Other appropriate means of implementation

Focus area 3. Health and population dynamics

Healthy life at all ages for all

a) 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 by x% child and maternal morbidity;
b) by 2030 end the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases;
c) reduce by x% the risk of premature mortality from non-communicable diseases (NCDs), injuries and promote mental health with strong focus on prevention;
d) achieve nationally tailored universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalized;
e) by 2030 ensure universal access to affordable essential medicines and vaccines for all;
f) ensure an affordable transfer of vaccines, medicines and medical technologies to developing countries;
g) ensure universal access to comprehensive sexual and reproductive health for all, including modern methods of family planning, in accordance with ICPD;
h) decrease by x% the number of deaths and illnesses from indoor and outdoor air pollution and other forms of environmental degradation and ensure the access to related know-how, science, technologies, and innovations by developing countries;
i) Eliminate narcotic drug and substance abuse through including enhance regional and international cooperation;
j) establish trans-boundary cooperation mechanism through exchange of early warnings, risk reduction, knowledge and know-how sharing for diseases;
k) strengthen health systems through increased health financing, development and training of the health workforce, and improved health infrastructure at the national and international levels;

Appropriate means of implementation

Focus area 4. Education and life-long learning

Provide quality education and life-long learning for all

a) by 2030 ensure universal, free, equitable access to and completion of quality primary and secondary education for all girls and boys, leading to effective learning outcomes;
b) ensure that persons with disabilities have access to inclusive education, skills development and vocational training;
c) by 2030 increase by x% the proportion of children able to access and complete quality pre-primary education.
d) by 2030 achieve universal youth and adult literacy, with particular attention to women and the most marginalized\textsuperscript{10} vulnerabilities
e) by 2030 increase by $x\%$ the number of young and adult women and men with vocational training, technical, engineering and scientific skills\textsuperscript{14}
f) integrate relevant knowledge and skills in education curricula, including ICT skills\textsuperscript{15}, education for sustainable development, and awareness raising on culture's contribution to sustainable development\textsuperscript{16}
g) all schools to provide safe and healthy learning environment for all students\textsuperscript{17}
h) **Ensure adequate international support through finance and technology as well as institution building and capacity building to enhance quality education by developing countries**
i) ensure unconditional trans-boundary cooperation in the fields of education, vocational and skills;

Appropriate means of implementation

\textsuperscript{1} Australia/Netherlands/UK; Ethiopia.
\textsuperscript{2} Similar proposals from Mexico/Peru, Latvia, Greece, Netherlands/UK/Australia, Ethiopia, Sweden, Argentina/Bolivia/Ecuador; Zambia (Southern African Group); Benin (LDCs); Trinidad and Tobago (CARICOM); Montenegro/Slovenia; Denmark/Ireland/Norway.
\textsuperscript{3} Similar proposals for addressing this cluster of communicable diseases from: Colombia/Guatemala (“reduce”); Denmark/Ireland/Norway, Latvia (prevent and treat); Ethiopia (“end epidemics of…”); Mexico/Peru (“reduce incidence”); Sweden (“elimination of HIV/AIDS, prevention and reduction” of others); AOSIS (“strengthen fight against”); Canada/Israel/US (“AIDS free generation”, “prevent and treat communicable diseases”); Romania/Poland; Zambia (Southern African Group); Benin (LDCs); Trinidad and Tobago (CARICOM); Women, Children and Youth, Indigenous Peoples, SLoCaT, the Psychology Coalition at the UN and the World Society for the Protection of Animals.
\textsuperscript{4} Similar proposals from: Denmark/Norway/Ireland (“prevent and treat”); Sweden (“decrease incidence of NCDs, through reducing exposure to harmful substances, unhealthy diets, etc.”); AOSIS; Canada/Israel/US (“reduce premature morbidity from NCDs”); Argentina/Bolivia/Ecuador (“full access to prevention, treatment, care and support related to NCDs”); Romania/Poland; Zambia (Southern African Group); Benin (LDCs); Trinidad and Tobago (CARICOM); Montenegro/Slovenia; Cyprus/Singapore/UA; Brazil/Nicaragua; Women, Children and Youth, Indigenous Peoples, SLoCaT, the Psychology Coalition at the UN and the World Society for the Protection of Animals.
\textsuperscript{5} Benin (LDCs); Trinidad and Tobago (CARICOM); Brazil/Nicaragua; Iran; Montenegro/Slovenia; Romania/Poland; Sweden. Similar proposals from: Mexico/Peru; Colombia/Guatemala (“progress towards quality universal health coverage”); Ethiopia (“comprehensive health services for all”); Japan; Latvia (“quality universal health care”); Greece (“achieve UHC”); Argentina/Bolivia/Ecuador (“access to health care and services in exercise of the right to health”) and addressing financial risk (Japan, Mexico/Peru); Possible indicator: providing for the health needs of persons with disabilities, youth, migrants, and ageing populations.
\textsuperscript{6} Australia/Netherlands/UK; Argentina/Bolivia/Ecuador; Mexico/Peru; Zambia (Southern African Group); Benin (LDCs); Sri Lanka; Montenegro/Slovenia; China/Kazakhstan/Indonesia.
\textsuperscript{7} Ethiopia (“universal access to comprehensive sexual reproductive health and reproductive rights”); Denmark/Ireland/Norway (“universal access to sexual and reproductive health and rights”); Australia/Netherlands/UK; France/Germany/Switzerland; Trinidad and Tobago (CARICOM) (“improved quality of and access to sexual and reproductive health”); Finland; Montenegro/Slovenia; China/Kazakhstan/Indonesia.
\textsuperscript{8} Denmark/Ireland/Norway; Sweden; Romania/Poland (“Address social and environmental causes of disease”); Cyprus/Singapore/UA; Women, Children and Youth, Indigenous Peoples, SLoCat, the Psychology Coalition at the UN and the World Society for the Protection of Animals.
\textsuperscript{9} Sweden; Women’s MG
\textsuperscript{10} Colombia/Guatemala, Denmark/Ireland/Norway, Ethiopia, France/Germany/Switzerland, Mexico/Peru, Pakistan, Sweden, USA/Canada/Israel; NB: indicators should be disaggregated wherever possible to identify progress of the poorest and most marginalized including persons with disabilities.
Sweden, Poland/Romania, UK/Australia/Netherlands, Denmark/Norway/Ireland, Greece, G77.
Guatemala/Colombia, Australia/Netherlands/UK, Denmark/Ireland/Norway; NB: indicators should be
disaggregated wherever possible to identify progress of poorest and most marginalized.
G77, Bulgaria/Croatia, Denmark/Ireland/Norway, Poland/Romania, Sweden, USA/Canada/Israel.
Benin on behalf of LDCs, Australia/Netherlands/UK, Denmark/Ireland/Norway, Ethiopia, Guatemala/Colombia,
Mexico/Peru, Pakistan, Sri Lanka, USA/Canada/Israel; indicators could include: % of youth NEET (not in
education, employment or training), average duration of unemployment (by age and gender).
Ethiopia, India, Latvia, Sri Lanka, Sweden.
Argentina/Bolivia/Ecuador, Denmark/Ireland/Norway.
Mexico/Peru, Romania/Poland.