



The UN COVID-19 Response and Recovery Multi-Partner
Trust Fund
(UN COVID-19 MPTF)

Proposal Template

Proposal Title:

Ensuring the continuity of essential primary healthcare and hospital services for the most vulnerable and developing prevention and hygiene measures for essential non-health sectors during the COVID-19 pandemic.

Amount: 1 000 000 \$US

I. Immediate Socio-Economic Response to COVID19

Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]

The first confirmed case of contamination by the new coronavirus COVID19 was identified in Morocco on March 2nd, 2020. The number of cases is increasing, with 3692 confirmed cases, 478 recovered cases and 155 deaths as of 24 April 2020. The majority of Morocco's regions are currently affected by the virus, at varying degrees. From the beginning of the epidemic, Morocco has put in place a National Plan for preparedness and response to COVID19, in line with the WHO « *Strategic Preparedness and Response Plan COVID-19: Operational Planning Guidelines to support country preparedness and Response* ». Intervention axes of the national plan are primarily based on prevention, to limit the spread of the illness; early detection of cases to contain propagation; on adapting a national response to the healthcare systems, reinforcement of measures for prevention and control of the infection in the health sector and in the workplace.

Furthermore, beyond the National Plan for preparedness and response, Morocco has intensified its measures to fight against the COVID19 pandemic, with ambitious measures aiming to reduce the impact on health as well as the economy. The country has first and foremost elaborated an approach designed to identify, isolate and treat COVID19 cases by increasing its capacity to test, trace and isolate both new cases and the people who have been in contact with them, and to offer them hospital treatment, thanks to an increase in the number of hospital beds and an array of therapeutic approaches. Morocco has also declared a state of emergency on March 20th, 2020, along with a closing of its airspace, land and sea borders; general confinement of the population whilst still maintaining access to basic services. A number of social and economic support measures have been taken towards the poorest families as well as businesses struggling with the impact of confinement and border closure.

These initial measures have allowed Morocco to engage a direct fight against the COVID19 epidemic. However, the needs of several vulnerable population groups such migrants and refugees, key populations (FSWs, MSMs and drug users), prisoners, have to be more taken into consideration in these exceptional measures. With the evolution of the epidemiological situation and the prolongation of the state of emergency, the health system will be confronted with other challenges. Among others, two important issues will be critical in the immediate future: (a) the continuity of essential primary and hospital-based healthcare services, especially for vulnerable populations, including migrants and refugees, and (b) the protection of frontline workers.

To take on these challenges, the suggested approaches are based on some fundamental recommendations:

- The efforts undertaken must consider a human rights-based approach to reduce health, social and economic impacts of the crisis, and the consequences of COVID19 outbreak on vulnerable populations, including migrants, refugees, prisoners and other population at risk, following the principle of leaving no one behind.
- Interventions must focus in particular on target groups such as women of reproductive age, considering their sexual and reproductive health needs; people with chronic illnesses, considering their need for available and adequate treatment; women victims and survivors of violence; migrants and refugees; and frontline workers, who need to be supported in their commitment to fight against the pandemic.
- The right of women to be safe from violence, including domestic violence and human trafficking, is defended by international agreements as well as national legislation. This right must be protected even in times of crisis.

II. Solutions proposed

Please provide a summary of the proposal. [1,000 word limit]

The project is structured around two complementary components.

- **The first component aims to ensure the continuity of services in the health sector, particularly for vulnerable populations.** Four main aspects of primary and hospital-based services are prioritized:
 - Sexual and reproductive health,
 - Services related to treatment for chronic illnesses,
 - Healthcare services for women victims or survivors of violence,
 - Communication and community engagement.
- **The second component aims to strengthen access to healthcare and means of protection and prevention in the workplace.** Two target groups will be considered:
 - Healthcare professionals, and
 - Frontline workers in priority sectors other than health.

1. Continuity of essential primary and hospital-based healthcare services

- a. Self-care based approaches on health: for of sexual and reproductive health services, as well as for prevention and treatment of chronic illnesses requiring ambulatory care, the project relies on a Self-care approach¹, to develop simple and fast interventions based on digital health.
- b. Organization of services and adaptation of pathways of care: reorganization of services during COVID19 outbreak will include consultations by appointment, video or teleconsultations, and remote support of patients. The project will promote home visits by healthcare staff or local authorities and/or community healthcare organizations, for all vulnerable populations including migrants and refugees, key populations, prisoners, whilst ensuring hygiene and social distancing measures are respected. Algorithms, didactic support, recommended behavior and strategic orientations will be made available for the staff.

¹ The World Health Organization (WHO) defines self-care as the capacity of people, families and communities to promote health, prevent illnesses, remain in good health, and face illnesses or disabilities, accompanied with a healthcare provider. According to the Astana declaration of 2018 on primary healthcare, it is crucial to include, give responsibility and educate people, in order for them to become active decision-makers in their own health. Self-care can be a part of universal health coverage, but can also play an important role in emergency situations and in the improvement of health and wellbeing.

- c. Information and communication technologies (ICT): the use of ICTs will be introduced in primary healthcare facilities (PHCFs) in order to maintain contact and support women of reproductive age and people with chronic illnesses. M-Health will allow a model of alert and follow-up. This includes patients lost-to-follow-up, waiting lists and missed appointments. Data on PHC users will be retrieved from family planning and pregnancy monitoring files, other medical records or through the involvement of development actors and/or local communities.
- d. Caring for victims of gender-based violence: the project will promote continuity of basic healthcare services provided to victims of gender-based violence in provincial hospitals. These units will be supported to provide frontline services to women and girls victims of violence, including migrants and refugees, to care for their immediate emotional and psychological health needs, as well as physical health. Furthermore, the project will support counselling and housing, legal services and economic empowerment for victims and survivors of gender-based violence. Services will be offered in multiple languages.
- e. Communication and community outreach: community-based action will reactivate mobile services and home visits by healthcare staff or authorities and/or available community healthcare organizations or actors. The project also relies on the creation and strengthening of community capacity with messages promoting COVID19 prevention, encouraging the respect of confinement and isolation of cases, and home treatment of benign cases, whilst developing communication channels for awareness and community information via mobile phone. These will take into account language barriers faced by vulnerable populations such as migrants and refugees, or people with hearing or visual impairment, and must be adapted to be gender sensitive and understandable by children and young people.
- f. Evaluating the economic and social of access to care: the project will conduct an economic analysis to measure the impact of access to healthcare services during and after confinement on household expenditures. The study will be based on remote interviews of a sample population from existing listings (social security, UNHCR, NGOs caring for migrants, key populations), or “call center” platforms created for COVID19.

2. Protecting frontline workers

The project plans on ensuring that healthcare staff is covered by personal protective equipment (PPE) and to expand training on prevention and control of infection as recommended by the WHO in the context of COVID19. In addition, the project plans to ensure protection of health workers by increasing COVID19 diagnostic capacity. The project will use dissemination channels through webinars on Infection Prevention and Control, stress, psychosocial assistance to healthcare staff, WHO online courses, remote training on safety and health in the workplace. Furthermore, counselling services will be made available for healthcare workers.

To prevent the spread of the infection in the workplace outside the health sector, the project will involve businesses, federations and professional associations, in order to provide staff with information on hygiene and prevention measures, through communication tools ~~and provision of PPE~~. Reorganization guidelines will be made accessible to workers and employers.

Four key priority sectors have been identified: food industry, trade and waste management. The project will support information and dissemination campaigns among businesses and professional associations, while capitalizing on the efforts underway. These will focus on informing workers and employers on the need to apply hygiene rules and good production practices. ILO recommendations in terms of pandemic management for corporate human resources will be disseminated. Prisoners and prisons staff will also be taken into consideration.

Innovative and high-impact communication measures such as capsules, animations, and audiovisuals will be envisaged to feed the platform of the General Confederation of Enterprises of Morocco (CGEM and the professional federations concerned. In addition, a toolbox for each target critical sector including guides and checklists in Arabic and French explaining the modes of management and transmission of COVID19, sectoral risks and preventive measures will be created and distributed.

These interventions will aim at strengthening the capacity of industries and services critical to the maintenance of an essential economy with a particular focus on young people and women represented in small and medium enterprises.

III. What is the specific need/problem the intervention seeks to address?

Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]

The continuity of preventive and curative healthcare services during a public health emergency is one of the greatest challenges to health systems. Despite the workload resulting from the treatment of COVID19 patients, health systems must maintain the provision of essential healthcare services. The state of emergency requires citizens to reduce travel as much as possible and constrains the operation of public transport to a minimum. Health facilities are confronted to the challenge of ensuring the continuity of care for patients undergoing treatment, whilst at the same time ensuring maximal protection and prevention of the spread of COVID19.

Furthermore, in order to respond to immediate needs of the outbreak, all budgetary public resources as well as private contributions are redirected towards national response efforts, as well as towards direct financial support to vulnerable populations. Reduced public resources thus pose a major challenge to the financing of primary healthcare services.

Despite universal access to primary health care, some vulnerable populations such as migrants and refugees see their access to health services hampered by the current crisis. These populations face cultural and linguistic barriers, fear discrimination and stigma and suffer from lack of access to economic activities and stable income. They also lack information on available services and are particularly vulnerable to fake news and rumors. Although there is no official data on the number of migrants in Morocco, women and youth now make up an increasing proportion: the average age of migrants in Morocco is around 28 years old. Access to reproductive health services is thus a major concern since migrant and refugee girls and women can be overexposed to sexual violence, human trafficking, which can lead to complications of pregnancy, sexually transmitted infections, psychosocial issues, etc.

This situation is likely to interrupt the continuity of family planning and maternal health services, and to have negative consequences on women's health. The suspension of services such as the distribution of contraceptives is likely to lead to unwanted pregnancies and to have fatal consequences on women's health. Moreover, pregnant women in such circumstances of isolation and limited travel require quality care and support in the case of an emergency related to either the pregnancy or childbirth.

Chronically ill patients have been identified as most vulnerable to coronavirus. Therefore, maintaining the operation of essential primary preventive and curative services, as well as hospital services for these patients is both a necessity and a challenge. Indeed, 11.3% of Moroccans aged 15 and older smoke, 21% of interviewees of the ENSPF in 2018 claim they are chronically ill (17.1% of men and 24.9% of women, 18.6% of people in rural areas, and 22.5% of people in urban areas). The prevalence of diabetes is 4.8% (3.95% for men and 5.6% for women). The prevalence of arterial hypertension is 6.8% (4.5% for men and 9% for women). Cancer and/or its treatment, as well as hemodialysis can weaken patients' immune system. Cancer patients, especially those undergoing treatment, as well as diabetic patients including those with renal failure, are considered at high risk of developing serious forms of COVID-19 infections, and to experience difficulties to access adequate structures in order to receive their chronic treatment

- In a period of crisis, women and girls are disproportionately exposed to violence, especially domestic violence, as a result of increased tensions within households. Likewise, previous crises suggest an increased risk of exploitation and (sexual) abuse. Many migrants and refugees, mostly women and children, may be pushed into exploitative situations. Systems in place to protect women and girls, including community services, may be weakened or completely shut down. Specific measures must be taken in order to protect women and girls from family and gender-based violence. The national platform for counselling and support of victims of gender-based violence, "Kolonamaak", has experienced a major increase in calls since the beginning of confinement in Morocco. Furthermore, vital services and support to victims of gender-based violence, such as medical responses to rape, physical and mental health services, and psychosocial support, are reduced due to the focus of healthcare providers on treating COVID-219 cases. Moreover, and because of the state of emergency and general confinement, counselling and housing centers

for women managed by NGOs are for the most part closed. A very small number of centers put in place by the government continue to offer housing services, but are unable to meet growing demand.

Frontline workers are essential in order to fight the epidemic. These workers may be healthcare staff, as well as workers from non-health sectors, who maintain essential activities such as industry, food production or services. Healthcare staff are on the frontlines of any intervention during an epidemic and are exposed to dangers which increase the risk of infection by COVID-19. In addition, they work long hours and are vulnerable to fatigue and professional exhaustion. Facing distressed patients and death, whilst being away from loved ones every day creates stress and undeniable psychological distress. Added to this, many healthcare staff in all COVID-19 affected countries face stigma and psychological and physical violence from neighbors or even their families, who fear contamination themselves. It is therefore important to protect healthcare staff. Frontline workers who ensure the operation of other sectors are also exposed to physical risks, psychological stress and stigma. These may work in essential industries such as the agro-food industry, or sectors such as waste management and trade, supermarkets or public transport and the transport of goods. Prisons staff will also be taken into consideration. It is essential to ensure that these workers can work in safe conditions so that general confinement can be maintained in order to slow the spread of the virus.

The ministries in charge of goods and services necessary for the population and economic activities are overwhelmed by the multiplication of outbreaks of contamination in and deserve to be supported for compliance with preventive measures in the workplace. The specificities of each sector in terms of occupational risks and the applicability of prevention measures, in particular barrier measures, oblige to opt for a sectoral approach making it possible to adapt general measures for the prevention of occupational risks to the specificities of the sector, which guarantees better ownership of these actions and the alliance between effective protection and maintaining the productivity and efficiency of the company.

During the confinement period, and the crisis, the social and economic impact related to the use of health services during the COVID-19 pandemic needs to be evaluated. Indeed, confinement will create a broad loss of income, or the reduction of income for a major portion of the population. This affects disproportionately people working in the informal economy, including migrants and refugees who do not benefit from social protection measures put forward by the government during the outbreak. During this time, the need to access basic services, in particular essential but expensive services such as hemodialysis or chemotherapy, remains necessary and even crucial. Access to healthcare will therefore lead to above average catastrophic spending. Access to expensive treatments for cancer, or some life-saving treatments for patients such as hemodialysis will become difficult, especially for people who are not insured. Subsidies for the loss of income by the Solidarity Fund put in place by the government will not be sufficient to cover the cost of very expensive illnesses.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change

Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#)² and how is it based on the principle of “build back better”. [1,500 word limit]

In the face of the COVID-19 pandemic, the theory of change of this project relies on a systemic, holistic and inclusive human rights-based approach, which includes and considers all stakeholders who use healthcare services, especially vulnerable populations, migrants and refugees included. The approach relies more precisely on the following components:

- The Self-care approach is an innovative approach which is based on the use of ICTs to overcome the limits of classic healthcare service provision.
- An inclusive and people-centered approach to expand services to women in reproductive age, including migrants and refugees, and women who are victims of gender-based violence during the COVID-19 crisis.

² Please refer to [OHCHR COVID19 Guidance](#)

- A community-based approach to organize actions around COVID-19, and to create community interactions which strengthens links between actors, and improve the influx and access to information of stakeholders, especially patients. This interaction will take into account cultural specificities and sensitivities of vulnerable populations, including migrants and refugees, will reinforce empowerment of communities faced with a crisis situation, and will constitute a catalyst for transformation and change in this endeavor.
- A mass and proximity communication approach on the availability and continuity of services during the COVID-19 crisis. It will ensure adaptation of messages (content and language) to make these understandable by all, including children, youth, people with hearing or visual impairment, migrants and refugees.

Within this holistic and innovative approach, all stakeholders become active actors of change:

- Women of reproductive age, chronically ill patients, women who have survived violence, which are target groups, are informed and inform those around them, without discrimination of nationality and status.
- Healthcare staff are provided with an alert, recovery and reorganization system, which allows them to actively monitor those who use essential services and to adapt offered services to specific needs of target groups for reproductive health, which includes family planning, maternal health, and chronic diseases.
- Care units for victims of gender-based violence are provided with the necessary tools to care for survivors within the quality standards and norms for human rights protection.
- Communities and local authorities, as well as NGOs are active in informing and raising awareness among people targeted by interventions.
- The Ministry of Health supports the project and ensures its dissemination and sustainability.
- The private sector will also be solicited in order to support the development of Mobile Health and the spread of vocal information and education messages.
- Businesses, federations and professional associations are involved for a better integration of workers and employers in the effort to prevent the spread of the illness.

The steps and outcomes of the project are as follows:

- Development of Mobile-Health: an app which allows healthcare staff to monitor necessary intervention for patients, and generate automatic alerts to remind patients of the next intervention. In order to contact patients, staff will be able to rely on the help of local communities and NGOs. This will create solid inter-community links and will strengthen the community, create trust in health services for all vulnerable groups including migrants and refugees who do not feel empowered to use services they are entitled to. This will develop a system of reaction and collaboration during crises.
- Then, staff will either plan home visits for patients who are not able to travel, or suggest adapted appointments for others. During confinement in times of pandemic where any gathering is prohibited, this directly contributes to avoiding the spread of the virus through unnecessary gatherings. A better organization of appointments allows an efficient use of limited human resources and ensures access to healthcare for all during the COVID-19 crisis.
- Creation of a beneficiary/patient database: this step will mobilize the local community and local NGOs, healthcare staff and the Ministry of Health, which will be able to organize their efforts to create a complete database which will be integrated to the Mobile Health app.
- Staff will be trained via webinars on the use of the application, including the development of adapted and inclusive services. For example, a mobile team will provide the services for patients who cannot move, or fear to move given their administrative status as migrants or refugees; services to welcome and support women victims of violence will also be integrated into health structures.

- Protection of health care workers and other workers in essential industries: hospital laboratories will be equipped with diagnostic and detection equipment to allow timely detection of affected professionals. Personnel will be provided with suitable protective equipment and trained in its correct use. Additional training on stress in the event of a crisis will also be provided to provide psychosocial support for staff and thus ensure the availability of the human resources necessary to ensure the continuity of health and essential services.
- Development and implementation of mass and local communication tools around the availability of health services during the COVID-19 crisis, taking into account target populations (gender sensitive, adapted content and languages).
- Protection of workers in essential services from risk of contamination by COVID-19 and reduction of the risk of virus overspread through contacts in the workplace, either for the workers or for clients.

The project will insure that:

- Health personnel have a preventive detection system and an organization of health services adapted to the target populations. SDG 3.1, 3.3, 3.7 and 5.6.
- Health services are adapted to the needs of the target population are organized during the COVID-19 crisis. SDG 3.1, 3.3, 3.7, 5.6 and 5.2
- A patient database is available. SDG 3.1, 3.3, 3.7 and 5.6
- Violence against women units within the Ministry of health are equipped. SDG target 5.6
- Health services, shelters, psychological and legal support for women victims and survivors of violence are reinforced. SDG target 5.6
- Health personnel are protected from the risks of contamination from the COVID-19. SDG 3.1, 3.3, 3.7, 5.6 and 5.2
- Health personnel are correctly using protective equipment against contamination with the COVID-19 virus. SDG 3.1, 3.3, 3.7, 3.C, 5.2 and 5.6
- Psychosocial support for the health personnel is available. SDG 3.C
- Patients are informed of the availability and continuity of health services during the COVID-19 crisis
- Workers are protected against risks of work related diseases SDG 8.8
- Formal and informal partnerships are formed. SDG 17.17

The system set up around the COVID19 crisis will especially allow the continuity of essential services for women in reproductive age in the field of sexual and reproductive health, persons affected by chronic illnesses and women victims of gender-based violence. Visits and interventions in these fields will continue to be available and organized and will reduce maternal and chronic disease mortality even during the pandemic period. The inclusive approach adopted allows for the inclusion of reception and support services for women victim of violence during the COVID-19 crisis and thus protect a population that may be neglected during such a crisis, with focus on population whose access to health services is particularly challenged, including migrants refugees and prisoners.

It is expected that the impact of the approach adopted will also be visible beyond the COVID-19 crisis: the systemic approach is inclusive, transforming all stakeholders into active agents of change, leaving no one behind, perpetuating the actions that will be carried out by the supervisory ministry and strengthening the lasting community ties in order to face future community challenges.

V. Documentation

Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]

- [COVID-19 Stratégic Preparedness and Response Plan : Operationnal Planning Guidelines to support country preparedness and Response](#)
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers>
- https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0
- https://apps.who.int/iris/bitstream/handle/10665/331340/WHO-2019-nCov-HCW_risk_assessment-2020.1-eng.pdf
- <https://www.who.int/news-room/q-a-detail/q-a-on-infection-prevention-and-control-for-health-care-workers-caring-for-patients-with-suspected-or-confirmed-2019-ncov>
- [Impact of human resources availability & quality on EMOC in the Arab states, UNFPA ASRO - LAS 2018](#)
- [McKay G, Black B, Mbambu Kahamba S, Wheeler E, Mearns S, Janvrin A. Not All That Bleeds Is Ebola: How has the DRC Ebola outbreak impacted Sexual and Reproductive Health in North-Kivu? New York, USA: The International Rescue Committee 2019.](#)
- [Impact of human resources availability & quality on EMOC in the Arab states, UNFPA ASRO - LAS 2018](#)
- [COVID-19: Operational guidance for maintaining essential health services during an outbreak 2019](#)
- <https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers>
- <https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd4010>
- <https://2m.ma/fr/news/maroc-covid-19-mobilisation-active-de-lunfm-via-la-plateforme-kolonamaak-20200330/>
- [Enquête Nationale sur la Population et la Santé Familiale \(ENPSF 2018\)](#)
- [Enquête nationale sur les violences basées sur le genre, menée par le Haut-Commissariat au Plan \(2019\)](#)
- [WHO “Preparedness, prevention and control of coronavirus disease for refugees and migrants in non-camps settings”](#)
- [IOM GLOBAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN CORONAVIRUS DISEASE 2019](#)

VI. Target population

Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]

Within the framework of the National Preparedness and Response Plan against COVID-19 infection, the Ministry of Health issued a circular on April 15, 2020 concerning the maintenance of coverage rates for National Health Programs, targeting in particular mothers, newborn, and special needs people. The Minister also established an ad hoc committee to monitor the continuity of essential primary health services.

This project is in line with the priorities of the Ministry of Health and will be carried out in partnership with several public institutions at central and regional levels, and other non-governmental organizations reaching vulnerable populations at community level, including local communities and active associations in the field of combating violence against women, organizations working with migrants and refugees, among others.

The targeted beneficiaries are:

- Pregnant women, women of childbearing age.
- Patients with chronic diseases.
- Women and girls’ victims and survivors of violence.
- Health professionals in primary health care facilities;
- Workers in essential services in the target sectors identified
- Civil society organizations with call centers and shelters for women victim of violence
- Thematic NGOs, including migrant and refugees’ organizations.
- Prisoners and prisons staff.
- Local authorities (Mokadems, Cheikh and others).
- The general population.

The project targets healthcare personnel at the front line of direct response to COVID19, as well as the most vulnerable populations requiring access to health services, apart from patients suffering from COVID19. The project makes a substantial contribution to strategic actions related to the national plan for preparedness and responding to infection with COVID19 as well as the WHO Strategic Preparedness and Response Plan COVID-19: Operational

Planning Guidelines to support country preparedness and Response. The project targets also business leaders and employees including women and young people working in essential economic activities. They will have access to practical and targeted tools enabling them to protect themselves against the spread of the virus within the workplace and to strengthen technical and management measures to meet industrial and service requirements.

The project is in line with the UN System partnership with the government, civil society, and development partners for the fight against the pandemic due to the COVID19. It is designed to strengthen government programs, provide technical support and advocacy to ensure the continuity of essential primary and hospital health care services and develop hygiene and prevention measures to other sectors during the COVID19 pandemic. The project also supports data collection and analysis of emerging issues such as the assessment of the economic and social impact health services use during the COVID19 pandemic.

VII. Who will deliver this solution?

List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]

United Nations agencies

The Recipient UN Organizations (RUNOs) are as follows:

- **World Health Organization (WHO):** WHO is committed to building a better, healthier future for all people around the world. Since April 7th, 1948, we are working in 194 Member States through 150 country offices, in six regions. In Morocco, WHO supports the Ministry of Health in the formulation and implementation of national policies and plans in a range of health programmes and health systems strengthening fields. We provide expertise, support the production and translation of evidence into policies and plans, and recommendations for implementation arrangements. The WHO is in the frontline of the fight against COVID19 in the world. In Morocco, the office aligns expertise in epidemiology, public health, maternal and child health, health system strengthening and health economics; backed up by the technical and logistic support of our regional office in Cairo and our headquarters in Geneva.
- **United Nations Population Fund (UNFPA):** UNFPA operates in more than 150 countries and territories that are home to the majority of the world's population. Active in Morocco since 1975, UNFPA supports the government in strengthening national and regional information systems, carrying out surveys and population projections. UNFPA also supports policies, strategies and advocacy to ensure universal access to reproductive health services and related rights, including reduction of maternal mortality; as well as advocacy and development of the legal and institutional framework for the prevention of gender-based violence and harmful practices against girls. UNFPA also supports actions aimed at giving young people access to education, health and employment. UNFPA Morocco has had a strategic partnership with the Ministry of Health since its creation in Morocco. UNFPA Morocco has a program team specializing in project themes, in particular, a reproductive health officer and an equality and human rights officer. In addition, the office has the expertise required for operational management of funds through the ticket of a team of purchasing and finance officers. The office also has a monitoring and evaluation specialist.
- **United Nations Industrial Development Organization (UNIDO):** UNIDO is a specialized agency of the United Nations that promotes industrial development for poverty reduction, inclusive globalization and environmental sustainability. In Morocco, UNIDO cooperates and endeavors to build partnerships with various public and private sector stakeholders. The Ministry of Industry, Trade and the Green and Digital Economy, is the main local government counterpart. UNIDO works also in partnership with relevant other Ministries as well as with a number of public institutions and agencies. UNIDO has provided policy advice and technical assistance to Morocco through almost 200 projects across different areas supporting industrial competitiveness, poverty reduction, environmental protection, agro-industrial development and energy efficiency. In 2019, UNIDO and the Kingdom of Morocco signed a partnership framework: Program for Country Partnership (PCP). The PCP will rest on a multi-stakeholder partnership led by the Moroccan Government. It builds synergies with ongoing government and partner interventions relevant to industrial development and has been designed to leverage additional investments in selected priority sectors.

The RUNOs collaborate in many other joint initiatives to ensure access to essential health services for vulnerable populations, within integrated and holistic approach. The combination of their mandates and expertise will maximize their ability to offer tailored responses and achieve the outcomes of this joint initiative.

WHO, as the health standards agency, and UNFPA, as an operational agency in the area of health, are already working together in support to the Ministry of Health in the framework of several strategies and action plans aimed at improving the sexual and reproductive health of vulnerable populations, and also in the field of combating gender-based violence. The project will also benefit from WHO expertise in health standards for non-communicable diseases. In addition, within the context of the UN response to COVID19 in Morocco, WHO and UNFPA lead the Task Force 1 on Health and the Task Force 2 on Communication & Community Engagement respectively.

UNIDO will contribute through its expertise to guide how to achieve the expected objectives within the component of health at the workplace, mainly for essential industry services. UNIDO will work in close collaboration with the International Labor Organization (ILO) in Morocco in order to implement the component related to non-health frontline workers.

This proposal is complementing other projects that address children, migrant, refugees and prisoners' vulnerabilities. Because these populations face specific issues, such as barriers to access to health services, agencies that have a proven expertise on mainstreaming in public policies and protection responses will be associated and consulted, especially the United Nations Children's Fund (UNICEF); the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees, and the United Nations Organization on Drugs and Crime (UNODC).

Governmental and civil society partners

Ministry of Health

The Ministry of Health is at the forefront of the fight against the COVID19 pandemic by providing both a direct response to the outbreak and ensuring that the population can access other health services during the emergency. In addition to the National COVID19 Preparedness and Response Plan, the project is in accordance with the strategies and plans of the Ministry of Health: 2025 Health Plan, National Strategy for Reproductive Health (2011-2020), Multisectorial Strategy for the Prevention and Control of Non-Communicable Diseases (2016-2025), National Health Program for the Care of Women and Children Victim of Violence.

Ministry of Solidarity, Social Development, Equality and the Family

Currently, the Ministry is conducting a campaign through the various media platforms and social networks to raise awareness regarding the risk of violence against women during confinement, and to inform about the existing mechanisms currently available for women. The present project will complement their efforts through supporting the continuity of health services for women victims and survivors.

Ministry of Industry, Trade, and Green and Digital Economy

The Ministry is in charge of monitoring supply and price's control of food and essential products to the national market. The Ministry is also supporting (financial incentives, technical assistance regarding this norms) the industrial sector to secure the production of protective masks and regulate their price. The production capacity has reached 6.8 million units per day. This production is available in all shops, retailers, supermarkets and hypermarkets. The ministry directed textile factories to manufacture protective masks and launched a new program to support MSMEs investing in the manufacturing of medical products and equipment used to face COVID19. The Ministry is following also with the different industries regarding the respect of hygiene and prevention measures

Civil society organizations

This project also places a high priority on partnerships with civil society organizations. Since the start of the health emergency in Morocco, NGOs mobilized to maintain essential primary health services, including the psychological and legal support of women and girls who have suffered gender-based violence. The network of listening and accommodation centers for women victims of violence, Anaruz, created in 1999 and bringing together more than 36

associations, and partners of UNFPA, constitutes an important partner for the project. The associations of the project are present throughout the territory. NGOs that are working with migrant and refugee population will also be involved in order to reach this population which is often invisible and not easy to reach.

Employers and workers' organizations are also associated to the project to enhance the implementation of preventive measures in the workplace.

Private sector

The representative of the private sector, CGEM, is working hand in hand with the government regarding the evaluation of the economic impact of COVID19 on the national enterprises and to set up measures to help vulnerable enterprises especially small ones. CGEM launched a new website dedicated to the situation related to COVID19. The bilingual platform that will be fed in real time with useful information, in particular on support measures for companies affected by the crisis, as well as their implementation modalities. Through this portal, the CGEM also provides concrete answers to frequent queries from companies.

The project will collaborate as well with sectoral association to reach a large number of companies, mainly: CGEM, Federation of Agri-business enterprises (FENAGRI), the national Federation of e-commerce and the federation of trade and services.

Project governance mechanisms

The governance mechanism will consist in a **Technical and monitoring committee** chaired by WHO, and made up of representatives of the RUNOS and various partners, including institutional and government partners. This Committee will ensure all partners have a perfect understanding of the project and insures coordination and close monitoring of project activities for the proper execution of the project. The Committee will be responsible for regular monitoring of the implementation of activities. This committee represents a mechanism for presenting and discussing the results of the project.

Implementation modalities

The project will adopt the following methods for the management of funds:

- Direct execution modality, to facilitate mass group purchases, in particular equipment purchases, including IT and protection;
- A modality of execution based on advancement of funds will be adopted to make available to direct partners, in particular the Ministry of Health and civil society organizations, the funds necessary for the implementation of the activities of the project.
- This project will benefit from the establishment of funding modalities for rapid disbursements

UNFPA will prepare and communicate the consolidated narrative and financial reports of the project in accordance with its policies and procedures, as well as its operational guidelines.

To ensure the activities assigned to the UNFPA office in this project, in particular the execution of the registered activities and coordination with other agencies involved, the Rabat Office will recruit three consultants, within the framework of the project budget and according to defined ToRs: (i) a project manager, (ii) an Associate Program, (iii) a Procurement and Logistics Assistant.

These consultants will work under the double supervision of the Sexual and Reproductive and Gender and Human Rights program officer, for the first and second one and under the Admin-Finance officer for the last.

This approach is justified by the working method of UNFPA that based on the results-based management approach to guarantee the efficient and effective execution of the project. Since the project is part of the response to Covid 19, the recruitment process benefits from FTP (Fast Track Procedures) to accelerate recruitment while respecting the administrative standards of the United Nations system.

This full-time team will be in charge of monitoring activities throughout the implementation of the project as well as collecting the data and supporting documents necessary to provide information on the project indicators, data storage and all deliverables and project supports.

The attributions of each profile are as follows:

- Project manager: person responsible for providing technical support, ensuring management, planning, project monitoring and project evaluation.
- Associate Program: supports the design, planning and management of the project by providing and managing data inputs, providing logistical support, monitoring project implementation and following up on recommendations while ensuring high quality and accuracy of work
- Procurement and Logistics Assistant: is member of the operations and procurement team. He (She), provides administrative support to the project, maintaining protocol procedures, information flow and follow up on deadlines and commitments made.

In addition, the project will benefit from the technical and operational capacities of the permanent staff of the UNFPA Office who will dedicate a proportion of their time to support implementation and coordination with the other agencies involved in the project. The value of this contribution is included in the "In-kind Contributions" section.

Activities assigned to WHO will be implemented by technical and operational staff under permanent contract with WHO country office in Rabat, who will dedicate proportion of their time to support implementation and coordination with other agencies. This is reflected under "In-kind Contributions section of the budget proposal.

Activities assigned to UNIDO will be supported by the following staffing:

Staff	Allocated costs	Rational	Impact on implementation
UNIDO project manager	\$ 9,925	Contribution of UNIDO Project manager in charge of implementing the project	The project manager is already under contract, working remotely from UNIDO HQ and her time will be charged to the project.
Project associate	\$ 3,100	Contribution of a project associate to facilitate the implementation of the project and contribute to the development of a gender analysis, communication tools and reporting	The project associate is already under contract and his/her time will be charged against the project
Technical experts	\$ 16,225	Technical experts will be recruited to develop toolboxes in consultation with project partners (federations of the target industry sectors)	Technical experts will be recruited, initially working from home until the pandemic situation enables local travel.

Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Giovanna Barberis Email: gbarberis@unicef.org Position: Resident Coordinator a.i. Other Email: Telephone: +212 661 17 95 62 Skype:			
Description	[400 characters limit] The project is built on two components aimed at strengthening institutional, civil society and community capacities to address the challenges of COVID-19. First component aims to ensure continuity of services in the health sector for the vulnerable populations, including migrants and refugees. Second component aims to strength access to health and protection and prevention in the workplace.			
Universal Markers	Gender Marker: <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.			
Fund Specific Markers	Human Rights Based Approach to COVID19 Response <i>(bold the selected):</i> Yes/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance			
	Fund Windows <i>(bold the selected; pls select one only)</i> Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response			
Geographical Scope	Regions: Africa Region Country: Morocco			
Recipient UN Organizations	WHO UNFPA UNIDO			
Implementing Partners	Ministry of Health Ministry of Industry, Trade, Green and Digital Economy NGOS Local authorities Private sector, professional federations and associations (professional unions)			
Programme and Project Cost	Budget	Agency	Amount	Comments
	Budget Requested	WHO	\$200 000	Participating Agency
		UNFPA	\$600 000	Participating Agency
		UNIDO	\$200 000	Participating Agency
	In-kind Contributions	UNFPA	\$201 740	
		WHO	\$ 24 240	
		UNIDO	\$ 50 000	
	Total		\$ 1 275 980	

Comments	The agencies involved collaborate in many other joint initiatives to ensure access to essential health services for vulnerable populations, within integrated and holistic approach. The combination of their mandates will maximize their expertise to offer tailored responses and to implement the wide range of their specializations. Furthermore, the proposed project is based on the human rights, partnership and community involvement approach.
Programme Duration	Start Date: June 2020
	Duration (In months): 07 months
	End Date: December 2020

Results Framework

Window 1: Proposal Outcome					Outcome Total Budget USD
	1.1 The government ensures continuity of essential health services to deal with the COVID-19 crisis and its impacts on vulnerable populations, while fully protecting against the spread of infections				USD 1,000.000
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	1.1a Number of components of the essential primary health care package strengthened by ensuring continuity of service through the mobile health service	0	3 (sexual and reproductive health; monitoring of chronic diseases; gender-based violence)	Project reports	UNFPA, WHO
	1.1b Number of non-health sectors supported to provide protective measures to their employees and maintain their essential services interrupted by COVID-19	0	3 (food industry, trade and waste management) 40 % target beneficiaries are women	Project reports	UNIDO
	1.1c Availability of economic analysis studies to measure the impact of access to health care during and after confinement (disaggregated by sex, age, Moroccan citizen/migrant/ refugee, geographic area: rural, urban, incomes etc)	study non available	Analysis study available	Analysis report	WHO
Proposal Outputs	1.1.1 Continuity of essential primary and hospital health services during the COVID-19 pandemic is maintained for women and men, girls and boys, including adolescent girls and adolescent boys				
	1.2.1 Access to health and protection and prevention material against COVID-19 in vital workplaces is strengthened				
Proposal	1.1.1.a	0	Women 10 000 (5000 per region)	Ministry of Health and	UNFPA, WHO

Output IndicatorsNu	Number of people, including migrants and refugees, benefiting from the mobile health service disaggregated by sex, age, geographic coverage (e.g., rural, urban) Moroccan citizen/migrant/ refugee and pregnant women (including adolescents)		Male and female Cancer patients (400) Male and female NCD patients (1000)	project Reports	
1.1.1.b	Availability of patient database disaggregated by sex, age, geographic coverage (e.g., rural, urban) and Moroccan citizen/migrant/ refugee	0	Yes	Database	UNFPA, WHO
1.1.1.c	Number of healthcare facilities benefiting from the mobile health service disaggregated by geographic location (e.g., rural, urban)	0	Sexual and reproductive health care facilities (20: 12 Rural, 08 URBAN) Oncology centers (10)	Ministry of Health and project Reports	UNFPA, WHO
1.1.1.d	Number of men and female Health professionals and Health professionals trained to use the mobile health services disaggregated by sex, age, geographic coverage (e.g., rural, urban)	N/A	200 health workers : (150 Health professionals (100 women and 50 men, 50 Health managers)	Ministry of Health and project Reports	UNFPA, WHO
1.1.1.e	Number of men and female professional health workers provided with protection material against COVID-19 to health service continuity during confinement and beyond	0	200 Health professionals and managers :(150 Health professionals (100 women and 50 men) 50 other stakeholders 1400 Health professionals	Participants Lists	UNFPA OMS
1.1.1.f	Number of male and female prisoners and prisons equipped with protection material to enhance protection against	0	1000 prisoners 62 prisons	Project reports	UNFPA

	COVID-19 and ensure service continuity				
	1.1.1.f Number of operational health units for women survivor of violence, supported to ensure service continuity during and beyond confinement	0	12 (7 in Marrakech and 5 in Fes) (Data desegregated by Migrants, refugees and Men)	Units' reports Project reports	UNFPA
	1.1.1.g Number of survivors of gender-based violence accessing support through provincial hospital units, disaggregated by age, pregnancy status, geographic coverage (rural/urban), socio-economic status (which includes female/male migrants, female/male refugees and migrants)	0	200 survivor of gender-based violence	Units' reports Project reports	UNFPA
	1.1.1.h Number of stakeholders able to reach target populations equipped and mobilized (communities, CSOs, community workers, migrant and refugee organizations) to disseminate information regarding the Mobile Health service and refer patients to it	0	50 people	Project reports	UNFPA, WHO
	1.1.1.i Number of communications tools, including Gender and cultural sensitive tools, disseminated to the targeted population, including female population like female migrants, female refugees, women with chronic illnesses	0	10 tools 3 languages	Project reports Communication material	UNFPA, WHO
	1.2.1.a Number of people (Men and women including workers and targeted population) benefiting from the communication tools developed	0	2 000 workers (40% women) 5 000 people	Project reports	UNIDO

	1.2.1.b Number of private companies reached with the toolboxes for each target critical sector	0	100 companies	Project reports	UNIDO
	1.2.1.d Number of equipment for analysis of COVID "PCR analyzer" biological tests provided	0	2	Delivery forms	UNFPA

SDG Targets and Indicators

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input checked="" type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input checked="" type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
Target	Indicator # and Description	Estimated % Budget allocated	
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel	55 %	
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease		
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into	3.7.1 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group		

national strategies and programmes		
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15years and older subjected to sexual violence by persons other than an intimate partner in the previous 12months, by age and place of occurrence	25%
8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status	20%
17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships	17.17.1 Amount in United States dollars committed to public-private and civil society partnerships	In-kind

Risk

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Risk 1 Political will is affected by external factors related to Ministry of Health' response to COVID-19	Political	2	2	4	The proposal is based on discussions that have already taken place with the Ministry of Health and others partners. In addition, the Ministry of Health has just issued a ministerial decisions to maintain essential health services for vulnerable populations.	UNFPA WHO UNIDO
Risk 2 Weak commitment of professionals in primary health care facilities and other sectors targeted by the project	Operational	2	3	5	The proposal is based on the regulatory aspects: the existing network of primary health care facilities, the health map and the essential needs of vital sectors.	UNFPA WHO UNIDO
Risk 3 Certain vulnerable populations initially targeted are not integrated into the project.	Operational	2	3	3	Civil society is mobilized to be able to inform and support the most vulnerable populations of the services and care to which they are entitled.	UNFPA WHO
Risk 4 The implementation period might not be sufficient to spend the whole project budget	Financial	2	3	4	The project anticipate this in preparing and launching the procurement processes in order to accelerate especially the PEE material	

					purchase and the Health care application development	
Risk 5 The desegregated data (e.g. For migrant, male/female, regions etc.) for results reports and monitoring might be not available in Morocco	Organizational	3	5	2	Additional efforts will be made to enhance stakeholder awareness toward the data desegregated reporting.	All

Budget by UNDG Categories

Budget Lines	Fiscal Year	Description [OPTIONAL]	UNFPA	WHO	UNIDO	Total USD
1. Staff and other personnel	2020	Project Management Unit recruitment	58 240,00		29 250,00	87 490,00
2. Supplies, Commodities, Materials	2020	Purchase of supplies and consumables	4 200,00			4 200,00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	Purchase of computer equipment and office furniture	10 500,00	2 000,00		10 500,00
		Health equipment and materiel	200 000,00	73 000,00		273 000,00
		Purchase of protective equipment		70 000,00		70 000,00
4. Contractual services	2020	Expertise, purchase of services including consultation, printing	144 707,66	36 915,00	150 583,00	332205,66
5. Travel	2020	Travel	4 200,00	2 000,00	4 000,00	10 200,00
6. Transfers and Grants to Counterparts	2020	Activities directly implemented by national partners	120 000,00			120 000,00
7. General Operating and other direct costs	2020	Mobile phone, Office rental...	18 900,00	3 000,89	3 082,89	24 983,78
Sub Total Programme Costs			560 747,66	186 915,89	186 915,89	934 579,44
8. Indirect Support Costs * 7%			39 252,34	13 084,11	13 084,11	65 420,56
Total			600 000,00	200 000,00	200 000,00	1 000 000,00

Signatures

E-Signature/validation through the system or email from the RC confirming submission

Names and email addresses of Recipient UN Organizations' colleagues (including Agency representatives) who will be included in the notification of the fund transfer

Agency	Name	Title	Email
UNFPA	M.Luis Mora	Representative	mora@unfpa.org
WHO	Ms. Maryam Begdeli	Representative	bigdelim@who.int
UNIDO			
	Notification of funds transfers:		
	Mr. George Perera	Director, Department of Finance	g.perera@unido.org
	Mr. Peter Krist,	Chief, Accounts, Payments and Treasury Division	P.Krist@unido.org
	For all other notifications, and as per the terms of Annex D of the signed MoU (https://intranet.unido.org/intranet/images/4/49/MOU_with_UNDP-UN_Agencies_re_COVID19_7.4.2020.pdf)		
	Mr. Hiroshi Kuniyoshi	Deputy to the Director General, Vienna International Centre, Wagramer Strasse 5, P.O. Box 300, A-1400 Vienna, Austria,	ddg@unido.org
	Ms. Hanan Hanzaz	UNIDO Country Representative	H.HANZAZ@unido.org
	Ms. Meryem Seghir	Industrial Development Officer, PTC/AGR/FSN	M.SGHIR@unido.org

Annex: SDG List

Target	Description
TARGET_1.1	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
TARGET_1.3	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
TARGET_1.4	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
TARGET_1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
TARGET_1.a	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
TARGET_1.b	1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
TARGET_2.1	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
TARGET_2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
TARGET_2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
TARGET_2.4	2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
TARGET_2.5	2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed

Target	Description
TARGET_2.a	2.a Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
TARGET_2.b	2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
TARGET_2.c	2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
TARGET_3.3	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET_3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
TARGET_3.5	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET_3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
TARGET_3.a	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
TARGET_3.b	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

Target	Description
TARGET_3.c	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
TARGET_3.d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
TARGET_4.1	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
TARGET_4.2	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
TARGET_4.3	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
TARGET_4.4	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
TARGET_4.5	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
TARGET_4.6	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
TARGET_4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
TARGET_4.a	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
TARGET_4.b	4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
TARGET_4.c	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Target	Description
TARGET_5.3	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
TARGET_5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
TARGET_5.5	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
TARGET_5.a	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
TARGET_5.b	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
TARGET_5.c	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
TARGET_6.1	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
TARGET_6.2	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
TARGET_6.3	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
TARGET_6.4	6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
TARGET_6.5	6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
TARGET_6.6	6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
TARGET_6.a	6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
TARGET_6.b	6.b Support and strengthen the participation of local communities in improving water and sanitation management
TARGET_7.1	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services
TARGET_7.2	7.2 By 2030, increase substantially the share of renewable energy in the global energy mix

Target	Description
TARGET_7.3	7.3 By 2030, double the global rate of improvement in energy efficiency
TARGET_7.a	7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
TARGET_7.b	7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective programmes of support
TARGET_8.1	8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
TARGET_8.10	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
TARGET_8.2	8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
TARGET_8.3	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
TARGET_8.4	8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-Year Framework of Programmes on Sustainable Consumption and Production, with developed countries taking the lead
TARGET_8.5	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
TARGET_8.6	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
TARGET_8.7	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
TARGET_8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
TARGET_8.9	8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products
TARGET_8.a	8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-related Technical Assistance to Least Developed Countries

Target	Description
TARGET_8.b	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization
TARGET_9.1	9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
TARGET_9.2	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
TARGET_9.3	9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
TARGET_9.4	9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
TARGET_9.5	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
TARGET_9.a	9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
TARGET_9.b	9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
TARGET_9.c	9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
TARGET_10.1	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
TARGET_10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
TARGET_10.3	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
TARGET_10.4	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
TARGET_10.5	10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
TARGET_10.6	10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and

Target	Description
	financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
TARGET_10.7	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
TARGET_10.a	10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
TARGET_10.b	10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
TARGET_10.c	10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent
TARGET_11.1	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
TARGET_11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
TARGET_11.3	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
TARGET_11.4	11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage
TARGET_11.5	11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
TARGET_11.6	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
TARGET_11.7	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
TARGET_11.a	11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
TARGET_11.b	11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
TARGET_11.c	11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient

Target	Description
	buildings utilizing local materials
TARGET_12.1	12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
TARGET_12.2	12.2 By 2030, achieve the sustainable management and efficient use of natural resources
TARGET_12.3	12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
TARGET_12.4	12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
TARGET_12.5	12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
TARGET_12.6	12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle
TARGET_12.7	12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities
TARGET_12.8	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
TARGET_12.a	12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
TARGET_12.b	12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
TARGET_12.c	12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
TARGET_13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET_13.2	13.2 Integrate climate change measures into national policies, strategies and planning
TARGET_13.3	13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
TARGET_13.a	13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through

Target	Description
	its capitalization as soon as possible
TARGET_13.b	13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
TARGET_14.1	14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
TARGET_14.2	14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
TARGET_14.3	14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
TARGET_14.4	14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics
TARGET_14.5	14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
TARGET_14.6	14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation ³
TARGET_14.7	14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
TARGET_14.a	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
TARGET_14.b	14.b Provide access for small-scale artisanal fishers to marine resources and markets
TARGET_14.c	14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”
TARGET_15.1	15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
TARGET_15.2	15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded

Target	Description
	forests and substantially increase afforestation and reforestation globally
TARGET_15.3	15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
TARGET_15.4	15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
TARGET_15.5	15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
TARGET_15.6	15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
TARGET_15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
TARGET_15.8	15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
TARGET_15.9	15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
TARGET_15.a	15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
TARGET_15.b	15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
TARGET_15.c	15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities
TARGET_16.1	16.1 Significantly reduce all forms of violence and related death rates everywhere
TARGET_16.10	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
TARGET_16.2	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
TARGET_16.3	16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all
TARGET_16.4	16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
TARGET_16.5	16.5 Substantially reduce corruption and bribery in all their forms
TARGET_16.6	16.6 Develop effective, accountable and transparent institutions at all levels

Target	Description
TARGET_16.7	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
TARGET_16.8	16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance
TARGET_16.9	16.9 By 2030, provide legal identity for all, including birth registration
TARGET_16.a	16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
TARGET_16.b	16.b Promote and enforce non-discriminatory laws and policies for sustainable development
TARGET_17.1	17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
TARGET_17.10	17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
TARGET_17.11	17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
TARGET_17.12	17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
TARGET_17.13	17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence
TARGET_17.14	17.14 Enhance policy coherence for sustainable development
TARGET_17.15	17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development
TARGET_17.16	17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries
TARGET_17.17	17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
TARGET_17.18	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
TARGET_17.19	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries
TARGET_17.2	17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many

Target	Description
	developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
TARGET_17.3	17.3 Mobilize additional financial resources for developing countries from multiple sources
TARGET_17.4	17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
TARGET_17.5	17.5 Adopt and implement investment promotion regimes for least developed countries
TARGET_17.6	17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge-sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
TARGET_17.7	17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
TARGET_17.8	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
TARGET_17.9	17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation