



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

Proposal Template

Proposal Title: Supporting essential sexual, reproductive, maternal, newborn, child and adolescent health services during COVID-19 in Lao PDR.

Amount: USD 300.000,00

I. Immediate Socio-Economic Response to COVID19

Following an increased number of COVID-19 cases, the Government of the Lao People's Democratic Republic (PDR) formally announced a nation-wide lockdown on 29 March. Despite the still limited number of cases, the outbreak in the region has significantly affected trade, construction, tourism, and other sectors adversely, which also implies a significant impact on the economy. The service sector, especially the tourism industry, is expected to lose around US\$250 to US\$300 million in the first quarter of 2020 alone and growth is expected to dip from 5.0 per cent in 2019 to 0.7 per cent in 2020 (IMF), if the pandemic cannot quickly be contained. In addition, the closure of borders and COVID-19 outbreak in neighbouring countries are affecting the job prospects of Lao migrant workers, with an estimated 134,404 migrants returning from Thailand before 20 March 2020 (Vientiane Times, 23 April 2020). The agriculture sector, which employees over 70 per cent of the population, was heavily affected by the 2018/2019 floods and drought, and continues to be particularly vulnerable to climate and global shocks. The social impact of the recent natural disasters has led to loss of livelihoods, forced migration, increased indebtedness, long-term unemployment, and malnutrition especially for children and young adults, the poor, subsistence farmers, women, and other disadvantaged groups.

According to WHO Weekly Bulletin, as of 20 April 2020, following a total of 1,378 tests, 19 confirmed cases have been limited to Vientiane (16) and Luangprabang (3) and can all be traced to international travel. All cases are in isolation in the designated hospitals and no deaths have been reported to date. The government has also been conducting case investigation and tracing, which identified 313 contacts, 17 of which are still being

monitored. Thus far, the ongoing testing of influenza-like-illness (ILI) and severe acute respiratory illness (SARI) from sentinel sites from January 2020 onwards have been negative. This suggests that there is currently no community transmission in the country. However, it is expected that with the easing of internal lock down and travel restrictions to and from Laos, new COVID-19 cases will be detected, especially in the south of the country which has a vibrant trade with Vietnam, Cambodia and Thailand across the relatively porous border. Using the activated Emergency Operations Centre under Ministry of Health (MoH), preparedness and response activities have been launched and coordinated, including multi-sectoral coordination, point of entry (PoE), surveillance, health services and risk communication. Furthermore, some additional activities and actions to respond to COVID-19 by the government and development partners are:

- Providing materials and trainings to non-health sectors on how to disinfect spaces; now expanding to the provinces, with a plan to disinfect quarantine facilities, so they can be repurposed or operate as normal after the pandemic
- Expansion of the public 166/165 Hotline which is free of charge, in Lao/Chinese/English and provides information to the public and helps detect suspected cases and trending concerns
- Simulation exercises and intensive training on triage, treatment and hospital preparation (including surge capacity) for COVID-19. Training of trainers completed in Vientiane and ongoing in other provinces
- Chinese experts provided practical guidance to strengthen Lao PDR's health and surveillance activities
- Master list of required supplies and equipment being reviewed, supported by development partners. Continual procurement and donations of priority items (e.g. PPE, ventilators, medical supplies) for health facilities.
- Working with relevant sectors to ensure returning migrant workers do not spread the disease
- Communications planning for preparedness and COVID-19 scenarios; information to the general public on the situation, how to protect oneself from infection, and addressing rumors through daily press conferences and other communication channels undertaken by authorities
- Enhanced surveillance through checklists for healthcare workers to assess individuals with risk of exposure but no travel history, checking for suspected cases at private clinics/pharmacies and intensive contact tracing of contacts in the provinces where confirmed cases have visited
- Advice issued to postpone or cancel all mass gatherings and provided to Ministry of Education and Sport advice on nurseries, kindergartens, schools and university closures as well as lifting of lockdown measures
- Continued screening of travelers through the points of entry; airports and land crossings
- Continued strengthening of coordination and information sharing both within the MoH and with other line ministries, through the establishment of special COVID-19 taskforces and additional committees
- Support the governments to include stranded, detained or returning migrants in their evolving COVID-19 response plans.

The health response is led by the MoH in cooperation with WHO. During the current lockdown, district and provinces hosted quarantine centres either in schools, or other large covered spaces. Whilst some centres are well-managed and follow protocols issued by the MoH, others are less, and

some migrant workers have returned to home community without proper tracing. Following the 2 – 3 week quarantine after the first wave of returning migrants, many quarantine centres are about to be closed and handed back to their respective hosts, i.e. schools to the department of education, UXO training centres to UXO Lao, etc. There is no well distributed protocol for the disinfection and preparation of the facilities to their original purpose yet. With the lockdown measures likely to be relaxed in the coming weeks (an important step in allowing people to return to work), there is an increased risk of further outbreaks or a second wave of COVID-19 infections. MoH and WHO are currently assisting provincial and district health facilities prepare. Ensuring that equipment and health products arrive in the country over the next several weeks will be critical in operationalizing the draft National COVID-19 Response Plan.

II. Solutions proposed

The COVID-19 pandemic poses significant challenges to the weak health system in Laos. Risks of disruption in essential health and nutrition services for mothers, newborns, children and adolescents, leading to preventable maternal, newborn and child mortality and morbidity have increased. Difficult decisions are required to balance a COVID-19 response, while engaging in strategizing for coordinated action to maintain essential health service delivery, mitigating the risk of system collapse and ensuring the wellbeing of health care providers. In Laos, almost 70 per cent of front-line healthcare workers (including medical doctors, nurses and midwives) are female. Maintaining the population's trust in safe services is key to ensure, timely, care-seeking and adherence to clinical and public health advice. Support will be provided for mechanisms to address barriers faced by clients to access services, including physical (lockdown), financial (unemployment, stressed financial services) and social (fear of infection when seeking services). Department of Health care and Rehabilitation has endorsed a decree to protect essential Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) services during COVID-19. The National RMNCAH Committee is identifying essential services to be protected from COVID-19 impact.

The solution proposed is to support the MoH to redesign its Sexual and RMNCAH (SRMNCAH) services so as to continue providing essential health services through options sourced from the Operational guidance for South and Southeast Asia and Pacific regarding Continuing essential SRMNCAH services during COVID-19 pandemic, the joint WHO/UNICEF/UNFPA guidance. The proposal aims to minimize the observed negative impact of COVID-19 on provision of essential services for RMNCAH; to strengthen the existing health system and build resilience of essential health service provision during COVID-19.

- 1. Options for strengthening safety of existing health facilities, task shifting and alternate service delivery modalities** - ensuring health facilities implement essential infection prevention and control, triage and risk screening, task-shifting of essential care to midwives, who can provide more than 87 per cent of sexual and reproductive health care (SRH). Develop guidance on supporting risk assessment for changing delivery modality of selected scheduled antenatal care and postnatal care (ANC/PNC) to home visit/ remote communication such as tele-counselling/consultation. <https://asiapacific.unfpa.org/en/publications/covid-19-technical-brief-antenatal-care-services> Build on existing and further develop guidance on

Virtual Training of health staff and Midwives to provide quality care to pregnant women including Ante-natal Care/PNC for women and support with establishing breastfeeding. To sustain essential SRMNCAH and nutrition services, while implementing prevention, infection control and curative services for COVID-19, task sharing / task shifting for selected SRMNCAH services will be implemented, in which aspects of care will shift to village health volunteers (VHV) or midwives based on primary health care policy and other regulations in place. VHVs will support community engagement and the community level health preparedness and response to COVID-19 through:

- Broader community raising awareness to reduce transmission, and to improve care-seeking for fever or respiratory symptoms, importance of ANC, seeking care if they experience danger signs in pregnancy and safe delivery in facilities.
 - Support the community health information management systems, using digital technologies, and to effectively monitor continuity of quality maternal and child health services delivery to avert excess morbidity and mortality. This could also include establishing the number of pregnant women in a specific area.
 - Providing psychosocial support to women through national hotline (work with Lao Women's Union (LWU), Lao Youth Union (LYU) and, Vientiane Youth Centre)
- 2. Options of mobile services** – support health care providers (maternal child health (MCH) staff, midwives) to carry out home visits for high risk mothers and newborns in ANC/PNC care during COVID-19 crisis. Building on the Centre for HIV/AIDS and STI (CHAS) and Project Management Unit/Global Fund efforts for home delivery of ARV drugs covering two months, further efforts will be done to develop a community mechanism on home delivery of Anti-retroviral drugs (ARV) to people living with HIV in collaboration with two CSOs: the Lao Positive Health Association (LaoPHA) and Association for People Living with HIV (APL+) to find the approaches for provision of ARV drugs namely “Home Delivery of Essential Drugs for PLWH”. This will involve PLWH peers and community-based supporters to ensure access to essential drugs by PLWH during the COVID 19. For the community cadres, selected e-training will include:
- Community based maternal and newborn care: training and providing currently enrolled village health volunteers with the community maternal and newborn counseling cards for timely referral in case of detected danger signs.
 - Community integrated management of newborn and childhood illnesses (CIMNCI): VHVs will be trained on the various forms of child illness, danger signs, basic treatment and referral and malnutrition and the means of identifying these through signs and symptoms.
 - Positive parenting and nurturing care for early childhood development: improve parenting skills and responsive caregiving (play and learning, feeding, health seeking and care behaviors, and child protection), using the Love and Care for Every Child parenting package developed by the Lao Women Union.
- 3. Options of tele-health mechanism for training and service provision** - Building on existing nationally endorsed SOPs and standards, virtual

training of health staff and midwives in Luangprabang to provide clinical management on the quality of care to pregnant women, ANC/PNC women and those breastfeeding, at facility and home visit risk assessment (ANC, home delivery, PNC, Family Planning counselling). Support quality of care by strengthening the capacity of frontline primary health workers through adopted virtual platforms to collect data, report the analysis, and provide follow-up supportive supervision to address gaps in essential services including maternal, newborn and child health. Use of tele consultation for health promotion, prevention and counselling to reduce exposure at facilities. Provide telephone/computers/audio sets/IT equipment for midwives to conduct tele-consultation and counselling, as well as expense for tele-communication. E-Training for primary and refresher training for health workers in facilities including the online integrated management of childhood illness (IMNCI) module and oxygen therapy for children with pneumonia. Use of various channels for the dissemination of key messages to community cadre, including WhatsApp, phone SMS and USB. Multiple media platforms including social media, TV and radio, will be used for the demand creation.

For continued face-to-face services, health staff require protection while carrying out essential duties. With the current shortage of PPE, basic protection (gloves, surgical masks) will be procured and distributed. Health workers' mental well-being will be supported through the provision of psychosocial support. Close monitoring of provision and utilization of SRMNCAH services will be undertaken to understand the level of sustainment in terms of equity, access, coverage and quality to Leaving No One Behind in context of COVID-19. Lessons learned from implementation to enhance resilience of the health system will be documented and considered for revising and integrating into MoH guidelines when dealing with similar situations and integrate into pre-service education curricula for health professionals.

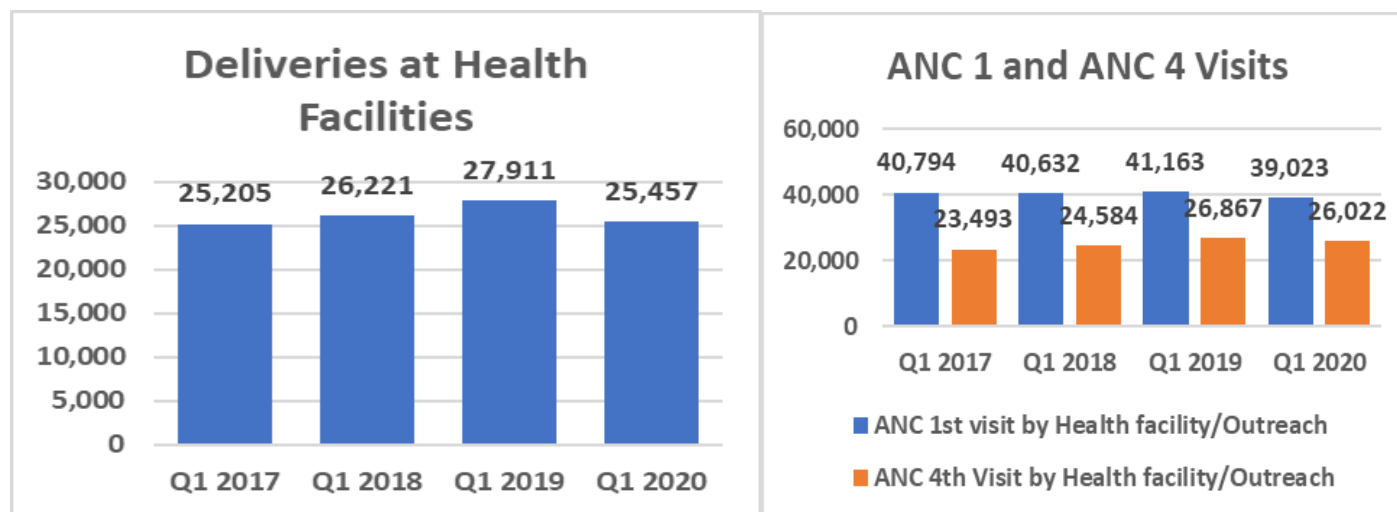
III. What is the specific need/problem the intervention seeks to address?

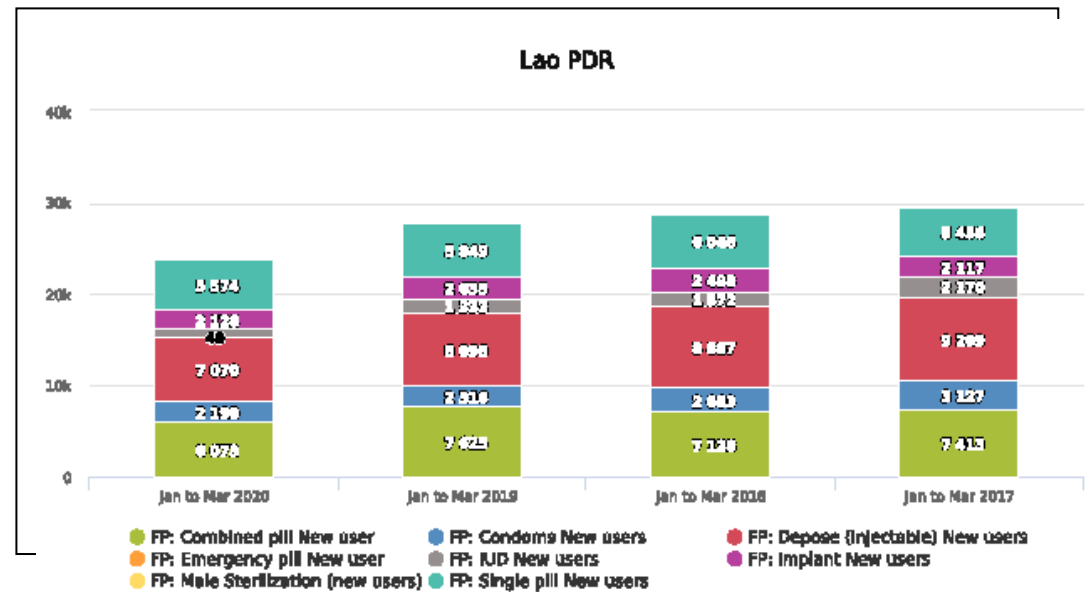
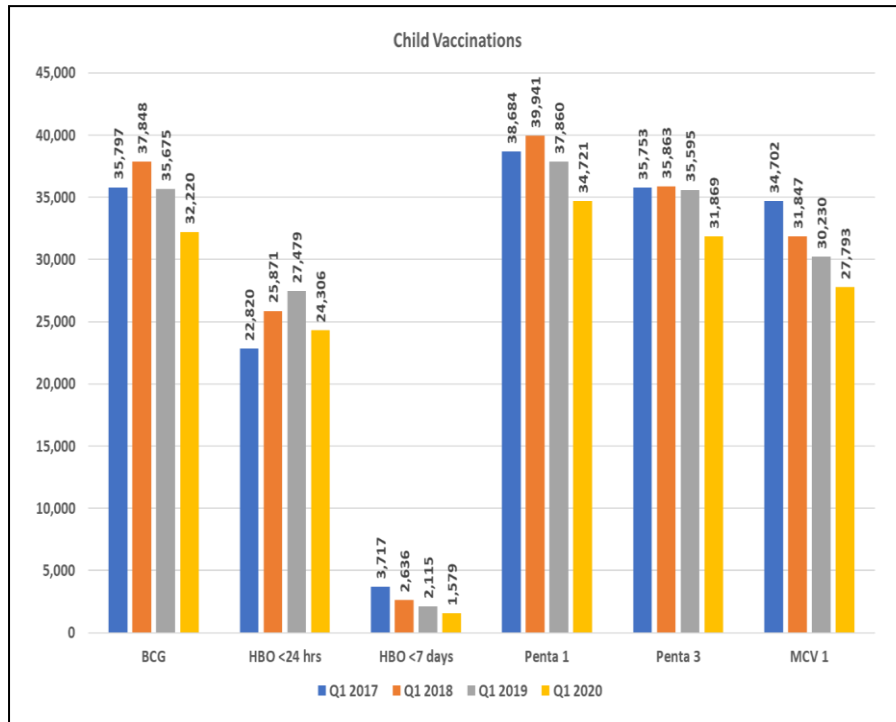
With the COVID-19 pandemic, an unprecedented crisis is now affecting most of the countries around the world, including Lao PDR. The MoH's immediate concern is the protection and health of everyone, including pregnant women, children, young people and people living with HIV/AIDS. The Midterm Review of the RMNCAH Strategy (2016-2025) showed that the poorest 20 per cent of the population has an almost 3 times higher infant and neonatal mortality than the richest 20 per cent. To improve newborn care, a standardized Early Essential Newborn Care (EENC) package is in place that consists of a pocketbook and five modules, including coaching and training materials and monitoring and evaluation tools. The EENC package, especially its monitoring mechanism, is considered a good model for other RMNCAH programme areas. Hence there is a need to ensure that implementation of the EENC package continues while the country deals with COVID-19 situation. With the increase in the number of COVID-19 cases, the government announced on 30 March the implementation of strict measures to contain the spread of the COVID-19 virus. A lockdown is effective from 1 April to 3 May 2020. Currently, public transportation is closed, including domestic flights. All this will impact on pregnant women requiring antenatal care, men and women renewing Family Planning supplies, and people living with HIV (PLWH) who have appointments with the doctors at the Anti-retroviral Therapy (ART) site. Furthermore, if the outbreak develops, there may be disruptions to routine care which needs to be mitigated to ensure patient-centered care continues during the COVID-19 response. Some foreseen issues include:

- Patients may no longer be able to travel to facilities to seek care and treatment
- Even after patients arrive, there may not be sufficient medical staff to provide care.
- Lab testing services may be interrupted. Transport of samples may not be possible in the event of disruptions to public travel.
- Spike in incidence after COVID-19 outbreak, if there is a delay in diagnosis resulting in higher transmission (due to people staying home and not seeking care) during the outbreak.

Dramatic improvements of reproductive, maternal and child health services have occurred since 2011. However, essential RMNCAH services (e.g., antenatal care, health facility delivery, postnatal care and immunizations) have significantly dropped in January to March 2020 compared to that of the first quarter of the previous three years. This tendency holds in the majority of provinces. As modeling of epicurves of COVID-19 in Laos implies an outbreak could last for months, essential services in RMNCAH could decrease further.

The observed decrease in service uptake in health facilities before the direct impact of COVID cases or lockdown implies the decrease may be from changes in care-seeking behaviors (demand side). The decrease in immunizations reflects a drop-in outreach services (supply side). While inpatient admissions (including facility-based deliveries) decreased, outpatient service contact increased, driven by care-seeking for the “common cold.” This may reflect fear of COVID infection.





The districts of Phonexay, Viengkham and Phonthong are the poorest (poverty index 30.5%) while Luangprabang is the least poor district (poverty index 11.5%). The poverty level is significantly higher in upland areas compared to the lowlands. Of the 760 villages, 64 are remote villages and 281 villages are designated as poor. While 600 villages are considered model healthy villages, of the 83,000 households therein, 82,000 identified as poor.

The province holds 97 public health facilities, with one provincial hospital (tertiary care), 12 district hospitals (secondary care) and 84 health centres (primary care) in rural areas, which tallies 2 health facilities per 10'000 populations. There are three additional referral hospitals in Luangprabang city: the Lao Friendship Hospital for Children, the Army hospital, and the China International Hospital. In 2019, 11 mothers among around 11,000 live births; 150 under 5 children, and 40 neonates died in Luangprabang province as per District Health Information Management Software 2.

The water facility and sanitation coverage are 90.8 and 65.83 per cent respectively in villages in the province as per the Provincial Health Department (PHD) Nam Saat (WASH), yet, there is no information available on the functionality status of the existing water schemes. Quality of the WASH facilities in Health Centres (HC) also do not meet prescribed standard and adequacy. The WASH facilities in all levels of schools are very poor.

Within the context of COVID-19 being present in Luangprabang Province early in 2020 significant challenges to the quality and accessibility of reliable reproductive health services is concerning to many. In addition, school closures will have an impact on young people with little to do at home. The following summarizes some potential areas of concern with RMNCAH services in 2020:

ACCESS CHALLENGES:

- Lock-down issues with restrictions to movement within and out of target districts (to Provincial Hospital)
- Pregnant women in quarantine sites may have limited access to MNCAH clinical care and support
- Increasing economic hardships may prevent travel to access care as well as limiting access to healthy food and personal care items
- Stigmatization of pregnant women suspected to be infected with COVID-19 (i.e. living with a Laos worker returning from work in Thailand) may not encourage them to present for care
- Fear from women (families) not wanting to enter facilities for care may become increased with more cases being identified or suspected

SERVICE CHALLENGES:

- Reduced outreach to track ANC, birth preparedness and PNC
- Some health center staff not wanting to attend home visit follow-up in villages with suspected COVID-19 cases
- Difficulty with care provision with pregnant women in quarantine facilities
- Difficulty with referral processes when required
- Lack of well-functioning isolation room in many health facilities
- Challenge with supplies and essential health care commodities being delivered regularly to health facilities
- Many staff are being reallocated to COVID-19 activities thereby reducing their availability to continue to offer RMNCAH services to families

The region of Luangprabang in Northern Central Laos is particularly vulnerable to the outbreak of the COVID-19 pandemic, due to its location along the river and main land transport routes and its popularity as a tourist destination. It is the main attraction for foreigners visiting the country and when borders re-open will therefore be particularly at risk of newly imported cases. Indeed, the first few cases in the Lao PDR were linked to the tourism industry and people working in this industry were infected in Luangprabang. Furthermore, many returning migrants (mainly from Thailand) originate from the region. Although most (if not all) will have completed a quarantine time upon return to the country, there is still some concern about non-symptomatic carrying and spreading of the disease as these returnees are now making their way back into their communities.

UNFPA had started a dialogue with an INGO working in Luangprabang in view of future collaboration before the start of the COVID-19 pandemic, who is very active in the region with regards to community midwifery work. The strong and well-established partner would be helpful for the type of work proposed in this proposal. The work will be an opportunity to test this approach to maintaining essential services for sexual and reproductive health services in pandemics, so it can be applied to other regions as funding becomes available and other hotspots of the outbreak may appear.

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

By supporting the MoH to simplify the guidelines in line with the current COVID-19 situation to allow for restrictions of movement of patients/clients, ensuring that health staff are protected when carrying out their duties, developing and using technology to support delivery of services, it is envisaged that patients/clients, especially women and girls will continue to access quality health services.

If.... at central level guidelines are finalized on service reorganization, the protection of staff working in essential health services is ensured through the procurement and distribution of PPE and the COVID-19 pandemic is monitored using a digital monitoring system,

And... midwives and other Healthcare Professionals providing RMNACH services are supported to ensure quality of care during the COVID-19 outbreak, by helping them keep track of gaps in services, training and supporting them in the provision of telehealth consultation and giving them the means to provide maternal and newborn health care services by home visits where needed, especially for women and girls living in hard to reach areas, as well as providing them with primary and refresher e-training on in-facility management of complications linked to the outbreak,

And.... community cadres (mainly VHVs) are supported to provide basic essential health support at community level, with a focus on women and girls who are more vulnerable in time of crisis and referral to midwives and other Healthcare Professionals providing RMNACH services as required by, mapping VHVs and assessing their capacities, providing them with up-to-date and evidence-based information (WhatsApp, SMS and USB) on the outbreak and public health messages, providing them with e-training on maternal, newborn and child health promotion, recognition of danger signs, community case management, basic treatments and referral algorithms as well as positive parenting and nurturing in early childhood,

And.... the continued adherence to life-saving therapies for at-risk populations is ensured by providing home delivery of drugs and teleconsultations for adherence follow-up,

And.... communities are educated on COVID-19, prevention measures and health seeking behaviors to adopt by funding campaigns led by CSOs and VHVs at community level or over social media, the radio and television,

then essential health services for SRMNACH will be maintained during, and more resilient following, the COVID-19 pandemic.

Providing the essential health services for SRMNACH in such a manner during the COVID-19 outbreak will be a good opportunity to set-up new digital monitoring platforms, test task-shifting to VHVs for some services in crisis settings as well as provide new services at community level (such as home visits by midwives and home delivery of life-saving drugs) and using innovative channels (teleconsultations). This will allow to test feasibility and costing of such services and may result in a more sustainable and resilient set-up of the essential health services and use of resources (human and financial).

The COVID-19 Vulnerability Assessment Model (VAM) is a centralized data repository that analyzes multiple categories such as population, connectivity, migration, health and socio-economic factors at the national level and establishes vulnerability scores at the district level. The model will support the prioritization of the intervention areas based on available data that are age and sex disaggregated, and will support the analysis considering population density, village concentration, and connectivity, incorporating risk factors in the spreading of COVID-19.

Monthly monitoring of selected number of core essential community and health facility level services availability and utilization using existing Health Management Information System (HMIS) reporting.

- Frontline health worker reporting of suspected COVID-19 cases and other diseases using community-based data systems
- Aggregation, mapping and visualization of incoming data on key health service indicators from routine HMIS and survey data to be visualized on national dashboards alongside COVID-19
- Mapping and capacity assessment of the community cadre including the village health volunteers supported by UNICEF/ WHO:
- Assessing the sociodemographic background of VHVs, their training and deployment, the performance, supervision and supplies;
- Collecting information on the spatial distribution of health center catchment areas and VHVs and their contribution to geographic access to services (number of VHVs; too high or too low; and high-risk areas to be covered by VHVs).

Lessons learnt from implementation to enhance resilience of the health system will be documented at the end of the implementation period to be considered for revising and integrating into guidelines for MOH when dealing with similar situations and integrate into pre-service education curricula for health professionals.

V. Documentation

The MoH has drafted a National COVID-19 Preparedness and Response Plan, with technical inputs from WHO. This is currently under review by the Government of Lao PDR COVID-19 Ad-Hoc Committee. The UNCT is coordinating with the Government of Lao PDR to gain a deeper understanding of

the cumulative impacts of COVID-19, including the multidimensional socio-economic implications. To date, the UNCT has developed a draft COVID-19 Response Matrix, which has been shared with the Government. Following further input and refining from the Government, the UNCT aims to develop a comprehensive COVID-19 Partnership Framework outlining the shared priorities between the Government and a coordinated UN system. This framework will provide a direction for programming and assist in longer-term recovery planning, with the aim to recalibrating the National Social-Economic Development Plan under development and SDG indicators to reflect a post COVID-19 situation.

VI. Target population

Beneficiaries will be the MoH who will have a simplified service delivery system that will allow health workers to provide essential SRMNCAH services during the pandemic. These will include staff in relevant departments within the Ministry as well staff in 97 facilities in Luangprabang Province. For specific SRMNCAH services, the focus will be in Luangprabang province which includes 12 districts and 753 villages, with a total population of 467,520. Based on this initiative the **direct beneficiaries** are: 1,260 Healthcare workers; 20 teachers from Luangprabang College of Health Sciences; 118,955 women of reproductive age; 46,752 young people; and 9,950 newborns.

Every month, approximately 1000 people living with HIV (PLWH) have an appointment with their doctors for medication in 11 ART sites across the country. The proposal will target: 70 per cent of PLWH currently under ARV treatment. The target population will continue to access the essential drugs through home delivery and adherence counseling through telehealth services. 30 per cent of key populations in eight (8) target provinces – Vientiane capital, Bokeo, Luang Namtha, Luangprabang, Houaphan, Khammoune, Savannakhet and Champassak. Target population will have access to COVID-19 information through the network of two CSOs working in the provinces.

Indirect beneficiaries:

Nine (9) staff from Lao Women's Union, nine (9) staff from Lao Youth Union and 19 volunteers from Vientiane Youth Centre. Community leaders and authorities will also benefit from the proposal.

VII. Who will deliver this solution?

Development and design of guidelines, standards and training will be carried out by key departments within the MoH, **namely Department of Hygiene and Health Promotion with Mother and Child Health Centre, Centre for Communication and Education, Department of Health Care and Rehabilitation, and Department of Health Professional Education** with the **Lao Association of Midwives (LAM)** at central level. Implementation of the training and guidelines will be carried out in Luangprabang province through the provincial and district health offices in collaboration with CSOs/INGOS working on SRMNCAH in Luangprabang province.

For specific HIV interventions, the **Centre for HIV/AIDS and Sexually transmitted infections (STI)**, MoH will support the development of a home delivery of essential drugs mechanism, which will be managed by two CSOs - the Association for People Living with HIV and the Lao Positive Health Association. The CSOs have solid experiences in providing psycho-social counseling and community treatment adherences for more than 10 years. The new community delivery mechanism will be implemented in 11 ART sites in eight provinces. In addition, the CSOs will use their network to disseminate COVID-19 and HIV information through community-led services and social media.

WHO is the key agency providing health advisory services and normative standards to the Government of Lao PDR. Based on ongoing collaboration and planned activities, WHO will provide technical inputs on all activities related to the health sector and support for coordination with the MoH to ensure that appropriate protocols and SOPs are applied.

UNAIDS will provide technical support to the Centre for HIV/AIDS and STI and CSOs on the development of a home delivery of essential drugs mechanism in partnership with key affected populations. UNAIDS will recruit one national consultant to monitor the proposed interventions. If additional technical support is needed, UNAIDS can also bring in technical advisory services from the Regional Office.

UNFPA has been assisting the government in their effort to prepare for and respond to the current epidemic, alongside other agencies and funds such as WHO and UNICEF and will be leading the process of supporting MoH to redesign a work modality to ensure continuity of SRMNCAH care. UNFPA staff are involved in the work of response task forces and reprogramming of budgets for 2020 were undertaken in order to procure a first batch of PPE. The UNFPA country office is contributing to this effort and has in particular identified the need to ensure universal access to lifesaving SRH information and services for pregnant women, women's reproductive health and young people as a priority during the outbreak, in line with the agency's mandate. Particular focus in the responses will be given to the women and girls who face intersecting inequalities who are even more vulnerable to various forms of discrimination, violence, exploitation and abuse in times of crises. It is noteworthy that over 70 per cent of front-line healthcare workers (including medical doctors, nurses and midwives among other professions) in the Lao PDR are female.

UNICEF contributes both to outbreak control and to mitigation of the collateral impacts of the pandemic, including the risks to the continuity of essential social services for children, women and vulnerable populations, and UNICEF is a key partner to the WHO-led global response. UNICEF will collaborate with UNFPA and WHO, and within the government systems to support continued access to essential health care services for women, children and vulnerable communities in Lao PDR UN COVID-19 MPTF. UNICEF will provide technical assistance in the areas of community based maternal, newborn and child health, in kind contribution includes:

- Provide technical assistance to the MoH implementation of the integrated management of newborn and childhood illnesses (IMNCI) and integrated community case management (iCCM) through the capacity building of the health workers and village health volunteers. Electronic based training and job aid tools include audiovisual messages for VHVs on the danger signs in newborn and child will be disseminated.
- Provide the technical assistance in the mapping of the VHVs and assessing their capacities. Providing identified VHVs with up-to-date and

evidence-based information via the various technology channels on the outbreak and public health messages, with e-training on maternal, newborn and child health promotion, recognition of danger signs, community case management, basic treatments and referral algorithms as well as positive parenting.

- Provision of the PPE and case management supplies including, oxygen concentrators and other equipment for oxygen therapy, to selected health facilities.

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Description	<p>The Lao PDR was among the last countries globally to report confirmed cases of COVID-19. On 1 April 2020 two patients testing positive were reported by the MOH. Since then the total cases have risen to 17. At this stage of the epidemic, all confirmed cases are isolated in designated hospitals, case investigations and contact tracing are also ongoing. On behalf of the Government the Ministry of Planning and Investment has addressed a request for immediate support from development partners to the United Nations Resident Coordinator Office. The request includes a procurement list based on priorities that were developed by the Government with the support of UN agencies. In addition, the Ministry of Foreign Affairs has requested the RCO for support in accessing the newly established MPTF on COVID – 19. Preparedness and response activities are coordinated, using the activated Emergency Operations Centre in the Ministry of Health. However, with all efforts to date going toward responding to the disease, routine services are at risk of being left behind.</p> <p>Over the past 11 years, significant gains have been made on SRMNCAH services, at this time risk of disruption in essential health and nutrition services for mothers, newborns, children and adolescents, potentially leading to preventable maternal, newborn and child mortality and morbidity have increased. Laos needs to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse and ensuring the health and safety of health care providers. Maintaining population trust in safe services is the key to ensure timely care-seeking and adherence to clinical and public health advice. The aim of the proposed intervention is to support the MoH to develop clear mechanisms to address barriers for the clients to access services including the physical (due to lockdown, etc.), financial (due to unemployment, stressed financial services) and social (fear of getting infected when seeking services) barriers. These will be carried out through three viable options of task-shifting, increasing home visits and using telehealth interventions. Guideline and redesign of programme implementation modality will be developed and used in selected provinces, with close monitoring. Lessons learned from the implementation will be documented and use for review of pre-service training of health professionals.</p>
Universal Markers	<p><u>Gender Marker:</u> <i>(bold the selected; pls select one only)</i></p> <ul style="list-style-type: none"> 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: Asia – Pacific Country: Lao PDR			
Recipient UN Organizations	UNFPA, UNAIDS , with non-recipient participating UN organizations UNICEF, UN-Habitat, WHO with in-kind contributions			
Implementing Partners	Ministry of Health, Provincial and district health authorities, Lao Women’s Union, Center of HIV/AIDS and, the Association of People living with HIV/AIDS and Positive Health Association			
Programme and Project Cost	Budget	Agency	Amount	Comments
	Budget Requested	UNFPA	\$198,350	
		UNAIDS	\$101,650	
	In-kind Contributions	UNFPA	\$ 80,000	Technical assistance
	In-kind Contribution	UNAIDS	\$50,000	Technical assistance
	In-kind Contributions	UNICEF	\$100,000	Technical assistance
	In-kind Contributions	WHO		Technical assistance
	Total		\$530,000	
Comments				
Programme Duration	Start Date: Immediately			
	Duration (In months): 8 months			
	End Date: 31 December 2020			

Results Framework

INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Window 1: Proposal Outcome	Essential SRMNCAH Services are maintained through redesigning delivery modalities during COVID – 19 in Lao PDR				Outcome Total Budget USD 300.000,00
	2.1 Potential negative impact of COVID-19 on provision of essential services for RMNCAH has been reduced.				
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	2.1a1 – proportion of pregnant women receiving at least 1 ANC check	91 %	100%	DHIS2*	UNFPA
	2.1a2 – proportion of pregnant women receiving at least 4 ANC checks	59%	80%	DHIS2	UNFPA
	2.1b1 - # of people living with HIV receiving support from home delivery of life saving drugs and telehealth services	0	5200	Quarterly report	UNAIDS
	2.1b2 - # of people receiving support from home visits for SRMNCAH care	1425 received ANC1 home visits 890 received ANC4 home visits 222 received PNC within 2 days	1567 received ANC1 home visits 979 received ANC4 home visits 244 received PNC within 2 days	Annual report	UNFPA
	2.1b3 - # of people receiving support by telehealth services for SRMNCAH care	0	14270	Annual report	UNFPA
	2.1c1 - # of CSOs and NGOs engaged in community health awareness activities	n/a	2 CSOs	Quarterly reports	UNAIDS
	Proposal Outputs	1.1.1 Health system strengthened, and resilience built on SRMNCAH service provision			
Proposal Output	2.2.1a – reorganized plan of SRMNCAH service for crisis developed	no	yes	Annual report	UNFPA, UNICEF

Indicators	1.2.1a – essential medicine for home delivery mechanisms for people living with HIV/AIDS developed incl. telehealth opportunities for patients	no	yes	Annual report	UNAIDS
	2.2.1.c – partnership with CSO/INGOs established to ensure continuity of SRMNCAH services	no	yes	Annual report	UNFPA, UNAIDS, UNICEF
	2.2.1a Add New Output Indicator				

*work is ongoing with MoH to have routine data disaggregated by age groups

SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

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 type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		

Relevant SDG Targets and Indicators

[Depending on the selected SDG please indicate the relevant target and indicators.]

Target	Indicator # and Description	Estimated % Budget allocated
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	\$101,000 (34%)
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	\$154,000 (51%)
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	\$45,000 (15%)

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?

(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.

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	
Limited access to MNCAH clinical care and support	<i>Political</i> <i>Operational</i>	<i>Very High</i>	5	4	Mobile services and tele-health mechanism for training and service provision will be implemented	Joint programme	
COVID-19 pandemic outbreak inhibits capacity of stakeholders to engage on project activities sufficiently	<i>Operational</i>	<i>Medium High</i>	2	4	PUNOs will seek to leverage additional resources and funds to ensure a safety continuation of aspects of project work	UNOs	

Budget by UNDG Categories

*Up to Four Agencies

Budget Lines	Fiscal Year	Description [OPTIONAL]	UNFPA	UNAIDS	Agency 3	Agency 4	Total USD
1. Staff and other personnel	2020	33% of staff time	15,000	20,000			35,000
2. Supplies, Commodities, Materials	2020	Protective items for frontline health workers (Masks, gloves, sanitizers etc.)	18,000				18,000
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	telephone/computers/audio sets/IT equipment for health workers to conduct tele-consultation	20,000				20,000
4. Contractual services	2020	Translation, consultant to support psycho-social counselling	11,000				11,000
5. Travel	2020	Monitoring	5,000	5,000			10,000
6. Transfers and Grants to Counterparts	2020	For key interventions	107,000	65,000			172,000
7. General Operating and other Direct Costs	2020		9,374	5,000			14,374
Sub Total Programme Costs			185,374	95,000			280,374
8. Indirect Support Costs * 7%			12,976	6,650			19,626
Total			198,350	101,650			300,000

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.

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_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	Description
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_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	Description
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_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	Description
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_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_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

Target	Description
	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 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

Target	Description
	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 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

Target	Description
	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 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

Target	Description
	negotiation3
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 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	Description
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_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	Description
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 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

