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An Ailing Agenda

Why Spain and the Rest of the World Should Root for the Success of the Sustainable Development Goals

ISGlobal analysis document

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EXECUTIVE SUMMARY

Midway through its 15-year term, the 2030 Agenda appears to have entered a slow period or even one of total stagnation. The reasons for this are complex. A series of internal and external factors are hindering progress towards the goals. These include the very ambitious scope of the Sustainable Development Goals (SDG) and the persistence of profound inequalities between different income groups, communities, and geographical locations, exacerbated by the complex interconnections between goals, which make it harder to advance in a single area in isolation. Recently, the situation has been further complicated by the occurrence of a series of catastrophic events with global and multisectoral consequences.

Nowhere is this challenge more evident than in global health, one of the key drivers of this global effort. The health-related targets not only express our fundamental aspirations for human well-being and define the most basic rights of every individual, they also illustrate the interlinkage between the different goals and the complexity of designing collective interventions in areas of common interest.

Unfortunately, a snapshot of the progress made so far on SDG3 reveals a disturbing picture of delays and setbacks. As the world works to build a preparedness and response system to prevent the next systemic health crisis, crucial work is being delayed in fundamental areas, such as maternal and infant mortality.

The current alarm about the state of the 2030 Agenda is an indication of its importance and of the need to review the course of action to date. There is little reason to believe that the next seven years will be any easier than the last seven. While it is unlikely that the world will face another crisis on the scale of a pandemic, all the other conjunctural factors could deteriorate and may do so. The particular perfect storm facing the SDGs has five main drivers:

- Geopolitical instability, which makes it difficult to implement agreed solutions
- Disaffection on the part of a growing section of the electorate and their leaders
- Financial pressure due to increasing requirements and dwindling resources
- The difficulty of measuring and reporting on the efficacy of our actions
- The changed baseline situation, negatively impacted by the exacerbation of existing risks

The road map and toolbox provided by the SDGs may be imperfect, but at this time they are the best we have. Consequently, we must strive to make the best possible use of them. The present report proposes five major areas in which the international community and the Spanish government could recover the social and political traction of the 2030 Agenda in the field of health.

a) **An emergency rescue plan for achieving SDG3 in 2030**, which must start with an analysis of the impact of the pandemic on SDG3 targets and consider

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radical measures for reducing inequities in the way the Agenda's targets are met. The rescue plan must also urgently consider ways to address the leading causes of morbidity and mortality in the world and define a much more robust and sophisticated preparedness and response system than the one currently in place.

b) **Bridging the SDG's financing gap**, a task the Secretary-General of the United Nations (UN) says will require an additional $500 billion per year until 2030. The international community can achieve this with a plan combining international fiscal measures, debt restructuring, and an increase in aid, but all the States must commit at least 1% of their GDP to funding their own national health systems.

c) **Address the problems related to the data and objectives** of a 2030 Agenda that still lacks the statistical support needed to properly monitor the progress made and the efficacy of our actions. Concrete steps that could be taken in this respect include plans to comply with the Cape Town Global Action Plan for Sustainable Development Data and an effort to accelerate SDG localisation.

d) **Win the narrative and political battle**, addressing the hostility to the Agenda of a sector of the population in the most affluent countries and the risk of the SDGs losing legitimacy in the global south. These measures include plans to promote the SDGs in each country and to ensure national ownership, open government policies and the creation of a dialogue to analyse in depth the decolonial aspirations of the 2030 Agenda.

e) **Redouble support for science and innovation as pillars of the SDGs**, bringing to scale the important lessons learned during the pandemic. This implies maintaining and increasing the levels of investment made in global health science during those years. It is also important to ensure universal access to vaccines, treatments and diagnostic tools as well as to technology and knowledge relevant to the SDGs.

Many of these proposals will be discussed this month in meetings held to analyse the mid-term status of the 2030 Agenda, during which each of the signatory countries will commit to taking action. The new Spanish government should consider its own national plan, taking into account the commitments the country has made and what has been done to date. This report highlights some priorities for Spain in the area of health, such as increasing its financial contribution, adopting a global health strategy and taking a leadership role in the international effort to improve preparedness and response strategies. All of this must be supported by a plan to increase the Spanish population's awareness of the 2030 Agenda and confidence in the project, which is crucial to the success of the SDGs.

SECTION 1.
Introduction

If extraterrestrial beings had been observing the recent elections in the European Union, they would have taken away the impression that the continent was entirely at the service of international sustainability and development goals. The virulence with which the growing national-populist movements attacked the 2030 Agenda implied that the Agenda governs our lives and all the policies that affect us. And that a counter-reform process is needed to correct internationalist excesses and environmentalist activism, a point of view they promoted with deceptively simple but nonetheless effective banners, such as 'Agenda for Spain'.

"At the midpoint in its 15 year term, the 2030 Agenda appears to be going through a slow period or even one of total stagnation".

Unfortunately, this caricature has very little to do with reality. At the midpoint in its 15 year term, the 2030 Agenda appears to be going through a slow period or even one of total stagnation. In the words of UN Secretary-General Antonio Guterres, "The SDGs are disappearing in the rearview mirror—and with them the hopes and rights of current and future generations."[1] The UN's recent report on the state of international commitments is at once a resounding alarm bell, a roadmap for reconsidering the direction of our actions, and a confirmation that the same people as always will be the ones who lose the most.

Nowhere is this challenge more evident than in global health. Driven by a combination of economic resources, political will, and scientific and institutional innovation, the indicators that measure the health and well-being of the international community underwent a radical transformation in the quarter century that followed the fall of the Berlin Wall. During this brief window in the course of human evolution, the percentage of the planet's inhabitants living in extreme poverty fell by 72%, malnutrition by 61% and infant mortality by 60%. Today, more children complete primary and secondary education than at any other time in history—an achievement directly linked to improved life expectancy—and three out of every four human beings now have access to safe drinking water, *two billion more than at the beginning of this century*.[2]

In recent years, however, coinciding precisely with the start of the 2030 Agenda, the energetic pace of progress has slowed down dangerously. The reasons for this downturn are complex. Progress is being hindered by a series of internal and external factors. The first of these is the very ambitious scope of the SDGs, which extends far beyond that of any past international effort. In the area of health, for example, earlier targets were limited to the poorest countries and populations and focused on remedying the most prevalent and preventable causes of mortality, areas in which even minor efforts yielded disproportionate returns in terms of human benefit. In 2015, the scope of the Agenda was expanded to incorporate important objectives and rights which are extremely difficult to achieve within a fifteen year period. We do not need to call into question the importance of addressing the challenges of noncommunicable diseases and universal health coverage to accept that the inclusion of these objectives in the SDGs has shifted the roadmap of shared progress to a more aspirational plane.

The second obstacle is not a new one. As in any other sphere of human welfare, overall progress hides huge inequalities between different income levels, population groups and geographical locations. For example, a map of the progress made towards meeting the SDGs evidences alarming delays in certain regions, such as sub-Saharan Africa. According to the *SDG Index*, an analysis produced annually by the Sustainable Development Solutions Network (SDSN), the mean score (out of a possible total of 100) indicating overall progress towards achieving the SDGs is 51 for the group of low-income countries, as compared to 78 for high-income countries and a global mean of 67. In the low-income group, only one out of ten targets has been met or is close to being met, while six have made limited progress and, worryingly, three are in regression.[3]

The third difficulty has to do with the very nature of the health-related goals, like that of the other fundamental aspirations of the 2030 Agenda. Despite the effort to set stand-alone targets that can be addressed with specific plans, the reality is that human health is governed by a myriad of economic, environmental and political determinants that transcend the scope of sectoral measures. These determinants—from global warming to the robustness of the social safety net and the conditions of human mobility, to mention just three—are covered by other SDGs and cannot, therefore, be considered in isolation. At the Barcelona Institute for Global Health (ISGlobal) we have coined the term *SDG3+* to refer to this interlinkage of different goals (see Box 1), but the same logic is inherent in other concepts, such as *One Health and planetary health*.

BOX 1. SDG3+: The Determinants of Health

SDG3 is the goal in the 2030 Agenda related to health and well-being, which aspires to ensure healthy lives and promote well-being for all. Its targets and indicators encompass a broad spectrum of aspects of human health, including specific objectives (to reduce neonatal and child mortality, for example) as well as political and institutional guarantees related to the fundamental right to health (to achieve universal health coverage, for example).

None of these goals is superfluous but none of them can be achieved without working in parallel to influence all the factors that determine their outcomes. Gender inequity, global heating and income inequality can influence a person's wellness as much as any health-related factor. This reality is reflected in the Health in All Policies (HiAP) approach proposed by the WHO.

In recent years, a great deal has been said about concepts like *One Health and Planetary Health*, which to some degree also reflect the same aspiration. In 2019, ISGlobal proposed the term *SDG3+* encompassing the six dimensions on which governments should focus their efforts to improve the health of their populations: gender, social determinants, environmental determinants and climate change, noncommunicable diseases and mental health, healthcare and social system, and the global dimension of health and international cooperation. Following the COVID-19 pandemic, the addition to this list of emergent infectious diseases was also considered.

Source: Ramírez et al. (2020). SDG3+: From the Concept "Health In All Policies" to its Implementation in Spain

"The global health agenda has had to deal with what several authors have called the era of polycrisis."

Moreover, as if these three obstacles were not enough, the global health agenda has had to deal with what several authors have called the era of *polycrisis*[4]: the simultaneous occurrence of a succession of catastrophic events with global and multisectoral repercussions. This has been the case during the first seven years of the 2030 Agenda. We experienced a global financial crisis whose consequences are still affecting middle- and low-income countries. The world was devastated by a virulent pandemic that *caused some 25 million deaths*[5] destroying societies and economies across half of the world. The increase in military conflicts has pushed war-related fatalities to their highest level in the 21st century and disrupted access to basic foodstuffs for millions of people, generating an *accumulated cost equivalent to 13% of global GDP*.[6] In the most developed countries, inflationary pressure has led to social unrest and reductions in public spending.

In the background, the accelerating consequences of the climate crisis are complicating and magnifying our problems and, at the same time, shrinking the resources we need to deal with them. Owing to global heating, many countries are already dealing with the problems caused by extreme temperatures, natural disasters and more or less permanent displacement of populations.

In these circumstance, Guterres has warned, "We cannot simply continue to do more of the same things and expect a different result". The success of the 2030 Agenda, which is critical to ensuring the continued existence of our planet as a whole, depends on our ability to introduce stimuli where these have been lacking and correct omissions where these have occurred. Above all, we need to renew the commitment of societies and their leaders to achieving the goals which, despite all the difficulties involved, are now even more essential than ever.

We are facing a long and rocky road, as the following sections of this document explain, but success has never been more important than it is today.

SECTION 2.

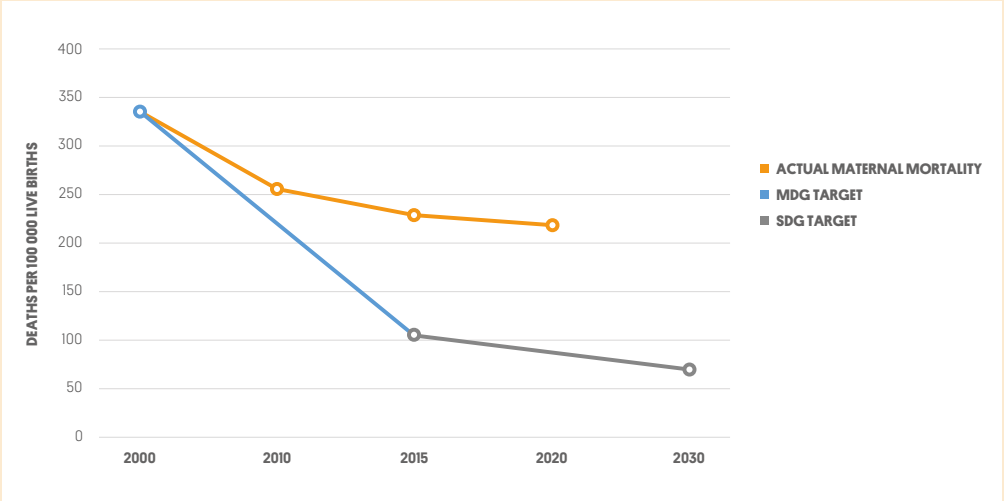
Where Are We in Meeting Global Health Targets?

Target 3.1 Reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Since 2010, the decline in maternal mortality has slowed substantially

The first decade of this century saw a very pronounced decline in the maternal mortality rate. Since 2010, however, this trend has slowed down and the target set for 2015 of a 75% reduction in mortality was not achieved. If no changes are made, the 2030 target of reducing mortality to less than 70 deaths per 100 000 live births will also be missed. Today, the differences between the different regions of the world are striking: maternal mortality levels in sub-Saharan Africa are almost 100 times higher than those of the European Union; and in the Latin America and Caribbean region, levels in 2020 (following a downward trend) are back to values close to those recorded in 2000.

FIGURE 1. Maternal mortality rate.



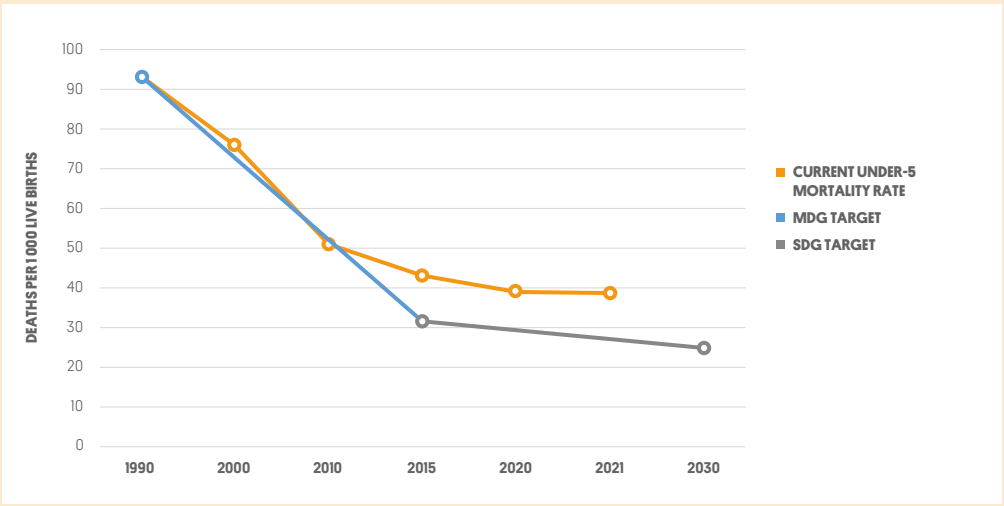
Source: World Bank

Target 3.2 Reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and child mortality: despite a positive trend in the 1990s, the decline in infant mortality has slowed

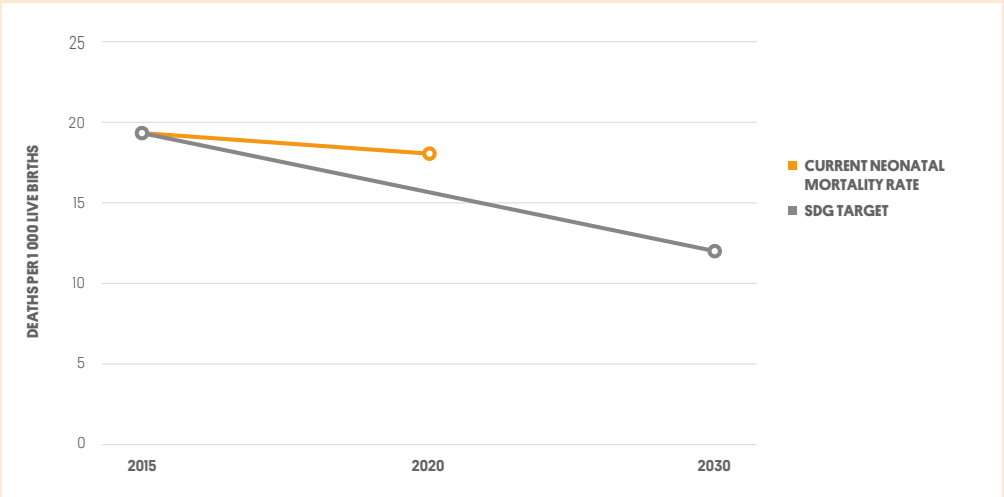
A marked downward trend in under-five mortality in the 1990s foreshadowed the achievement of the 2015 target. However, as occurred with maternal mortality, this downward trend began to decelerate in 2010 and has slowed even more since 2015. If the trend seen in the 1990s were recovered, the 2030 target of fewer than 25 under-five deaths per 1000 live births could be achieved. Regional differences are very marked, with levels in Sub-Saharan Africa ten times those observed in the European Union.

FIGURE 2. Under-five mortality rate.



Source: World Bank

FIGURA 3. Neonatal mortality rate.



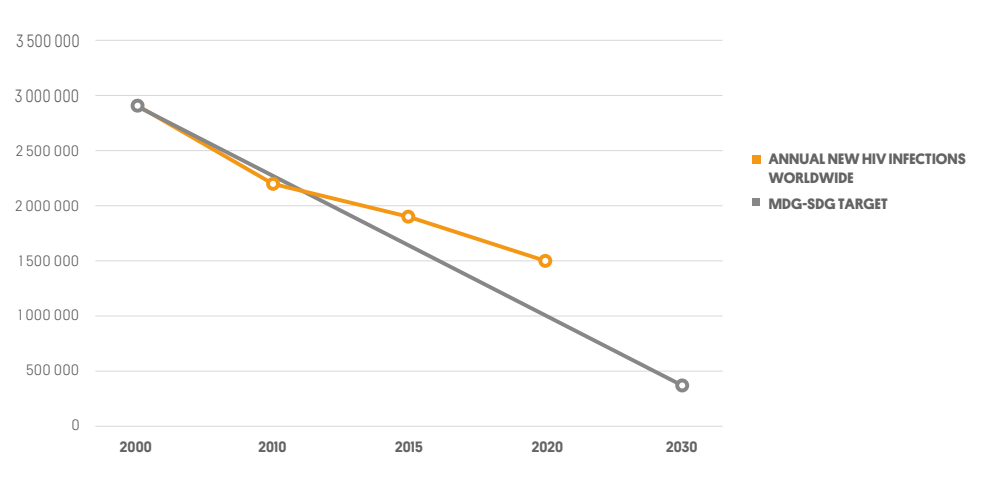
Source: World Bank

Target 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases

A clear downward trend is observable in the emergence of new HIV cases worldwide

Starting in 2010, the downward trend in new HIV cases has slowed. However, if the rhythm achieved in the first decade of this century can be regained, the absolute number of new HIV diagnoses worldwide will be in line with the 2021 UN General Assembly target of less than 370 000.

FIGURE 4. Number of new HIV infections annually.

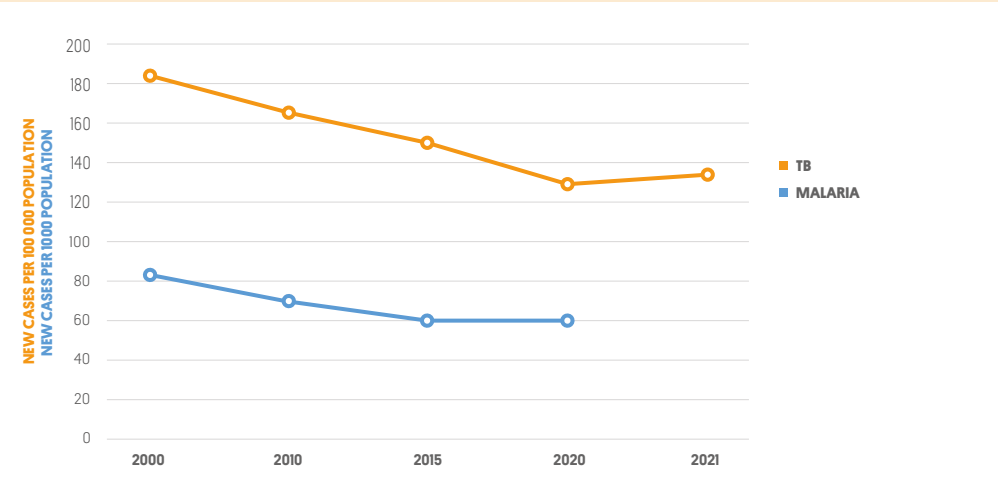


Source: World Bank

The incidence of new cases of tuberculosis and malaria continues to decline globally although, in the case of malaria, the decline started to stagnate in 2015

The number of new cases of tuberculosis and malaria has declined significantly in all world regions. In the case of tuberculosis, the regions with the highest incidence (West Asia and Pacific, South Asia and sub-Saharan Africa) have seen relative declines of around 30% since 2000. In the case of malaria, sub-Saharan Africa, the region most affected by this disease, has recorded a 37% decline in the incidence of new cases since 2000, although this decline has been less marked since 2015. However, the recent COVID-19 pandemic has produced a setback in the fight against these diseases, both in terms of access to services, the supply chain, case registration and notification, incidence, mortality and financing, which must be compensated to recover the downward trend that began at the beginning of the century.

FIGURE 5. Annual incidence of tuberculosis and malaria worldwide.

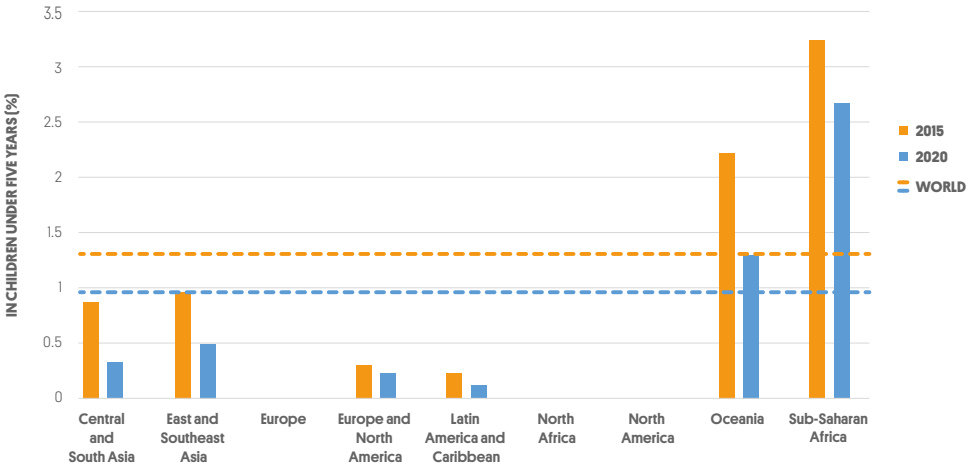


Source: Banco Mundial

The incidence of new cases of both hepatitis B and neglected tropical diseases is on a downward trend worldwide

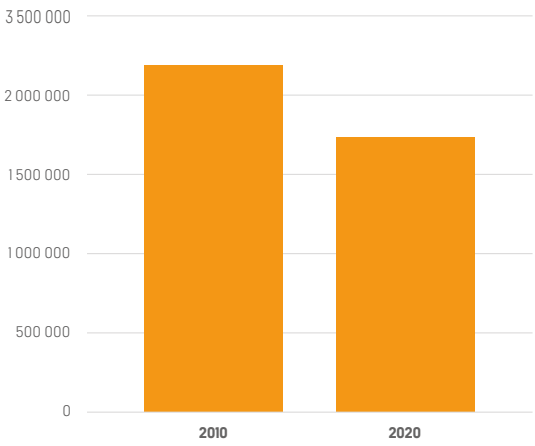
The number of people requiring treatment for any of the recognized neglected tropical diseases has declined by 21% since 2010. In the case of hepatitis B, the decline has been widespread worldwide since 2015. The most marked declines in 2015 were Oceania and sub-Saharan Africa, where the incidence fell by 42% and 18%, respectively.

FIGURE 6. Incidence of hepatitis B per 100 000 population.



Source: Our World In Data

FIGURE 7. Total number of people requiring treatment for neglected tropical diseases.



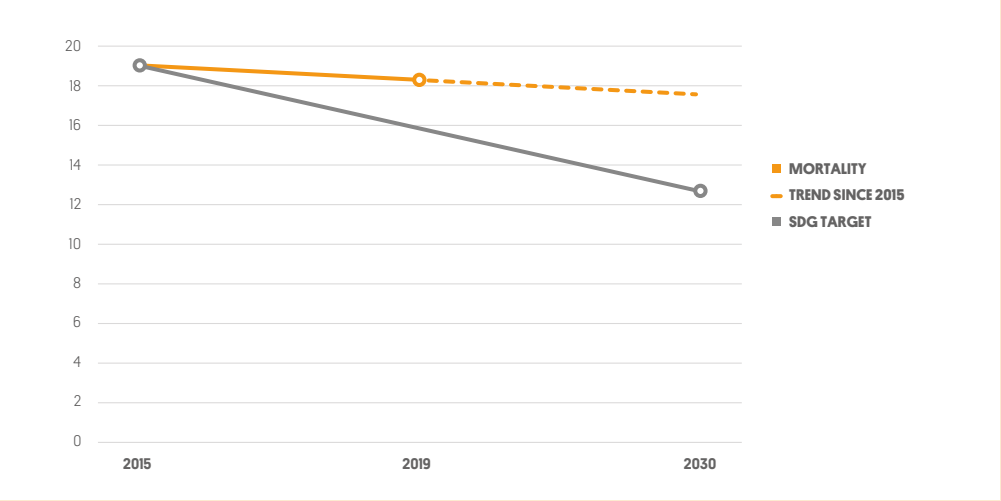
Source: Our World In Data

Target 3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

The reduction in mortality from noncommunicable diseases is insufficient to meet the one-third reduction target set for 2030

Mortality from non-communicable diseases, such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, continues to decline in all regions of the world, although not fast enough to achieve the 2030 targets. In 2015 the area most affected by these diseases was South Asia, which is also, together with North America, one of the areas that has seen the smallest decline (under 3%).

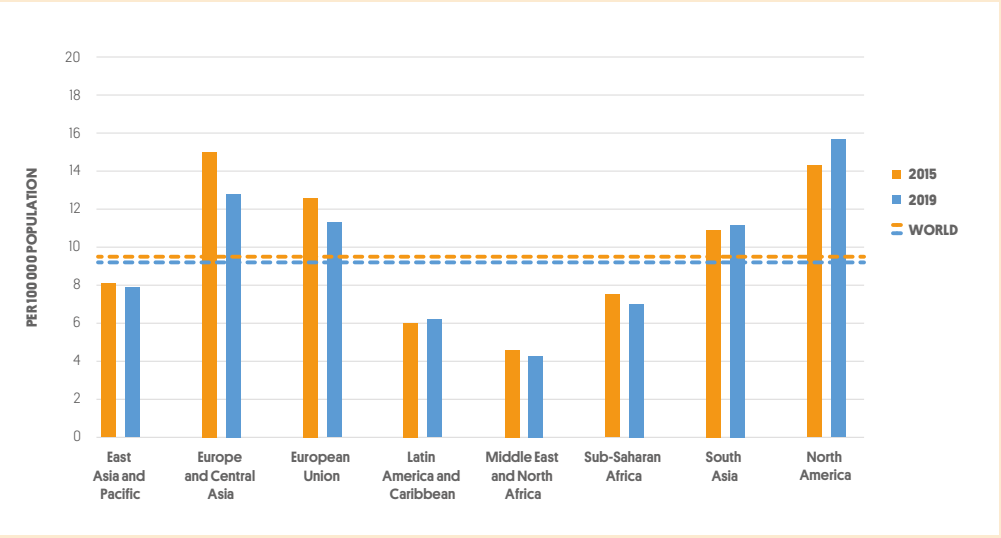
FIGURE 8. Percentage of global mortality due to non-communicable diseases.



Source: World Bank

Suicide deaths worldwide declined by less than 3% between 2015 and 2019. In North America suicide mortality increased by 10%

FIGURE 9. Suicide mortality rate (per 100 000 population).



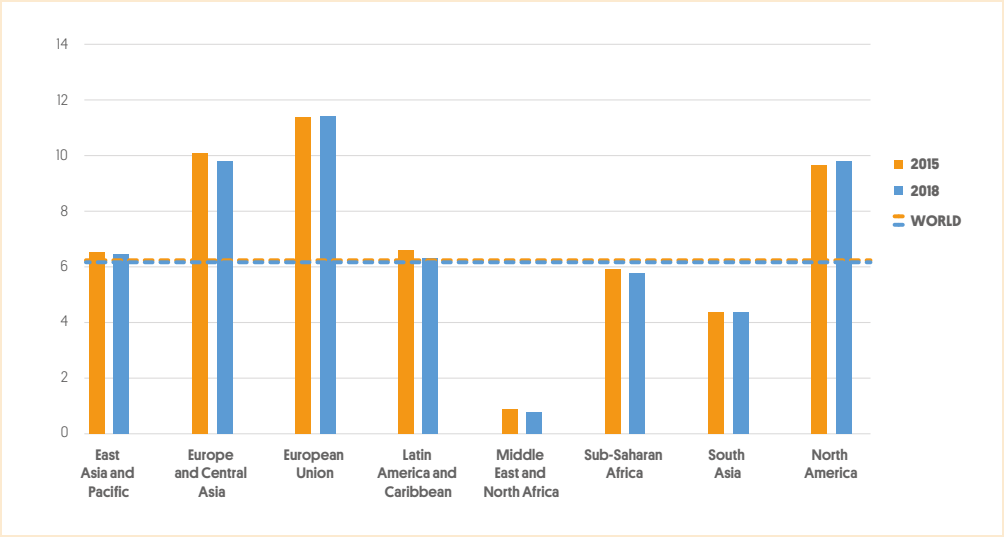
Source: World Bank

Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Alcohol consumption, which varies considerably across the different regions, has hardly changed between 2015 and 2018

The regions with the highest per capita alcohol consumption are North America and Europe and Central Asia. The region with the lowest consumption is the Middle East and North Africa. There has been very little change in consumption levels across all regions since 2015.

FIGURE 10. Total per capita alcohol consumption (liters of pure alcohol, over 15 years of age).



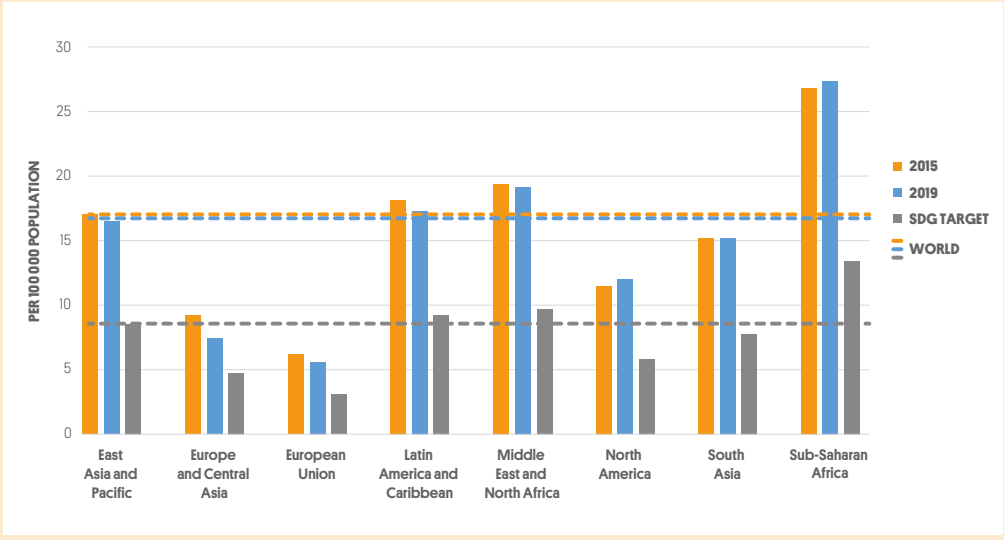
Source: World Bank

Target 3.6 Road traffic injuries: Halve the number of global deaths and injuries from road traffic accidents by 2020.

There was almost no change in the number of road traffic deaths between 2015 and 2020

The aim of SDG target 3.6 is to halve the number of road traffic deaths by 2020, but the reduction achieved to date is barely perceptible. In fact, in some regions, such as sub-Saharan Africa, which had the highest road traffic death rate in the world in 2015, there has been an increase in road traffic deaths.

FIGURE 11. Death rate due to road traffic injuries.



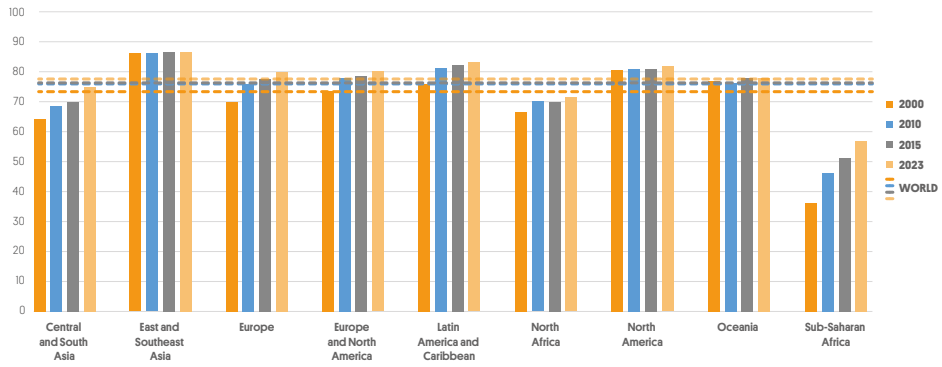
Source: World Bank

Target 3.7 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

Access to family planning services and the use of modern contraceptives has increased in all regions of the world since 2000

Although differences persist between the different regions of the world, the increase in the number of women aged 15-49 years meeting their family planning needs with modern contraceptive methods has been increasing steadily and across the board since 2000, reaching around 80% globally at the present time. The greatest increase has occurred in sub-Saharan Africa, which had the lowest levels in the world in 2000 (under 40%). Today, almost 60% of women in this region use modern contraceptive methods.

FIGURE 12. Proportion of women aged 15-49 years meeting their family planning needs with modern methods (%).



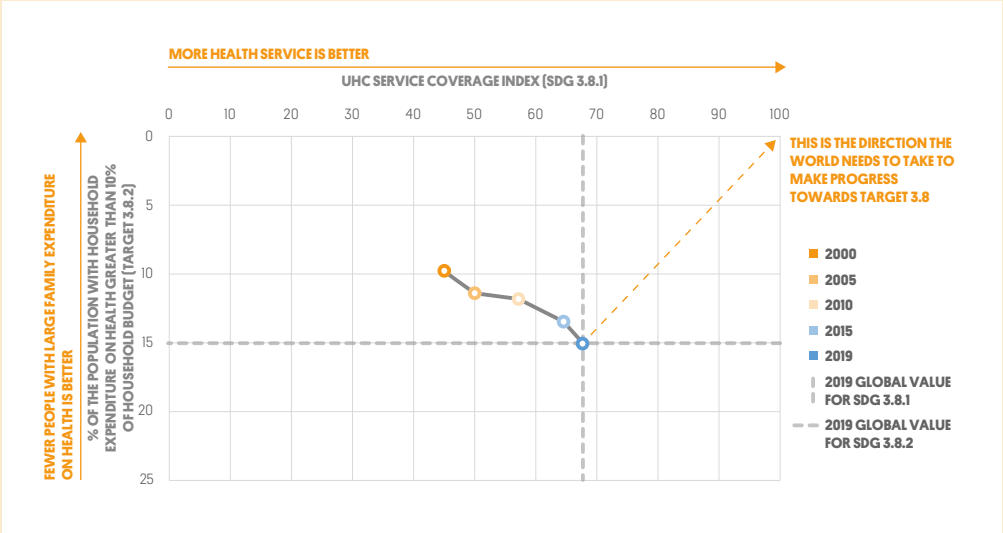
Source: World Bank

Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health services and access to safe, effective, affordable and quality medicines and vaccines for all

<u>To improve universal health coverage, we must reverse the ever growing trend towards reducing health expenditures</u>

Universal health coverage has two dimensions: on the one hand, coverage of essential health services and, on the other, impoverishing or catastrophic health expenditures. In other words, it aims to ensure that people have access to health services without having to go broke. In the world, access to essential health services has been increasing progressively since 2000, but so has impoverishing health expenditure. Health systems must work on the financial aspect of access to health for the entire population in order to achieve universal health coverage.

FIGURE 13. Service coverage index in the context of universal health coverage.



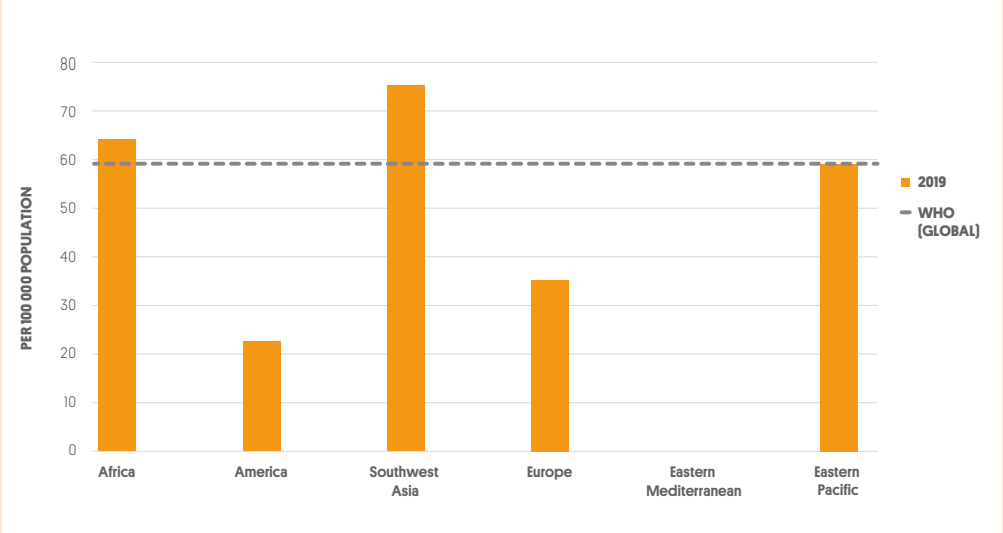
Source: Global Health Observatory (WHO). https://www.who.int/data/gho/data/major-themes/universal-health-coverage-major

Target 3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The number of accidental poisoning deaths worldwide has been reduced since the beginning of this century

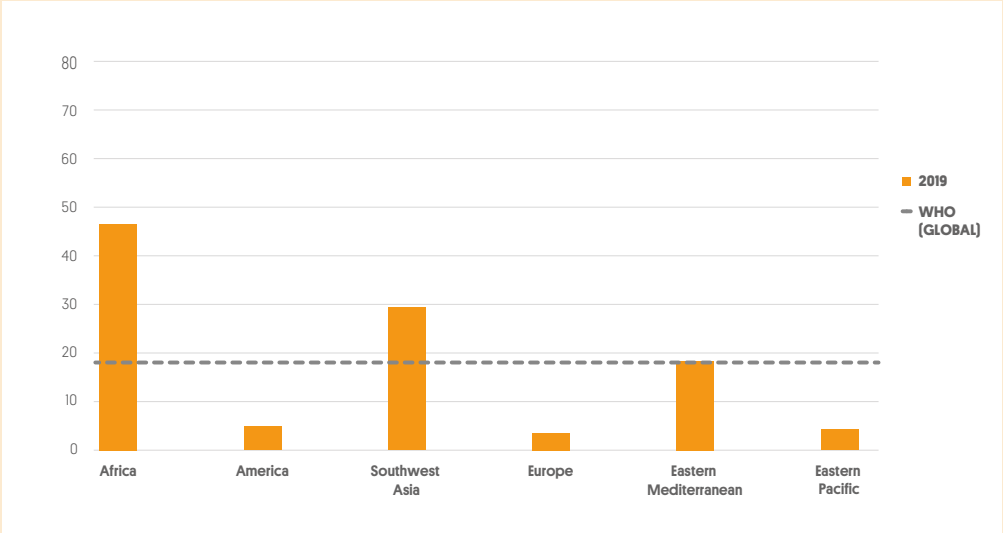
We do not have comparable data to assess whether there has been a decline in mortality attributable to unsafe water, poor sanitation and lack of hygiene or mortality attributable to household and environmental pollution.

FIGURE 14. Mortality rate attributed to household and ambient air pollution.



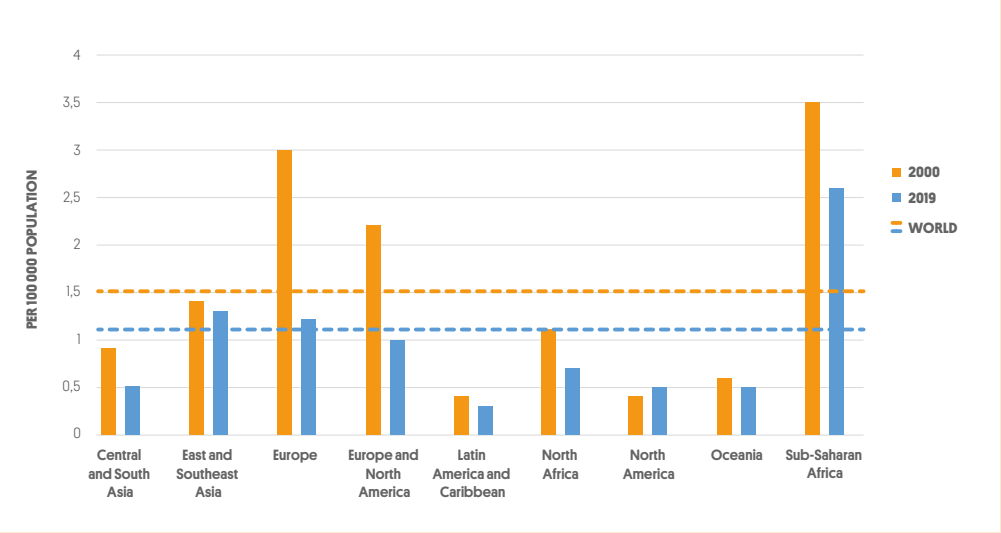
Source: Global Health Observatory (WHO)

FIGURE 15. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services).



Source: Global Health Observatory (WHO)

FIGURE 16. Mortality rate attributed to unintentional poisoning.



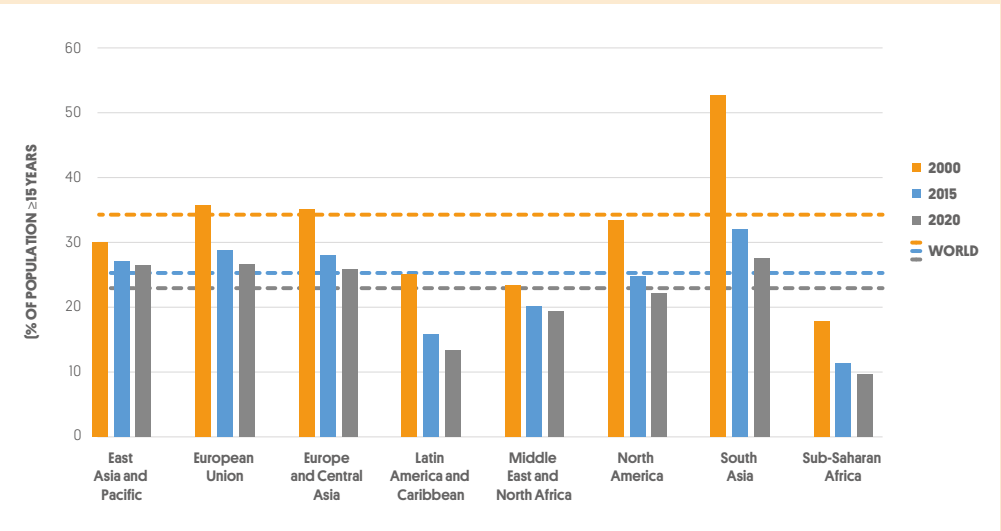
Source: Global Health Observatory (WHO)

Target 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

El consumo de tabaco disminuye progresivamente en todo el mundo, aunque sigue afectando a Tobacco use is progressively declining worldwide, although one in every four adults still smokes

Tobacco consumption has declined in all regions of the world since 2000. South and East Asia, together with the European Union, are the regions with the highest tobacco use among those aged 15 years and older. Sub-Saharan Africa is the region with the lowest consumption (<10%). Worldwide, almost one in four people over 15 years of age uses tobacco.

FIGURE 17. Prevalence of tobacco use



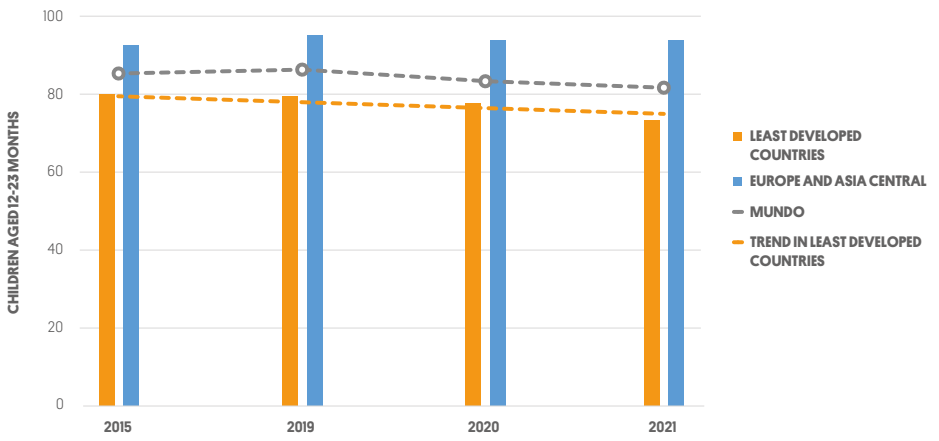
Source: World Bank

Target 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

Vaccination coverage has declined in recent years in the least developed countries

DPT vaccination coverage in children aged 12-23 months is 81.4% globally and 73% in the least developed countries. Since 2015, there has been a downward trend, with a decline of 4.2% globally and slightly more than 6%, in the least developed countries. However, in Europe and Central Asia, the region with the highest vaccination coverage, the trend has been upward with an increase of 0.9% to 93.8% since 2015.

FIGURE 18. Percentage of children aged between 12 and 23 months receiving DPT vaccination.

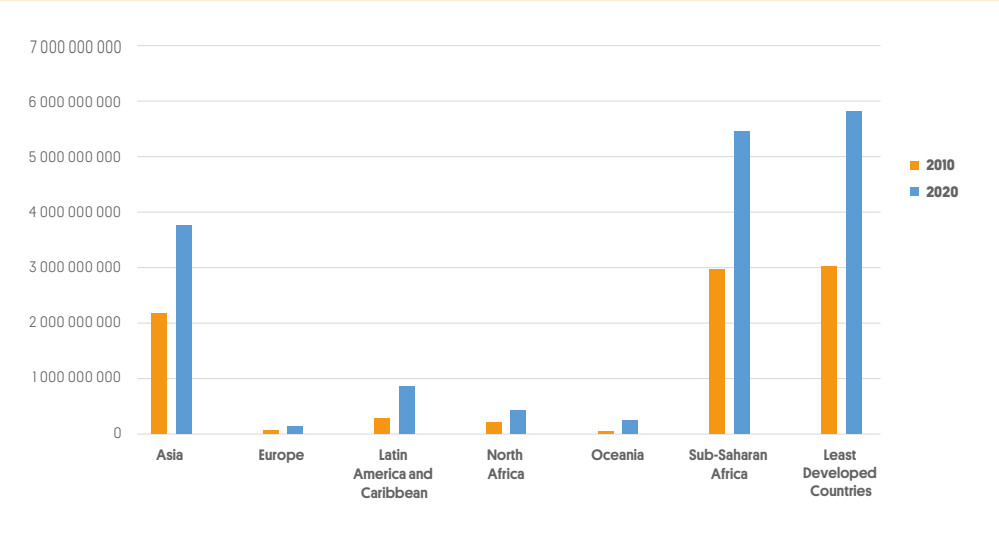


Source: World Bank

Investment in health research is increasing worldwide

There has been a generalised increase in official development assistance allocated to health research across all world regions, including the least developed countries (LDC). In the LDC, this investment increased by 93.7% between 2010 and 2020. The regions that receive the highest level of this type of investment are the LDC, Asia and sub-Saharan Africa.

FIGURE 19. Official Development Assistance (ODA) allocated to health research (US$).



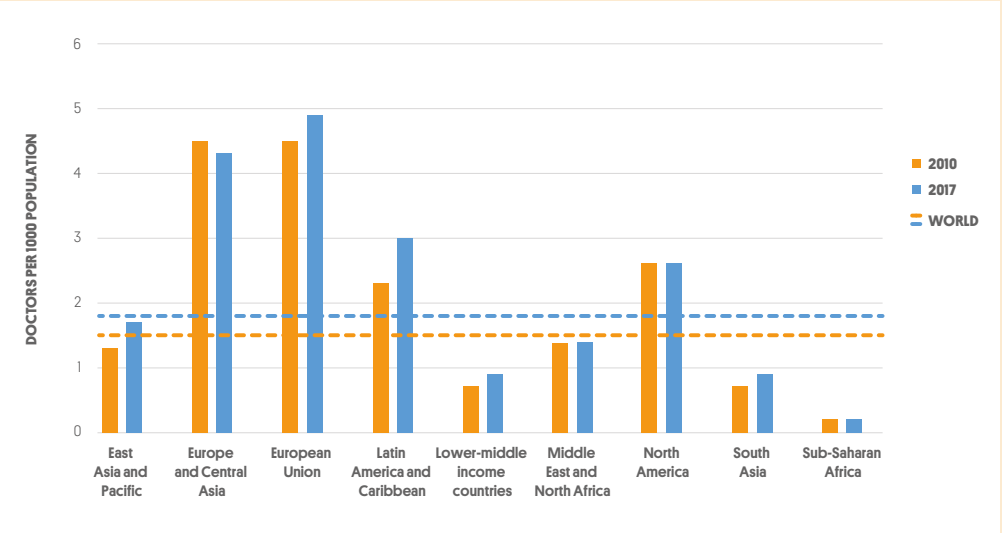
Source: Our World In Data

Target 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

The number of physicians per 1000 population and investment in health is progressively increasing worldwide, although significant differences persist between high-income and low- and middle-income countries

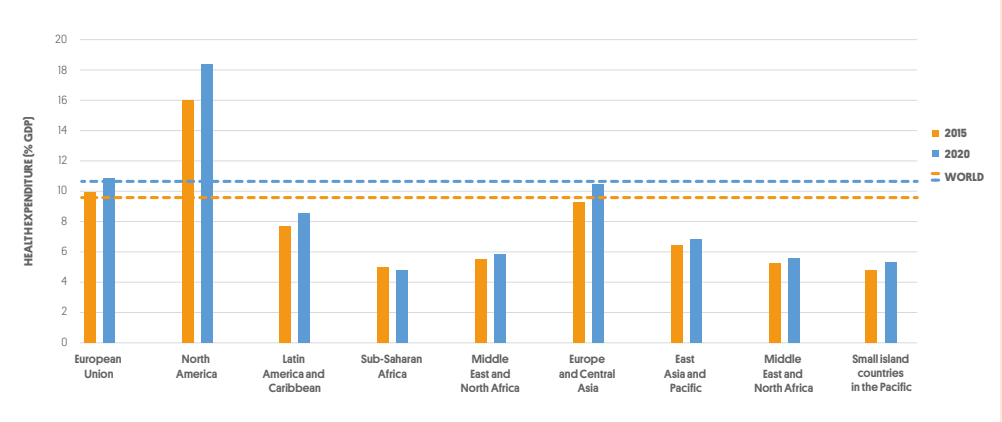
The number of physicians per 1000 population varies considerably between regions and is more than four times higher in Europe than in low- and middle-income countries. Even so, the number of physicians per 1000 population has been increasing in all world regions since 2010. However, the global number of physicians per 1000 inhabitants has only risen from 1.5 to 1.8, not a substantial increase. Something similar has occurred in the case of investment in health: the increase has been generalised in all regions of the world, with the global level rising from 9.7% to 10.9% of GDP.

FIGURE 20. Density and distribution of healthcare personnel.



Source: World Bank

FIGURE 21. Current health expenditure (% GDP).

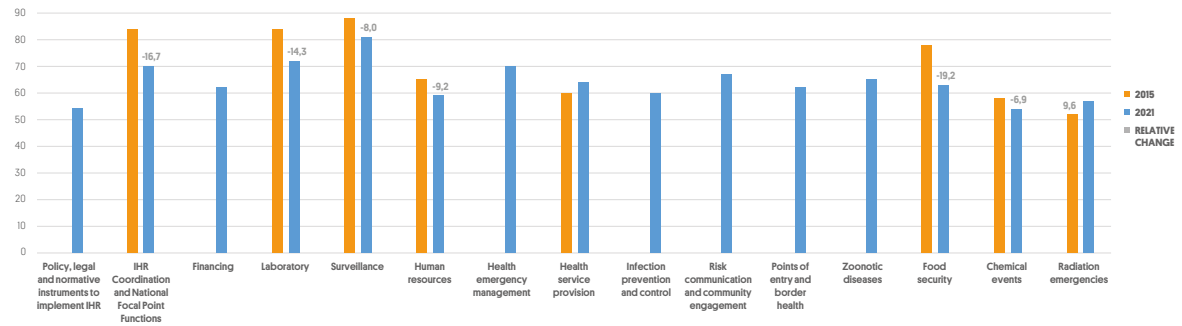


Source: World Bank

Target 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

The world has not only failed to strengthen its capacity to respond to global public health threats, its capacity is now weaker than before

FIGURE 22. Self-assessed scores (%) completed by countries for each of the 15 core capacities needed to detect, assess, report and respond to any potential public health event of international concern.



Source: World Bank

SECTION 3.

The Difficult Road to 2030

There is little reason to believe that the next seven years will be any better than the last seven. It is unlikely that the world will have deal once again with a crisis on the scale of a pandemic, but all the other conjunctural factors could become even more unfavourable and may do so. There are five main drivers in the perfect storm facing the SDGs in particular: geopolitical instability, which has a negative impact on the implementation of agreed-upon solutions; disaffection on the part of a growing section of the electorate and their leaders; financial tensions due to increasing needs and dwindling resources; the difficulty of measuring and explaining the efficacy of our actions; and, finally, changes in the baseline situation, which has been negatively impacted by the exacerbation of existing health risks.

Precarious Multilateralism

The Sustainable Development Goals were drawn up in a world that has since experienced radical changes within a very short timeframe. There are currently many factors contributing to the weakening of democratic governance worldwide: the Russian invasion of Ukraine, the simmering tensions between China and the US, the proliferation of military uprisings in Africa, political polarisation in Latin America, and the emergence of a growing number of autocratic regimes. Bloc politics, exacerbated by these conflicts, is making it ever more difficult to reach agreements in the international arena.

As yet, we have seen no obvious structural consequences affecting world commerce or other areas of the management of common interests, but there is no guarantee that the situation may not change suddenly. The recent interruption of the agreement ensuring safe grain export routes from Ukraine is a disturbing example of what could happen: *according to the map of vulnerabilities updated regularly by the United Nations*,[7] the vast majority of low-income countries are being affected by the volatility of international grain and energy prices, and higher prices are already leading to increased levels of malnutrition in regions such as sub-Saharan Africa and Central Asia. The prevalence of malnutrition reached its lowest level in 2014 at 7.9 % of the world's population after two decades of falling numbers. By 2021, however, this figure had risen to 10% and *today over 735 million people are affected*.[8]

"Geopolitical instability is an obstacle to the introduction of new agreements and the maintenance of existing accords."

Other important international agreements relating to health, such as the Pandemic Accord and the proposed reform of the World Health Organisation, are currently languishing, waiting for agreement between the main negotiating powers. Nor did we take advantage of the disruption posed by the COVID-19 pandemic to reconsider the current intellectual property model within the framework of the World Trade Organisation, even though this model hinders the future supply of vaccines, diagnostics and treatments.

Geopolitical instability is an obstacle to the introduction of new agreements and the maintenance of existing accords. The second half of the period covered by the SDGs will coincide with a reconsideration of existing forums for negotiation in which formal mechanisms (such as the UN Security Council) and informal forums (such as the G20) will be called into question by the realignment of blocs and alliances. The recent summit of the major emerging powers (BRICS, an acronym of the names of the main countries in the group) has attempted to revitalise and expand a forum for negotiation that *could be called upon to play a key role in the coming years*.[9] That is why it is so significant that the official summit declaration includes an *explicit commitment to the SDG concept and many of its objectives*.[10] At the same time, this commitment is losing steam in other regions, even as the Secretary-General's call for action and the upcoming summit will provide an opportunity to address once and for all these deficits in a world more than ever in need of global governance.

The SDGS—Between Disaffection and Political Hostility

The rise of national-populist movements is a global challenge that particularly affects donor countries and emerging powers. Whether by their direct presence in government or simply by their ability to shape the framework of political debate and the actions of those in power, far-right populism and its allies have established a strong foothold in many regions and infiltrated many traditional conservative parties. Outside the European Union (EU)—where they participate in half a dozen governments and determine the opposition in nine others—isolationist and denialist melancholy is influencing norms, messages and investments in the United States, Switzerland, Norway, Australia and other countries have moved in and out of this situation.

"Belligerent attitudes towards environmental policies, vaccines and multilateral organisations hide a deep-seated scepticism about the internationalism represented by the SDGs."

For those who follow these ideological currents, the 2030 Agenda represents an enemy that must be defeated, starting with the elimination of cooperation programmes that support the goals. Belligerent attitudes towards environmental policies, vaccines and multilateral organisations hide a deep-seated scepticism about the internationalism represented by the SDGs. These groups see 'globalism' as a kind of undemocratic outside interference that is not aligned with the true interests of their society.

In the context of the volatility and insecurity of recent years, this pressure may be enough to crush the SDGs in places where they were never a priority in the first place, *as evidenced in the Global SDG Survey published in early 2020*.[11] This lack of social ownership—and even the perception that the SDGs belong to the narrative of a single party—is the fundamental political vulnerability of the 2030 Agenda.

We can expect everything to get worse before it starts to improve. The growing electoral and political strength of national-populist movements and illiberal democracies will determine the institutional ecosystem, budgets and decisions taken in the coming years to deal with global challenges. The 2024 European Parliament elections, for example, may alter the position of the EU in both substance and form.

On a different topic, but one that is equally important for the future of the 2030 Agenda, the political and ethical foundations of the goals must also be reconsidered from the perspective of decolonisation, and this is much more than a mere academic exercise. The future of any public policy depends on its ability to be accepted and legitimised by those who can make it a success or a failure. In this respect, the world is no longer the same as it was in 2015 and we must adapt the 2030 Agenda to an ethical, political and narrative framework that has evolved since that time.

"The political and ethical foundations of the goals must also be reconsidered from the perspective of decolonisation."

The SDGs still faithfully follow the logic of international cooperation and the vertical relationship between "cooperators" and the "recipients of cooperation". The African thinker Caesar Atuire has made the point that the colonial character of global health—and therefore of its main international objectives—must be analysed from three different perspectives: language, the structure of the relationships, and the power of the actors.[12] In each of these three domains, we must ask complex questions about the principles and forms that govern the health goals in the 2030 Agenda.

The Risk of Financial Collapse

One of the unescapable priorities in the coming years will be to redefine how and by whom the SDGs will be financed. Since 2015, the financial health of the whole enterprise has become dangerously fragile. In the last eight years, the countries of the global south have experienced a succession of crises that have increased development needs and reduced the resources available to meet them. Unless the international community acts decisively to alleviate the situation and to expand the available resources, the SDG's only legacy *will be a poorer, sicker and more dangerous planet*.[13]

The Guterres report to the UN General Assembly is unambiguous on this point: "The COVID-19 pandemic, impacts of the war in Ukraine on rising food and energy prices, rising inflation and unsustainable debt burdens have significantly reduced countries' fiscal space, undermining their ability to invest in recovery efforts. Despite increased support from the international community to developing countries, these efforts have remained inadequate, exacerbated by an international financial system that is not fit for purpose and that remains plagued with systemic and historic inequities."[14]

The *UN Conference on Trade and Development (UNCTAD) recently estimated the impact* of COVID-19 on the financing available for sustainable development in low- and middle-income countries to be $774 billion (€753 billion).[15] This gap can be bridged, in part, by the SDG stimulus proposed by the UN Secretary-General. This package, an additional $500 billion per year, would take the form of a massive increase in long-term financing (primarily via multilateral development banks), expansion of the financing available for national SDG plans, and—a crucial component—relief from the unbearable burden of national debt. Debt relief would particularly help sub-Saharan Africa, where 22 countries are at risk of default and where the consequences of COVID 19 and regional conflicts are being felt most acutely.

Global health is a case study of these challenges. The pandemic years have to some extent alleviated the financial shortcomings of basic health systems, epidemiological surveillance mechanisms and the treatment, diagnosis and prevention of disease. These are all essential components in an effective preparedness and response system, which is still lacking and on which the personal and economic security of all our societies depends. This represents a serious problem. Even though the average rate of coverage of essential services (target 3.8.1) rose from 45 to 68 in the first two decades of this century, one in every four people in the world *is still at risk of impoverishment or financial ruin as a consequence of an unexpected health expenditure*.[16]

The authors of a comprehensive review of this financing challenge published in *The Lancet Global Health* at the beginning of 2023 *came to three noteworthy conclusions*:[17] the first was that for every dollar invested in 2019 in the health of low-income countries, affluent countries invested $294 in their domestic systems; the second is that there was a modest correction of this gap during 2020 and 2021, with extra funding of between $20 billion and $25 billion per year; the third is that all the

indicators suggest that this extra funding will quickly evaporate and that we will return to the chronic financial shortfalls that characterised the period before the pandemic.

"For every dollar invested in 2019 in the health of low-income countries, affluent countries invested $294 in their domestic systems."

This financial roller coaster has long been characteristic of a sector that responds rapidly to outbreaks of an infectious disease—such as Ebola in 2015, which resulted in contributions of over $1 billion—and drops back to minimum funding a few months later. We can only hope that the magnitude of the pandemic has changed this pattern. The G20 High-Level Panel *has estimated* the amount required in international financing for pandemic preparedness and response to be some $15 billion per year for five years;[18] *other sources have estimated that $50 billion annually* will be needed in the medium to long term.[19]

Even at the high end of this range, the figure is nothing compared to the aggregate bill for COVID-19 estimated at $14 trillion through 2024 by the International Monetary Fund as cited by *The Lancet*.[20] Seen from this perspective, investment in primary health systems, epidemiological surveillance, product development, and strengthening of coordination mechanisms—all the basic components of a good preparedness and response system—is one of the most cost-effective expenditures a public administration could envisage. Several world regions have launched initiatives to develop such systems, including the EU Health Emergency Response and Preparedness Authority (HERA), the Ibero-American Epidemiological Observatory (OEPI) and the newly strengthened capacities of the Africa Centre for Disease Control (Africa CDC).

The Difficulty of Measuring Progress on SDG Targets and Demonstrating Their Effectiveness

Eight years after its implementation, the 2030 Agenda still lacks an adequate information and monitoring system capable of measuring the progress made and the outcomes of the actions undertaken. As Professor Stefano Vella points out, the availability of timely and quality data is the only mechanism that can support the approval of informed decisions and ensure the accountability of representative bodies.[21] The SDGs include an explicit mandate to strengthen national statistical systems, particularly in low- and middle-income countries. The needs were discussed at the 2017 UN Data Forum (Cape Town) and responsibility for the resulting action plan was assumed by the UN Statistical Commission.

Six years later, progress is clearly inadequate, as indicated in the Secretary-General's report. Half of the 193 signatory countries have had no updated data on nine of the seventeen SDGs since 2015. The figures are alarmingly low for some of the key determinants of health, such as climate change action (21%).

SDG3 is one of the objectives that enjoys the best statistical support—on average over 80% of countries have some kind of data on health indicators—but a recent review by the WHO revealed disturbing details on this issue.[22] Of the 47 middle- and low-income countries surveyed, *less than half had data on malnutrition after 2018*. Half lack information on post-2015 maternal mortality and the percentages of countries adequately tracking their malaria, HIV and tuberculosis rates are 38%, 23% and 4%, respectively. Poor data quality is a widespread problem in sub-Saharan Africa, Central and South Asia, and the Western Pacific.

While we know all this because accountability has improved, we can only assess whether the Agenda is actually working and the suitability of its impact if we have updated information on the outcomes achieved.

"We can only assess whether the Agenda is actually working and the suitability of its impact if we have updated information on the outcomes achieved."

A Deteriorating Baseline Situation

Finally, it is also important to note that the baseline situation in the areas covered by the goals—and, therefore, the reference point for their fulfilment—has changed since the SDGs were launched. The first seven-year period of the 2030 Agenda has been exceptional in that many of the development indicators have deteriorated as a result of the economic, health and military crises described above.

Estimates vary, but most analyses of the pandemic's impact on overall poverty levels indicate a significant reversal of earlier gains. A World Bank study at the end of 2022 estimated that, in the first year alone, the pandemic increased the absolute number of people living below the poverty line ($2.15 per person per day) by 90 million. In the same period, the global Gini index rose by 0.7 points, indicating an increase in inequality worldwide.[23]

With this increase—the first since 1998, according to United Nations data[24]— *global poverty levels have returned to a point very similar to that recorded in 2015*,[25] the year the international community set the clock to zero. This raises the question of whether it is still possible to achieve the targets set by the SDG.

There are very few sectors in which this reversal is more evident than in the field of health care. In a series of analyses published in 2022 and 2023, ISGlobal *documented the impact of the COVID-19 pandemic* in terms of years lost in the fight against the other pandemics associated with poverty: childhood pneumonia, tuberculosis, malaria and HIV, to mention just the most lethal.[26] In the case of pneumonia alone—responsible before the pandemic for 800 000 deaths every year among children under five years of age—the total number of children who did not receive routine vaccination *increased by five million*, an omission that will obviously have repercussions on future mortality rates.[27]

Good News As Well

Each one of these obstacles makes it more difficult for the world to achieve the goals of the 2030 Agenda. However, the events of recent years have also provided a few surprises that may help us to be optimistic. Thanks to the unprecedented scientific and institutional traction triggered by the pandemic, we are better prepared than ever before to deal with systemic health risks. The majority of the population is now aware of and values the importance of having comprehensive health coverage all over the world. Likewise, there is a clearer understanding of the key role played by science in finding solutions and of the benefits of securing the active involvement of an entrepreneurial public sector in funding and supporting such efforts. The COVID-19 vaccines are perhaps the most striking example of what such involvement can achieve, but they are certainly not the only one.

The question is how can we escape from zero-sum games, where the gains of one group must always come at the cost of another's losses. In contrast to this model, authors like *Rodrik and Walt propose* a renewed form of multilateralism that envisages competition in some areas but guarantees cooperation in areas where that is deemed indispensable: climate change, intellectual property, and the use of weapons of mass destruction, for example.[28]

And in the field of health care. Despite the geopolitical complexities, an international accord on pandemics could become a reality in the next few years. This agreement is part of a regulatory and institutional expansion that has resulted in initiatives such

as COVAX—for the distribution of COVID-19 vaccines, diagnostics and treatments—and fiscal expansion initiatives, which would have been unthinkable only a few years ago, aimed at improving the protection of the health of the population. The pandemic brought about a period of intense and multinational collaboration among scientific groups, the release of information and the constitution of multinational initiatives for the prevention of epidemics.

BOX 2. An Accord to Prevent the Next Pandemic

One of the most tangible results of the lessons learned during the COVID-19 pandemic is the proposed international pandemic accord. This instrument, which is currently being negotiated within the framework of the WHO, should provide the international community with political, institutional and technical tools of the utmost importance to prevent and manage the next global infectious emergency.

The proposed aim of the WHO is to consider all phases of the process—prevention, response and resilience—in order to create a more robust international framework, facilitate the involvement of public and private actors, and work from the integrated One Health approach.

The negotiation will be fraught with difficulties. Many negotiators consider that the accord must include sensitive elements, such as a review of regulations affecting the production and distribution of vaccines, diagnostics and treatments. Adequate funding for surveillance and response systems in low- and middle-income economies will also be required. And, crucially for many, the accord would have to be backed by a *much more economically and politically independent WHO*.[29] Consensus has not been reached on any of these objectives as yet.

"Thanks to the unprecedented scientific and institutional traction triggered by the pandemic, we are better prepared than ever before to deal with systemic health risks."

In global health, one of the greatest opportunities in this international coordination effort is the *Global Action Plan for Healthy Lives and Well-being for All* (GAP), an initiative launched in 2019 that brought together thirteen of the most important agencies in the sector to strengthen collaboration and define common objectives. The goal is to improve the overall effectiveness of in-country interventions, aligning them with the priorities established by governments. GAP also works to involve other actors for whom health matters are not a priority but who have influence in the area. It already has some level of engagement in 67 countries and promotes joint actions on such fundamental issues as child survival, sexual and reproductive health, and the challenges posed by the last-mile delivery of vaccines and treatments.[30]

SECTION 4.

Defibrillating the 2030 Agenda

Omissions, mistakes and the accumulation of unexpected obstacles have put the 2030 Agenda on an unacceptably slow track. Precisely because what is at stake goes far beyond the aspirations of a handful of well-meaning internationalists, we do not have the time to argue with flat earthers. The pandemic warned us in the starkest way possible that in the closely interlinked world of the 21st century we all sink or swim together. While the fight against the SARS-Cov2 virus is becoming history, the logic of the experience remains unchanged: collective security depends on collective rights. No bunker and no fortune can defend us from the consequences of systemic risks that must be managed for the planet as a whole.

The roadmap and toolbox provided by the SDGs for this purpose may be imperfect, but at this time they are the best option available. Consequently, we must strive make the best possible use of them. If, as Antonio Guterres has said, doing, "more of the same things" is going to keep us in the hole, we must take advantage of this mid-term reflection to reconsider the road ahead.

The following are some of the main measures that the international community and the government of Spain can consider to recover the social and political traction of the 2030 Agenda. The recommendations focus particularly on the area of global health, but their spirit and the implications are useful for the set of goals as a whole.

An Emergency Rescue Plan for Achieving SDG3 by 2030

The information included in this report suggests a worrying overall picture for the fulfilment of the 2030 Agenda. One of the sectors where this slowdown is most evident is global health. Although the international community's efforts during the pandemic have succeeded in putting the COVID-19 emergency behind us, recovery has been profoundly uneven. More importantly, the pandemic effort has tended to displace other global health priorities and the consequences of this must also be urgently addressed.

We can start right away by refreshing the to do list. During the 2023 United Nations General Assembly, there will be three high-level meetings on health: pandemic prevention, preparedness and response; universal health coverage; and tuberculosis control. The purpose of these meetings is to review the progress made in these areas in recent years and to agree on declarations of action at the highest political level, which will then be approved by the General Assembly.

The SDGs are still a valid and important roadmap for global health aspirations. But its goals will only become a reality if the international community goes the extra mile to make a success of the rescue plan for its recovery. These are some of the steps that could be taken:

"The SDGs are still a valid and important roadmap for global health aspirations. But its goals will only become a reality if the international community goes the extra mile to make a success of the rescue plan for its recovery."

- The mid-term review summit of the 2030 Agenda must **analyse the impact of the pandemic on the SDG3 targets**, reviewing its intermediate aspirations and the additional effort that will be required to achieve the original targets by 2030.
- Any rescue plan for the recovery of the Agenda must include **radical measures to reduce inequity in meeting the SDG targets**. The proposal should pay particular attention to low-income countries and to the situation of highly vulnerable populations, such as remote communities and forcibly displaced persons. Above all, it should consider the implications of SDG5 on gender equality for the Agenda's health objectives. This plan could be informed by the *Shared UN System Framework for Action on Leaving No One Behind*, which aligns the efforts of different agencies to support that objective.[31] In the area of health, the WHO has established criteria for countries through its Agenda for Zero Discrimination in Health Care.[32] This initiative identifies seven specific areas in which UN agencies and other key stakeholders should intervene to reduce inequalities. Efforts should address the challenges in access to healthcare posed by the last-mile delivery of vaccines, diagnostics and treatments.
- The rescue plan must **most urgently consider the leading causes of morbidity and mortality in the world**. In particular, it is imperative to speed up the reduction of maternal and child mortality and ramp up the fight against the chronic pandemics of HIV, malaria and tuberculosis. The **General Assembly resolutions on pandemic prevention, preparedness and response, universal health coverage, and tuberculosis control** must set out ambitious actions in all three areas, requiring countries to make a concrete commitment to be accountable to the international community.
- Governments, multilateral agencies and non-governmental actors must work together to **strengthen joint institutions and ensure the coordination of their actions** in this congested sector. The *Global Action Plan for Healthy Lives and Well-being for All* (GAP), which brings together the thirteen leading agencies in this field, is a valuable effort in which there is significant room for improvement in certain areas, as detailed in the most recent progress report.[33]
- The main lesson learned from the pandemic is that **we need a much more robust and sophisticated preparedness and response system than exists at present**. The first steps must be the approval of the WHO International Pandemic Accord and the consolidation of the World Bank-WHO Pandemic Fund. However, the plan must also include regional and national initiatives for epidemiological surveillance and the integration of information systems, as well as the production and distribution of vaccines, treatments and diagnostics.

Bridging the Gap in SDG Financing

Securing the necessary financial resources is a precondition for the success of the 2030 Agenda. Secretary-General Guterres' report establishes an overall target of $500 billion annually from now until 2030, which may be required due to a combination of factors. The mid-term summit next September should make clear recommendations on this topic, which should then be implemented in the financing plans of national and multilateral agencies, as suggested by the *Summit for a New Global Financing Pact* (Paris, June 2023).[34]

In the area of global health, donors, governments in the global south and the private sector must not only meet pending financial targets and make up for lost ground but also ensure sufficient investment in adequate preparedness and response systems to prevent the possibility of a return to the baseline situation. The report of the independent G20 commission on this topic identified countries where less than 1% of GDP is spent on health, resulting in a budget that renders healthcare systems unsustainable. This gap must be corrected by the countries with the support of donors.

The following are the principle measures that should be considered:

- The mid-term SDG review summit must agree on a **financial stimulus plan for the Agenda** commensurate with the needs set out by the Secretary-General (an additional $500 billion per year). The Fourth International Financing for Development Conference in 2025 will provide a solid opportunity in the near future to secure the required commitments.
- **The international community must make a substantial contribution to financing development through a three-pronged approach**: a sustained increase in development aid funds to reach the so far unfulfilled commitment of 0.7% of national GDP; a plan for debt relief and restructuring debt drawn up by the G20 with the international financial institutions (*based on criteria such as those proposed by the Bridgetown Initiative*)[35] and implementation of the commitments and agreements on the reform of the international tax system, in particular the application of a minimum effective tax rate for transnational corporations.
- Low- and middle-income countries must all **ensure that they spend at least 1% of their GDP on financing their health systems**, as recommended by the G20 High-Level Independent Panel. At least thirteen countries are still below this level of spending, and this number could grow with the current debt crisis.
- The international community must address the **reform of the WHO financing system** to ensure that the organisation has the necessary independence and room for manoeuvre. Such a reform would mean increasing the mandatory structural funding (assessed contributions by countries) so that it would account for at least 50% of the annual budget. It is also essential to guarantee the **continuity of funding for funds and initiatives** that lead global immunisation efforts and the fight against the major diseases associated with poverty.
- The world has to be prepared to fund **pandemic prevention and the response to the next pandemic and other systemic health risks**. Although estimates vary, the annual budget for preparedness has been estimated to be at least $15 billion, which should be used to strengthen health systems, set up surveillance systems and increase pharmaceutical production and distribution capacity. The World Bank and the WHO Pandemic Fund, in particular, *in response to its first call for expressions of interest*, received financing requests amounting to $7 billion, 24 times the available budget.[36]

Putting Information and Objectives in Order

Surprising as it may seem, the 2030 Agenda still lacks the statistical support it needs to measure the progress and effectiveness of our actions. And what is not measured does not count. That is why one of the first issues that should be on the table for the

"The 2030 Agenda still lacks the statistical support it needs to measure the progress and effectiveness of our actions."

governments participating in the SDG summit this September is a review of the data underpinning the Agenda. One of the priority actions specified in the Secretary-General's report is to secure data for at least 90% of the SDG targets in all 193 signatory countries by 2027. To achieve this target, specific commitments will be required from the governments involved and it will be essential to recover the donor community's support for statistical infrastructure, which fell by 20% between 2018 and 2020.

Although SDG3 is one of the goals with the best information, statistical deserts have been identified in certain regions and population groups, often beyond the reach of public policies.

The following are some of the actions that could be taken in this area:

- In line with the Secretary-General's report, all 193 signatory countries should come to New York this September with a **national plan for SDG transformation** in which they outline the measures they are committed to taking to make the SDGs a reality in the time remaining. The summit should consider the impact of the pandemic on the original schedule and consider an extension of the deadlines for some targets, where necessary.
- Each of the signatory countries should provide concrete plans outlining how they intend to implement the **Cape Town Global Action Plan for Data for Sustainable Development**. These commitments will involve increasing national and international funding sufficiently to make at least 90% of SDG data fully available by 2027.
- **Better localisation of the SDGs** is urgently needed as is the inclusion of municipal and regional governments as determinants of their success. Implementation plans must take into account the specifics of each region and seek to create the alliances and partnerships needed to move towards more sustainable societies.

Winning the Narrative and Political Battle for the SDGs

Disaffection and hostility on the part of certain sectors of the population living in the most affluent countries could become a dangerous obstacle to the success of the 2030 Agenda. Consequently, we must all, as a society, put in the work and make a creative effort to build effective narratives to explain the SDGs. Firstly, it will be important to demonstrate the links between SDGs and real positive transformations in people's lives: the misgivings observed among certain rural communities in Europe, for example, are evidence that there is still a long way to go to ensure localised ownership of the Agenda's social and environmental objectives. Secondly, it is essential to prevent the Agenda from becoming the political banner of just one section of society and its ideological spectrum. An active and intelligent effort is needed, capable of dislodging the narrative of national populism and promoting contemporary models of sovereignty based on the promotion of common interests.

It is also necessary to support the legitimacy of the 2030 Agenda in the eyes of people living in middle- and low-income countries, who may see these goals as an imposition from outside contrary to their will and interests. One of the most obscene and dangerous forms of inequity has to do with the distribution of power in decision-making, the definition of policies and the management of resources. To reconsider the road we have taken so far, we must analyse, redesign and communicate the SDGs though the lens of decolonisation.

"It is also necessary to support the legitimacy of the 2030 Agenda in the eyes of people living in middle- and low-income countries, who may see these goals as an imposition from outside contrary to their will and interests."

The following are some of the concrete measures that can be taken to reinforce the narrative frameworks and political underpinnings of the 2030 Agenda:

- All signatory countries must develop **national plans for raising public awareness about the 2030 Agenda and ensuring local ownership** using the platforms they have created to debate and manage the SDGs. These initiatives should include fundamental narrative elements, such as linking the goals to the daily concerns of the population; the construction of inclusive discourses designed to reduce polarisation and prevent the Agenda or its ideology from being captured by parties or movements; involving diverse actors and not always the usual ones, for example engaging the business sector; and ensuring the urban and rural localisation of the goals through the active participation of municipalities and regional organisations.
- The signatory states of the Agenda must promote **open government policies** that facilitate citizen participation, guarantee access to information and foster a culture of co-creation of public policies.
- The mid-term summit of the SDGs should **reach consensus on the elaboration of a report and a dialogue process to analyse in depth the decolonisation of the 2030 Agenda**. This effort should actively involve individuals and movements outside of the official SDG management, and make specific recommendations for review.

Redouble the Push to Make Science and Innovation a Foundation for the SDGs

The mid-term review of the 2030 Agenda comes on the heels of one of humanity's greatest endeavours in the development and dissemination of scientific knowledge. The development and deployment of effective vaccines at supersonic speed is proof of how many economic, political and ethical barriers were toppled during this period, barriers that should never again be raised. What was true for COVID-19 in terms of access to information, distribution of capacities and collaboration between actors is also true for other global health issues.

We have the opportunity to build on the work done during the pandemic and to bring to scale the important lessons learned during this crisis:

- The international community must **sustain and increase the investment in science for global health** made during the last few years. It is essential to strengthen partnerships between medical, academic and research institutions in drug development and the field of global health and its determinants. Donor countries and private philanthropy should ensure funding for important institutions in this field, such as the CEPI partnership for the development of new vaccines.
- The world has witnessed first-hand the need to ensure **universal access to vaccines, treatments and diagnostic tools**, as well as to the technology and knowledge needed to produce them. Access should be supported through a reform of the intellectual property system designed to reduce prices and facilitate decentralised manufacturing of pharmaceutical products, but also with positive incentives, such as the introduction of access criteria into public procurement systems.
- Following the recent exceptional period, which has made essential scientific information on the pandemic available to the public, it is worth considering

the extension of this principle of transparency. Scientific and policy communities in all countries should have **open access to important academic research on the SDGs related to global health and its determinants**.

The Role of Spain

Spain periodically prepares a detailed and updated report on its progress towards meeting the SDG targets. The *latest report, published in 2022*,[37] paints an enthusiastic picture that does not always coincide entirely with reality. Despite the fact that our country ranks sixteenth on the annual SDSN index, with a level of compliance close to 60%, the same index also highlights areas of stagnation or even regression. One of these is our contribution to international development goals, where Spain continues to lag far behind other donors.[38] The budgetary, regulatory and institutional effort made during the last legislature is an inspiring sign for the future, but also a reminder of how much remains to be done.

Once a new government has been formed, the following are some of the measures that Spain could take to contribute to the international community's efforts on the SDG, with a particular focus on the area of global health:

- The government should prepare a **report on the status of compliance with the 2030 Agenda at the midpoint**, with specific recommendations on how to address the remaining challenges. In particular, Spain must align its development policies with the commitments of the 2030 Agenda using the new Master Plan drawn up by the Spanish Agency for International Development Cooperation (AECID) and other planning tools.
- As established in its new Law on Cooperation for Sustainable Development and Global Solidarity, **Spain must continue to increase its development aid contributions** until it reaches the agreed international level of 0.7% of GDP. In addition, Spain must play an active role in the implementation of the OECD directives on international taxation and the efforts being made to restructure the debt of the world's poorest countries.
- Spain should join the group of European countries and institutions that have developed **specific strategies for global health**. These tools have been essential in defining the principles, priorities, tools and resources for public intervention in this field. The new global health strategy should consider the following, among other priorities: effective mechanisms for coordination between the administrations responsible for implementation; a position on the reform of the WHO and other global health governance mechanisms; measures to support the access of the poorest populations to the products of pharmaceutical innovation.
- One of the priorities of Spanish cooperation policy in global health should be to **intensify its participation in the main public-private partnerships**. In particular, Spain should take advantage of the accumulated political capital of the following initiatives: the Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance; and the new World Bank-WHO Pandemic Fund.
- Our country must take advantage of the experience and prestige it accumulated during the pandemic **to be at the forefront of the global effort to prepare for and respond to systemic health risks**. In

addition to funding existing initiatives, this leadership should include playing an active role in the negotiation of the new Pandemic Accord, promoting the Ibero-American Epidemiological Observatory and supporting the epidemiological surveillance initiatives which are being implemented in vulnerable regions of the world, such as Africa.

- There is an urgent need to establish a **plan to increase Spanish people's awareness of the 2030 Agenda and their confidence in the project**. This plan must be the result of a broad parliamentary consensus and involve the participation of a diverse group of non-government actors. There are successful and original initiatives in this field that could inspire future actions, such as the Day After initiative. Another source of inspiration could be the experience and value of decentralised cooperation and regional actors. The aim should be to forge a majority alliance involving all the public, private and social actors committed to the spirit of the Agenda.

SECTION 5.

In Conclusion: The Crossroads of Our Time

"Although imperfect, the SDGs undeniably represent a means to tackle the future of humanity and our responsibility to safeguard it"

When delegations from around the world disembark in New York this month to review the mid-term status of the 2030 Agenda, what they will find on the table is much more than a ponderous statistical review exercise. As we move into the second quarter of this century we are approaching an existential crossroads, a challenge that will demand all the collective intelligence and kindness we can muster. And, at this crossroads, it is as foolish to ignore the existence of an ideological battle as it is to waste the political, ethical and institutional arsenal offered by the 2030 Agenda. Although imperfect, the SDGs undeniably represent a means to tackle the future of humanity and our responsibility to safeguard it: defusing competition intensified by common risks with innovative shared solutions; addressing the limits of stakeholder capabilities with public-private involvement; neutralising disinformation with science and public education.

The global health agenda is one of the keystones of this effort. The targets not only express our fundamental aspirations for human well-being and define the most basic rights of every person, they also illustrate the interlinkage between the different goals and the complexity of intervening collectively on issues of common interest. We must ensure the success of SDG3 precisely because doing so would demonstrate the immensity of what we can achieve by working together.

But we should not fool ourselves. What is clear from the mid-term snapshot of progress on the 2030 Agenda is that public leadership is weakening, the necessary resources are scarce and the priorities of the international community are being disrupted. Unless things change radically in the coming months, there is no real future for the SDG. The countries attending the upcoming summit have the option of foregoing the usual rhetorical fanfare and focusing on firm commitments and a grounded timetable for their fulfilment. What we ask of Spain, the EU and each of the nations attending the meeting is a clear response to meet this challenge. Any other result will go down in history as a catastrophic failure.

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