I have the honor to deliver this statement on behalf of the Southern Africa countries namely; Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zambia and my own Country Zimbabwe.

I wish to align this statement with the statements made by the Ambassadors of Bolivia and Lesotho on behalf of G77 and China, as well the Africa group respectively.

Co-Chairs

The Southern Africa countries have the following specific comments and proposals on focus Areas to 3 and 4:

With regards to **FOCUS AREA 3, entitled “HEALTH AND POPULATION DYNAMICS”** the Group supports the proposed goal as it is currently worded.

In terms of TARGETS for this goal, we propose the following amendments:

On target (a) we propose that it reads as follows: *By 2030 reduce the maternal mortality ratio to less than 40 per 100,000 live births; end preventable new-born and child*
deaths and reduce child mortality to less than 20 deaths per 1000 births.

On Target (b), we propose that it reads as follows: By 2030 end the epidemics of HIV/AIDS and other infectious diseases, tuberculosis, malaria, diarrheal and neglected tropical diseases.

Target (c), to read as follows: By 2030 reduce by 5% the risk of premature mortality from non-communicable diseases (NCDs) including cancers, injuries and promote mental health with strong focus on prevention.

Target (d) we suggest to include the issues of “people living with disabilities and the elderly” so that it reads as follows: By 2030 achieve universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalized including the people living with disability and the elderly.

With regards to Target (e), we suggest to add issues of quality and technologies, so that it reads as follows: By 2030 ensure universal access to affordable quality essential medicines, vaccines and technologies for all.

On Target (f) we suggest it can be reworded as follows: By 2030 ensure universal coverage of quality healthcare, including the prevention and treatment of communicable and non-communicable diseases, sexual and reproductive health, family planning, routine immunization, and mental
health, according the highest priority to primary health care.

Target (g) to read: By 2030 decrease by 50% the number of illnesses and deaths due to environmental hazards that include food contamination, air, water, and soil pollution. Although this will be difficult to measure in aggregate terms, and will require disaggregation of the actual causes of morbidity and mortality.

Target (h) to be amended as follows: By 2030 reduce by 50% risk factors for health conditions associated with tobacco, alcohol, drugs and other psychoactive substance use.

With regards to FOCUS AREA 4 entitled “EDUCATION AND LIFE-LONG LEARNING”, the group supports the proposed goal as it is currently worded.

In terms of TARGETS for this goal, the following comments and proposals are made:

We propose that target (a) be decomposed into two as follows:

(a) "by 2030 provide universal, equitable, quality and accessible primary and secondary education to all girls and boys." and

(b) "by 2030 ensure 100% completion rates for both primary and secondary education."

Targets b to e are all supported.
On target (f) the group is of the view that the phrase "relevant knowledge" may be subject to divergent interpretations. In view of this, we propose that it should be re-phrased to read "integrate relevant skills in education curricula ....... ".

Target (g) is supported.

Co-Chair

On the issue of quantifying global targets, we believe that the risk of not quantifying global targets is that we lose the level of ambition at global level. Secondly, it might be difficult to foster that sense of universality, a sense that we are into this agenda together as a global village whose destiny is bound by our collective action. We will indeed lose the Rio spirit if we do not have quantified global targets.

I thank you

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