights-based policies and innovative programming, ending the AIDS epidemic by 2030 is possible and can be one of the great triumphs of the post-2015 era. Building on the achievements of the AIDS response and a commitment to leave no one behind, the Joint Programme seeks to ensure that the post-2015

development agenda, and particularly the future health goal and other relevant goals, inspire political commitment to ending the AIDS epidemic by 2030 and achieving social, economic and environmental justice for all.

34. The Programme Coordinating Board is uniquely positioned to seek a commitment to ending the AIDS epidemic by 2030 in the post-2015 development agenda.

V. DECISION POINTS

The Programme Coordinating Board is invited to:

35. *Welcome* the update on AIDS response in the post-2015 development agenda and;

36. *Take note* of the decision of the UNAIDS Programme Coordinating Board at its 32nd meeting on the post-2015 development agenda, in particular:

  a. *Stresses* the importance of ensuring that HIV and AIDS are central to the post-2015 UN

  development agenda and of advocating for the inclusion of targets under relevant goals towards achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination; and

  b. *Builds on* the lessons learned from the HIV and AIDS response in addressing other complex health and development challenges in the post-2015 era.

37. *Take note* of the ECOSOC Resolution E/2013/L.32, in particular:

  a. *Recognizes* the value of the lessons learned from the global HIV and AIDS response for the post-2015 development agenda, including the lessons learned from the unique approach of the Joint Programme [and that] the Joint Programme offers the United Nations a useful example to be considered, as appropriate, as a way to enhance strategic coherence, coordination, results-based focus and country-level impact, based on national contexts and priorities.

38. *Take note* of the ongoing work of the Open Working Group on Sustainable Development Goals and its explicit inclusion of language on "ending the epidemics of AIDS, tuberculosis and malaria";

39. *Call on* Member States and the UN Joint Programme to pursue a distinct and explicit commitment in the post-2015 development agenda to ending the AIDS epidemic as a public health threat by 2030, provisionally defined as reducing new HIV infections, stigma and discrimination experienced by people living with HIV and key populations, and AIDS-related deaths to 10% of 2010 levels, such that AIDS no longer represents a major threat to any population or country.

[Annexes Follow]

ANNEX 1. UPDATE ON THE POST-2015 PROCESSES AND DEBATE

1. Consensus continues to build that the Sustainable Development Goals (SDGs), which will cover all three realms of sustainable development (economic, social and environmental), will become the successor framework to the Millennium Development Goals (MDGs).

2. The Member State Open Working Group on Sustainable Development Goals (OWG)[39], established following the 2012 United Nations Conference on Sustainable Development (Rio+20), is tasked with preparing a proposal on the SDGs. From March 2013 through to July 2014, the OWG will meet several times in preparation for the development of its final report, which will be available by the end of the 68th session of the UN General Assembly. The OWG has currently proposed 17 Sustainable Development Goals to be attained by 2030 (see Annex 4 for more information).[40] Ending the AIDS epidemic is contingent upon and can help drive progress in several of these goals. At present, the 17 proposed goals are as follows but they are likely to change in number, content and framing as the process develops:

1. End poverty in all its forms everywhere	9. Promote sustainable industrialization
2. End hunger, achieve food security and adequate nutrition for all, and promote sustainable agriculture	10. Reduce inequality within and among countries
3. Attain healthy life for all at all ages	11. Build inclusive, safe and sustainable cities and human settlements
4. Provide equitable and inclusive quality education and life-long learning opportunities for all	12. Promote sustainable consumption and production patterns
5. Attain gender equality, empower women and girls everywhere	13. Promote actions at all levels to address climate change
6. Secure water and sanitation for all for a sustainable world	14. Attain conservation and sustainable use of marine resources, oceans and seas
7. Ensure access to affordable, sustainable, and reliable modern energy services for all	15. Protect and restore terrestrial ecosystems and halt all biodiversity loss
8. Promote strong, inclusive and sustainable economic growth and decent work for all	16. Achieve peaceful and inclusive societies, rule of law, effective and capable institutions
	17. Strengthen and enhance the means of implementation and global partnership for sustainable development

3. The ambition to address the three dimensions of sustainable development in a single framework will require significant attention to and action on the interlinkages between different sectors. This integration will be key to the success of the post-2015 agenda, but also presents a significant challenge in the design of the framework. To facilitate discussion, the OWG has produced an annex to its focus areas document highlighting the possible interlinkages between the different areas.[41]
Beyond the OWG, the Rio+20 Outcome Document mandated two additional processes: the Committee of Experts on Sustainable Development Financing (CESDF) and the High Level Political Forum (HLPF).

4. The HLPF, a novel leadership forum, replaces the Commission on Sustainable Development and was created to ensure sustainable development remains a top priority for world leaders. It will become the new institutional home for sustainable development

within the UN system and will thus play a major role in the coordination and monitoring of efforts, progress and results around the new global goals.[42] The HLPF will convene at the level of Heads of State and Government every four years under the auspices of the General Assembly. The forum will meet every year at the ministerial level under the auspices of ECOSOC – the next of which will be held in New York in July 2014 under the theme "Achieving the Millennium Development Goals and charting the way for an ambitious post-2015 development agenda, including the sustainable development goals".

5. CESDF is an intergovernmental committee of 30 experts and was established to oversee broad consultation to assess development financing needs, review existing instruments, and evaluate additional initiatives.[43,44] It has been tasked to produce a report in August 2014 that presents options for an effective sustainable development financing strategy. A Working Group on Financing for Sustainable Development has been set up under the UN System Task Team to support the work of the Committee.

6. An additional, time-bound process under the auspices of the UN General Assembly constitutes a number of high-level meetings and thematic debates (March-June 2014) to support consensus-building among Member States on the next development agenda, including on the following topics:

- Contributions of women, the young and civil society to the post-2015 development agenda (March 6-7), in which the UNAIDS Executive Director participated;
- The role of partnerships (9-10 April), in which Alessandra Nilo, NGO delegate to the Programme Coordinating Board and member of the UNAIDS-supported Civil Society Working Group on AIDS in the Post-2015 Development Agenda (CSWG) participated, highlighting the importance of the role of civil society and experience from the AIDS response in shaping the post-2015 development agenda;[45]
- Ensuring stable and peaceful societies (24-25 April);
- Contributions of North-South, South-South, triangular cooperation, and ICT for development to the post-2015 development agenda (20-21 May); and
- Human rights and the rule of law in the post-2015 agenda (17-18 June).

7. The Sustainable Development Solutions Network, commissioned by the UN Secretary-General and headed by Professor Jeffrey Sachs (who is also a member of the UNAIDS-Lancet Commission), is mobilising scientific and technical expertise from academia, civil society, and the private sector. It held public consultations until the end of March 2014 on its framework of 100 indicators for the SDGs and targets.[46]

8. The Common African Position on the Post-2015 Development Agenda, of particular relevance to the future of the AIDS response given the continent's disproportionate burden of HIV, was adopted at the January 2014 Session of the African Union. "People-centred development" is one of the Common Position's six pillars, where African countries commit to eradicate poverty; improve the quality of education; deliver universal and equitable access to quality healthcare – which includes a call for ending the epidemics of HIV, tuberculosis and malaria; and promote gender equality, among other commitments. The decision point on adoption of the position requests Member States to speak with one voice during the negotiations at the UN General Assembly. A revised Common Position (with an additional pillar on Peace and Security) will be presented to African Heads of State at the June 2014 AU Summit in Equatorial Guinea. During this Summit, the AIDS Watch Africa Action Committee of Heads of State and Government will meet to consider and take decisions on strategic documents focusing on 'AU policy frameworks and aspects that define and shape HIV/AIDS, TB and Malaria Future Directions in the context of Post-2015 towards 2030, Abuja Declaration targets'. The
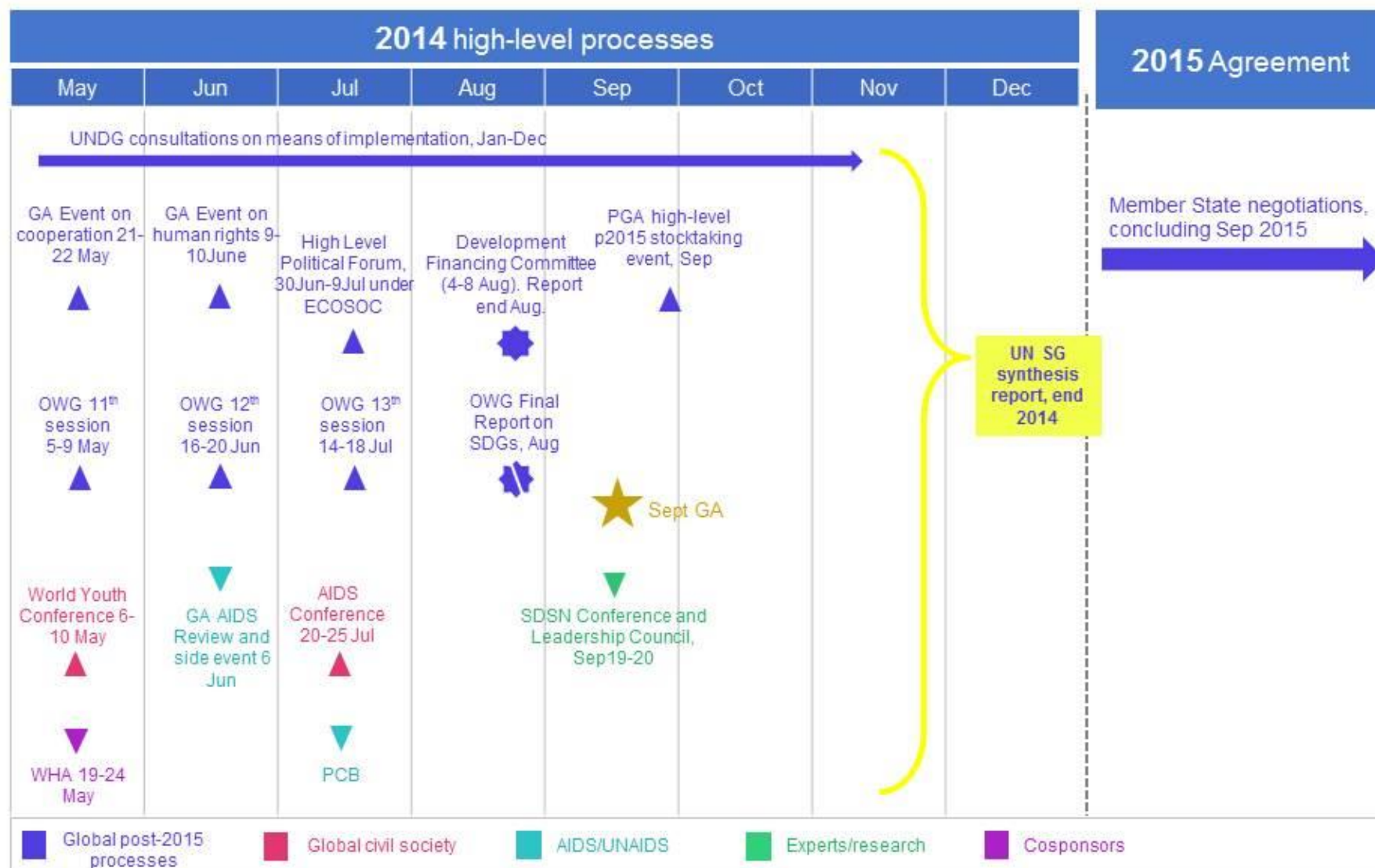
UNAIDS Executive Director has been invited to the meeting to make an intervention on the future of the AIDS response and treatment as a catalyst for ending AIDS.

9. Two million people, and counting, have taken the MYWorld Survey and identified their priorities for the future. Among all people surveyed, "better healthcare" was identified as the second highest priority for the post-2015 agenda, with "a good education" ranked as first.[47]

10. The Secretary-General's Envoy on Youth is facilitating a Global Partnership on Youth, with International Telecommunication Union, UNFPA and UN Millennium Challenge, and the support of the Inter-Agency Network on Youth Development's Sub-Working Group on Post-2015. One component of this partnership constitutes a crowdsourcing exercise to enable young people from around the world to build on the results of the MyWorld2015 survey and the Report of the Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. The five top priorities for young voters derived through the MyWorld2015 survey were: education, employment and entrepreneurship, health, good governance and peace and stability. The objective of the exercise is to allow youth to identify and formulate concrete proposals to support the youth agenda within the post-2015 framework.

The road ahead – *see Annex 2 for further detail*

11. The OWG will hold monthly sessions through mid-July before submitting its final proposal on the SDGs to the UN General Assembly in September 2014. The President of the General Assembly will host a high-level post-2015 stocktaking event in September 2014. Following this, the Secretary-General will, based on all key inputs thus far, develop a synthesis report which is expected to provide a starting point for Member State negotiations. Subsequently, formal negotiations will begin and are foreseen to intensify in May, June and July of 2015, leading up to the September Summit of Heads of State and Government in September 2015 where it is expected that the post-2015 development agenda will be adopted.

2014 high-level processes

May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

2015 Agreement

UNDG consultations on means of implementation, Jan-Dec

GA Event on cooperation 21-22 May ▲

GA Event on human rights 9-10June ▲

High Level Political Forum, 30Jun-9Jul under ECOSOC ▲

Development Financing Committee (4-8 Aug). Report end Aug. ✦

PGA high-level p2015 stocktaking event, Sep ▲

OWG 11th session 5-9 May ▲

OWG 12th session 16-20 Jun ▲

OWG 13th session 14-18 Jul ▲

OWG Final Report on SDGs, Aug ⬥

★ Sept GA

World Youth Conference 6-10 May ▲

GA AIDS Review and side event 6 Jun ▼

AIDS Conference 20-25 Jul ▲

SDSN Conference and Leadership Council, Sep19-20 ▼

WHA 19-24 May ▼

PCB ▼

UN SG synthesis report, end 2014

Member State negotiations, concluding Sep 2015

■ Global post-2015 processes
■ Global civil society
■ AIDS/UNAIDS
■ Experts/research
■ Cosponsors

ANNEX 3. THE UNAIDS SECRETARIAT'S ENGAGEMENT AND INITIATIVES IN THE POST-2015 DEBATE

Senior management engagement

12. Inter-agency bodies in the UN system serve as important mechanisms to transfer the experience of UNAIDS and the AIDS response to the broader post-2015 framework. UNAIDS senior leadership has been engaged in the Chief Executives Board (CEB) and its three high-level committees – the UN Development Group, the High-Level Committee on Management (HLCM) and the High-Level Committee on Programmes (HLCP) – to contribute to strategic discussions and decisions on the overall positioning of the UN system in the post-2015 era. In the CEB, the UNAIDS Executive Director underscored how the lessons learned from the AIDS response and the approach of the Joint Programme could serve to inform the post-2015 development agenda, with a particular focus on responding to the needs of people left behind not only with respect to the AIDS response but across the entire sustainable development spectrum.

13. At its Fall 2013 session, the CEB agreed that the leadership of the UN system faced two distinct challenges in providing support to Member States in preparing and implementing the post-2015 development agenda: first, the UN system needs to achieve clarity and a common understanding of key principles that will inform and guide the decisions of Member States; and second, it needs to ensure that the organizations of the UN system, individually and collectively, are fit for the purpose of operationalizing the post-2015 agenda. In the UNDG and as vice-chair of the HLCM, UNAIDS has contributed its experience to the 'fit for purpose' dialogue.

14. At its Spring 2014 session, held 7-9 May 2014 in Rome, the CEB focused on fit for purpose within the framework of the post-2015 development agenda, with Executive Heads assessing the key principles and changes required by agencies to inform and guide the UN system, individually and collectively, in supporting countries in operationalizing the post-2015 development agenda. The discussion centred on how best Member States can respond to the demands and requirements of a new sustainable development agenda, one that builds on the successes of the MDGs yet will be broader and more universal in nature to address the challenges that were not as visible or prominent when the MDGs were adopted in 2000.

15. UNAIDS has engaged in several international and regional conferences and with intergovernmental bodies throughout the past year to reinforce the cross-sectorality of the AIDS response on issues such as gender, education and human rights. During the Commission on the Status of Women, for example, the Executive Director spoke at the side-event "Linking HIV, gender equality and sexual and reproductive health and rights as part of the Every Woman Every Child initiative, and the post-2015 social justice agenda". UNAIDS engaged in a Pan-African Parliamentary Roundtable which concluded on the need to ensure that ending the AIDS epidemic remains a key priority in the post-2015 development agenda. UNAIDS also participated in and supported PANCAP to coordinate the Caribbean Consultation on Justice for All and Human Rights – where there were strong calls for zero discrimination for ending AIDS. Other UNAIDS's senior management engagements included at the International Conference on AIDS and STIs in African held in South Africa and the IV Eastern Europe and Central Asia HIV/AIDS Conference held in Moscow, as well as at events organised by the African Union and the European Commission. The outcome of these events were strong regional calls for a global commitment to ending the AIDS epidemic.

16. The UNAIDS Executive Director contributed to the President of the General Assembly's high-level event on "The contribution of women, youth and civil society to the post-2015 agenda," highlighting linkages with the HIV response and the need for continued efforts beyond 2015. UNAIDS also supported the participation of Jacquelyne Alesi, a Ugandan AIDS activist and young woman living with HIV, in this event.

17. In January 2014, UNAIDS and the World Bank co-hosted a high-level meeting in Washington DC to address shared issues of AIDS, inequality and poverty. The Administrator of UNDP, the President of the World Bank, and UNAIDS's Executive Director agreed to work closely and with other partners to address the social and structural drivers of the HIV epidemic. UNAIDS and the World Bank Group also agreed to advocate for the inclusion of targets to end AIDS along-side aspirations of universal health coverage in the post-2015 agenda. Building on this event, two high-level meetings will be convened in 2014 with national policy leaders and experts on ending AIDS and extreme poverty.

Civil society support

18. The PACT, which is a collaboration of 25 youth-led and youth-serving organizations, together with UNAIDS, launched ACT 2015!, a global youth movement-building initiative in November 2013. ACT 2015! aims to secure a post-2015 development framework that commits to:
   - Ending the AIDS epidemic by 2030, and
   - Universal access to sexual and reproductive health and rights.

19. ACT 2015! is a three-phase initiative. In phase one young people organized Community Dialogues across the world to agree priorities and to generate a commitment to take action in the national post-2015 process. More than 180 Dialogues were registered on the ACT 2015! online platform. In the second phase, young people are advancing the priorities identified through development and implementation of advocacy and lobbying strategies to influence Member States' priorities and positions. Phase three will be formulated on the side-lines of the International AIDS 2014 conference, when more information on the inter-governmental negotiation process is expected to be available.

20. The Civil Society Working Group on the Post-2015 Development Agenda (CSWG), convened by the International Council of AIDS Service Organizations (ICASO) and supported by UNAIDS met for the second time in Amsterdam in December 2013. Recognizing the Group's critical role in engaging in the post-2015 debate at the global level, UNAIDS co-funded the second phase of the CSWG advocacy work through ICASO for 2014.

21. On 5 May 2014 UNAIDS and the CSWG co-convened a strategic planning meeting in New York to take forward the second phase of work. Regular calls have been established and an action plan for coordinated efforts is being finalized. UNAIDS and the CSWG are aligning messages appropriate for post-2015 that will ensure the prominence of HIV in the post-2015 development agenda. Civil society and UNAIDS will partner on work at the global, regional and national levels to advance a commitment to ending the AIDS epidemic and address factors that make progress against the epidemic possible.

22. On 28 January 2014, UNAIDS convened a consultation with civil society, academia and foundations from New York to discuss and give inputs on the papers prepared by the three Working Groups of *The UNAIDS and Lancet Commission: Defeating AIDS –*

Advancing global health and to deliberate on how best to bridge the work of the Commission and the post-2015 processes.

23. UNAIDS is also co-moderating the health track of the Secretary General's Envoy on Youth's crowdsourcing exercise to enable young people from around the world to formulate concrete proposals to support the youth agenda within the post-2015 framework referenced in paragraph 11 of Annex 1.

24. The Organization of African Youth (OAY) is organizing a continental High-Level Youth Policy Dialogue on Sustainable Development Goals in Nairobi, Kenya in July 2014. It aims to facilitate youth debate on the SDGs and on an SDG on youth development. The OAY invited UNAIDS to join the steering committee of the event, to help develop a session on SRHR and HIV and to send a high-level speaker.

25. In order to help strengthen civil society's advocacy efforts at the country level, UNAIDS is collaborating with Stop AIDS Alliance to reinforce the capacity of civil society to inform and leverage national governments' post-2015 priorities and positions. This initiative aims to ensure that civil society organizations in selected countries are fully informed on the post-2015 process and to facilitate the development of a coherent civil society position on the post-2015 agenda in respective countries. A pilot is being undertaken in Bangladesh, with implementation in additional countries in Africa and Latin America soon to follow.

Engagement in ongoing global technical processes

26. Several Cosponsors and the Secretariat are active members of the UN System Task Team, established to support system-wide preparations for the post-2015 agenda.

27. Under the umbrella of the UN System Task Team, the Secretariat is also a member of the Interagency Technical Support Team to support the Open Working Group, which is at the disposal of the OWG and its co-chairs to answer technical questions such as "what are the current universally agreed targets for prevention of mother to child transmission?" or "what would aspirational levels be for new health targets?" and produce technically and statistically sound suggestions for the political decisions taken by the OWG. The Technical Support Team is, among other things, currently developing a paper on the criteria for defining a transformative agenda. This set of criteria could be used as a tool to vet proposed targets as well as to help answer questions such as whether a proposal holds transformative power, whether it is appropriate as a target (as opposed to a goal or indicator), and whether it takes into consideration the interlinkages between thematic areas.

Secretariat-led technical work

28. With recent developments, including the launch of the 2013 WHO ART guidelines, over 25 countries are revising their 2015 targets. UNAIDS Country Offices are providing critical technical support in this effort. This inclusive, bottom-up process provides an opportunity to both ensure that near-term (2015) targets are adjusted to account for new developments, and that medium- (2020) long-term (2030) targets are in line with a commitment to ending the AIDS epidemic by 2030.

29. The Monitoring and Evaluation Reference Group (MERG)[48] Indicator Working Group reviewed proposed targets and indicators for AIDS in the post-2015 development framework during a webinar meeting in December 2013. These were further discussed during a face-to-face meeting of the Indicator Working Group in Geneva on 20-21 May

2014 where the group was supportive of language on a commitment to ending the AIDS epidemic as a public health threat by 2030 and the benefits of three indicators relating to UNAIDS three zeroes. It was agreed that existing indicators could be used to measure new HIV infections and AIDS-related deaths but that further work was needed to elaborate a suitable indicator to measure stigma and discrimination. A Working Group was set up to work on this, building on the existing GARPR stigma indicator and the Stigma Index. The MERG Indicator Working Group coordinates and makes technical recommendations on indicator development, revisions, and reviews. The group brings together M&E experts from National AIDS Commissions, civil society, academia, UNAIDS Cosponsors and other key partners such as PEPFAR and the Global Fund.

30. The UNAIDS Secretariat is working to build regional and global scenarios to identify possible future courses of the AIDS epidemic and elucidate policy and political choices to shape that future. The scenarios will provide: 1) a view of multiple possible future developments (20-25 years) of the epidemic; and 2) insights on political options and choices to reach global and regional targets which can be used in the context of post-2015 policy-making.

ANNEX 4. DRAFT OPEN WORKING GROUP PROPOSED GOALS AND TARGETS RELEVANT TO THE AIDS RESPONSE (FROM THE WORKING DOCUMENT DATED 2 JUNE 2014)

Proposed goal 1. End poverty in all its forms everywhere

1.1   by 2030, eradicate extreme poverty by bringing the number of people living on less than $1.25 a day to zero
1.2   reduce by at least x% the proportion of people living below national poverty lines by 2030
1.3   by 2030, fully implement nationally appropriate social protection measures including floors, with a focus on coverage of the poor, the most marginalized and people in vulnerable situations
1.4   by 2030 achieve equal access to productive employment and decent work for all, including the poor, persons with disabilities, and other people in vulnerable situations as well as women and young people
1.5   by 2030 ensure development opportunities for all men and women, including secure rights to own land, property and other productive resources, and access to financial services, with particular focus on the poor, the most marginalized and people in vulnerable situations
1.6   by 2030 strengthen early warning and disaster risk reduction systems and related capacities with the aim of building resilience and protecting the poor and those in vulnerable situations from disasters and shocks, including climate-related extreme events
1.7   pursue sustained and inclusive economic growth as a key enabler for achieving poverty eradication
1.8   integrate biodiversity conservation measures into national and local development strategies, planning processes and poverty reduction strategies

Proposed goal 2. End hunger, achieve food security and adequate nutrition for all, and promote sustainable agriculture

2.1   end hunger and ensure that all people have access to adequate, safe, affordable, and nutritious food all year round by 2030
2.2   end malnutrition in all its forms, including undernutrition, micronutrient deficiencies and obesity and overweight, with special attention to reducing stunting by 40% and wasting to less than 5% in children less than 5 years of age by 2025, and address the nutritional needs of pregnant and lactating women
2.3   by 2030, substantially increase small-scale food producers' incomes and productivity, including small family farmers, pastoralists and fishers, with a particular focus on women
2.4   by 2030 achieve access to adequate inputs, knowledge and productive resources, financial services and markets, especially for small and family farmers, pastoralists, and fishers, with a particular focus on women
2.5   by 2030, develop food systems that are more productive, sustainable, resilient and efficient, and minimize adverse human and environmental impacts without compromising food and nutrition security
2.6   by 2030 reduce by 50% global food waste at retail and consumer level
2.7   by 2030 reduce by 50% production and post-harvest food losses and those along food supply chains
2.8   by 2030, fully implement agricultural practices that strengthen resilience and adaptation to extreme weather, drought, climate change and natural disasters, in particular for small-scale farmers

2.9 achieve by 2030 protection and sustainable use of agricultural biodiversity, including through enhanced use and application of indigenous practices and local and traditional knowledge, and through agricultural research and development related to agro-biodiversity and diversity of food

2.10 improve effectiveness of addressing humanitarian food emergencies, including as appropriate through stockholding

2.11 by 2030 fully implement measures that curb excessive food price volatility and ensure proper functioning of markets.

Proposed goal 3. Attain healthy life for all at all ages

3.1 by 2030 reduce the maternal mortality ratio to less than 40 per 100,000 live births

3.2 by 2030 end preventable newborn, infant and under-five deaths

3.3 by 2030 end HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases

3.4 by 2030 reduce by x% premature deaths from non-communicable diseases (NCDs), reduce deaths from injuries, including halving road traffic deaths, promote mental health and wellbeing, and strengthen prevention and treatment of narcotic drug and substance abuse

3.5 by 2030 increase healthy life expectancy for all by x%

3.6 achieve universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalized and people in vulnerable situations

3.7 by 2030 ensure universal availability and access to safe, effective and quality affordable essential medicines, vaccines, and medical technologies for all

3.8 ensure universal access to sexual and reproductive health for all

3.9 by 2030 decrease by x% the number of deaths and illnesses from indoor and outdoor air pollution

Proposed goal 4. Provide equitable and inclusive quality education and life-long learning opportunities for all

4.1 by 2030 ensure all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2 by 2030 ensure equal access for all to affordable quality tertiary education and life-long learning

4.3 by 2030 increase by x% the proportion of children able to access and complete inclusive quality pre-primary education and other early childhood development programmes

4.4 achieve universal youth literacy and basic numeracy and an increase by x% of adult literacy and basic numeracy by 2030

4.5 by 2030 increase by x% the number of young and adult women and men with the skills needed for employment, including vocational training, ICT, technical, engineering and scientific skills

4.6 by 2030 ensure that people in vulnerable situations and marginalized people including persons with disabilities and indigenous peoples have access to inclusive education, skills development and vocational training aligned with labour market needs

4.7 by 2030 integrate relevant knowledge and skills in education curricula and training programs, including education for sustainable development and awareness raising on culture's contribution to sustainable development

4.8 by 2030 ensure that all schools and other educational institutions provide safe, healthy, non-discriminatory and inclusive learning environments for all

4.9 by 2030 enhance the quality of teaching through promoting training for teachers

Proposed goal 5. Attain gender equality, empower women and girls everywhere

5.1   end all forms of discrimination against women and girls
5.2   eliminate all forms of violence against all women and girls in public and private spaces
5.3   eliminate all harmful practices, including child, early and forced marriage and female genital mutilations
5.4   ensure equal access to quality education and eliminate gender disparities at all levels of education and training
5.5   ensure women's equal access to full and productive employment and decent work, and equal pay for work of equal value
5.6   reduce and redistribute unpaid care and domestic work through shared responsibility
5.7   ensure women's equal access to, control and ownership of assets and natural and other productive resources, as well as non-discriminatory access to essential services and infrastructure, including financial services and ICT
5.8   ensure full, equal and effective participation and leadership of women at all levels of decision-making in the public and private spheres
5.9   ensure universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the ICPD
5.10 promote the availability of gender disaggregated data to improve gender equality policies, including gender responsive budgeting
5.11 fully engage men and boys in efforts to promote and achieve gender equality and the empowerment of women and girls

Proposed goal 8. Promote strong, inclusive and sustainable economic growth and decent work for all

8.1   sustain per capita economic growth of at least x% per annum (with x being set at a level appropriate to national circumstances)
8.2   sustain income growth of the bottom 40% of the income distribution of each country of at least y (greater than x)% to reduce income inequalities by 2030
8.3   by 2030 achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities
8.4   by 2020 halve the number of youth not in employment, education or training
8.5   create a sound macroeconomic environment with strong fiscal and monetary policies
8.6   create an enabling environment for business with strong national economic institutions and policies that support investment and promote competition
8.7   create incentives for the development of sustainable tourism which takes into account community participation, local culture and local products
8.8   create enabling conditions for increased growth and productivity of micro-, small- and medium-scale enterprises (SMEs), including through policies that promote entrepreneurship, creativity and innovation, and through improved access to markets and financial services
8.9   increase the share of high productivity sectors and activities in the economy, and strengthen productive capacities through technological upgrading, greater value addition and product diversification, with a particular focus on LDCs
8.10 promote greater resource efficiency of economic activities, including through sustainable supply chains, according to national circumstances and capacities
8.11 support the development of quality, reliable, sustainable and resilient infrastructure for transport, energy, water and communications, in particular in developing countries with a focus on access for the rural and urban poor
8.12 improve regional and trans-border infrastructure to promote effective regional economic integration and facilitate trade

8.13 end child labour by 2030, protect the rights and ensure safe and secure working environments of all workers, including migrant workers and those in precarious employment

8.14 promote formalization of informal sector activities and employment

8.15 by 2030 lower the overall costs in migration processes and minimize transaction costs of remittances

8.16 explore the possibility of a broader system of capital accounting looking beyond GDP and incorporating social, human and environmental capital

Proposed goal 10. Reduce inequality within and among countries

Reduce inequality among social groups within countries:

10.1 by 2030 eliminate discriminatory laws, policies and practices

10.2 achieve and sustain income growth of the bottom 40% of the population that is higher than the national average through 2030

10.3 by 2030 reduce inequalities of opportunity and outcome among social groups, including economic, social, and environmental inequalities

10.4 work towards reversing the decline of the share of labour income in GDP where relevant

10.5 empower and promote the social and economic inclusion of the poor, the marginalized and people in vulnerable situations, including indigenous peoples, women, minorities, migrants, persons with disabilities, older persons, children and youth

10.6 promote and respect cultural diversity

10.7 ensure the availability of high-quality, timely and disaggregated data to ensure monitoring of progress for marginalized groups and people in vulnerable situations

International actions to reduce inequalities among nations:

10.8 establish measures at global level to reduce inequality among countries

10.9 promote strong international institutions, including through the conclusion of reforms for increasing effective and democratic participation of developing countries in international financial institutions

10.10 improve regulation of global financial markets and institutions and strengthen their implementation

10.11 facilitate greater international mobility of labour while mitigating brain drain

10.12 assist developing countries in attaining long term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring

Proposed goal 11. Build inclusive, safe and sustainable cities and human settlements

11.1 by 2030, ensure universal access to adequate and affordable housing and basic services for all, and eliminate slum-like conditions everywhere

11.2 by 2030, provide access to safe, affordable, accessible and sustainable transport for all, expand public transport and improve road safety

11.3 enhance capacities for integrated and sustainable human settlement planning and management for all, particularly developing countries

11.4 strengthen positive economic and social links between cities and peri-urban and rural areas

11.5 by 2030, reduce the environmental impacts of cities and improve the quality of environment in cities

11.6 by 2020, increase by x% the number of human settlements adopting and implementing policies and plans towards resilience and adaptation to climate change and natural disasters
11.7 enhance social cohesion and personal security, and ensure universal access to inclusive and safe public spaces
11.8 by 2030 ensure that all cities are accessible and offer opportunities to persons with disabilities
11.9 protect and safeguard the world's cultural and natural heritage

Proposed goal 16. Achieve peaceful and inclusive societies, rule of law, effective and capable institutions

Fostering peaceful and inclusive societies:

16.1 by 2030 reduce levels of violence and related death rate by x%
16.2 by 2030 end abuse, exploitation and violence against children
16.3 by 2030 reduce illicit financial flows by x% and reduce money laundering and all forms of organized crime including human trafficking and illicit trade in arms, drugs and wildlife
16.4 by 2030 increase inclusive, participatory and representative decision-making at all levels, taking into consideration the interests of present and future generations
16.5 by 2020 build necessary capacities of sub-national and local governments for fostering peaceful and inclusive societies
16.6 forge unity in diversity through democratic practices and mechanisms at the local, national and international levels
16.7 by 2020 provide information and education on a culture of non-violence
16.8 strengthen mechanisms for formal and non-formal dispute resolution at all levels
16.9 reduce the number of internally displaced persons and refugees
16.10 enhance the capacity, professionalism and accountability of the security forces, police and judiciary

Rule of law, effective and capable institutions:

16.11 develop effective, accountable and transparent public institutions at all levels
16.12 by 2030 provide equal access for all to independent, effective, and responsive justice systems that respect due-process rights, and equal access to legal aid
16.13 by 2020 provide legal identity for all, including birth registrations
16.14 by 2020 improve public access to information and government data, including on public finance management, public procurement and on the implementation of national development plans
16.15 by 2030 ensure that all laws are publicized and accessible by all
16.16 by 2030 establish and implement effective regimes to decrease and provide accountability for corruption and bribery in all its forms and at all levels
16.17 promote freedom of media, association and speech

Proposed goal 17. Strengthen and enhance the means of implementation and global partnership for sustainable development

Proposed goal 1. End poverty in all its forms everywhere

17.1 develop and implement effective and targeted capacity building programmes in developing countries in support of national plans for implementing sustainable development goals

17.2   realize timely implementation of duty-free quota-free market access, on a lasting basis for all least developed countries in accordance with WTO decisions and the Istanbul Programme of Action

17.3   developed countries implement fully ODA commitments to provide 0.7% of GNI in ODA to developing countries of which 0.15-0.20% to least-developed countries on an agreed timeline based on internationally agreed principles

17.4   direct ODA and encourage financial flows to states where the need is greatest, in particular African countries, LDCs, SIDS, LLDCs, and vulnerable states

17.5   ensure that adequate policy space is given to developing countries by the international organizations to enable developing countries to establish and implement their policies for poverty eradication and sustainable development

17.6   support broad-based multi-stakeholder partnerships, including with civil society, the private sector, and multiple levels of government, that mobilize knowledge, expertise, technologies and financial resources to support achievement of sustainable development goals, particularly in developing countries

Proposed goal 2. End hunger, achieve food security and adequate nutrition for all, and promote sustainable agriculture

17.7   reduce distortions in international trade, including phasing out all forms of agricultural export subsidies as soon as possible in line with the objective set out by the WTO Ministers in the 2005 Hong Kong Ministerial Declaration

17.8   improve regulation with strengthened implementation of financial institutions and financial markets, including food commodity markets, to ensure global financial stability and to help dampen food price volatility

17.9   increase investment in rural infrastructure, agricultural research, technology development, institutions and capacity building in developing countries to enhance agricultural productive capacity, particularly in countries that are net food importers

Proposed goal 3. Attain healthy life for all at all ages

17.10   strengthen implementation of the Framework Convention on Tobacco Control in all countries who have ratified the Convention and urge countries that have not ratified it to ratify and implement it

17.11   support research and development of vaccines and medicines for the communicable diseases that primarily affect developing countries

17.12   in cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries, and support developing countries' use of TRIPS flexibilities

17.13   increase by 2030 the recruitment, development and training and retention of the health workforce by x% and teachers by y% in developing countries, especially in LDCs

17.14   increase the capacity for early warning, risk reduction, and management of national and global health risks

Proposed goal 4. Provide equitable and inclusive quality education and life-long learning opportunities for all

17.15   by 2020 expand by x% globally the number of scholarships for students from developing countries to enrol in higher education programmes in developed countries and other developing countries, with a particular focus on science, engineering, health, economics, finance, management and sustainable development

Proposed goal 5. Attain gender equality, empower women and girls everywhere

17.16 by 2030, achieve universal access to ICT for all women and men, including as a means of promoting women's empowerment
17.17 increase financial resources and services across all sectors to achieve gender equality, empowerment of women, and the realization and enjoyment of women's and girls' human rights

Proposed goal 8. Promote strong, inclusive and sustainable economic growth and decent work for all

17.21 enhance global macroeconomic policy coordination and increase policy coherence in support of sustainable development
17.22 promote an open, rules-based, non-discriminatory and equitable multilateral trading system, including complying with the mandate for agriculture, services and non-agricultural products of the World Trade Organisation Doha Round and implementing the outcomes of the World Trade Organisation Bali Declaration
17.23 ensure a speedy conclusion of an ambitious, balanced, comprehensive and development-oriented outcome of the Doha Development Agenda of multilateral trade negotiations
17.24 improve market access for agricultural, fisheries and industrial exports of developing countries in particular African countries, Least Developed Countries, LLDCs and SIDS with a view to increasing their share of exports in global markets
17.25 increase trade-related capacity-building assistance to developing countries, including support for building their capacity to meet product regulations and standards, and enhance Aid for Trade initiatives including through the "Enhanced Integrated Framework"
17.26 promote regional and international collaboration on and access to science, technology, innovation, research and knowledge sharing, including through North-South, South-South and triangular cooperation
17.27 mobilize additional international financial resources for development from multiple sources
17.28 strengthen domestic resource mobilization of developing countries, providing international support to improving tax collection, tax and natural resource revenue transparency
17.29 facilitate investments in developing countries in infrastructure such as roads, railways, ports, water supply and treatment, and ICT
17.30 by 2030 countries progressively introduce broader measures of progress beyond GDP into national accounting, with supportive statistical capacity building in developing countries

Proposed goal 10. Reduce inequality within and among countries

17.34 by 2030 reduce to 5% or below the transaction costs of migrants' remittances, including regulatory and administrative costs
17.35 enhance global cooperation to facilitate orderly, safe, responsible migration and mobility of people, including through implementation of planned and managed migration policies that facilitate migrants' contribution to sustainable development
17.36 by 2020, substantially strengthen capacities for data collection and statistical analysis relevant to sustainable development with a focus on generating timely and high-quality data disaggregated, as appropriate, by income, gender, age, race, ethnicity, and rural/urban location

Proposed goal 11. Build inclusive, safe and sustainable cities and human settlements

17.37 provide financial and technical support to least developed countries to build urban infrastructure including communications, sewerage, waste management, recycling and other basic services

Proposed goal 16. Achieve peaceful and inclusive societies, rule of law, effective and capable institutions

17.42 all countries should continue to act within the provisions of existing relevant international agreements

17.43 undertake regular monitoring and reporting of progress on SDGs within a shared accountability framework, including means of implementation, the global partnership among Member States and multi-stakeholder initiatives and partnerships

17.44 promote strong international institutions, including conclusion of reforms for increasing effective and democratic participation of developing countries in international financial institutions

17.45 cooperate globally to reduce substantially international tax evasion and avoidance

17.46 cooperate globally to combat illicit financial flows and transfers, recover stolen assets and return them to their countries of origin

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