IFMSA Policy Proposal
The Sustainable Development Goals

Proposed by IFMSA Team of Officials
Presented to the IFMSA General Assembly August Meeting 2018 in Montreal, Canada
Policy Statement

Introduction
In its 2015 global plan of action, the 2030 Agenda for Sustainable Development, the United Nations has established a common path for prosperity, which is the Sustainable Development Goals (SDGs). The SDGs shall serve as a universal objective for the international community: governments, business, civil society and the public to build a better future for everyone together. The International Federation of Medical Students’ Associations (IFMSA) highly supports the global movement for achieving the SDGs. The momentum towards sustainable development should be kept high and major progress should be made.

IFMSA Position
The IFMSA affirms that,
1. Inclusive youth engagement in working towards the 2030 agenda is of utmost importance on all levels of development, from local initiatives to policy creation and high-level decision-making processes;
2. Health is an all-encompassing aspect of sustainable development, however success in achieving goal 3 “good health and wellbeing” will depend on gains made in the other 16 goals, including ending poverty and hunger, promoting educational, economic and gender equality;
3. It will promote and advocate for the achievement of the SDGs, as medical and healthcare students are crucial stakeholders on the road to global prosperity;
4. It will support and direct its work to contribute to the realization of the 17 Sustainable Development Goals;
5. It will create opportunities for medical and healthcare students to be active and engaged in achieving the SDGs by active participation in events as global meetings, workshops, surveys, trainings, international clinical and research exchanges that will reflect the main key areas within the SDGs;
6. It is committed to motivate its members to work towards contributing to the global movement related to the SDGs and increase education around the goals and the understanding of what they are.

Call to Action
Therefore, the IFMSA calls on:

Governments to:
1. Spare no efforts on realization of the SDGs’ 17 goals through its 169 targets;
2. Invest funds and human resources in initiatives contributing to the implementation of the SDGs;
3. Ensure youth representation in decision making, implementation processes and official delegations to SDG-related events;
4. Adopt the “Health in All Policies” approach, systematically and explicitly, taking into account the health implications of decisions, by facilitating and encouraging collaborative work among diverse ministries and bureaus;
5. Actively invest in equitable access to health care, by implementing the three main component of Universal Health Coverage, and focusing on primary health care in reaching Universal Health Coverage and ensuring progress in the health system to go hand in hand with primary healthcare developments;
6. Empower citizens of marginalized minorities such as migrants and people of diverse sexual orientation and/or gender identification socially and politically;
7. Reduce the gender-based pay-gap and reach parity in both public and private sector,
8. Abolish any form of child labor and child slavery to ensure that every child can develop mentally and physically to their full potential;
9. Ensure accessible primary education institutes for all children including those living in rural areas, with disabilities etc. and provide accessible and equitable (higher) educational systems for all citizens;
10. Ensure accountable, effective, inclusive and transparent public and private institutions at all levels;
11. Build peaceful, just and inclusive societies that provide equal access to justice based on respect for human rights, effective rule of law and good governance at all levels;
12. Invest in industrial and economic innovation that allows for ecologically responsible and sustainable production and growth while ensuring access to affordable, reliable and modern energy for all;
13. Conserve and sustainably use oceans, seas and marine resources; Ensure inclusive, responsive, and preparatory decision-making at all levels;
14. Partner with the private sector, civil society and governments to achieve (national) collaborative action on SDGs based on shared values and goals;
15. Focus on developing locally calculable indicators for a better monitoring of every target and goal;
16. Identify local methodological, financial, capacity-related challenges for every indicator and focus on reducing the GAPs;
17. Voluntarily and regularly produce national assessment reports on performance regarding the implementation of SDGs.
18. Strengthen international collaboration between governments to encourage implementation of strategies that are effective and sustainable at an international and local level.

**IFMSA National Member Organizations (NMOs) and their members to:**
1. Relate local activities and initiatives of Standing Committees to the key concepts of SDGs including Universal Health Coverage, Gender Equity, etc.;
2. Collaborate with, but not limited to, local NGOs to promote and advocate for the SDGs;
3. Equip IFMSA members with the appropriate knowledge of SDGs, through activities such as capacity building workshops, webinars, volunteer or internship opportunities, and through social media and communication platforms with infographics and other forms of promotions, and create meaningful youth networks;
4. Support, advocate and actively promote the involvement of youth in international decision making and implementation processes in health as well as in other SDG-related fields or events;
5. Establish collaborations between NMOs towards the achievement of the SDGs in sustainable, efficient and environmental friendly ways;
6. Collaborate with universities and other educational bodies to improve the education on the 2030 agenda and its relevance for future healthcare leaders in the medical curricula.

**The Medical Faculties and Medical Training Institutions:**
1. Integrate the 2030 agenda and SDGs into the curricula of healthcare students, and build their capacity to work on the SDGs and serve as active change agents in their communities;
2. Promote multidisciplinary collaboration between healthcare professionals and other professionals to work together on the SDGs.
3. Encourage sustainable operation of medical faculties and medical training institutions in line with the SDGs, with evaluation of their current environmental impact

**The Civil Society to:**
1. Engage in local, national and global initiatives with individual, institutional or public partners to promote awareness or foster initiatives concerning any SDG-related issues;
2. Direct their work and strategies to contribute to the achievement of the 2030 Agenda;
3. To remain aware and advocate for the people, to share knowledge and insights with governments and other partners.
Position Paper

Background
The global community celebrated its achievement of the United Nations’ Millennium Development Goals (MDGs) in 2015. With several goals fulfilled and even surpassed, the global community became aware of the unreached targets, such as those concerning gender equality and the limitations of the MDGs. Moreover, emerging issues such as the growing refugee crisis have drawn international attention, and the effects of climate change and environmental contamination were noticeably affecting the achievements made so far. Together, these factors culminated in the United Nations’ work on developing the 2030 Agenda for Sustainable Development, including new goals, targets and indicators in the form of Sustainable Development Goals (SDGs). A total of 17 SDGs were developed to further international efforts toward global prosperity and to promote cohesion and collaboration between Member States aiming to achieve these common targets. Key differences with the MDGs were, for example, that the goals are more i) universal: the SDGs are applicable to every country ii) comprehensive: representing the complexity of sustainable global development iii) inclusive: created through a top-down process iv) destringing hunger and poverty (1).

IFMSA is officially registered non-governmental organization (NGO) in consultative status with the United Nations (UN) Economic and Social Council (ECOSOC), which allows us to participate in the processes of UN and participate in the General Assembly. IFMSA has also special recognition and collaborations with several UN agencies, such as WHO, UNESCO, UNAIDS and others. IFMSA is recognized by World Health Organization as the international voice of medical students and we actively collaborate to ensure the participation of youth in global health governance. Therefore, IFMSA shares, along with all these partners, the social responsibility to promote, advocate, and achieve the SDGs. To achieve the SDGs’ targets and realize its vision, IFMSA has, and will continue to, actively engage its six standing committees, five regions, multiple programmers, and relevant activities (2).

IFMSA, as the voice of medical students across the globe, had elaborated a policy document describing its vision for post-2015 development goals. The eight key areas of actions defined in that policy, adopted in August 2015, include:
1. Health;
2. Education;
3. Socio-Economic Factors and Green Economy;
4. Discrimination and Gender Equity;
5. International Cooperation;
6. Data Revolution;
7. Financing of the Agenda;
8. Involvement in Future Process and Consultations (3).

These key areas of action have been incorporated into IFMSA’s work since 2015 and acted as external representation priorities. IFMSA has constructed a comprehensive external representation framework, named the annual Global External Focus Areas (GEFAs). In this process, IFMSA has identified the new 2030 Agenda with its SDGs and related targets as its main international advocacy priority, using the SDGs as a foundation and expanding on them in order to include other issues such as:
1. One Health;
2. Investment in Healthcare systems;
3. Antimicrobial Resistance;
4. Human Resources for Health;
5. Mental Health;
6. Health in all policies;
7. Meaningful Youth Participation.
The GEFAs are updated annually by the IFMSA Team of Officials to allow for different SDGs and targets to be prioritized by the organization's delegations to external meetings, its work in collaboration with official partners, and many other external representation opportunities (3).

Discussion
In 2015, the General Assembly of UN adopted a brand-new development agenda with the title "Transforming our world: the 2030 agenda for sustainable development. In this agenda, the UN proposes SDGs encompassing 17 main themes and, within each, it points to the various challenges to be faced by the global community. Achievement of the Goals can be measured by attainment of 169 specific targets (1).

The UN describes the SDG targets as having "various focal points, such as people, planet, peace, prosperity, and partnership by integrating the social, economic, and environmental dimensions of sustainable development", and as being "universal and integrated with each other." The success of SDGs depends on local action and leadership. Local governments and local non-state actors are the biggest stakeholders, the central government has a limited role in implementation but a high stake in monitoring and inspiring (1).

Think globally, act locally.
Integration of SDG3 to other SDGs (e.g. 1,2,4,5,16), as social, economic and commercial determinants of health, are valued by the World Health Organization. Health plays a crucial role in peace building. The pillars of SDGs are all united in Health:

- Health Literacy
- Health Promotion
- Health Financing
- Health Systems Strengthening & preparedness
- Human Resources in health (4, 5)

SDGs and their individual connection with SDG3
SDG1:- Prioritizing the health needs of the poor;
SDG2:- Addressing causes and consequences of all forms of malnutrition;
SDG4:- Supporting high quality education for all to improve health and health equity;
SDG5:- Fight gender inequities including violence against women;
SDG6:- Preventing disease through safe water and sanitation for all;
SDG7:- Promoting sustainable energy for healthy homes and lives;
SDG8:- Promoting health employment as driver for inclusive economic growth;
SDG9:- Promoting national R&D capacity and manufacturing of affordable essential medical procedure;
SDG10:- Ensuring equitable access to health services through UHC based on stronger primary care;
SDG11:- Fostering healthier cities through urban planning for cleaner safer and more active living;
SDG12:- Promoting responsible consumption of medicines to combat antimicrobial resistance;
SDG13:- Protecting health from climate risks, and promoting health through low-carbon development;
SDG14:- Supporting the restoration of the fish stocks to improve safe and diversified healthy diet;
SDG15:- Promoting health and preventing disease through healthy natural environments;
SDG16:- Empowering strong local institutions to develop, implement, monitor and account for ambitious National SDG response;
SDG17:- Mobilizing partners to attain and monitor the health related SDGs (4, 5).

To promote the importance of having healthcare students and future doctors aware of the SDGs and able to work on it, IFMSA shall equip its members with the knowledge and skills in all relevant fields to the SDGs.

1. Health
IFMSA shall ensure that all its members understand that Universal Health Coverage (UHC) is not only about individual treatment services, but also includes population-based services (such as public health campaigns, adding fluoride to water, controlling mosquito breeding grounds, and so on) (6). In order to achieve this, we shall work on programs related to this topic, urge our governments to change public policy so no one is left behind.

We shall collaborate with our schools to promote the inclusion of UHC related topics in the medical curricula and ensure a prevention, early diagnosis and treatment program of mental health problems (burnout, depression, anxiety, etc.); so, we, as future physicians, are well prepared and can provide high quality health care service to all the population based on health promotion and prevention.

2. Education

Education, as a concept, is to increase the knowledge of a person, and to plant ideals and culture. As one of the SDGs, better education is crucial to global sustainable development, as it creates a base of improvement and stability in the long run for all other sectors such as health, climate change and international collaboration and conflict resolution (7).

A good quality education is one that provides all learners of all ages with capabilities they require to become economically productive, develop sustainable livelihoods, contribute to peaceful and democratic societies and enhance individual well-being. It also equips with the ability to understand the needs and difficulties faced by other persons to promote collaboration, both locally and internationally (7).

Henceforth high-quality education must be accessed by all populations of a society and must have the qualities to ensure that the target population at the end is knowledgeable enough to help the community tackle the current challenges and build a better future together (7).

Characteristics of high quality education shall at least include:

1. Content Validity;
2. Reliability;
3. Fairness;
4. Student Engagement and Motivation;
5. Consequential Relevance.

IFMSA would like not only medical schools to ensure high quality education for future doctors, but also to the general public; not only for the vision of better public health and hygiene, but also the all-rounded development of society as detailed by the SDGs.

3. Socio-Economic Factors and Green Economy

The spirit of SDGs, known as the pillars of SDGs, is to strike sustainability in both environment and economic development (1, 5). This challenge requires evolution of industries nowadays. With the belief that human beings are part of the environment, our behavioral patterns, health situations, and every single decision made in the daily life are deeply affected by and also affecting our world (1, 5).

Exploration of a green economy in our societies is thus needed. Ranging from industrial production to citizens’ purchases and consumptions, modifications in lifestyles aiming at not only a healthier one but also more sustainable, which could lead to a great impact on our communities as a whole.

4. Discrimination and Gender Equity

The achievement of MDGs on alleviation of gender inequality in 2015, however, was relatively unsatisfied (8).
The global society is aiming at comprehensive alleviation of gender-based inequality. The observed problems include gender-based violence in various circumstances, early and forcefully marriage, poor recognition of unpaid care and domestic work. Moreover, the global society is engaged to attain empowerment toward women and further realize equal access to all socio-economic resources. The ideal situation expected to be seen in 2030 will be women’s full, effective, and equal participation in the leadership at public and private sectors (1, 5).

When it comes to IFMSA’s commitment on gender issues, it is not complete without mentioning its engagement in the promotion on sexual and reproductive health. IFMSA will always keep campaigning for maternal health, safe abortion, natural existence of diverse genders, and the correct knowledge on Sexually Transmitted Diseases (STDs). Only with such measures may we ensure gender equality in all conditions.

5. International Cooperation
Partnership is the key to reaching SDG 2030 Agenda. It depends on multilateral alliances among governments, private sectors, and civil societies; yet the implementation of strategies relies on the efficiency and effectiveness at domestic and local level (1, 5).

Besides, the global community depends greatly on the voluntary assessment of each country to evaluate the progress made on SDG-related fields and targets; more importantly, to effectively distribute the resources accordingly. This points out the importance of a set of reliable tools or indicators to evaluate domestic situation for each country.

The SDGs themselves are global targets, yet it is no doubt that the world is diverse and not average. Government shall take SDGs as references and construct their own plans based on the reality of their own nations. The joint work of private sectors and civil society is important in such condition to form both collaborative and supervising relationship.

6. Data Revolution
- Fostering and promoting innovation to fill data gaps.
- Mobilizing resources to overcome inequalities between developed and developing countries and between data-poor and data-rich people
- Leadership and coordination to enable the data revolution to play its full role in the realization of sustainable development.
- Open data; accessibility, accountability and data literacy promotion
- Participatory and qualitative methods of data collection to enhance health policy and outcomes (9).

7. Financing of the Agenda
For the SDGs Agenda 2030 to be a success there must be investment in the infrastructure to ensure that the SDGs can be achieved regardless of a country’s socio-economic status. This can be through the following:
A. Inclusion of public-private partnerships to attain the SDGs. These partnerships should work in the best interest of the country taking part in the partnership and work principally towards attainment of the SDGs;
B. Country and stakeholder contributions through pool funding to ensure the attainment of the SDGs (1, 5).

8. Involvement in Future Process and Consultations
Meaningful Youth Participation has long been regarded as the goal for student and youth activists. Youth’s participations in the governmental process of consultation, policy-making, and policy review are believed to assist public sectors to remain active and diverse (10).

Regional Perspectives
Given that the missions on SDGs are not to be carried out by individuals or any single organization, co-operations among parties plays key effects especially at regional levels. As previously mentioned, IFMSA operates based on 5 regions, and shall seek external linkages based on the recognitions of its roles in different regions. It is hence important to understand the differing background of SDGs in the 5 regions.

**African Region**

In African region, approximately six out of every ten SDG indicators cannot be tracked in Africa due to severe data limitations (11). In addition, there seems to be disparities with regards to the SDGs and regional strategic documents such as the “Africa Union Agenda 2063 implementation plan (12)”. Some aspirations of Agenda 2063 do not have clear parallels in the SDGs, e.g. the goal of a politically united Africa. Additionally, some SDGs do not approach solutions from an African perspective, e.g. the agriculture sector, is still mostly treated through the lens of hunger and malnutrition, rather than through agri-business and job opportunities for the youth (13).

According to the UN Sustainable Development Goals report from 2017; at the current rate of progress, the world will not achieve SDG 2, zero hunger. One of the regions with the highest proportion of undernourished people is the African Region. 23% of the people in the African region where in 2016 undernourished, and compared to the world average on 11%, there is still a lot work needed to be done. However, there has been a reduction of the percentage of undernourished people from 30% to 23% from 2002 to 2016. Although, this does not underline the complete truth, as the number of undernourished people has increased by 16 million. The reason for the reduced hunger rate is therefore a consequence of the increasing population growth rate in the region.

If we turn our focus to SDG 5 gender equality, and especially to female representation in the national parliament, the proportion has increased from 11.5% to 23.7% from the year 2000 to 2017. This percentage is a bit higher than the world average percentage to female representation in national parlaments, which is 23.4%. However, just as in every other WHO region, the corridors of political and economic power continue to be dominated by men. Reducing the adolescent birth rate is vital for the health and well-being of adolescent girls and to their social and economical aspects. Sustainable development goal 3, good health and well-being includes target 3.7 which calls for universal access to sexual and reproductive health services including information and education, which would help decrease the adolescent childbearing rate and unintended pregnancies. However, sub-Saharan Africa is one of places where adolescent birth rates remain the highest, despite the progress in the region. The rate has decreased from 130 to 103 number of live births per 1,000 adolescent women aged 15 to 19 years. [24]

**American Region**

According to the UN review report on 2017, it has divided the region into three sub-group including North America, Latin America, and Caribbean to better analyses the implementation of SDGs (14).

Latin America and the Caribbean are facing the challenges posed by the 2030 Agenda for Sustainable Development and the Sustainable Development Goals with lower long-term growth rates than owing to weak investment and persistent vulnerability to external shocks. Latin America managed to reduce inequality from about 2005 onwards. This had positive effects on poverty reduction and indigence. The region is experiencing new demographic trends associated with population ageing and urbanization. Countries should take advantage of the demographic dividend, which is conducive to investment, to strengthen education and health, particularly of children, adolescents, young people and women, which would create synergies with the quest for equality. Indigenous and Afro descendnt populations are overrepresented in the lowest quintiles of the income distribution and their levels of poverty and indigence, as well as their vulnerability to poverty, are much higher than in the general population (ECLAC, 2014 and 2016d). The progress made in combating poverty and indigence in the last decade has not benefited men and women equally. Given the unequal distribution of income in Latin America and the Caribbean, where higher-income sectors contribute disproportionately to emissions, achieving reduction from approximately 60 gigatons of CO2 (projected for 2030) to 20 gigatons of CO2 by 2050 (UNEP,
2015) will require a considerable improvement in the scope and quality of urban public services (such as mass transit, waste management infrastructure and street lighting), greater penetration and diversification of renewable energies and conservation measures for agriculture and forest cover (see Sustainable Development Goal target 7.2). Extreme weather events have increased in the region. In addition to imperilling people’s lives and well-being, these phenomena directly affect the economy, infrastructure and social development.

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Extreme weather events have increased in the region. In addition to imperilling people’s lives and well-being, these phenomena directly affect the economy, infrastructure and social development. The United Nations Office for Disaster Risk Reduction (UNISDR) has indicated that, according to the latest statistical report on losses and damages for 24 countries in the Americas, there were about 100,000 disaster events between 1990 and 2013, nearly 50% of them in small towns and communities. These disasters caused the loss of nearly 43,000 lives, destroyed 13 million homes and affected 6 million people. The impact of disasters is so far-reaching that the cumulative total of people affected in some Central American countries between 1990 and 2013 exceeded their populations.

Due to their similar patterns and for the purpose of statistical analysis, the Sustainable Development Goals 2018 Report indicates that some North American data (specifically, for Canada, the United States of America, Bermuda and Greenland) is presented within the European region [24]. Notably, the merged data hinder the ability to conclude on specific North American outcomes. However, Canada’s Voluntary National Report (VNR) on the SDGs specifies that the country is taking important steps in the work of reconciliation with indigenous people through building programs for First Nations, Inuit, and Métis communities to deliver clean water, housing, child and family services, training and health care, as well as establishing new funding relationships with Indigenous peoples.[25] In contrast, the United States of America has not made a VNR on its progress towards the SDGs targets. However, their withdrawal from the Paris Climate Change Agreement in 2017 has been described by UN Secretary-General António Guterres as “a major disappointment for global efforts to reduce greenhouse gas emissions and promote global security”. [26] This context may require additional climate-related monitoring and advocacy efforts to be deployed by organizations such as IFMSA.

Asia Pacific Region

The geographic separation and diverse development situations of nations in this region constitute special challenges. Besides, the vulnerable environment points out the urgent needs to the preparedness and solutions to climate change and extreme weather events. Negative trends, however, are noted on seven targets related to decent work and economic growth, industry, climate action, and sustainable use of oceans and forests. Asia-Pacific region needs to significantly step up its development reform efforts. Inequalities are found to be widening because of rapid economic growth. More balanced and equitable growth must remain a priority. Across all the SDG areas, work to find a multilateral solution to overcome transboundary challenges must be enhanced for our benefit and that of future generations. (10)

Recognizing such fact, several regional organizations including Association of South-Eastern Asian Nations (ASEAN), Asia-Pacific Economic Cooperation (APEC), UN and WHO regional branches are launching their own strategies to connect their members and alliances to work beyond geographic separations.

East-Mediterranean Region
The EMR is a region where you can find almost all the goals of the SDGs not achieved yet; It's an opportunity-filled region for SDGs enthusiasts to start advocating and applying the SDGs. Access to improved sanitation facilities increased from 66% in 1990 to 90% by 2015. Most Arab countries are malaria-free and poliomyelitis-free and the immunization against poliomyelitis has exceeded 85% in the region. Life expectancy at the age of 60 has been increasing globally from 18.7 to 20.4 years, in the period from the year 2000 to 2015. However, the life expectancy in the East地中海 Region at the age of 60 years, has only increased by 0.7 years. Half of all deaths in the Arab world are caused by NCDs and 60% of existing diseases in the Arab world are NCDs. With almost two third of countries directly and indirectly affected by emergencies, especially conflicts, 59% of persons needing global aid and 83% of attacks against healthcare globally occur in the region. With 30 million persons displaced cross the region, health gains are lost and public health problems arose. If we focus on SDG 5 Gender equality, for example is seats held by women in national parliaments. The proportion of women who have held a seat in the national parliaments has increased from 4.9 % to 18.4 %, from 2000 to 2017. These examples show that there is progress on SDG 5, but there is still a long way to go. Significant inequalities in employment rate, education level, and economic activity persists for persons with disabilities. Financial inequality also act as a major barrier to universal health coverage, with out of pocket expenditure as % of total health expenditure goes from 5% in Saudi Arabia to 58% in Lebanon. Education inequality situation in Arab region has been exacerbated by the prolonged armed conflicts and unequal education level negatively contributes to the status of public health as it contributes to health inequity. The biggest challenge of monitored development of SDGs in the EMR region is the lack of data transparency and reliable collection systems. Previous research have shown that online availability of data on development in arab region is shown to be more than 1/10th less than other regions. Moreover, there is a lack of data on the data collection systems themselves and their performances.

European Region
The SDG index provides a report card for country performance on the SDGs, comparing current progress with a baseline taken in 2015. The index indicates that many of the (Western) European countries are amongst the best performers (Sweden topping the list with 84.5% on the way of achieving the targets envisioned by the 2030 agenda). However, although many of the high-income countries perform well in areas as economic development, they still face significant challenges in areas as income inequality, climate-change mitigation, gender equality and education.

In November 2016, the EU presented its response to the 2030 Agenda and adopted a sustainable development package including;

i) **Communication on next steps for a sustainable European Future** describing the broad terms of the EU legislation and policies to the SDGs.

ii) **A revision proposal of the European Consensus on Development** serving as the basis for further discussion within the European Parliament and European Council.


On the core of this response is the mainstreaming of the SDGs in EU policies and initiatives. The EU has committed to implement all 17 goals of the SDGs in both its internal and external policies. A few examples of activities and commitments are:
**Goal 1 No Poverty:** The EU established several funding instruments as the *European Development Fund* and the *Development Cooperation Instrument* with as primary objective the reduction and eradication of poverty.

**Goal 5 Gender Equality:** Gender equality is at the core of the European framework as illustrated by the European strategy and action plan to promote women’s empowerment and gender equality.

**Goal 13 Climate Action:** In 2015 the EU launched the Global Climate Change Alliance Plus (GCCA+) to support the world’s poorest and most vulnerable places to transition into a climate resilient future (14).

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