



HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT

HLPF 2021 Updated Note: Protecting and advancing human wellbeing and ending poverty

(Most closely related SDGs: SDG 1, SDG 3, SDG 4, SDG 6, SDG 16, and SDG17)

Background Note¹

1. Executive summary

1. In recent decades, the world has made substantial advances toward eradicating extreme poverty, advancing human well-being and building capabilities, but extreme deprivations persist, and progress remains uneven. The COVID-19 pandemic risks pushing some 120 million people back into extreme poverty, and the number of people facing food insecurity could double. The crisis is exacerbating existing inequalities, as well as exposing gaps in access to essential services including health care, social protection, schooling and learning opportunities, decent work, nutrition services, digital technologies, the internet and others. Environmental degradation and climate change, continuing mostly unchecked over decades, risks further undermining past gains and the well-being of future generations.

2. Entering the Decade of Action, and as countries respond to, and recover from, the COVID-19 crisis, it is imperative to ensure that past gains in eradicating deprivations are not erased and that recovery measures tackle systemic structural inequalities, and are inclusive of the voices of vulnerable groups, while supporting long-term transformations that address the interconnectedness of social, economic and environmental challenges to advance human well-being in all its dimensions.

3. Specifically, stakeholders must work together to empower people and build capabilities by scaling up the universal provision and accessibility of quality public goods and services such as universal health care (including RMNCAH²) education, social protection, sustainable food systems, housing and water and sanitation systems as well as access to communications technologies; and to ensure that these systems are well suited to respond rapidly to climate-related and other crises and novel circumstances, meet sudden surges in demand by maintaining universal access, and address population specific challenges including through legislation and policies to remove structural barriers to accessibility for vulnerable groups, and gender transformative policies and approaches.

4. Long-term, holistic, and human rights-based approaches to social protection that empower all segments of society to play a role in the development of their communities are key to reducing inequalities and building resilience in the face of future shocks and stressors. Social protection systems should not only be 'ready' to protect and stabilize the incomes of people, but also guarantee continued access to basic services and help to build capabilities and resilient societies.

5. Public investments should be made in ways that harness synergies across the SDGs including to grow the economy and generate decent jobs, for example as teachers and health care workers or in renewable energy infrastructure, including in disadvantaged and rural and remote areas and among

¹ This background note, which was originally drafted as a background note for the 2020 HLPF by UNDESA, UNDP, UNESCO, UNFPA and WHO, and benefited from the knowledge and expertise of other UN agencies and experts, has been updated through a call for additional inputs and updates for 2021.

² RMNCAH- Reproductive, Maternal, Neonatal, Adolescent, and Child Health

women and youth and other vulnerable groups. Policies and multi-stakeholder partnerships that harness the interlinkages across goals and orient budgets toward inter-generational well-being will be important during the projected period of economic recession.

6. Pathways forward require strong institutions, cooperation, collaboration and dialogue among multiple stakeholders- local, national, international, public and private- employing many levers of change including advances in the collection and utilization of quality, accessible, timely, disaggregated data, and the application and advancement of science and technology to help expand human capabilities and eliminate deprivations while also mitigating trade-offs, including with the natural environment. Through the COVID-19 crisis response, the long-term objectives of maintaining past progress toward eradicating extreme deprivations and advancing human well-being and building capabilities for a more resilient world must be at the heart of planning.

Advancing human well-being, including material well-being and health for all, as well as other aspects of life that people value, like education, a voice, access to a clean and safe environment and resilience, is at the heart of the 2030 Agenda for Sustainable Development. It is about upholding human rights and eradicating deprivations across multiple dimensions, expanding human capabilities and human "functioning", fostering inclusion, tackling inequalities and closing opportunity gaps, creating conditions for everyone across the life course to expand and fulfill his/her potential, in particular for adolescents during critical transition to adulthood. It is also about safeguarding the natural environment of which everyone is an integral part and on which the well-being of current and future generations depends.

Progress has been made in recent decades to eradicate extreme deprivations and improve lives, but there are still persistent inequalities; inadequate quality and access to education and learning opportunities, now and looking to the future; persistent gender inequality; unequal access to and demand for quality health care including SRHR, and other essential services and exposure to disasters and disease - the consequences of which are laid bare by COVID-19. Unequal access to productive resources and assets such as land, water and financing, compounded by digital divide, make it more difficult for people to make empowered decisions; and insufficient investments in prevention, risk reduction, and resilience to recover from shocks and stressors make past gains precarious. Drivers of inequalities and deprivations must be faced squarely to ensure that everyone has the essential conditions for maintaining health and well-being and continuing learning.

Many of the much-needed transformations to advance human well-being are demonstrably possible through a more equitable distribution of resources and a shift in focus toward the universal provision of public goods. This will require strengthening decision-making power at all levels and agency for all individuals - especially adolescents, youth, women, older persons, persons with disabilities and other marginalised groups – and introducing new mechanisms to reduce inequality and increase accountability. It will also require education and learning at many levels and across the life course and a shift in mindsets toward viewing the well-being of each individual as part of our collective well-being and resilience.

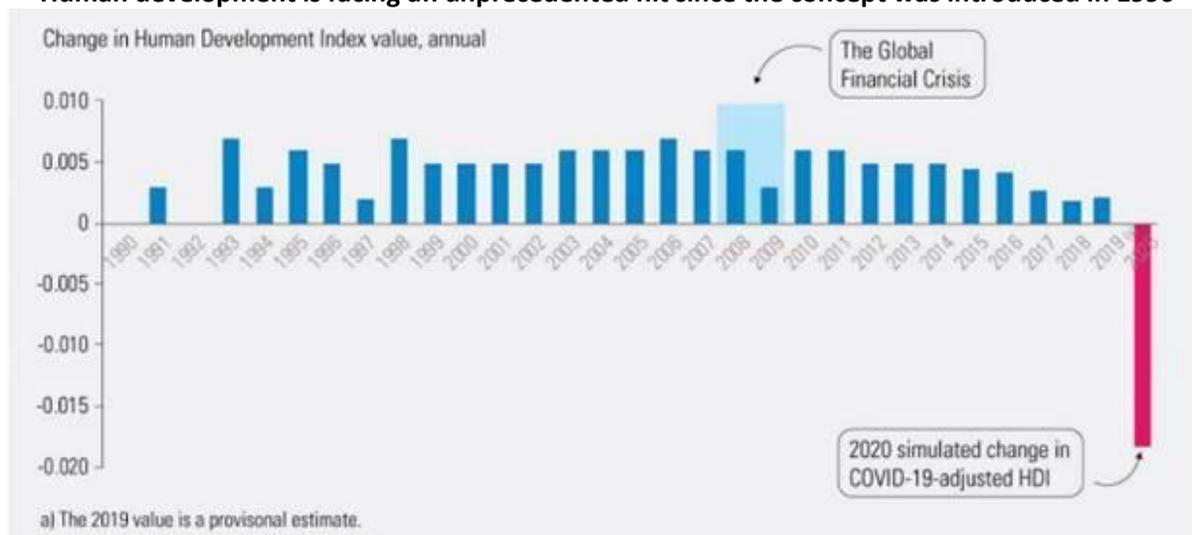
Pathways forward during the Decade of Action and Delivery towards 2030 will be shaped by responses to COVID-19 which has taken a tremendous toll on lives and livelihoods. At the same time, the pandemic unlocked new possibilities for expanded use of technology to reach communities and deliver services under lockdown. Building back better calls for a focus on protecting past gains in human well-being and advancing capabilities for greater future resilience – a move away from business as usual approaches to SDG policy, and towards transformative approaches that harness interlinkages across Goals and Targets. This will require strong institutions, cooperation, collaboration, understanding, empathy, compassion, and dialogue around an emphasis on public goods involving multiple stakeholders in the policy process;

employing levers of change to ensure that progress in well-being is not hampered and no one is left behind, particularly the most vulnerable.

2. Stocktaking and challenges³

Globally, the world has witnessed substantial progress with regards to human well-being in recent decades. But extreme deprivations linger, and progress toward achieving SDGs 1, 3, 4, 6, 16 and 17 remains uneven. Global human development, as measured by the Human Development Index reflecting the world's education, health, and living standards — is on course to decline for the first time since the measurement began in 1990 as a result of the COVID-19 crisis⁴. Many environmental measures were following downward trends before the crisis including greenhouse gas emissions, land degradation, biodiversity loss, wildlife trafficking, absolute material footprints, overfishing and the deterioration of coastal waters.⁵ While there have been reductions in emissions and air pollution relating to restrictions on travel and the economic downturn; these are temporary without longer-term transformations to reverse course on the degradation of nature and meet the most ambitious goals of the Paris Agreement on climate change which are essential for protecting human well-being.

Human development is facing an unprecedented hit since the concept was introduced in 1990



Source: UNDP (May 2020)

Inequalities within and between countries have been persistent. Most of the benefits of economic growth are still being captured by the top 1 per cent, rather than being shared more equitably. In 2019, the world's richest 1 per cent owned 44 percent of the world's wealth.⁶ Among countries with data for the period from 2012-2017, the bottom 40 per cent of the population received less than 25 per cent of overall income or consumption, while the top 10 per cent received at least 20 per cent of the income.

Extreme deprivations have been declining for years marking progress toward SDG 1, but in recent years the pace of global poverty reduction has decelerated. After a decline from 15.7 per cent in 2010 to 10.0 per cent in 2015, the pace of reduction of extreme poverty slowed with a 'nowcast' rate of 8.2 per cent in

³ Unless otherwise noted, data are from the Report of the Secretary-General on SDG Progress 2020, Forthcoming.

⁴ UNDP (2020), COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery.

⁵ Global Sustainable Development Report 2019. *The Future is Now: Science for Sustainability*.

⁶ <https://www.credit-suisse.com/about-us/en/reports-research/global-wealth-report.html>

2019. Today, over 700 million people are extremely poor⁷. In a COVID-19 world, we are moving backwards. Estimated between 143 and 163 million people will be pushed into poverty by end of 2021⁸; in a high-damage scenario,⁹ where COVID-19 recovery is protracted, the total number of extreme poor could reach 1 billion by 2030¹⁰. Across 107 developing countries, 1.3 billion people (22 per cent) live in multidimensional poverty¹¹. But individual countries have shown a more complex trend – with differentiated trends across and within countries (between rural and urban areas). Currently, over 80 per cent of the extreme poor live in rural areas.¹²

In almost every country in the world – rich and poor – children are more likely than adults to live in poverty, and their young age makes them more vulnerable to its effects as with malnutrition. Almost one in five children – 385 million – are living in extreme poverty and almost one in three children – 663 million – are living in households that are multidimensionally poor. High income countries are also not immune from child poverty -- where around 1 in 7 children are deprived. Such deprivations can turn into life-long setbacks and limitations throughout the life-course.

Many people are working, but still live in poverty. In 2019, 12.8 per cent of the world's young workers (aged 15 to 24) lived in extreme poverty compared to only 6.3 per cent of the world's adult workers. In certain countries and contexts, realizing a demographic dividend is critical for sustainable development, and requires strategic and simultaneous investments across a range of sectors. And while there is increased investment in micro financing programmes to create self-employment, these are not always sufficiently supported with consistent legal protective schemes.

The poor and other vulnerable groups are unable to cope with crises like COVID-19. According to 2016 data, 55 per cent of the world's population—about four billion people— do not benefit from any form of social protection. Only one third to half of the global population is covered by essential health services, less than 20 per cent of older persons receive a pension, in agriculture only 20 percent of workers have access to social protection,¹³ only 22 per cent of unemployed workers are covered by unemployment benefits, 28 per cent of persons with severe disabilities receive disability cash benefits, 35 per cent of children worldwide enjoy effective access to social protection and only 41 per cent of women giving birth are covered by maternity cash benefits. This leaves billions at risk in the face of shocks and stressors.

Disasters, including the COVID-19 pandemic, have tragic impacts on human lives and assets. They often lead to a downturn in the trajectory of socioeconomic development and exacerbate underlying vulnerabilities including poverty and existing gender inequalities. Hurricanes, floods, earthquakes, wildfires and other extreme natural hazards exacerbate poverty. Some 80 countries

⁷ For updated figures see the World Poverty Clock, which now calculate for the COVID-19 impact: <https://worldpoverty.io/>

⁸ World Bank (January 2021). [Updated estimates of the impact of COVID-19 on global poverty. Looking back at 2020 and the outlook for 2021.](#) See also the World Bank (March 2021), [March 2021 global poverty update from the World Bank.](#)

Before Covid-19, world poverty (measured at US\$1.90 per day per capita) for 2017 showed an uptick in certain regions: South Asia, Middle East and Sub-Saharan Africa. Poverty halved in East Asia and Pacific (from 2.1% in 2015 to 1% in 2019). The headcount poverty rate globally (at \$1.90) is 9.3% (696 million people), but at a higher cut-off (\$5.50 per day per capita), 43.5% of the world is defined as poor. While this picks up the focus on systems of social protection, health insurance and fiscal measures, the call for universal structural policy and investments in peoples' wellbeing and basic living standards, takes on a different focus.

⁹ With 118 poor women for each 100 poor men aged 15 – 64 (source: UN Women and UNDP, September 2020: COVID-19 will widen poverty gap between women and men, new UN Women and UNDP data shows, available at: <https://www.undp.org/press-releases/covid-19-will-widen-poverty-gap-between-women-and-men-new-un-women-and-undp-data>)

¹⁰ UNDP (December 2020). [COVID-19 could push the number of people living in extreme poverty to over 1 billion by 2030, says UNDP study with Pardee Centre](#), University of Denver.

¹¹ See for more information – UNDP and OPHI (2020), [The 2020 Global Multidimensional Poverty Index \(MPI\)](#).

¹² Castaneda et al., 2018. Who are the poor in the development world? Washington DC, World Bank Group.

¹³ Interim report of the Special Rapporteur on the right to food to the 73rd Session of the General Assembly (A/73/164)

reported on disaster-related losses for 2018. Over 39 million people were reported as affected, of whom 29 million saw their livelihoods disrupted or destroyed. In terms of direct economic losses, \$23.6 billion were reported by countries, of which 73 per cent were attributed to the agricultural sector. COVID-19 will have a global impact on health and poverty alike, with greater impact on vulnerable groups, including on women's economic and productive lives and well-being compared to that of men¹⁴.

While there had been steadfast progress against chronic undernourishment worldwide in the last decades, since 2014, this number had been rising again.¹⁵ It is expected that the direct and indirect impact of COVID-19 will further undermine people's food security and nutrition. For example, the COVID-19 caused recession may lead to an additional 80 million hungry people in 2020 in net food importing countries, with the majority of the increase coming from low-income countries.¹⁶ It is also estimated that every percentage point drop in global GDP will result in an additional 700,000 stunted children and the pandemic could push an additional 10 million of the world's children into acute malnutrition¹⁷. The COVID-19 pandemic has also laid bare the weaknesses of current food systems as livelihoods, production, transportation, and the sale of food (especially fresh food) are compromised.¹⁸

Even though progress in many health areas (SDG 3) continues, the rate of improvement has slowed significantly and will not be enough to meet most Goal 3 targets. If current trends continue to 2030, it is projected that only 39 to 63 per cent of the global population will be covered by essential health services. Therefore, marked acceleration is needed to double coverage to reach the SDG target of Universal Health Coverage (UHC) for all by 2030. And while there have been gains in service coverage, the incidence of catastrophic health expenditure (SDG indicator 3.8.2), defined as out-of-pocket spending in relation to household consumption or income, increased continuously between 2000 and 2015. Millions of people are pushed into extreme poverty each year because of out-of-pocket spending on health – a trend that could be greatly exacerbated by COVID-19.

Furthermore, the pandemic has exposed inadequate and fragile health systems globally and threatens already achieved health outcomes such as declining maternal and child mortality rates. Most countries, especially poor countries, have insufficient health facilities, medical supplies, and health care workers for the surge in demand. Globally, an estimated 295,000 maternal deaths occurred in 2017, resulting in an overall maternal mortality ratio of 211 maternal deaths per 100,000 live births, a 4 per cent reduction compared to 2015 and a 38 per cent reduction compared to 2000. Concerted efforts of the global community continue to reduce preventable child deaths—from an under-5 mortality rate of 76 deaths per 1,000 live births in 2000 to 42 in 2015, to 39 in 2018. Despite this progress, some 5.3 million children died before reaching age five in 2018 alone – many linked to malnutrition – and almost half of those deaths, or 2.5 million, occurred in the first month of life. COVID-19 could impact negatively on rates of reduction of preventable deaths.

Globally, the proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern contraceptive methods only increased slightly from 75.7 per cent in 2010, to around 77 per cent between 2015 and 2020. Globally, the adolescent birth rate has fallen steadily from 45 births per 1,000 women aged 15-19 years in 2015 to 41 per 1,000 in 2020, with the highest rate in sub-

¹⁴ "The Impact of COVID-19 on Women", United Nations, April 2020

¹⁵ <http://www.fao.org/3/ca5162en/ca5162en.pdf>

¹⁶ COVID-19 global economic recession: Avoiding hunger must be at the centre of the economic stimulus, FAO, April 2020 (link)

¹⁷ <https://www.wfp.org/news/coronavirus-threatens-global-surge-malnutrition-jeopardizing-future-extra-10-million-children>

¹⁸ https://www.nutritioncluster.net/sites/default/files/2020-05/HLWG_per_cent20NY_per_cent20_per_cent204_per_cent20May_per_cent202020.pdf

Saharan Africa, 101 per 1,000. The situation may deteriorate due to the COVID-19 crisis, with a projected 47 million women unable to use modern contraceptives due to prolonged lockdowns and disrupted services¹⁹.²⁰ During the pandemic, women have lost more jobs, shouldered a greater share of unpaid work, and suffered a surge in domestic violence. UNDP and UN Women's [COVID-19 Global Gender Tracker](#) shows that some countries are including gender as part of their pandemic response efforts, including to tackle gender-based violence (GBV). But so far, according to the Tracker, the global response is largely blind to women and girls' needs and very few countries have designed their public policy response packages to be gender-sensitive²¹. For instance, the tracker shows that while 164 countries have taken gender-sensitive measures in response to COVID-19, only 25 countries put in place a holistic response.

There has been some progress toward reducing the prevalence of infectious diseases, but the COVID-19 outbreak could reduce vaccination rates and redirect scientific research away from other diseases. In 2018, there were an estimated 1.7 million new HIV infections, an incidence rate of 0.24 per 1,000 uninfected population among the total population, almost unchanged from the level of 0.26 in 2015 – 48 per cent were among women²². After many years of impressive reductions in the global malaria burden, progress has stalled. Globally, malaria incidence (number of cases per 1,000 population) fell from 81 in 2000 to 57 in 2014 and remained at a similar level through 2018.

Immunization is one of the world's most successful and cost-effective health interventions across the life course. While vaccination coverage among infants increased from 72 per cent in 2000 to 85 per cent in 2015 and 86 per cent in 2018, an estimated 19.4 million children did not receive essential vaccines during the first year of life. In addition, global coverage levels of pneumococcal conjugate vaccine with potential to significantly reduce pneumonia is yet to reach 50 per cent coverage. Measles is a highly contagious disease and the 69 per cent coverage of 2-dose vaccine in 2018 is insufficient to prevent measles outbreaks.

Disruptions to immunization programmes and delays to campaigns due to COVID-19 is already resulting in a resurgence of life-threatening infectious diseases like measles, diphtheria, polio, yellow fever and others that are preventable by vaccines that are available now. Measles outbreaks are happening in countries that are already fragile, affected by conflict and vulnerable. For example, measles outbreaks are ongoing in DRC, Pakistan and Yemen including child deaths. The magnitude of the impact will grow, and could be very substantial, the longer and the more widespread the disruption to the immunization programmes, exacerbated by growing poverty and malnutrition.

Noncommunicable diseases, poor mental health and negative environmental conditions put many citizens at greater risk of not only the infection but financial and social jeopardy. Aside from the current pandemic, in so called normal times, the probability of dying from cardiovascular disease, cancer, diabetes or chronic respiratory disease between 30 and 70 years only decreased slightly from 19 per cent in 2010 to 18 per cent in 2016. 7 of the 10 leading causes of deaths in 2019 were noncommunicable diseases. These seven causes accounted for 44% of all deaths or 80% of the top 10. However, all noncommunicable diseases together accounted for 74% of deaths globally in 2019.²³ In addition, NCDs constitute approximately 80% of all years lived with disability globally.²⁴ To a large extent, the diseases and health conditions that are

¹⁹ <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

²⁰ <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

²¹ The Tracker is managed by UN Women and UNDP and is accessible at: <https://data.undp.org/gendertacker/>

²² <https://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures>

²³ WHO Global Health Estimates: <https://www.who.int/data/global-health-estimates> (2020)

²⁴ Institute for Health Metrics and Evaluation. 2020. GBD results tool. Available at: <http://ghdx.healthdata.org/gbd-results-tool>

causing the most deaths are those that are responsible for the greatest number of healthy life-years lost. Heart disease, diabetes, stroke, lung cancer and chronic obstructive pulmonary disease were collectively responsible for nearly 100 million additional healthy life-years lost in 2019 compared to 2000. According to 2016 data, close to 800,000 people died due to suicide every year, it is the second leading cause of death in 15–29-year-olds. Yet, countries spend on average only 2% of their health budgets on mental health. More than 80 per cent of people experiencing mental health conditions, are without any form of quality, affordable mental health care – an urgent challenge given the stress and anxiety generated by COVID-19. In 2016, air pollution led to some 7 million deaths worldwide and, inadequate water, sanitation and hygiene led to a total of 870,000 deaths in the same year. Measures to control COVID-19 infections have had considerable impact on older people as physical and social distancing have increased their vulnerability, affecting mental well-being and access to care.

Advancing human well-being requires building human capabilities through education and life-long learning. SDG4 calls for an expanded vision for education, making education more relevant to the needs of the present and future, and building an expanded set of capabilities in learners. While there are positive developments, progress is still to be made – especially given COVID-19-related school closures around the world. The quality of education remains a challenge across contexts, with an acute shortage of qualified teachers, inadequate learning environments and a lack of basic infrastructure. In 74 countries with comparable data for the period 2011-2019, around seven in ten children aged three and four were developmentally on track in at least three of the following domains: literacy-numeracy, physical development, social and emotional development and learning. Yet, 55 per cent of children and adolescents of primary and lower secondary school age are not achieving minimum proficiency levels in reading while 60 per cent are not reaching these levels in mathematics. Despite the steady rise in literacy rates over the past 50 years, there are still 773 million illiterate adults around the world, two thirds of whom are women.

School closures to stop the spread of COVID-19 are having an adverse impact on learning outcomes and the social, emotional and behavioural development of children and youth. They have affected over 90 per cent of the world's student population at some point—1.6 billion children and youth. Even though remote learning is provided to many students, children and youth in vulnerable and disadvantaged communities, such as those living in remote areas, extreme poverty, fragile states and refugee camps, do not have the same access to reliable and affordable internet or to devices for online learning; and girls have less access than boys. In addition to providing access to standard education curricula, attempts must be made to provide social and emotional learning to strengthen the emotional resilience of students during these times of anxiety, fear and stress. The digital divide will widen existing education equality gaps. Lack of access to school also means lack of access to protection, nutrition, health and other social services for many children, especially the most vulnerable, leaving them exposed to violence and exploitation.

Billions of people around the world still lack access to safely managed water and sanitation services (SDG 6) and to basic handwashing facilities (WASH) at home, critical to preventing the spread of COVID-19, with rural areas consistently lagging behind.²⁵ Water and sanitation are also critical to a continuum of care throughout the life course that includes sexual and reproductive well-being. In 2017, 2.2 billion people were without safely managed drinking water, including 785 million without even basic drinking water; and 4.2 billion were without safely managed sanitation. Of these, 673 million people still practiced open defecation. In 2016, one in four health care facilities around the world lacked basic water services, and

²⁵ Sustainable Development Goal 6: Synthesis Report on Water and Sanitation 2018 (UN Water, 2018)

one in five had no sanitation services. In 2017, three billion people lacked soap and water at home – making handwashing to limit the spread of COVID-19 difficult. In 2019 one-third of health care facilities lacked access to hand hygiene at points of care. One in four facilities had no water services, and 10% had no sanitation services. This means that 1.8 billion people use facilities that lack basic water services and 800 million use facilities with no toilets.²⁶

Conflict, violence, insecurity, weak institutions and limited access to justice (SDG 16) remain a great threat to sustainable development and the advancement and protection of human well-being. Millions of people have been deprived of their security, human rights and access to justice. In 2018, the number of people fleeing war, persecution and conflict exceeded 70 million, the highest level recorded by UNHCR in almost 70 years. The COVID-19 pandemic is linked to an increase in social unrest and violence – including domestic violence and violence against women and children and older people – that greatly undermines human well-being. Violent forms of discipline against children are widespread. In 69 countries (mostly low and middle-income) with data from 2012 to 2019, nearly eight in ten children aged one to 14 were subjected to some form of psychological aggression and/or physical punishment at home in the previous month. Sexual violence is one of the most unsettling of children’s rights violations. In slightly more than one in four countries with comparable data from 2012 to 2019 (45 countries), at least 5 per cent of women between 18 and 29 years of age reported experiencing sexual violence in childhood. Enforcing birth registration with proof of legal identity can help protect children’s rights and enable universal access to justice and social services. Based on data from 2010-2019, the births of around one in four children under age 5 worldwide had never been officially recorded. Fewer than half (44 per cent) of all children under five in sub-Saharan Africa had their births registered.

3. COVID-19 crisis: impacts and recovery

The COVID-19 pandemic is a human and economic crisis that threatens to derail past progress in advancing human well-being and push tens of millions back into extreme poverty and hunger; jeopardizing fragile human security. COVID-19 has overwhelmed health systems, severely impacted the livelihoods of half of the global workforce, kept 1.6 billion students out of schools at some point, and disrupted global value chains and trade. It has exposed deep-rooted vulnerabilities and exposure to risk in public health infrastructure and supply chains, showing the significant work necessary to identify all issues which led to their overburdening not only in developing countries but also highly developed ones. The pandemic and the measures taken to mitigate its impact are affecting human well-being in all its dimensions. Multi-faceted responses across many socio-economic areas will be needed, combining immediate responses with longer-term efforts to build back toward a better and more sustainable future.

Pandemics like COVID-19 put enormous pressure on health systems, especially those that are already struggling with providing basic public health services. When health systems are overwhelmed, both direct mortality from an outbreak such as the COVID 19 pandemic, and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. A reduction in or cessation of immunization programmes could result in a resurgence of life-threatening infectious diseases like measles, diphtheria, polio, yellow fever, influenza and pneumococcal pneumonia and others that are preventable by vaccines. Failures to maintain vaccination and micronutrient supplementation programmes, or community health education, will set the stage for subsequent disease spread and have severe negative effects on nations’ health, wealth, and sustainable development. Without maintaining essential health services, the burden of morbidity and mortality from preventable health threats could even exceed that of COVID-19. For example, a rapid assessment survey indicated that three-quarters (75%) of countries reported a

²⁶ WHO and UNICEF updated [Global Progress Report on WASH in Healthcare Facilities](#) (2020)

considerable degree of disruption of NCD services and 93% of countries reported disruptions in one or more of their services for mental, neurological and substance use disorders.²⁷

While the virus does not discriminate, the impact does – often hitting those who can least cope the hardest: older persons, the poor, and disadvantaged- oftentimes ethnic minorities, those with chronic disease, or those living in crowded conditions. Equitable access to preventative actions, testing, treatment and vaccination is essential for both individual and population health benefits. In order not to lose ground on significant gains over the last two decades in advancing human well-being; responses to the COVID-19 crisis must be holistic, centered around health system strengthening to ensure continuity of services and reduce pressures on the most vulnerable in society. For example, countries must sustain health services across the life course including sexual, reproductive, maternal, new born, child and adolescent health services, and care for older persons, especially in low- and middle-income countries and in settings of fragility, conflict, and violence. Additionally, an estimated 12 million women may have been unable to access family planning services as a result of disruption of contraceptive supplies and services leading to as many as 1.4 million unintended pregnancies.

The pandemic is also threatening human capabilities by putting additional pressure on children and adolescents which could affect their life-long development. With school closures in over 190 countries, children’s education is at risk, with existing learning differences being aggravated by inequalities in access to remote learning options. Given the importance of education and learning to strengthening capabilities and building resilience, this will be a tragedy for years to come. Malnutrition is also a threat for the approximately 370 million children who rely on school meals. Staying at home can itself be a risk factor— during the Ebola outbreak, school closures were associated with spikes in child labour, neglect, sexual abuse and teenage pregnancies.

Even before the pandemic, extreme poverty rate among children were higher than that of adults, with slower progress in poverty reduction for children.²⁸ Monetary poverty analysis shows that due to the ongoing COVID-19 crisis children living in monetary poor households globally could reach around 730 million in the absence of mitigating policies – up by 142 million.²⁹ Nearly two-thirds of these children live in Sub Saharan African and South Asia. It is projected that the pandemic pushed more than 150 million children into multidimensional poverty, making the total number of children experiencing multiple, overlapping deprivations to 1.2 billion³⁰, posing severe threats to the SDG targets of halving child poverty.

The potential losses that may accrue in learning for today’s young generation, and for the development of their human capital, are hard to estimate. More than two-thirds of countries have introduced a national distance-learning platform, but among low-income countries, the share is only 30 percent. Before this crisis, almost one third of the world’s young people were already digitally excluded. Ensuring connectivity for all learners, notably the most vulnerable, and equipping both teachers and students with adequate digital skills to respond to a new educational reality will consequently be essential to ensure learning continuity for all.

²⁷ WHO Rapid Assessment Surveys on the impact of COVID-19 on NCDs and mental, neurological and substance use services (2020)

²⁸ World Bank. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/966791603123453576/global-estimate-of-children-in-monetary-poverty-an-update>

²⁹ UNICEF. <https://data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/>

³⁰ UNICEF. <https://data.unicef.org/resources/impact-of-covid-19-on-multidimensional-child-poverty/>

COVID-19 is compounding existing gender inequalities, with growing reports of increasing gender-based violence and sexual exploitation and abuse. The extended lockdown due to the pandemic puts lives of women at risk, with projected 31 million additional gender-based violence cases due to extended period of movement restrictions. The disruption of services and programmes to end harmful practices against women and girls, and to prevent child marriage will result in significantly reversing progress to date, with an additional 13 million children being married over the next decade and 2 million girls being cut³¹. The UN estimates that 12 million women and adolescent girls lost access to contraception and family planning services, leading to 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries³².

Further, as countries are putting in place stay-at-home measures to contain the spread of COVID-19, older people and women in abusive relationships and their children face an increased likelihood of exposure to violence at home. People of 60 years and above who are asked to self-isolate in care settings and at home are falling victim to the virus in higher numbers than younger ages. It is imperative that services supporting older people and for mitigating the impact of violence on women and their children are included as part of the COVID-19 response, including ensuring access to essential services for survivors of violence and raising awareness about their availability.

The pandemic demonstrates the long-term need for disaster risk-informed investments in service infrastructures, especially in rural and disadvantaged areas where there are inadequate numbers of health and education facilities with electrification and running water, insufficient Internet connectivity for telehealth and digital learning, and a lack of mobile health platforms facilitating connectivity with specialized care. Public works to strengthen services in rural areas can be an economic “charge”, putting people to work and increasing human capital amongst the rural poor, and helping build resilience. Additionally, investments in key community determinants of well-being, such as health education programmes, better access to healthy diets, safe cooking fuels, improved water and sanitation, improved irrigation systems and pollution reduction can all build up rural economies while reducing risk, building resilience and preventing future disease outbreaks.

While COVID-19 related travel restrictions and social distancing measures resulted in some temporary reductions in green house gas emissions and improvements in air quality, these are temporary and will not be maintained without long-term transformations. Human health and resilience, food security, and poverty reduction are all dependent on healthy ecosystems. Yet, the volume of spending committed as part of the economic recovery from the COVID-19 crisis that is potentially harmful to biodiversity outweighs the volume of spending beneficial to biodiversity in 14 out of 17 countries examined in a recent study by the Secretariat of the Convention on Biological Diversity.³³ This could signal that there is an overall tendency to introduce stimulus measures that threaten to drive further biodiversity loss, for example by weakening environmental regulations or increasing harmful subsidies, for the sake of short-term economic growth. Such an approach may be counterproductive in the long term since the further loss and degradation of biodiversity will likely increase pandemic risk and jeopardize achievement of most of the Sustainable Development Goals. The projected decline in biodiversity will affect all people, but it will have a particularly detrimental effect on indigenous peoples and local communities, and the world’s poor and vulnerable, given their reliance on biodiversity for their wellbeing.

³¹ <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

³² https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf

³³ Convention on Biological Diversity. CBD/SBSTTA-SBI-SS/2/2.

4. Policies and actions to maximize synergies, mitigate trade-offs and drive transformation

The goals and targets in the 2030 Agenda are interlinked. Advancing human well-being and building back better from the COVID-19 crisis will require disaster risk-informed policies that respond to the interactions among goals and targets, and across geographies, finding opportunities to build synergies and mitigate trade-offs – especially during a time of economic contraction. There is already a significant amount of knowledge about important interactions in systems to advance human well-being where interventions around one goal or target can alter the possibilities of meeting other goals.³⁴ Acting on evidence about these interlinkages can help **harness synergies** to generate multiple positive outcomes (i.e. actions that increase girls’ access to schooling and reduce infant and maternal mortality rates); **manage trade-offs** between Goals (i.e. actions that reduce poverty while also supporting a shift towards sustainable consumption); and accelerating progress towards achieving the overarching objective of **‘leaving no one behind’** (i.e. actions that eliminate legal or financial barriers to access to services). Advancing human well-being should be pursued in ways that generate synergies with other sets of goals and are inclusive of vulnerable groups and regions.

Advancing human wellbeing is a complex multidimensional issue, calling for evidence-based, context-specific and holistic policy action to address the economic, social, cultural, political, environmental, but also more ‘subjective’ drivers of human wellbeing in an integrated manner, and critically also, to ensure that human wellbeing is sustained across generations and across everyone’s life course. The COVID-19 crisis is challenging human well-being in many ways and is reminding us of the constant trade-off that we face, such as the capacities of government and planet to respond. Policy responses to COVID-19 and to advance human wellbeing will need to strike a careful balance between aspects of development.

COVID-19 has led to a stark SDG regress across the goals. Progress toward the SDGs will be shaped by interactions between many global systems, COVID-19, and the special efforts that national societies and the global community are making to address the pandemic and (re)set themselves on accelerated sustainable development pathways. UNDP and Pardee Center (University of Denver) have simulated the pathway scenarios of the pandemic’s impact on the SDGs. This includes a ‘high damage’ scenario, where economic recovery is delayed, further impairing the ability of governments to invest on the SDGs. Under this scenario, COVID-19 is likely to push an additional 207 million people into extreme poverty by 2030 and increase the female poverty headcount by an additional 102 million compared to that baseline. This could push the number of people living in extreme poverty to over 1 billion by 2030. The study also includes an SDG Push Scenario to illustrate the types of investments necessary to accelerate progress by 2030 – including increased governance efficiency, behavioral changes (production and consumption), and big investments (digitalization and green recovery).

1. Expand systems for the universal provision of quality public goods and services

COVID-19 has been a stress test for public services including health care, social protection, education, food systems, housing and water and sanitation systems. The pandemic has shown that the cost of not having universal public goods that enhance well-being implies costs for all. Even in countries with strong universal systems there have been new challenges resulting from the need to respond rapidly to novel circumstances, meet sudden surges in demand, maintain universal access, and deal with population specific challenges including for vulnerable groups. In countries with less developed systems or without

³⁴ “The future is now. Science for achieving sustainable development”
https://sustainabledevelopment.un.org/content/documents/24797GSDR_report_2019.pdf

universal access, the pandemic has underscored the need to accelerate the deployment of such systems to prevent inequalities from widening and ensure the wellbeing of all. Scaling up and improving the quality of public services while enhancing quality and minimising costs to households is fundamental from a human rights perspective and to address gaps in equity. Robust public free quality education systems are essential for expanding access, promoting social mobility and fostering sustainable development. Public health systems are needed that deliver comprehensive and integrated quality primary health services, within a framework of Universal Health Coverage (UHC), across all population groups, in particular to those who are stigmatized and marginalized due to age, disability, location, ethnicity and other factors. In developing countries and regions with weaker health systems, it is important for governments to keep the market for essential medical supplies open, diversify their suppliers of medical supplies, and build up regional and local production and supply capacities for medical products.³⁵

Public service investments also have immense potential for synergies across the SDGs including to grow the economy and generate decent jobs. For example, the aggregate size of the world's health sector is over US\$ 5.8 trillion per year.³⁶ Demand for health services will continue to increase with the potential to create an estimated 40 million new jobs in health systems by 2030.³⁷ Investment in and recognition of the value of the health and social care workforce, across countries including in disadvantaged and rural and remote areas, not only creates much needed jobs while maximizing women's economic empowerment and participation – women make up 70 per cent of the health care workforce - it also extends universal health care and contributes to global health security. Investments in universal quality education, sustainable food systems, affordable housing, infrastructure including water and sanitation systems, internet access and other public services could generate similar effects. Adequate investment in education can generate co-benefits in the areas of health, poverty reduction, equality, human empowerment and sustainable economic growth, all of which are at the core of human wellbeing. Engagement with local systems and communities to provide public services will help design policies and services that meet local needs and respond to the reality on the ground.

Resilience, including climate resilience, must also be built into public service systems with emergency strategies and plans that are aligned with disaster risk reduction and supported by adequate financing. By implementing the Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030, countries can integrate risk reduction and resilience across their health systems while ensuring public health risks, including epidemics and pandemics, are included within multi-hazard disaster risk reduction strategies. Together with the implementation of the International Health Regulations (2005), this provides a basis for coherent action to facilitate building resilience and health security in communities and countries.

2. Invest in life-long learning and build capabilities

Inclusive and equitable quality education for all is best ensured through public education systems. Education should be free at all levels, ensuring access regardless of background. Universal early childhood education is key for overcoming differences in starting points and support from home. Early childhood poverty and malnutrition, and even exposure to those before birth, negatively affects future attainment, behaviour, health and prospects during the whole life cycle of the concerned individuals. Ensuring access to good nutrition and health including maternal health and education for pregnant women and young children can enhance long-term well-being. Improving school facilities for safely managed drinking water and sanitation services and providing healthy and safe meals in schools can improve attendance among

³⁵ <http://www.intracen.org/covid19/Blog/Strengthening-African-value-chains-in-medical-supplies/>

³⁶ (WHO, 2016)

³⁷ WHO, 2016 and 2017

the poorest families and alleviate hunger and malnutrition. In the current context, COVID-19 responses will require additional resources (e.g., safety and sanitary measures, re-enrolment and remedial programs, and investment in remote learning).

The quality and relevance of education should be improved, ensuring that children and young people are prepared for life as well as the world of work through a broad curriculum that fosters values, attitudes, knowledge and skills across domains. Investing in the education workforce is key to ensuring that all students are taught by trained and qualified teachers. Quality education empowers and promotes the health, well-being and happiness of individuals and societies alike, and builds capabilities to cope with disasters especially when it strengthens critical thinking to understand the complex and multi-dimensional nature of vulnerability. Households with a higher level of education have higher disaster preparedness and suffer lower loss and damage and recover faster from catastrophes. In the digital age, resilience also requires continuous learning in response to technological change not just for youth, but for people of all ages, including older people, who require access to lifelong training and education to remain adept at negotiating changes in technology. Education must also focus on building the social and emotional competencies of all learners to build emotional intelligence and emotional resiliency. Research shows that investment in Social and Emotional Learning (SEL) not only improves the state of well-being of children but also improves measures of academic success by 11 percentage points.³⁸

Strengthening families and communities, equipping teachers with skills and training, and providing social protection for better educational outcomes is crucial. Parental involvement in the education of students begins at home with the parents providing a safe and healthy environment, appropriate learning experiences, support, and a positive attitude about school. Educational practices applying intergenerational and family learning approaches have been implemented across the globe in various cultural, social and economic contexts. Some of these educational interventions focus on parental involvement in children's academic achievement and developing their positive attitudes towards school. Teachers are also at the heart of life-long learning and are key to supporting students and families through times of emergency. Teachers have demonstrated high levels of commitment and creativity in the face of COVID-19. According to UNESCO's numbers, at least 63 million primary and secondary teachers alone have been affected by the pandemic to date. Investing in life-long learning and capacity building requires protecting and supporting teachers, principals, and education personnel. It is also important to support teachers' wellbeing, social-emotional competencies, and resilience before, during, and after crises.

3. Promote Innovation in the delivery of education

The education response to the COVID-19 Pandemic has demonstrated significant capacity for innovation in creating strategies for education continuity which rely on an expanded learning system that engages parents, community members, and learners, in addition to their teachers and other school personnel. The strategies for education continuity have also relied on public-private partnerships and on promoting greater collaboration within government, across levels of governments and across national borders. Many institutions, public and private, have assisted in trying to minimize the learning loss experienced by children as a result of school closures. Leveraging such innovation reservoirs is essential to achieve SDG4, which is in turn a cornerstone toward progress in many other SDGs. Building an ecosystem that fosters and rapidly scales innovation will require changes in education administration and school leadership, as well as greater investments in capacity, and continued collaboration, across public and private sectors, and across levels of governments, opening multiple avenues of participation by civil society, and facilitating international collaboration.

³⁸ Child Development. <https://casel.org/wp-content/uploads/2016/06/meta-analysis-child-development-1.pdf>

4. Ensure access to social protection

Social protection coverage is imperative for eradicating poverty, realizing human rights and fostering wellbeing. Further expanding age, disability and gender-responsive social protection coverage, in particular to the most vulnerable including informal workers, the rural poor, women, children, older persons, migrants, refugees and persons with disabilities, is among the most critical interventions that will need to be resourced and strengthened during the decade of SDG action to generate synergies across the goals. Social protection can facilitate access to nutritious foods, credit, relax liquidity constraints and smooth consumption, all of which help vulnerable households mitigate disaster impacts and avoid falling into poverty or going hungry when facing difficult circumstances. To protect and prevent children from the negative impacts of poverty and deprivation, child sensitive social protection, including cash benefits for children, need to be scaled up rapidly to prevent the intergenerational persistence of deprivation. Yet, prior to the crisis only 35 per cent of children globally received social protection benefits, with the coverage lowest in countries with the highest rates of child poverty.³⁹ Addressing social protection coverage, adequacy and financing will be essential to protect future generation from poverty and vulnerability, and ensure they have resources and capabilities to flourish.

Support for social protection should go beyond scaling-up safety nets. There is a need to advocate for and support a longer-term, more holistic, and human rights-based approach to social protection as a key, transformative pathway to reducing inequalities and building resilience in the face of future shocks. Social protection floors are a first step of a broader strategy for the extension of social security, progressively ensuring higher levels of social security to as many as possible. Social protection systems should not only be 'ready' to protect and stabilize the incomes of people in case of shocks and stressors but also guarantee continued access to essential services and capabilities (health, education, water, Internet and sanitation, etc.) and aim at achieving universal coverage in line with ILO Recommendation 202 and ILO Convention 102. Policies to expand fiscal space for increased public spending are needed to support universal access to social protection. But it should be noted that scaling up social protection is 'smart economics' that build socio-economic resilience (e.g., through increasing consumption and demand, boosting human capital investments, raising job access, increasing national income and revenues). In LDCs, scaling up social protection will require multilateral support to meet humanitarian and recovery needs and build back from the COVID-19 crisis.

5. Ensure access to decent working and employment conditions

Protecting the well-being and health of the working population and their families and communities depends on conditions of work and access to decent jobs. Thus, establishing a labour protection floor that guarantees fundamental workers' rights, an adequate minimum wage, maximum limits on working time, and safety and health at work, is essential. Having paid sick leave, is a prevention measure for the transmission of infectious disease and integrating disaster risk reduction and workplace health and safety can protect workers from hazards that may occur at work. Wages must be sufficient to enable families to purchase provisions and food for more than a few days, requiring the implementation and enforcement of statutory minimum wages that guarantee dignity for all workers and their families.

COVID-19 has highlighted the need for legislation and regulations to ensure decent work conditions for low paid workers in care settings, for migrant and refugee workers who are often housed in substandard dormitory accommodations, and for informal workers with low levels of access to protective equipment and sub-par conditions for hygiene and social distancing. Likewise, in order to support gender equality

³⁹ ILO-UNICEF Joint Report on Social Protection for Children. <https://www.unicef.org/reports/towards-universal-social-protection-children-achieving-sdg-13>

policies should be advanced to enforce equal pay including through pay transparency measures, to provide care services and encourage care responsibilities sharing, and to put forward gender-based anti-discrimination legislation and reduce violence and harassment at work. Finally, decent working conditions also depend on ensuring business accountability and transparency in investments and due diligence in global supply chains. In addition, access to lifelong learning opportunities, as well as in-service and professional training are more than ever critical for ensuring decent work and employment conditions, as illustrated by the recent health crisis.

6. Address the multidimensional nature of poverty and inequality

Focusing on the multidimensionality of poverty and inequality is paramount to achieving all of the SDGs and addressing the multiple and often overlapping deprivations and vulnerabilities at the household and individual level in health, nutrition, education, living standards, decent work, insecurity, exposure to degraded environments, powerlessness and injustice. Tackling poverty and inequality in all its forms shifts action toward integrated and targeted policies that account for ethnicity, age, gender and socio-economic status; address structural and intersecting inequalities and facilitate access to productive resources, services, finance and markets for those “furthest behind”. Successful country action in poverty reduction indicates the fundamental role of addressing deprivations in multiple dimensions. For example, universal access to quality education, basic income and health services - for both men and women - increases the returns on land, animals and labour, which are the main assets of the poor in rural areas.

7. Eliminate discriminatory laws and norms

Countries need to strengthen laws that comply with international human rights standards, enforce antidiscrimination laws and ensure universal and effective access to justice. Where there are high levels of inequality among groups, including between men and women, governments and societies can apply legal instruments and incentives, including non-discrimination laws in hiring practices and wages, targeted skills training, campaigns that seek to reduce stigmatization of certain groups, subsidized services, financial inclusion and access to identification to name just a few. In any context, measures need to be carefully selected to reach the social groups most at risk of falling further behind. In many countries plural legal systems with binding religious or customary law can undermine international human rights obligations or even civil law with harm and negative lifelong implications to women, girls, and LGBTQI populations. Compliance with civil law must be incentivized within countries without exception.

8. Build resilience and reduce disaster risk

Disasters can aggravate the depth and breadth of poverty, and poverty in turn shapes how people experience, cope with and recover from disasters. Disaster risk reduction is critical to the eradication of extreme poverty; and must be done in ways that respond to economic and social vulnerabilities, including variations in exposure of persons and assets like agricultural land and housing to hazards. Preventing the creation of new risk, reducing existing risk and building resilience in line with the Sendai Framework for Disaster Risk Reduction requires integrated solutions and coordinated approaches across sectors and systems. Towards this aim, the implementation of the Bangkok Principles for the health aspects of the Sendai Framework and coherent approaches to the implementation of the 2030 Agenda, Sendai Framework, Paris Agreement, the International Health Regulations (2005) and other relevant global policy frameworks are necessary. Efforts must be made to develop the capacity of workers, in health care for example, some of whom may be older people, to understand disaster risk and apply and implement age and disability inclusive disaster risk reduction approaches. Service facilities should be made resilient against new risks such as cyber-attacks, and service providers should be trained in disaster response. It is imperative that settlement planning takes risks into account, including in water and sanitation management and that all social groups are included in assessment and planning. School-based disaster

risk reduction programming can have knock-on effects across communities, creating positive feedback loops for risk reduction and resilience.

9. Increase access to technology and information

Access to many services, including education, health, emergency information, and cash benefits, increasingly requires access to mobile phones and the Internet, even more so as COVID-19 related social distancing limits physical access to services. Over 46 per cent of people do not use the Internet, with the unconnected more likely to be women than men and living in rural rather than urban areas.⁴⁰ Increasing access requires improving technology infrastructure, as well as electricity services to ensure connectivity and more training in the use of mobile and Internet technologies to bridge the digital skills gap. Information also needs to be communicated through channels that directly reach the most vulnerable with support that is targeted to their needs, and harmful misinformation needs to be minimised by alerting people about the importance of accessing trusted information sources. During COVID-19, some countries are successfully using emergency text message systems and SMS location-based messaging to provide important information about emergency services and health advice. Expanding household internet coverage as much as possible in the short-term and comprehensively in the long-term will help to ensure access to public health information, while supporting distance learning and access to other public services.

10. Strengthen data collection efforts and capacities

Policies to advance human well-being should be based on detailed and disaggregated data that can be used to identify vulnerabilities, exposure to discrimination and specific deprivations including overlapping deprivations among women, children, indigenous peoples, youth, rural populations, older persons, persons with disabilities, LGBTQI individuals and other marginalized groups. Poverty statistics generally rely on household surveys, which have age caps at 49, and miss certain groups who might be living in greatest poverty – such as refugees and migrants, or children living in child-care institutions or in street situations. Populations that are not counted are made invisible. To enumerate and capture the situation of those most at risk of being left behind, governments need to adopt a holistic approach: from making household surveys more inclusive of all populations and all ages, to exploring supplementary data collection methods such as geo-referenced population data during censuses and surveys, and specialized surveys to capture groups missing from data, and improved resourcing for national statistical agencies. With COVID-19, censuses and surveys may be postponed or delayed. In the calendar year 2020, 59 countries were scheduled to undertake their census and of these, 23 countries have already postponed, and 26 are considering delays or postponement, with many more reporting disruptions that threaten the quality of data⁴¹.

11. Protect natural habitats for health and resilience

Environmental protection has strong synergies with human well-being and is critical for sustaining systems to support future generations - this has been demonstrated by the COVID-19 pandemic. For example, an estimated 75 per cent of infectious diseases are the result of human interaction with wildlife, often due to habitat loss. Exposure to air pollution has also been found to increase the likelihood of becoming seriously ill or dying from COVID-19 because it compromises respiratory functions and lowers immune response systems. Climate related disasters and extreme weather also threaten lives and livelihoods. Actions to reverse biodiversity loss and habitat destruction, halt illicit wildlife trafficking, and reduce pollution and green-house gas emissions are an important part of safeguarding human well-being and reducing vulnerabilities. Sustainable urban design, clean, accessible and safe transport and access to clean

⁴⁰ IYU

⁴¹ Committee for the Coordination of Statistical activities (CCSA), (2020) "How COVID-19 is Changing the World: A Statistical Perspective" .

energy are fundamental to advancing human well-being and reducing exposure to pollution and the transmission of disease. In line with the Paris Agreement, national just transition processes should be set up by governments together with workers and employers' organizations, to advance energy decarbonization, sustainable cities and the resilience of local communities.

Understanding the complex linkages between biodiversity, ecosystem services and health and promoting co-benefits requires integrated policies mainstreaming biodiversity and health linkages and greater collaboration with the health sector. A biodiversity inclusive One Health transition can help to address the common drivers of biodiversity loss, climate change, and negative health outcomes to mitigate future increased pandemic risks⁴². Such an approach could, among other things, facilitate dialogue between health and environment agencies, strengthen monitoring capacities to anticipate, prepare for and respond to public health threats from ecosystem change, consider health-biodiversity linkages in various health and environmental assessments, and strengthen capacity to address health-biodiversity linkages to support preventative approaches to health. Such actions are cost effective - global strategies to prevent pandemics based on reducing wildlife trade and land use change, and increasing One Health surveillance, are estimated to cost one or two orders of magnitude less than the damages pandemics produce. The UN Human Rights Council explicitly recognizes in resolution 46/L.6.Rev1 the interlinkages between biodiversity and human rights calling for further actions.

12. Transform our food systems to build a more inclusive and sustainable world

Sustainable food systems lie at the heart of the SDGs. The SDGs call for major transformations in agriculture and food systems in order to end hunger, achieve food security and improve nutrition by 2030. Sustainable food systems can contribute to the fight against poverty by creating good jobs, improving access to food, and supporting healthy communities. They can also reduce the food sector's environmental impact by maximizing the use of clean and renewable sources of energy and ensuring the sustainable use of water resources. Finally, reshaping global food systems to make them more sustainable, productive and resilient is essential for solving long-term hunger challenges and managing acute shocks, like disease outbreaks and climate extremes.

While food systems produce enough food for everyone, every year hundreds of millions of people still go without enough to eat. This was true before the pandemic and is likely to be a daily reality for even more after the immediate health crisis is behind us. Projections suggest that a "business-as-usual" scenario is not an option, as it would lead to significant undernourishment and malnutrition by 2050. The world is also not on track to reduce overweight and obesity, or to meet the global targets on childhood stunting, exclusive breastfeeding, and low birth weight.

There are opportunities to re-balance the relationship with the natural environment in food systems and to ensure that all people can access safe and nutritious diets. Accelerated investment in food systems transformation should be a pillar of the COVID-19 response, aiming for immediate impact to sustain and improve livelihoods, while also preparing for a more inclusive, environmentally sustainable and resilient food system. As women are more likely than men to face food insecurity, achieving gender equality in policy decision-making and closing the gender gap in accessing productive resources in agriculture should also be prioritized.

⁴² Global Biodiversity Outlook. September 2020. <https://www.cbd.int/gbo/gbo5/publication/gbo-5-spm-en.pdf>

5. Means of implementation: Mechanisms and partnerships to accelerate progress

Going forward, transformative actions to advance human well-being are needed to simultaneously reduce deprivations and expand capabilities and opportunities, while also tackling inequality and environmental degradation. In the context of the Decade of Action and Delivery, and through COVID-19 response efforts, the international community must work together to address challenges in an integrated way inclusive of all groups of all ages and abilities. For this, sustainable solutions are available drawing from the substantial knowledge about interactions around approaches to advancing human well-being, and there are promising new partnerships that enable collaboration among important levers of change – governance, business and finance, individual and collective action, and education, science and technology. Sharing information and identifying ways to respond to knowledge and data gaps, scaling up actions, and addressing context specific conditions will be key to successful transformation. The 2030 Agenda will only deliver the expected results if successfully implemented at the local level. This will depend on local action, community buy-in and local political leadership, well-coordinated between all levels of governance.

1. Scaling up actions and addressing context specific conditions

Initiatives to advance human well-being and generate synergies across goals can build on good examples from different regions adjusting solutions to fit new contexts or scaling up successful projects to reach a larger population. All around the world, cities and towns are at the forefront of SDG localization initiatives, and there is committed engagement at the local level. Tapping into the existing capacities, experience and knowledge of local and regional governments in advancing human wellbeing is a great opportunity. For any localized solution to be successful, vulnerable communities need to be engaged in the decision-making and policy design process. Promising initiatives include:

- Scaling up social protection to guarantee the well-being of the rural poor and extreme poor, including family farmers, in the face of the COVID-19 pandemic. Some countries are increasing benefits of existing social protection programmes to rural populations (Malawi, Paraguay and Uruguay); making receipt of unemployment benefits easier (Germany, Italy); or relaxing taxation for agricultural workers (Uzbekistan) and introducing cheap farm loans and agricultural subsidies (Bangladesh).
- Generating synergies between environmental preservation and poverty alleviation, the Paraguay GCF PROEZA (Poverty, Reforestation, Energy and Climate Change) project implemented by FAO supports sustainable forest management among 17,000 families – many of them from indigenous communities - to reduce forest loss, mitigate greenhouse gas emissions, and improve the resilience of poor households to climate change while supporting livelihoods. The project is supported with co-financing from the Government of Paraguay and is modelled around an inter-institutional decision-making framework.
- Efforts are needed to reduce the digital divide (in particular in terms of affordable access to the internet) and, more generally, to leverage the transformative potential of digital technologies to foster greater inclusion and efficiency in access to basic services. Efforts to build digital literacy are also needed for people to take full advantage of online information and services, and to safely navigate the internet. In Bangladesh, 90,000 underserved people (70 per cent women) were able to access digital mobile financial services through 2,000 digital centres, through UNDP support. The union digital centres have revolutionized financial inclusion in Bangladesh by bringing banking services to the disadvantaged.
- Recent economic analyses provide strong evidence that the net benefits in human and natural well-being could be significant if ambitious conservation efforts are taken over the next decades. This could include annual business opportunities worth \$10 trillion, which would create up to around 400 million jobs by 2030. Conversely, the continued loss of nature and its ecosystem services under business-as-

usual would lead to a global economic cost of almost 10 trillion USD (in discounted terms) over the period 2011 to 2050.

- Peer learning processes to enable coherent approaches to disaster risk reduction, climate change adaptation, and sustainable development are critical to control the pandemic and its social and economic impacts, and to prevent future disasters. Decentralized cooperation can support sharing of evidence-based good practices and lessons learned, including the promotion of online tools and resources such as those developed as part of the Making Cities Resilient Campaign and its successor the Making Cities Resilient 2030 (MCR2030).
- In response to the COVID-19 pandemic, over 200 countries and territories have expanded their social protection coverage, including more than 166 countries that have expanded national cash transfer programmes even in some of the most fiscally constrained environments⁴³. Countries with existing universal, rights-based schemes such as universal child benefits (UCB) easily and effectively scaled up support during the crisis. For instance, evidence shows that in Mongolia the government top up of the child money programme benefitted the most disadvantaged more than any other policy interventions, including interventions with comparable costs.⁴⁴

2. Applying Science Technology and Innovation (STI) to advance human well-being

The application of and advancement of STI is critical for mitigating trade-offs, addressing the COVID-19 crisis and ensuring that no one is left behind. If guided toward this purpose, STI can reduce costs and increase access to life saving health technologies, clean water and sanitation systems and quality education reducing the need to make tough choices under constrained budgets. Pooling STI resources can accelerate discovery and application with the potential for massive human well-being benefits, but to be successful marginalized groups need to be at the table innovating solutions with sufficient research resources and capacities.

- Innovative technological solutions are being developed to support universal access to health care and health-care facilities. Those include risk pooling to extend health insurance coverage, tele-health to reach underserved populations and those with limited mobility and activity services to tackle and prevent noncommunicable diseases. In addition, in Rwanda, Tanzania and elsewhere, drone technologies are being used to transport lifesaving blood and medicines to remote areas.
- (STI) must support inclusive development, actively engaging persons from disadvantaged groups to bring their needs-based assessment of priorities and problem-solving skills to find situation specific solutions. Delivery to all sections of society must be ensured by identifying and removing potential barriers to access and affordability. Information ‘superhighways’ espoused to speedily transfer information between the privileged must now be supplemented by ‘information subways’ which transfer locally relevant knowledge among community groups.
- Digital Earth Africa, and the GRID3 partnership for geospatial data, is an innovative partnership involving DFID, the Bill and Melinda Gates Foundation, Flowminder, University of Southampton, Columbia University and UNFPA, and is an example of collaboration to improve geospatial population and infrastructure data, which provides essential information and analysis for local policy and decision making.

3. Building partnerships and new forms of collaboration

Policy responses to advance human well-being require partnerships that build from the joint responsibilities of different actors and sectors (for example, the roles of individuals, different parts of the

⁴³ World Bank. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/467521607723220511/social-protection-and-jobs-responses-to-covid-19-a-real-time-review-of-country-measures-december-11-2020>

⁴⁴ UNICEF. <https://www.unicef.org/mongolia/stories/building-shock-responsive-social-protection-systems>

state, civil society, multilateral agencies, and the private sector) in the pursuit of well-being as a collective goal advancing SDG 17. Partnership that invests in the ability and agency of on the ground partners, including those most vulnerable, will lead to greater success. Robust and transparent institutional arrangements are needed that are inclusive, as well as systems that foster key transformative elements, vertical and horizontal policy coherence, and - crucially important - systems for development cooperation effectiveness at the local level, to guarantee a meaningful localization of the SDGs.

- An example of an institutionalized and inclusive multi-stakeholder engagement process for policy formulation and implementation is the National Health Assembly (NHA) in Thailand.⁴⁵ The NHA brings together Thai citizens of all walks of society, including civil society, private sector, technical experts, and the government sector, to discuss health-related issues. This combination of a bottom-up and top-down governance approach has allowed for public input into Thailand's health policies, the creation of constituencies, alliances, and networks, and the building of local capacity and ownership of health policies.
- Building partnerships can require building government capacity to remove structural barriers to underprivileged groups. In Colombia, worked with the Ministry of Employment to develop policies to eliminate gender inequalities in the labour market in both the public and private sectors. Twenty private companies with more than 60,000 employees developed action plans to reduce gender gaps in recruitment, address salary differentials, and promote career development for women.
- *Conceptos Plasticos* is an innovate partnership in Cote d'Ivoire that brings together people living in poverty, a social enterprise working on reducing plastic waste, the education system and UNICEF to deliver on multiple SDGs and advance both human well-being and environmental sustainability. Only 5 per cent of plastic waste generated in Cote d'Ivoire is recycled. Social enterprise brick factory, *Conceptos Plasticos*, pays people living in poverty, mainly a women's collective, to assist with collecting plastics to convert into bricks. UNICEF buys the bricks to use for building schools in under-resourced areas of the country, where some 15,000 classrooms are needed. The partnership generates income for both the social enterprise and for people living in poverty (especially women); reduces plastic waste that otherwise would end up in oceans and landfills; and provides children with a better education whereby they have a comfortable and sustainable space in which to learn.

4. Making action inclusive and empowering

Policies should be the result of inclusive dialogue between different groups of actors and stakeholders with the inclusion of well-being, equity and sustainability, as principles for orientation across public policies. For public dialogue to result in actions that address the needs of everyone, all voices must be heard and access to information and knowledge should be widespread. Public consultation processes that allow greater representation of affected and vulnerable groups is of paramount importance.

- A pilot project conducted by the Asia South Pacific Association for Basic and Adult Education (ASPBAE) and the UNESCO Institute of Lifelong Learning (UIL) in the North Maharashtra region in India, involved one hundred girls aged 14 to 25 years old from ten villages that conducted action research on the topics of gender, education, livelihoods and life skills in their respective communities. The results helped empower the girls, identified the need for girls to have access to books, and resulted in the establishment of a women's library in each village that has since become not just a learning space but a safe space where they can continue to further develop their leadership skills.
- A new model is under development through the Columbia University World Partner mechanism to invest in local leadership giving explicit attention and investment to leadership development for marginalized populations. This includes women and girls who understand local context and can be enormous assets in solving problems, but who may need training and mentorship on context and how to intervene with large organizations, male leaders and other stakeholders.

⁴⁵ <http://actionsdg.ctb.ku.edu/wp-content/uploads/2017/11/Thailand-HiAP-Case-Study.pdf>

- Three years after its establishment by international NGOs to galvanize support for evidence-based policy and advocacy initiatives, The Advocacy and Accountability Collaborative was relaunched in November 2019 as a global south-led platform. By mobilizing community actors, the link has now been made with local grassroots policy, advocacy by non-state actors, global investors and partners such as UNFPA - together these voices and efforts are driving accountability, sustainable domestic resource mobilization and increased use of data for decision-making, including expansion of access to sexual and reproductive health.
- UNESCO has documented compiled country resources to sustain family learning: While not all education systems had functioning family learning programmes prior to this crisis, existing programmes in different countries contribute to government efforts to ensure children's remote learning. With years of experience and accumulated expertise in this field, many national and local agencies have quickly put together useful open resources and materials. These resources greatly support families at a time when most countries globally have switched to a digital mode of education during the pandemic.

5. Leveraging multilateralism to put human well-being at the centre of policy

The international community must strengthen coordination to eliminate deprivations and eradicate poverty. The United Nations can play a lead role in facilitating this coordination supporting processes that are rights-based, people-centred, gender-sensitive and focused on the needs of the poorest and those farthest behind —engaging all stakeholders and fostering partnerships to build developing countries' social sectors. While actions and initiatives need to be 'place specific', international cooperation supported by the UN system can facilitate progress in all areas and at scale.

- Multi-stakeholder partnerships are needed to assist heavily indebted countries to design effective strategies and debt sustainability management systems. These partnerships can help strengthen the capacity of countries to appropriately manage public debt and ensure borrowing in the interest of maintaining sustainable debt levels. It is also important to envisage debt relief programs and debt cancellation as measures to mitigate the COVID19 socio-economic devastating implications on developing countries.
- Tools, such as the Danish Institute for Human Rights database⁴⁶ can assist UN Member States and civil society to understand recommendations from treaty bodies, special procedures and the Universal Periodic Review, and how they are linked to the SDGs. Reporting on SDGs and recommendations from human rights mechanisms should mutually reinforce each other to ensure, not only, stronger accountability, but also the creation and implementation of effective laws and policies.
- In order to strengthen coordination and integration of the development, peace and human rights pillars, the UN Human Rights Office has developed an online database, the "Universal Human Rights Index" (UHRI) which compiles recommendations and the wealth of data from all the international Human Rights Mechanisms and allows for searching against specific themes, Sustainable Development Goal targets and/or groups of persons affected. The UHRI can assist States in analysing who may be at risk of being left behind in their country, as well as mapping systemic, recurring and unresolved human rights issues that may impede the realization of the SDGs.
- The Global Coalition on Education headed by UNESCO and in partnership with multiple stakeholders including other UN agencies, private sector, civil society, and academic networks was established to provide distance learning to all learners. The coalition looks at hardware needs such as internet infrastructure to computers and other screen based mobile devices to software needs like good quality digital content.

⁴⁶ Available at: <https://sdgdata.humanrights.dk/>

- The Global Coalition for Social Protection Floors consists of over 100 NGOs, CSOs, Think Thanks and Trade Unions from all parts of the globe with a vision and work programme to promote the implementation of social protection floors and the extension of social protection to all.
- UHC2030, coordinated by WHO and the World Bank, provides a multi-stakeholder platform that promotes collaborative working at the global and country levels on health systems strengthening toward achievement of universal health coverage by 2030. UHC2030 advocates for increased political commitment to UHC and facilitates accountability and knowledge sharing.
- The Global Action Plan on Healthy Lives and Well-being (SDG3 GAP) provides a platform to improve collaboration in the multilateral system as the 13 signatory agencies support countries on the path towards an equitable and resilient recovery from the pandemic. Through its long-term, forward-looking SDG focus, the SDG3 GAP complements collaborative efforts in response to the COVID-19 pandemic, such as Access to COVID-19 Tools Accelerator (ACT-A). SDG3 GAP continues to strive to better integrate work at country level – for example by incorporating parts of the Every Woman, Every Child (EWEC) agenda and working jointly with the Health Data Collaborative (HDC) in countries.
- The Convention on Biological Diversity is working with WHO to advance understandings of biodiversity-health linkages. To further strengthen transdisciplinary collaboration, a One Health high-level expert council was announced at the Paris Peace Forum.
- New evidence from the IMF indicates that investments in renewable energy and biodiversity conservation do more to boost a country's GDP than investments in fossil fuels and activities that destroy ecosystems⁴⁷. Specifically, the report finds that spending on clean energy, like solar and wind, and nature conservation produces more economic growth than environmentally detrimental investments. These findings suggest that 'building back better' could be a win-win for economies and the planet. The findings show how investing in renewable energy and nature conservation is not at odds with other broader international development priorities like reducing poverty. The Post 2020 Global Biodiversity Framework aims to incorporate and reflect these considerations, by promoting the mainstreaming of biodiversity into economic sectors and facilitating the mobilization of adequate financial resources from all sources. It will be a key international tool in the coming decade, not just to advance on biodiversity but to implement the 2030 Agenda as a whole, and as a crucial component of building back better strategies.

⁴⁷ International Monetary Fund (IMF). "Building Back Better: How Big Are Green Spending Multipliers?"