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Social development

Implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly

Report of the Secretary-General

Summary

In the present report, submitted in accordance with General Assembly resolution [73/141](#), the Secretary-General underscores the need to strengthen international cooperation for social development, with particular attention to universal and equitable access to education and health care, and to advance progress in the achievement of the objectives set forth at the World Summit for Social Development and in the 2030 Agenda for Sustainable Development. He further identifies existing gaps and challenges and outlines strategies to align international cooperation to support national policies and strategies to accelerate progress. The outcomes of the fifty-seventh session of the Commission for Social Development are also highlighted in the report, which concludes with policy recommendations for consideration by the Assembly.

* [A/74/150](#).



I. Introduction

1. The General Assembly, in its resolution [73/141](#), welcomed the reaffirmation by Governments of their will and commitment to continue implementing the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development, in particular to promote equality and social justice, eradicate poverty, promote full and productive employment and decent work for all and foster social integration to achieve stable, safe and just societies for all. The Assembly also recognized that the implementation of the Copenhagen commitments and the attainment of the internationally agreed development goals, including the Sustainable Development Goals, are mutually reinforcing and reaffirmed that the Commission for Social Development continued to have the primary responsibility for the follow-up to and review of the World Summit for Social Development. The Assembly welcomed the decision of the Economic and Social Council that the Commission on Social Development, given its mandates and experience in promoting people-centred inclusive development, will report on social aspects related to the agreed main theme of the Council in order to contribute to its work, including by offering inputs regarding the effective implementation of the 2030 Agenda for Sustainable Development in a holistic and inclusive manner.

2. In 1995, the Heads of State and Government gathered at the World Summit for Social Development recognized the significance of social development and human well-being for all and gave the highest priority to those goals, both for that time and into the twenty-first century: that vision and those commitments remain valid today. As affirmed in the Copenhagen Declaration and the Programme of Action, the most productive policies and investments are those that empower people to maximize their capacities, resources and opportunities and that place people at the centre of economic and social development. A total of 10 commitments to promote social development and social justice are laid out in the Copenhagen Declaration and the Programme of Action, including the call for universal and equitable access to education and primary health care and for increasing resources allocated to social development. These objectives and policy guidelines have been reaffirmed by the General Assembly in the 2030 Agenda for Sustainable Development.

3. Yet today, almost 25 years after the World Summit for Social Development, social progress has been slow and uneven, and major gaps remain. For example, income inequality persists, and has even increased, in many countries in recent years, undermining efforts to eradicate poverty. The erosion of social cohesion and trust in public institutions appears to be worsening in many societies. These trends challenge the ability to meet the commitments made at the World Summit and the achievement of the 2030 Agenda, including its overarching pledge to leave no one behind.

4. In 2019 the Sustainable Development Goals summit will be convened during the seventy-fourth session of the General Assembly to follow up and comprehensively review progress on the implementation of the 2030 Agenda and the achievement of the Sustainable Development Goals and targets. Member States will have the opportunity to further strengthen policy coherence and create synergies in key social development areas so that national strategies to implement the outcome of the World Summit for Social Development, with its core objectives of eradicating poverty, combating inequality, promoting productive employment and decent work for all and fostering an inclusive society, will accelerate progress towards the achievement of the 2030 Agenda and the Goals and leave no one behind.

II. Progress made in achieving universal and equitable access to education and health care

A. Universal access to health care

5. In order to achieve Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all at all ages, Governments have been integrating those aims into their national plans and policies. Significant progress has been made in increasing life expectancy, reducing maternal and child mortality and combating leading communicable diseases. Moreover: maternal deaths have been halved since 1990; the under-5 mortality rate was reduced by 49 per cent between 2000 and 2017; worldwide, 81 per cent of births were delivered with the assistance of a skilled birth attendant in 2018, compared to 69 per cent in 2012;¹ and the incidence of HIV in sub-Saharan Africa among adults aged between 15 and 49 years has declined by 37 per cent, while the global incidence declined by 22 per cent between 2010 and 2017.

6. At the World Health Assembly in May 2019, Member States agreed to accelerate and scale up action to prevent and treat non-communicable diseases, agreed on a common approach to antimicrobial resistance and adopted a new global strategy on health, the environment and climate change. In addition, the Assembly approved and adopted the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems, which will go into effect on 1 January 2022. The States members of the Assembly also committed to the implementation of the World Health Organization (WHO) guidelines on community health workers, including investing in safe water, sanitation and hygiene services in health facilities, as well as in strong primary health care, and adopted a landmark agreement to enhance the transparency of pricing for medicines, vaccines and other health products.

7. Achieving universal health coverage,² 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, is essential to reduce poverty and inequality and achieve sustainable development for all. The WHO index of essential service coverage found that the levels of universal health coverage vary widely across regions, with the highest coverage in Northern America, Europe and East Asia, with an index of 77, followed by Latin America and the Caribbean at 75, Southern Asia at 53 and sub-Saharan Africa with the lowest, at 42. Available data indicate that global coverage of essential services increased by about 20 per cent between 2000 and 2015, with the most rapid increase for antiretroviral treatment for HIV (from 2 per cent in 2000 to 53 per cent in 2016) and the use of insecticide-treated nets for malaria prevention (from 1 per cent in 2000 to 54 per cent in 2016).³

8. WHO monitors statistics on the percentage of people who fall into poverty as a result of catastrophic spending on health, as their out-of-pocket spending exceeds their ability to pay (estimated at more than 10 per cent of total income or consumption), in order to determine the need for universal health coverage. In 2010, 11.7 per cent of the world population faced catastrophic spending at the 10 per cent threshold. The region with the highest percentage of the population facing such a situation was Latin America and the Caribbean, at 14.8 per cent, followed by South

¹ *Progress towards the Sustainable Development Goals* (United Nations publication, Sales No. E.19.I.6).

² Defined by the World Health Organization (WHO) as ensuring that all people have access to the health services they need without financial hardship.

³ See World Health Organization and International Bank for Reconstruction and Development, *Tracking universal health coverage: 2017 global monitoring report* (Switzerland 2017).

Asia, at 13.5 per cent. In terms of numbers of people, East Asia and the Pacific had the most people facing catastrophic spending (280.9 million), followed by South Asia (220.6 million). According to indicators of such catastrophic spending on health based on a poverty line of \$1.90 a day,⁴ the number of people around the world who face impoverishment as a result of health-care costs declined from 130 million (2.1 per cent) in 2000 to an estimated 97 million (1.4 per cent) in 2010. However, on the basis of a poverty line of \$3.10 a day, the numbers increased from 106 million (1.7 per cent) in 2000 to 122 million (1.8 per cent) in 2010. Impoverishment rates in upper-middle-income countries and high-income countries are close to or equal to zero.

9. There is no “one size fits all” approach to universal health coverage. In Latin America, within the framework of social sector reforms, many countries have expanded universal health coverage since 1990. Brazil, Costa Rica and Cuba have unified health systems; in the case of Brazil and Cuba, coverage is tax-financed. Other countries have combined the expansion of government-funded insurance schemes and social cash transfer programmes to improve access to primary health care among poor families and informal workers. A mutual learning platform developed in the region enables countries to further refine reforms to the health-care system.

10. While universal health coverage remains a challenge for many countries in sub-Saharan Africa, various health-care financing mechanisms have been adopted to improve access to quality basic health care. Ghana was the first country in the region to introduce a national health insurance system through an act of parliament in 2003.⁵ More recently, South Africa passed a national health insurance bill in 2018, and Kenya has adopted ambitious plans to implement a new universal health coverage scheme. Rwanda has made significant progress, achieving an 80 per cent coverage rate through a series of incremental steps, including the long-term Vision 2020 strategy launched in 2000, its 2010 community-based health insurance policy and its 2010 national health insurance policy. Community-based health insurance was later combined with other forms of national social health insurance and became mandatory for workers in the informal sector.⁶

11. In 2018, India launched *Ayushman Bharat Yojana*, its national health protection scheme, one of the world’s largest publicly funded health insurance systems, which, replacing multiple existing programmes, covers 100 million poor and vulnerable families and supports 50,000 wellness centres countrywide. In February 2019, the Government of the Philippines signed the Universal Health Care Act into law to ensure the availability of medicines and health-care facilities and consolidate fragmented financial flows, increasing the fiscal space and improving local health-care systems. Egypt has prioritized universal health coverage in its Vision 2030 sustainable development strategy and passed a new universal social health insurance law in 2018 to ensure adequate and sustainable funding for health.

B. Universal and equitable access to education

12. Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities are recognized as central to the achievement of sustainable development. In particular, education contributes to ending poverty by providing

⁴ *Ibid.*

⁵ Robert Alhassan, Edward Nketiah-Amponsah and Daniel Arhinful, “A review of the national health insurance scheme in Ghana: what are the sustainability threats and prospects?” *PLOS One*, No. 11, Issue 11 (November 2016), pp. 1–16.

⁶ Médard Nyandekwe, Manassé Nzayirambaho and Jean Baptiste Kakoma, “Universal health coverage in Rwanda: dream or reality”, *PanAfrican African Medical Journal*, vol. 17, Issue 232 (March 2014).

people with knowledge, skills and training, which increase productivity and income. The expansion of education helps to reduce inequality within countries, as demonstrated in a number of countries by the decrease in the Gini coefficient of income following the increase in the share of the population with secondary education.

13. There has been a rapid expansion in school enrolment worldwide, with literacy rates rising steadily over the past 50 years to reach 86 per cent in 2016. The target of universal primary education is now also within reach. In terms of primary education, during the period from 2000 to 2012, the global net enrolment rate, the complement to the out-of-school rate, increased for from 85 per cent to 91 per cent, with the greatest progress registered in countries in Southern and Western Asia, from 80 per cent to 93 per cent, followed by countries in sub-Saharan Africa, from 61 per cent to 78 per cent. Noteworthy progress, from 61 per cent to 81 per cent, was also made in the least developed countries during the same period.⁷

14. Access to early childhood, secondary and adult education has also improved. Between 2013 to 2017, completion rates were 85 per cent for primary, 73 per cent for lower secondary and 49 per cent for upper secondary education. In 2017, 70 per cent of young children were participating in organized learning one year before the official primary school entry age, and the tertiary gross enrolment ratio, which captures all adult education opportunities, reached 38 per cent. Gender disparities in access to education have been reduced at the global level and have almost disappeared in secondary schools. Migration and displacement, and the ways in which they affect access to education, are increasingly being considered by the international community and individual countries. Recent forward-looking decisions, political pragmatism and international solidarity have encouraged many countries to abandon exclusionary practices and include immigrants and refugees in national education systems.

III. Gaps and challenges

A. Health

15. Despite the progress achieved, at least half of the global population, in excess of 3.65 billion people, still do not have access to essential health services; more than 800 million people spend at least 10 per cent of their household budget on health-related costs; and about 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses. Progress has stalled in addressing major diseases such as malaria. According to United Nations data, every year, 12.6 million preventable deaths result from environmental risks, including air pollution and the lack of access to water and sanitation. In addition, 786 million people lack even a basic drinking water supply and 2 billion do not have basic sanitation facilities, with 701 million people practising open defecation in 2017. Data suggest that achieving universal access even to such basic sanitation services by 2030 would require a doubling of the current annual rate of progress. At present, poorer households with lower education living in rural areas are most affected by the lack of clean water and basic sanitation.⁸

16. Health services for women continue to need improvement. There is a significant gap in skilled birth attendance between rich and poor households in many countries. Of the criteria analysed, wealth and education have the strongest impact on the ability

⁷ United Nations Educational Scientific and Cultural Organization (UNESCO) Institute for Statistics database (2019).

⁸ Economic and Social Commission for Asia and the Pacific, "Inequality of opportunity in Asia and the Pacific: Water and sanitation". Social Development Policy Papers, No. 2018-05 (2018).

to access professional care during childbirth. The most disadvantaged women also have more children under 5 years of age in the household. Inequality in women's access to basic reproductive health care has long-term health implications for both women and children. Despite some progress, high rates of maternal mortality and morbidity persist in the least developed countries in West Africa and South Asia. More than 1 million deaths each year are associated with deliveries conducted in unsanitary conditions, while infections account for 26 per cent of neonatal deaths and 11 per cent of maternal mortality.⁹ Lack of access to emergency obstetric and newborn care is significant: there are few referral centres; facilities are of poor quality; and women face a number of challenges related to their power over decision-making and their access to timely transport. All around the world, indigenous women and adolescent girls experience significantly worse maternal health outcomes.

17. Expanding health coverage is a challenge, both for many low-income countries with limited financial and human resources, and high levels of poverty and for middle-income countries with ageing populations or increasing burdens of non-communicable diseases. Countries in Africa, which bear 26 per cent of the global disease burden, accounted for a mere 2 per cent of total global spending on health (\$9.7 trillion) in 2015. On average, a large portion of health care was financed through out-of-pocket expenses (36 per cent) and external aid (22 per cent), leading to a financial gap of \$66 billion per year on the basis of a threshold of 5 per cent of gross domestic product (GDP) for government expenditure.¹⁰ To make the shift towards universal health coverage, many countries have launched contributory health insurance schemes, which often resulted in the fragmentation of financing and service delivery.¹¹ The operational and financial sustainability of these schemes is another significant challenge due to a number of factors, including the lack of clear legislation, low enrolment, insufficient risk management, weak technical and managerial capacity, high overhead costs or cost escalation, spatial distribution of health facilities and health workers, inadequate client education and limited community engagement. Countries also run the risk of increasing long-term debt. If not well-regulated, innovative financing such as health-care loans often increases household debt, especially in low-income countries, where, on average, 45 per cent of total health expenditure requires out-of-pocket payment.

18. Another challenge is the rising cost of medications, which threatens the sustainability of health systems in many countries. A fairer pricing framework is needed to ensure lower, more affordable, costs, and to improve transparency in price-setting for lifesaving medicines while considering incentives for drug companies to encourage investment in new products. Health cooperatives play an important role in supplying low-cost goods and services to poor and marginalized communities.¹²

19. These challenges relate not only to financing but also to human resources. According to WHO, it is projected that around 40 million new health workers will be needed by 2030, primarily in middle- and high-income countries. This implies a potential "brain drain" of skilled health workers from low- and lower-middle-income countries, as the world is currently facing a shortfall of 18 million health workers to achieve and sustain universal health coverage by 2030. Available United Nations data covering the period from 2013 to 2018 indicate that almost 40 per cent of all countries

⁹ WHO and the United Nations Children's Fund (UNICEF), *Water, Sanitation, and Hygiene in Health Care Facilities: Practical Steps to Achieve Universal Access to Quality Care* (Geneva, 2019).

¹⁰ Economic Commission for Africa, *Healthcare and Economic Growth in Africa* (Addis Ababa, 2019).

¹¹ Rifat Atun and others, "Health-system reform and universal health coverage in Latin America", *Lancet* No. 385, pp. 1230–1247 (2015).

¹² See www.cicopa.coop/news/assessing-the-worldwide-contribution-of-cooperatives-to-healthcare.

have fewer than 10 medical doctors per 10,000 people, and more than 55 per cent have fewer than 40 nursing and midwifery professionals per 10,000 people.

B. Education

20. Sustainable Development Goal 4 includes the target of ensuring by 2030 that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. Another target to be achieved by 2030 is aimed at eliminating gender and wealth disparities in education and ensuring equal access to all levels of education and vocational training for all, including members of social groups in vulnerable situations, such as persons with disabilities, indigenous peoples and displaced persons.

21. There have been few significant advancements in literacy and primary education in recent years, while limited access to and high dropout rates in secondary education have continued. Consequently, 750 million adults around the world remained illiterate in 2016, half of whom lived in Southern Asia and one quarter in sub-Saharan Africa. In addition, 263 million children and adolescents remained out of school, including 63 million of primary school age (about 6 to 11 years), 61 million of lower secondary school age (about 12 to 14 years) and 139 million of upper secondary school age (about 15 to 17 years). Countries in sub-Saharan Africa is home to more than half of all out-of-school children of primary school age.¹³

22. Rates of exclusion from education increase with age. Compared to children of primary school age, adolescents of lower secondary school age are nearly twice as likely to be out of school, with young people of upper secondary school age four times as likely. In 2016, the global out-of-school rate was 17 per cent for all age groups, 9 per cent for children of primary school age, 16 per cent for adolescents of lower secondary school age and 36 per cent for adolescents of upper secondary school age. Young people therefore represent over half of those excluded from school. The substantially higher numbers and rates of exclusion from school among young people is related to the fact that, unlike primary and lower secondary education, secondary school is not affordable to all in most countries because it is not necessarily compulsory and free. As a result, adolescents of upper secondary school age, who are often of legal working age, may choose employment over education.

23. Large disparities still exist in school attendance and learning acquisition by region, wealth, sex, urban or rural residence and other factors such as indigenous identity or disability, underscoring the challenges ahead. For example, access to education is severely limited in sub-Saharan Africa, where 21 per cent of children of primary school age, 37 per cent of adolescents of lower secondary school age and 58 per cent of young people of upper secondary school age are out of school, while access is almost universal in Europe and Northern America as a region, where the corresponding ratios are 4 per cent, 2 per cent and 8 per cent, respectively.

24. In most countries, factors such as poverty, residing in a rural area or having a disability all too often prevent children and adolescents from accessing education, especially at the secondary and tertiary levels. Wealth disparities in school attendance are particularly wide in sub-Saharan Africa, where only 65 children of primary school age from the poorest households go to school for every 100 school-going children from the richest households.¹⁴ Wealth disparities in school attendance also increase

¹³ UNESCO Institute for Statistics, "One in Five Children, Adolescents and Youth is Out of School", fact sheet No. 48 (February 2018).

¹⁴ UNESCO, "Leaving no one behind: How far on the way to universal primary and secondary education?", policy paper/fact sheet, 27 (July 2016).

with age. In sub-Saharan Africa, for example, only 55 young people aged between 15 and 17 years from the poorest households go to school for every 100 school-going adolescents from the richest households. However, it should be noted that school attendance rates are similar across household wealth levels in the Latin America and the Caribbean region.

25. Gender disparities in access to education still exist in primary school, according to the adjusted gender parity index.¹⁵ In 2016, the index value was 1.21 for primary school age, that is, for every 100 boys of primary school age out of school, there were 121 girls in the same category; for lower secondary school age, the index was 1.03; and for upper secondary school age, 1.01. Gender disparities are more pronounced at the regional and national levels, with girls of every school age group more likely to be excluded from education than boys in sub-Saharan Africa. In Arab countries, girls and women with disabilities in rural areas have the lowest attendance and graduation rates, with almost no exceptions.¹⁶

26. Although rapid technological changes present opportunities to tackle enrolment challenges, the quality of education, the capacity of teachers and the learning environment have not measured up. Millions of pupils fail to learn because of the poor quality of the schooling they receive. In 2015, 617 million children and adolescents aged between 6 and 14 years worldwide, 58 per cent of the total number in that age group, could not achieve minimum proficiency in reading and mathematics. Refocused efforts are needed to improve learning outcomes for all through the educational life cycle, especially in low-income countries, where both out-of-school rates and disparities in access to education are the greatest.

27. Today, teachers must possess the highest levels of knowledge and skills in order to provide quality education. Unfortunately, the proportion of primary school teachers who are trained has remained at 85 per cent globally since 2015. Moreover, that percentage has fallen steadily in sub-Saharan Africa, where the numbers of trained teachers are lowest, decreasing from 85 per cent in 2000 to 64 per cent in 2017 at the primary level, and from 79 per cent in 2005 to 50 per cent in 2017 at the secondary level.¹⁷

28. Basic infrastructure and water and sanitation facilities, which improve the learning environment and the health, attendance and achievement of pupils and promote gender equality, are still lacking in many developing countries, with countries in sub-Saharan African and the least developed countries facing the biggest challenges. For example, in the least developed countries, two in every three primary schools do not have electricity, and only 43 per cent have handwashing facilities. Fewer than half of primary schools in sub-Saharan Africa have access to clean drinking water, let alone to the Internet. Although urban schools are better equipped than their rural counterparts, many are overcrowded and are forced to operate in shifts, with more than 50 pupils per class on average in one third of sub-Saharan African countries.

¹⁵ The adjusted gender parity index is the ratio of the female out-of-school rate to the male out-of-school rate. It indicates a disadvantage for girls when its value is above 1.03.

¹⁶ Economic and Social Commission for Western Asia, *Disability in the Arab Region 2018* (Beirut 2018).

¹⁷ UNESCO, *Global Education Monitoring Report 2019: Migration, Displacement and Education – Building Bridges, not Walls* (Paris 2018).

IV. Strengthening international cooperation for social development, with particular attention to universal and equitable access to education and health care

29. Investment in people is essential to develop human capacity and achieve social development. Extending the coverage of quality education and health care for all is at the core of that effort, and well designed social protection systems help poor and vulnerable families to access those services. According to the Economic and Social Commission for Asia and the Pacific, the impact of increased investment in people in the Asia-Pacific region is remarkable: the isolated effect of countries in the region reaching the global average of public expenditure on health by 2030 would be to lift 147 million people out of moderate poverty, while reaching the global average of public expenditure on education would achieve the same for 128 million people.¹⁸

30. There is a need to boost the amount of public social spending, in particular on education, health care and social protection, to reach the global averages, at a minimum. However, many national strategies to achieve universal health coverage, for example, do not have specific financing plans to fund their implementation.¹⁹ Countries are encouraged to develop coherent integrated national financing frameworks by setting nationally appropriate spending targets. Such funding modalities can help to harmonize competing priorities and maximize the efficient use of funding through joint monitoring across education, health, social protection, water and sanitation.

31. As part of the Social Protection Floor Initiative, international, regional and national efforts are ongoing to provide basic social security guarantees that ensure, at a minimum, that all those in need have access to essential health care and basic income security during their lives. International cooperation can also facilitate the mobilization of additional resources for water, sanitation and hygiene infrastructure to improve the quality of health-care facilities, as most low-income countries and many pockets within middle-income countries lack fully functioning, safely managed municipal water and sanitation services. It is also necessary to set coherent standards for water, sanitation and hygiene in health-care facilities, improve monitoring systems, address disease-specific budgeting and provide adequate wage and training for health workers.

A. Official development assistance

32. Official development assistance (ODA) is an important source of development finance, especially for poor low-income countries. However, ODA growth in real terms was unchanged in 2017 despite steady growth over the past decade. Social sectors experienced rapid growth during the Millennium Development Goal era and remain the largest ODA category, but social spending has fallen from 40 per cent of total ODA in 2010 to 35 per cent in 2017, reflecting a shift in donor focus to economic aid and support for production sectors within the broader focus of the Sustainable Development Goals.²⁰

¹⁸ *Social Outlook for Asia and the Pacific: Poorly Protected* (United Nations publication, Sales No. E.19.II.F.2).

¹⁹ Debt sustainability vs. universal health coverage vs. social protection system, especially floors. Available at: <https://developmentfinance.un.org/delivering-social-protection-and-essential-public-services>.

²⁰ *Financing for Sustainable Development Report 2019* (United Nations publication, Sales No. E.19.I.7).

33. Nevertheless, health is one of the largest social sectors to receive development assistance. In 2016, funding for global health reached a record high of \$23.7 billion, an increase of 15 per cent over 2012. Its share of total development assistance fluctuates between 13 per cent, as in 2016, and 15 per cent. ODA for basic health from all donors increased by 61 per cent in real terms between 2010 and 2017, when it reached \$10.7 billion. In 2017, about \$2 billion was spent on malaria control, \$1 billion on tuberculosis control and \$2.3 billion on other infectious diseases, excluding HIV/AIDS. According to the Organization for Economic Cooperation and Development (OECD), the largest portion of health-related aid went to population policies and programmes and to reproductive health, followed by basic health, and ODA grants were predominant in terms of instruments. To accelerate progress towards universal health coverage, donor countries should meet their commitments, including by collectively redoubling their efforts to achieve the Goals, and continue to increase country programmable aid, which excludes such elements as humanitarian aid, in-donor refugee costs and administration costs, and recipient-country budget support (which increased from \$2.5 billion in 2016 to \$3.3 billion in 2017), in order to finance the national priorities areas.

34. Technical and financial assistance to help fund and support education in developing countries rose to record level in 2016. After stagnating since 2009, ODA for education increased from \$11.9 billion in 2015 to \$13.4 billion in 2016. The share of education in total ODA, excluding debt relief, increased from 6.9 per cent in 2015 to 7.6 per cent in 2016. Two thirds of the growth in ODA for education resulted from an increase in aid for basic education from \$5.1 billion in 2015 to \$6 billion in 2016. Despite this growth, aid for education accounted for only 12 per cent of total educational spending in low-income countries and 2 per cent in lower-middle-income countries. Similarly, the proportion of educational aid allocated to the countries in greatest need, the least developed countries, fell from a peak of 47 per cent in 2007 to 31 per cent in 2015, before rebounding to 34 per cent in 2016.²¹

35. In order to better leverage ODA for inclusive development that leaves no one behind, more results- and impact-oriented reporting is necessary to improve monitoring, as data remain limited on the allocation and use of international cooperation at the national and, in particular, subnational levels. Sectoral ODA flows should be better matched with Goal outcomes for improved alignment and the tracking of sector financing strategies with national sustainable development priorities, which would help countries to accelerate progress.²² Efforts under way in this regard include the introduction by OECD of a marker for tracking ODA that focuses on gender equality and the empowerment of women; a new marker for persons with disabilities is also being developed.

B. Multilateral assistance

Health

36. To support universal health coverage, the Global Financing Facility in support of Every Woman, Every Child, an innovative country-driven financing platform hosted by the World Bank Group, was launched at the International Conference on Financing in Addis Ababa in July 2015. The initiative raised \$1 billion by the end of 2018 to expand its partnership to 50 countries with the greatest health and nutrition needs, with a view to ending preventable deaths of women, children and adolescents and promoting health-related adaptation to climate change. In late 2018, the World Bank co-signed a Global Action Plan with 11 other global agencies aimed at helping

²¹ UNESCO, *Global Education Monitoring Report 2019*.

²² United Nations, *Financing for Sustainable Development Report 2019* (2019).

countries to accelerate progress towards the achievement of Sustainable Development Goal 3 by mobilizing more resources for health, making sounder investments and strengthening health system capacities. In order to support individual countries in building their own sustainable health system, the Facility trust fund acts as a catalyst for mobilizing domestic resources alongside financing from the International Development Association and the International Bank for Reconstruction and Development of the World Bank Group; other bilateral and multilateral donors, including the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and private sector resources. The Facility also strives to ensure that countries can self-finance their systems in the long term.

37. The Joint Learning Network for Universal Health Coverage is a country-led network of practitioners and policymakers that facilitates knowledge-sharing to support countries in designing stronger, more equitable and more efficient primary health-care-focused systems to achieve universal health coverage. The Network started with nine low-income countries and has been expanded to 33 countries. The UHC Forward web platform and joint learning have enabled the identification of common challenges and good practices. For example, the identification system in Thailand has increased data on health and access to health care. Mali is developing a system of health coverage enrolment and premium collections by means of mobile phone that is modelled on a system developed in Kenya.

38. The Human Capital Project of the World Bank, which more than 60 countries have joined, is aimed at accelerating more and better investments in people for greater equity and economic growth and creating the political space for national leaders to prioritize transformational investments in health, education and social protection. As part of the project, at its annual meeting in October 2018, the Bank launched the Human Capital Index, which quantifies the contribution of health and education to the productivity of the next generation of workers.

39. The Maternal and Newborn Health Thematic Fund of the United Nations Population Fund (UNFPA) supports the efforts of Governments to implement an integrated, person-centred and life cycle-based approach to extend coverage and to improve the quality of comprehensive maternity and newborn care, combining health care with programmes that promote life skills, access to information and communications technology, school counselling and recreation.

Education

40. The goal of providing quality education for all requires refocused and strengthened international cooperation on the financing and governance of global education on the basis of more coordinated and increasingly collaborative partnerships among development actors to support national plans for achieving all the targets. Such cooperation is aimed at mobilizing resources to meet the annual funding gap for education of at least \$39 billion between 2015 and 2030 in low- and lower-middle-income countries, which face the greatest challenges in the provision of education and are most likely to need external assistance.

41. At the international level, the Global Education First Initiative for the period from 2012 to 2016 and the Sustainable Development Goals for the period from 2015 to 2030 are recent agreements that have raised the political profile of education and contained calls for increased financing, generating momentum for the establishment of multilateral partnerships that support education, including, in particular: (a) the Global Partnership for Education, which is the only global fund dedicated to education in developing countries; (b) the Education Cannot Wait fund, which is the first global fund dedicated to education in emergencies and protracted crises; and

(c) the proposed International Finance Facility for Education, which encourages lending to lower-middle-income countries.

42. In addition to raising additional funds for education programmes, these partnerships have had or are expected to have remarkable effects on school enrolment, equal participation and the completion of education in the partner countries. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), 76 per cent of children in the countries of the Global Partnership for Education completed primary school in 2015 compared to 63 per cent in 2002, and as many girls as boys completed primary school in 2016 in 66 per cent of those countries compared to 42 per cent in 2002. In 2018, \$2.3 billion in pledges were made to replenish the Global Partnership fund for the 2018–2020 period, with a view to continued support for education in low-income countries. In 2017, the Education Cannot Wait fund exceeded its funding target by \$20 million and, as of May 2019, it has been used to invest \$137 million in 19 crisis-affected countries, where it has provided more than 1.3 million children and young people, over half of whom were girls, with quality education. Starting with a first round of funding of about \$2 billion in guarantees from donor countries, the International Finance Facility for Education is expected to mobilize more than \$10 billion in financing and grant funding for education, which will help tens of millions of children to attend school and prepare millions more young people for work in lower-middle-income countries.

43. For its Global Action Programme on Education for Sustainable Development, UNESCO works with a network of 97 key partners from government, civil society, the private sector and academia to advance policy, transform learning environments, build the capacity of educators, empower young people and accelerate sustainable solutions at the local level in 147 countries. By 2018, key partners of the Programme reported the achievement of remarkable results, including: (a) support for 1,486 Education for Sustainable Development programmes, exceeding the target by 36.5 per cent; (b) involving more than 26 million learners of all ages in educational programmes and activities, surpassing the original target by 697 per cent; and (c) training more than 2 million educators, outstripping that target by 18 per cent.²³

44. Other United Nations agencies collaborate to advance education among adolescents. For example, the development by UNFPA and the United Nations Children's Fund (UNICEF) of the Global Programme to Accelerate Action to End Child Marriage involves a holistic approach to improving the lives of girls that includes the learning of life skills and school attendance. In 2018, the more than 700,000 girls, in general the most marginalized and vulnerable, were helped to stay in school, deferring early marriage, thus improving their literacy, creating safe spaces, providing health services and improving the outlook for their overall economic and social well-being.

45. At the regional level, the European Union is an active contributor to regional and global programmes and initiatives both in its member States and in other regions. For example, it finances the European Community Action Scheme for the Mobility of University Students (Erasmus+), a higher education programme that provides grants in the fields of education, training, youth and sport to individuals and organizations. Its budget of €14.7 billion will fund opportunities for more than 4 million Europeans to study, train, and gain experience abroad. It has also set up trust funds in response to regional needs, including the European Union emergency trust fund for stability and addressing root causes of irregular migration and displaced persons in Africa and the European Union Regional trust fund in response to the crisis in the Syrian Arab Republic.

²³ https://en.unesco.org/sites/default/files/esd_partners_in_action_gap_key_partners_report_r.pdf.

V. Issues before the Commission for Social Development at its fifty-seventh session

46. The Commission for Social Development is the primary intergovernmental body responsible for the follow-up to and review of the World Summit for Social Development. The work of the Commission at its fifty-seventh session, on the priority theme, as well as on the empowerment of people affected by natural and human-made disasters to reduce inequality, is highlighted below.

A. Priority theme

Addressing inequalities and challenges to social inclusion through fiscal, wage and social protection policies

47. The Commission deliberated on the priority theme “Addressing inequalities and challenges to social inclusion through fiscal, wage and social protection policies”. A Ministerial Forum on social protection and an interactive dialogue with senior officials of the United Nations system on the priority theme were also organized.

48. Inequality has become a defining issue of our time. Despite high growth in emerging economies, projections indicate that income inequality will continue to rise, since the reduction in income inequality between countries is not sufficient to counter within-country inequality trends.

49. Despite the progress made, persistent disparities remain in access to education, health-care services, social protection and access to decent employment on the basis of background or location of residence. Environmental degradation and climate change exacerbate inequality by leaving the poorest and most vulnerable exposed to the risks they pose; in this way, those who have the fewest means to cope, adapt, and mitigate risks suffer most from the effects. Significant and increasing inequality hampers growth, weakens the impact of growth on the reduction of poverty and undermines social cohesion. The concentration of income and wealth, coupled with the impacts of globalization and rapid technological change, has led to economic anxiety, exclusion, and a decline in trust in governments and public institutions.

50. Addressing inequality in all its forms is therefore essential to eradicating poverty, advancing social progress and achieving sustainable development for all. The Commission emphasized that inequality is not an inevitable consequence of development. Policy choices and institutional changes determine whether countries can curb the rise of inequality. Political will and the right mix of policies across fiscal, wage and social protection spheres are effective tools for addressing inequality.

51. Efficient fiscal policies are fundamental to promote the equalization of opportunities. While tax systems are a powerful means of enhancing inclusive growth, many countries face a decline in tax revenue and a high concentration of private capital, as wealth becomes increasingly financialized and its ownership privatized. There has also been a shift in income taxation from high-income to lower-income taxpayers in many countries. The Commission underscored the need for effective, progressive and gender-sensitive tax systems to sustain investments in inclusive and quality education and health services; critical and resilient infrastructures and connectivity, in particular in rural areas; social protection systems; and decent work. Instead of cutting productive social expenditure, efforts to balance fiscal budgets should be focused on expanding revenue bases through innovative financing, such as taxing alcohol or tobacco), reforming the tax administration, combating illicit financial flows, improving tax transparency and countering profit-shifting. It is also essential to assess the potential adverse impacts of austerity policies.

52. Despite recent declines in unemployment, the contribution of wages to the reduction of inequality remains weak as a result of stagnating wage growth. Wage inequality is the direct result of policy choices and can be addressed by increasing investment in decent and sustainable work, addressing the financialization of the economy and strengthening labour institutions and policies, including wage determination mechanisms, in order to protect labour standards. Achieving equal pay for work of equal value is crucial to reduce inequality, as women and marginalized social groups in particular, including young people, older workers, persons with disabilities, indigenous peoples and migrant workers, continue to experience wage discrimination. Moreover, addressing the gender pay gap in low-wage jobs has been highlighted as critical to reducing overall wage inequality. Efforts should be also made to manage the transition from informal to formal employment and make labour markets more inclusive. Tackling gender inequality is vital, since the burden of inequality often falls disproportionately on women and children. All policy initiatives should therefore incorporate the gender perspective.

53. Well designed, inclusive social protection policies and programmes, including social protection floors, have proven to be effective in reducing poverty, inequality and social exclusion while building human capital and strengthening people's resilience. However, significant coverage gaps remain. Further efforts should be made to close those gaps, enhance the adequacy of benefits and streamline the existing fragmented social protection programmes into nationally appropriate systems. Understanding the barriers faced by disadvantaged groups in accessing social protection is also crucial. It was highlighted that countries need both wage and social protection policies to combat inequalities because, while effective, social transfers do not address the root causes of inequality. Developing countries with limited fiscal space to expand social protection should focus on wage policies. Social protection systems must also be linked to the quality of employment in order to reduce the pressure on social protection schemes to cover all workers irrespective of their contractual status.

54. During the discussions of the Commission, including the Ministerial Forum, representatives of Member States exchanged national and regional experiences and identified good practices, lessons learned, common challenges, and effective policies and measures for building and strengthening nationally appropriate social protection systems, including social protection floors. Government Ministers and representatives of the United Nations system shared their respective experiences and policy initiatives in relation to strengthening social protection systems to reduce poverty and inequality and promote social inclusion. Delegations highlighted the positive impact of social protection on economic growth and social development. It was noted that social protection systems also play a critical role in efforts to combat exclusion and promoting access to education and health for all. Member States emphasized that the sustainability of social protection systems is critically dependent on financing.

B. Emerging issue

Empowerment of people affected by natural and human-made disasters to reduce inequality: addressing the differential impact on persons with disabilities, older persons and youth

55. In international frameworks such as the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Paris Agreement, and in the work of United Nations Office for Disaster Risk Reduction, the needs of groups in vulnerable situations, including persons with disabilities, older persons and young people, are at the centre of response plans. Despite such efforts, those population groups remain largely

alienated from emergency and disaster response planning, in particular in low- and middle-income countries, because of policy shortfalls that limit adequate responses to crises caused by natural and human-made disasters. It is important to have an inclusive approach in national plans for the preparation, response and recovery stages of emergencies, including the empowerment of marginalized persons to participate in decision-making. A paradigm shift is also needed towards holistic, coordinated and multisectoral approaches to mitigate the impact of natural and human-made disasters on older persons, young people and persons with disabilities.

56. In exploring ways to empower groups in vulnerable situations and reduce inequalities, national experiences with natural and human-made disasters including storms, earthquakes and wars were recounted during the discussion, and strategies and lessons learned were outlined. Broader policies on topics including development and humanitarian assistance and aimed at boosting the ability of countries to develop inclusive risk reduction plans were also proposed.

57. Policies established to target vulnerable populations in order to promote independence and self-reliance were discussed. Some interventions have helped fragile States and internally displaced populations directly. In Lebanon, for example, the European Union is working with the Government to develop a social assistance programme for the most vulnerable, including Syrian refugees. In Africa, it is working with countries to tackle the root causes of forced migration. In July 2018, financial guarantee programmes were set up to provide support to countries hosting refugees. Similarly, other programmes support young people in developing skills and helping them to become more marketable. They have been implemented in countries in Africa, with a focus on women, young people and persons with disabilities, who have been both recipients and participants.

58. Other issues highlighted included: the importance of considering all types of disabilities, including physical, mental and psychosocial disabilities, in the context of disaster risk reduction; the need to invest in obtaining disaggregated data by disability status; the importance of efficiently and effectively allocating sufficient funding; the valuable role of non-governmental organizations and the need to invest in capacity-building for them; the need to empower persons with disabilities; the value of naming and praising initiatives; and the role of information technology in providing support to persons with disabilities in disaster situations.

C. Situation of social groups and accelerating progress in Africa and least developed countries

59. In reviewing the relevant United Nations plans and programmes of action pertaining to the situation of social groups, the Commission deliberated on issues related to persons with disabilities, young people, older persons and families. In particular, the Commission reviewed the implementation of the World Programme of Action for Youth to the Year 2000 and Beyond. In recognizing the importance of promoting the full and effective participation of young people and youth-led and youth-focused organizations, the Commission underscored the importance of ensuring that youth issues are adequately addressed in the implementation, follow-up and review of the 2030 Agenda. The Commission urged Member States to protect, promote and fulfil the realization of and full enjoyment by all young people of all human rights and fundamental freedoms; to consider the inclusion of youth representatives in their delegations at all relevant discussions in the General Assembly, the Economic and Social Council and its subsidiary bodies, and at relevant United Nations conferences, as appropriate; and to consider establishing a national youth delegate programme.

60. Concerning progress in Africa, the Commission acknowledged and welcomed the progress made by African Governments in expanding democracy, human rights, good governance and sound economic management. It also expressed concern that development had not sufficiently benefited the poorest in Africa as countries on the continent continued to grapple with high levels of poverty and inequality. The Commission urged all countries that had not yet done so to ratify or accede to the United Nations Convention against Corruption and encouraged States parties to review its implementation. The Commission also urged African Governments to fast track the implementation of the Africa Health Strategy in order to progressively achieve its ambitious targets, and called for renewed support for countries Africa, especially the least developed countries, from development partners, including the United Nations system.

VI. Conclusions and recommendations

61. The visions and commitments of the World Summit for Social Development, in particular the core objectives of the eradication of poverty, the reduction of inequality, the promotion of productive employment and decent work for all, and an inclusive society, are integral to the achievement of the Sustainable Development Goals and targets of 2030 Agenda for Sustainable Development. The implementation of the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development is and should be a priority for Member States in achieving the 2030 Agenda.

62. As the primary intergovernmental body responsible for the follow-up to the World Summit for Social Development and the social dimension of the 2030 Agenda, the Commission for Social Development has an important role to play in promoting the implementation of the Sustainable Development Goals. Its mandate, and in particular the focus contained therein on poverty eradication, inequality reduction and inclusive society for all, makes it the “institutional house” for addressing these critical issues of the 2030 Agenda, including the fulfilment of the central promise of leaving no one behind.

63. As follow-up actions to the World Summit for Social Development to accelerate progress in achieving the Sustainable Development Goals, the General Assembly may wish to consider the following recommendations:

(a) Member States should endeavour to reach, at a minimum, the global averages for social spending necessary for expanding coverage towards universal access to education, health and basic social protection and should develop coherent, integrated national financing frameworks, including the setting of nationally appropriate spending targets;

(b) Member States should urgently and significantly accelerate progress towards universal health coverage on the basis of the political declaration to be adopted at the United Nations high-level meeting on universal health coverage to be held on 23 September 2019: Member States are encouraged to consider a mutual learning platform at the regional and subnational levels for exchanging good policies and practices on health system reforms;

(c) Member States should continue to strengthen nationally appropriate social protection systems and to establish as quickly as possible and maintain social protection floors that comprise basic social security so that all those in need, especially poor and vulnerable families, have access to education and essential health care;

(d) Member States should address the specific challenges facing disadvantaged groups, including persons with disabilities, older persons, women, adolescent girls, children and indigenous peoples, especially those living in poverty and in vulnerable situations, to achieve universal and equitable access to education, health care and social protection;

(e) To achieve the Sustainable Development Goals, including the goal of inclusive and equitable quality education for all, and achieve universal health coverage, the United Nations system and its development partners should scale up financial and technical assistance to low- and middle-income countries while also supporting Governments in the design and implementation of nationally appropriate social protection systems, including floors: in particular, international cooperation should be aimed at facilitating the mobilization of additional resources to invest in water and sanitation infrastructure in order to improve the quality of health-care and education facilities and set coherent standards for water, sanitation and hygiene.
