

Global Goals for a World in Conflict

What comes next in the fight against poverty

September 2026





Mohamed Abdulmajid for the IRC

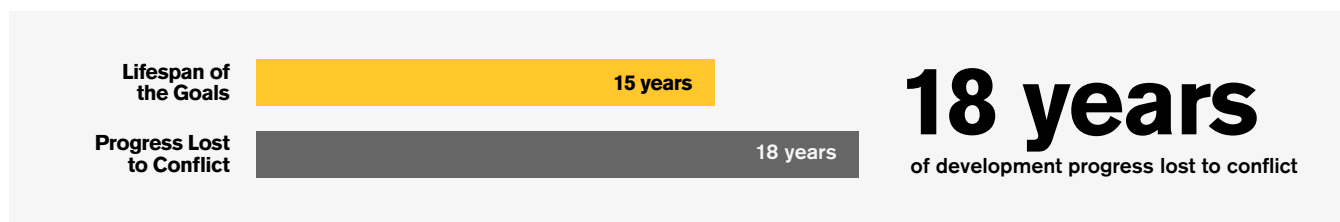
INTRODUCTION

For generations, the global fight against extreme poverty has galvanized political will from all corners of the world. But champions, resources and accountability are now in too short supply. We don't just need to try harder—we need to work smarter.

The loss of momentum in the fight against extreme poverty has been most harmful to the clients the International Rescue Committee (IRC) serves. By 2030, more than half of all people living in extreme poverty are projected to live in just 20 conflict-affected countries where the IRC works.

At the same time that global wealth is rising rapidly and creating a record number of billionaires, the number of people living in extreme poverty in conflict zones is *increasing*, not decreasing.

The Sustainable Development Goals (SDGs) were the world's central instrument in the fight against poverty, but they were designed for a more peaceful era that no longer exists. Conflicts are now at a record high since World War II, and a changing geopolitical order is only incentivizing more. With four years left to run, the goals have instead become a testament to the growing inequalities between fragile, conflict-affected communities and their more peaceful neighbors. Research estimates suggest conflict set back progress on the SDGs by the equivalent of 18 years—more than the lifespan of the goals themselves.¹



The danger now is that the flaws of the SDGs will become the excuse for abandoning global goals altogether. That would be devastating for the people furthest behind, who are overwhelmingly the people trapped in conflict. Goals are an accountability tool, and accountability matters most to those with the least power or opportunity to demand it.

It would be a tragedy not to learn the lessons of the SDGs. But it would be unacceptable to conclude from their weaknesses that goals like them should not exist at all.

The task is to be clear-eyed about what has gone wrong without giving up on what goals are for. This means a dual track for urgent action:

- » **Track 1: Build momentum in the remaining four years of the SDGs** by prioritizing the greatest needs of the most at-risk countries and communities, focusing on interventions with the most evidence of effectiveness, and reforming the financing and delivery systems that currently stop them from reaching people;
- » **Track 2: Embrace a new set of global goals for the period after 2030 that learn the lessons from past goals** by focusing on a narrower set of priorities that put conflict at the heart of the design.

COVER: A Palestinian man carries a young child to a safer neighborhood following bombardments of Gaza City in October 2023. *Ali Jadallah/Anadolu via Getty Images*

ABOVE: IRC mobile health teams can provide medications, examinations and essential treatments in places that otherwise don't have access to medical care, like this village in Gedaref state, Sudan.

WHY GLOBAL GOALS MATTER: What to learn from MDGs and SDGs

Global goals are not just a bureaucratic exercise but instead a system of accountability. The three-part structure of goals, targets and indicators does three things that other instruments often fail to do:

1. **Goals** create focus and concentrate global attention on a small number of things that matter most.
2. **Targets** create a shared, measurable ambition, demanding effort beyond business-as-usual while remaining attainable enough to keep momentum.
3. **Indicators** create metrics for regularly measuring relative progress and raising the alarm when and where the world is off-track.

Designed well, goals establish a shared vision in which every actor—states, donors, multilateral banks, vertical funds and civil society—understands its role across a defined and realistic time horizon. Shared goals can achieve results as shown by the Montreal Protocol's successful phaseout of ozone-depleting substances. The impact of well-designed goals can also be seen in the success of the more focused and specific Millennium Development Goals (MDGs), as compared to the more overloaded, wide-ranging Sustainable Development Goals.



If the goals work where the price of the world's disorder is steepest, they will work everywhere.”

David Miliband, President and CEO, International Rescue Committee

Effectiveness of the Millennium Development Goals

The MDGs showed that global goal-setting, when paired with focus, financing and political urgency, can move the needle. Between 1990 and 2015, the number of people living in extreme poverty fell by more than half, from 1.9 billion to 836 million. The mortality rate for children under the age of 5 also halved, from 90 to 43 deaths per 1,000 live births.

Progress under MDGs

	1990	2015
People in extreme poverty	1.9B	836M
Child mortality (deaths per 1,000 live births)	90	43

While a significant part of this progress on ending poverty was attributable to economic growth in India and China, these gains also followed from leverage on aid policy through a short, targeted list of eight goals that concentrated donor and government attention, resources, and accountability on a handful of measurable outcomes.

For example, the 2005 Multilateral Debt Relief Initiative was launched to cancel debts of some of the world's poorest countries owed to the International Monetary Fund, World Bank and African Development Bank, specifically to help them reach the MDGs. MDGs were the dominant influence on the content of national Poverty Reduction Strategy Papers, required to qualify for debt relief. Several major multilateral funds were established explicitly as instruments to reach individual MDG targets, such as the Education for All Fast Track Initiative, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, both launched in 2002.

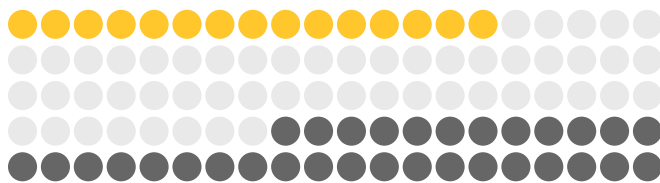
Sustainable Development Goals: Ambition vs. accountability, breadth vs. depth

The Sustainable Development Goals aimed to build on the success of the MDGs and address perceived limitations by creating a far broader universal agenda, expanding from eight goals into 17, and 21 targets into 169. The attempt to include structural drivers of poverty and inequality, and environmental sustainability and climate action as core pillars had the effect of diluting the focus, financing and accountability that had characterized the MDG era. Instead, wide-ranging priorities drew focus away from the world's most intractable challenges of poverty, hunger and poor health, particularly as they played out for conflict-affected communities.

The SDGs were designed to be a global framework, applying universally to all countries with the goal of advancing all dimensions of sustainable development—people, planet and prosperity. But the design of the SDGs neglected to account for the impact conflict has on all three dimensions of development, in spite of launching in 2015, on the heels of the deadliest year caused by state conflict since the Cold War.

SDG 16, “Peace, Justice and Strong Institutions,” was introduced as a stand-alone goal in response to lobbying by fragile and conflict-affected states. It partly addressed this conflict oversight but suffers from data-collection limitations, a blind spot on displacement, and a state-centric design that overlooks the range of actors engaged in peace and development. As we approach the SDG 2030 deadline, the U.N.'s most recent progress report finds only 15% of SDG targets are on track or met, with about a third stagnating or even having regressed against their 2015 baseline. None of the “Peace, Justice and Strong Institutions” targets are on track, and rather than a reduction in conflict-related deaths, the world reached a record-high civilian death toll in 2024.ⁱⁱ

Status of SDG targets



● 15% on track or met

● 53% moderate or marginal progress

● 32% stagnating or regressed



The SDGs' neglect of fragility, conflict and the humanitarian solutions designed for these settings inadvertently reinforced the very divisions across development, humanitarian and climate action the goals were meant to bridge. By treating development and humanitarian response as separate tracks, the goals obscured how humanitarian assistance itself can contribute to resilience and longer-term outcomes for communities. Complementary efforts that have come since, such as the Grand Bargain, have included initiatives to bridge the divisions and drive efficiency, but silos persist, constraining progress.

Separate from any shortcomings in the design of the goals, the SDGs also faced several major external obstacles to progress. First, the lack of global progress on mitigating and adapting to the climate crisis has made it harder to sustain development gains. Second, the economic shock and disruption of the COVID-19 pandemic impeded progress on the SDGs. Third, cuts and diversion of aid budgets from key donor countries led by the U.S., UK and Germany all undermined the resources and political will required for SDG progress, signaling a growing rejection of multilateralism.

The 15-year time horizon of the goals did not anticipate nor allow for the reality of seismic disruptions. It proved to be a lifetime in contemporary geopolitics, leading to an unbridgeable gap between the ambition of the goals and global political will.

The combination of design issues and external headwinds ensured the SDGs would struggle in any decade. But when the goals ran headfirst into a world becoming markedly more violent and less stable, the problems became inescapable.

ABOVE: Kamran, 13, and Emran, 11, are two survivors of the earthquake that struck Afghanistan's Kunar Province in August 2025.

DESIGNED FOR A SAFER WORLD: How conflict became a critical barrier to development

Conflict is on the march globally. The world is experiencing more active wars than at any point since World War II, with one in seven people worldwide living with the threat of armed conflict. These hostilities increasingly take place in communities experiencing entrenched poverty and climate vulnerability, compounding the harms and blocking many of the traditional pathways to development. This trend is more likely to accelerate than reverse as conflict actors increasingly ignore the rules and norms of the global order designed to protect civilians in conflict, and as states and nonstate actors choose conflict rather than diplomacy to advance their interests. At the same time, global aid funding has collapsed, and the financing needed to advance any goals is declining, stretched to the limit across competing priorities.

Conflict is directly reversing progress toward the goals. New research indicates that as of 2021, armed conflict slowed SDG progress by the equivalent of 18 years—a failed generation. Today, countries affected by conflict are concentrated at the bottom of the [SDG Index](#) ranking how close each country is to achieving the 17 SDGs.

The conflict impacts on the SDGs were evident just three years into the goals. As early as eight years ago, the IRC warned that the SDGs would not be met unless significant progress was made for people caught in crisis and conflict. More than five years ago, the IRC also identified a “refugee gap” in SDG reporting and called for better tracking of progress for refugees and displaced people. Despite efforts since then to disaggregate indicator data by migratory status, refugees and displaced people are still not counted properly in official statistics.

How conflict undermines progress and essential services

Conflict is undermining development by disrupting how people experience progress toward the SDGs in reality, not just on paper. First, conflict displaces people from their homes and uproots them from their communities, meaning they are often overlooked by government-provided services. Second, conflict significantly undermines the ability of national and local governments to provide basic services. Third, in conflicts, the delivery of services like health or education can be a secondary concern for governments that are prioritizing war; and in some cases, access to services is weaponized by governments and warring parties to advance military objectives and control populations. Protecting civilians from these harms and safeguarding their access to the services and infrastructure on which their survival and prosperity depends will be critical to achieving progress on the SDGs in conflict-affected countries.

The link between essential services, development outcomes and the protection of civilians is perhaps nowhere more evident than in the growth in the number of attacks on healthcare and health workers.

Despite commitments made in United Nations Security Council [Resolution 2286](#), unanimously adopted a decade ago, healthcare attacks remain relentless, with 2,546 incidents of violence against, or obstruction of, healthcare recorded in 21 countries in 2025. This trend is not isolated to specific conflicts. It has become the norm, with state and nonstate actors responsible for violations in almost every conflict in the last decade. Accountability for these violations of International Humanitarian Law (IHL) remains almost entirely absent.

These attacks have predictable results. They reduce the number of functioning health clinics and available health workers and weaken supply chains, while the severe strain on health workers’ physical and mental well-being all undermine the coping capacity of already-fragile health systems. As a result, SDG progress on immunization, malnutrition treatment, reducing maternal mortality, ending newborn deaths and primary healthcare coverage often stalls or, worse, reverses.

BELOW: Residents survey the aftermath of a devastating fire that broke out at the Bri-Mashamari displacement camp in Borno State, Nigeria.





Rodrig Mbock for the IRC

Women, Peace and Security

Fragility is closely correlated with discrimination against women and girls—with less gender-equal societies overwhelmingly more prone to conflict and fragility. The vast majority of the countries on the IRC's 2026 Emergency Watchlist rank in the bottom quintile of the [Women, Peace and Security \(WPS\) Index 2025](#). In crisis and conflict settings, women and girls face heightened and compounded risks.

Conflict exacerbates existing inequalities, leading to increased gender-based violence. Research found that SDG 5 on “Gender Equality” is the goal [most affected](#) by interstate conflict, and nearly every Watchlist country for which data exists ranks in the lowest category on the [Equal Measures 2030 SDG gender index](#).ⁱⁱⁱ

To promote equality in Watchlist countries, the [U.N. Women, Peace and Security framework](#) should underpin the successors to the SDGs to mainstream a rights-based, inclusive approach across all goals. This will ensure that the needs and agency of women, girls and other marginalized groups are built into the design of the successors of the SDGs, including through the leadership of diverse local and national actors.

Progress in conflict settings relies on civil society and humanitarian delivery

As fragility, conflict and crisis erode public budgets and infrastructure, governments have limited fiscal space, capacity or, in some instances, political will, to respond to shocks, deliver basic services and make progress on SDGs. Compounding resource limitations are conflict impacts constraining governments' reach and access to communities and, in many fragile and conflict-affected settings, governments are absent or choose not to reach communities. Humanitarian actors and local civil society organizations (CSOs) with specific skills and expertise necessary to navigate the complexities of these contexts and maintain essential service delivery can fill this vacuum. The ability to negotiate humanitarian access through dialogue with state and nonstate actors is predicated on the application of humanitarian principles and International Humanitarian Law (IHL).

Investments in securing and maintaining humanitarian access were central to the success of the Gavi-funded [Reaching Every Child in Humanitarian Settings \(REACH\)](#) immunization program, which has delivered more than 40 million lifesaving vaccine doses reaching more than 1 million zero-dose children—children who have never received a single vaccine—since 2022 across Ethiopia, Somalia, Sudan, South Sudan, Nigeria and Chad. By employing access negotiations and delivery methods that adapt to

local conditions, access to targeted areas increased from 16% to 100%, building trust among communities and safeguarding progress on key SDG outcomes in some of the most challenging, underserved operating contexts.

CSO partnerships to accelerate SDG progress needn't be a zero-sum game with a choice between government or CSOs exclusively. Rather, CSOs can augment technical expertise and capacity in crisis settings in collaboration with governments on otherwise neglected and under-resourced issues. The promotion of mental health under Goal 3, for example, is vital for conflict-affected communities, with an estimated one in five of those who experienced war or conflict in the previous 10 years suffering mental health challenges. Despite the scale of the needs, mental health is chronically underfunded, with median government spending at just 2% of health budgets. Thanks to the tripartite partnership between the World Bank, the Lebanese government and the IRC, the number of people reached by the IRC's mental health services grew nearly 14-fold between 2022 and 2025—responding to heightened needs in a country where over half the population has screened positive for mental health issues.

This is a more local, more flexible delivery model that the SDG framework was not built to deploy, let alone finance. It is also, in the hardest places, the only one currently available. Formalizing the role of local actors, civil society and humanitarians in the next set of development goals will be critical to any hopes for success.

ABOVE: A student writes on the chalkboard at a nonformal education center in Cameroon. The program serves adolescents who have been displaced, dropped out of school or have never attended school.

LEFT BEHIND:

What the evidence shows in countries where the goals are out of reach

Look at the top five SDGs one by one, and the pattern never changes: Conflict-affected countries are falling further and further behind. The 20 countries on the IRC's Emergency Watchlist hold just a fraction of the world's population, yet the data shows they carry a disproportionate share of its greatest needs.

Why we use the Watchlist countries as the lens

Fifteen of the 20 conflict-affected countries featured in the [IRC's 2026 Emergency Watchlist](#) are situated in the bottom 25% of the [SDG Index](#) that measures progress across all the SDGs. Chad and South Sudan are among the lowest-scoring countries globally, with all 15 scoring below a 60% achievement rate.

Data collection and availability challenges, plus the age of available data in Watchlist countries, mean these are likely to be significant underestimates, given much of the data pre-dates current crises in these countries that would severely impact the scores. The example is striking for acute malnutrition among children, where the countries with oldest data are exactly the ones ranking highest [on the list of current food crises](#). [Time lags in available data are a wider problem](#) to monitor progress but extremely stark for Watchlist countries, whose progress on the SDGs risks being falsely represented with regression going unnoticed. In addition, [disaggregation by sex, age, income and geographic location remains insufficient](#), making it difficult to assess inequalities and disparities, especially for conflict-affected regions and communities where data may be difficult to collect, resulting in a significant blind spot in SDG reporting.

The IRC's 2026 Emergency Watchlist Countries

The Emergency Watchlist is the IRC's annual assessment of the 20 countries most at risk of a worsening humanitarian crisis in the year ahead.

Top 10

- 01 Sudan
- 02 occupied Palestinian territory
- 03 South Sudan
- 04 Ethiopia
- 05 Haiti
- 06 Myanmar
- 07 Democratic Republic of the Congo
- 08 Mali
- 09 Burkina Faso
- 10 Lebanon

Other Countries

- | | |
|---------------|-----------|
| ▪ Afghanistan | ▪ Nigeria |
| ▪ Cameroon | ▪ Somalia |
| ▪ Chad | ▪ Syria |
| ▪ Colombia | ▪ Ukraine |
| ▪ Niger | ▪ Yemen |

Goal 1: No poverty



Half of people in extreme poverty are projected to live in 20 Watchlist countries by 2030

- » More than half (50.7%) of all people living in extreme poverty are projected to live in 20 Watchlist countries by 2030.
- » Today, Watchlist countries represent 41% of all people living below the poverty line globally. On average, 37% of the population lives below the poverty line in Watchlist countries, versus 7% in non-Watchlist countries—almost 6x as many.^{iv}

Goal 2: Zero hunger



1 in 4 malnourished children live in just 20 Watchlist countries

- » Almost a quarter of the world's acutely malnourished children live in just 20 IRC Watchlist countries.^v
- » The average wasting rate is more than twice as high in Watchlist countries compared to other countries.^{vi}

Goal 3: Good health and well-being^{vii}



Of the world's children who
get no vaccines, nearly half
live in a Watchlist country

- » Watchlist countries account for roughly a quarter of the world's births each year, but nearly half of the world's zero-dose children who don't even get basic immunization.
- » A child born in a Watchlist country is three times more likely to be zero-dose than a child anywhere else.

Goal 4: Quality education

- » About half of children in Watchlist countries do not participate in pre-primary organized learning (at one year before primary entry age), compared to only 15% in other countries—meaning a child in a Watchlist country is 3.3 times more likely to not participate in pre-primary organized learning.^{viii}
- » In Watchlist countries, on average 31% of children do not complete primary school, compared to 7% in other countries—meaning a child in a Watchlist country is roughly 4.3 times more likely not to complete primary school.^{ix}

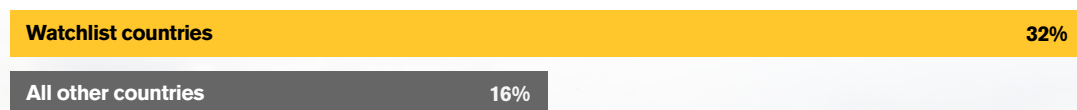
Average share of children who have not completed primary education:



Goal 5: Gender equality

- » Eliminating harmful practices such as child, early and forced marriage is a Goal 5 target. In Watchlist countries, on average 32% of women aged 20-24 were married before age 18, compared to 16% in other countries, meaning girls in Watchlist countries are more than twice as likely to be married before 18.^x

Average share of women married before 18:



BELOW: An IRC staff member stands beside Abuk Deng and her baby daughter, Nyriou, in front of their flooded home in South Sudan. When Nyriou fell ill, Abuk brought her to an IRC clinic where she was treated for malnutrition. Abuk also learned about handwashing and how to feed the baby hygienically.



THE PATH FORWARD:

A dual-track strategy for the goals we have and the goals we need

The world should be clear-eyed about the challenges facing the SDGs and the growing chasm between peaceful and conflict settings. It would be a mistake not to learn the lessons of the SDGs, but it would be a tragedy to conclude that goals aren't worthwhile.

Instead, the solution is to use the final four years of the SDGs to build momentum where it's needed most, laying the foundations for a successor framework built on the learnings of the MDGs and the SDGs with a narrower set of goals focused on closing gaps between stable and conflict-affected countries, and driving truly global progress for all.

TRACK ONE

Build momentum in the final four years of the SDGs by accelerating progress in key areas

While the SDGs are not on track to meet their highest ambitions, we can use the final four years of the goals to build positive momentum by prioritizing the greatest needs of those most at-risk countries and communities. Investments in evidence-based, cost-effective interventions can close gaps. Although available financing is constrained, there are solutions available to drive down costs. Urgent reforms to financing and delivery systems are needed at the same time to scale solutions and reach conflict-affected communities left behind.

Invest in what we know works^{xi}

The following five interventions are cost-effective, evidence-based solutions tested and proven impactful in fragile and conflict-affected settings which would accelerate progress on Goals 1-5:

- **Cash transfers:** Cash meets immediate needs and builds economic resilience, and when linked to social protection it can contribute to ending poverty. Dioptra Consortium research shows that programs delivered at scale, reaching more households with more cash, are associated with lower delivery costs. Multipurpose cash makes up \$2.1 billion of the 2026 U.N. appeals for Watchlist countries. If fully funded and delivered at cost-efficient scale, we estimate roughly \$20 million more could be available to reach households in need.
- **Malnutrition treatment:** Treating one disease with one product and one system, rather than two food products and two supply chains, can cut costs by 20% and use 25% less product. In Watchlist countries, roughly 9.5 million children under age 5 suffer from severe acute malnutrition each year that can be treated with ready-to-use therapeutic food (RUTF), yet only about 20%—or 1.9 million in Watchlist countries—are treated. Reaching 70%^{xii} by 2030 would treat nearly 5 million more children a year, at roughly \$250 million annually—\$84 per child, or just over \$1 billion to reach nearly 12 million additional children over four years.
- **Immunization:** The IRC's Gavi-funded REACH program shows that zero-dose children in fragile contexts need not carry a cost premium. An estimated 6.2 million zero-dose children were born in Watchlist countries last year, 10% more than in 2019. Halving that by 2030, in line with the Immunization Agenda 2030 target, means vaccinating 3.4 million more infants a year—at an average cost of roughly \$67 per child, or \$140 million a year.
- **Education:** Flexible models ensure children can start, sustain and accelerate learning during emergencies, in classrooms, informal community spaces or via remote programming. Using five scalable, evidence-based models, the IRC believes that we can reach 5 million children by 2030 for as low as \$4 per child.



5 million more children treated

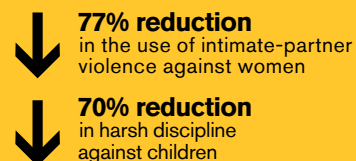
for severe acute malnutrition every year, reaching 70% coverage by 2030



\$67 to fully vaccinate one child

\$140 million a year halves the number of zero-dose children by 2030

- **Combating violence against women and children:** The IRC's Safe at Home program tackles what drives violence against women and violence against children: gender inequality, power imbalances and harmful norms in the family. In DRC this program cut intimate-partner violence by 77% and harsh discipline against children by 70%, with a cost saving of 27% compared to programs that address partner violence or child mistreatment separately.



Promote people-centered financing and delivery models

Delivering these proven, cost-effective solutions at speed and scale while yielding efficiency gains requires meeting people where they are and ensuring they can access these services in any setting. This means deploying flexible delivery partnerships, expanding dedicated financing and breaking down existing silos between development and humanitarian systems.

Sustaining progress through flexible civil society partnerships

Delivering in fragile and conflict settings depends on trusted frontline responders and on the ability to negotiate access and reach communities. For instance, community health workers (CHWs) and national partners are central to the IRC's integrated primary healthcare approach. Immunization and nutrition services in Ethiopia, South Sudan, Sudan, Somalia, Chad and the Democratic Republic of the Congo (DRC) rely on CHWs. Investing in them builds access and trust, sustains continuity of delivery and strengthens public health where government structures are weak or absent. Where national or local authorities are available, CSOs can extend the reach of services and strengthen the sustainability of government systems, such as health services via training or improving health access and inclusion or education services by teacher training or integrating early childhood development (ECD) guidance in primary healthcare centers.

Official Development Assistance (ODA) funding plays a disproportionately large role in countries that are fragile, conflict-affected and low income, saving lives and improving development outcomes. Aid as a share of gross national income (GNI) is, on average, more than 14 times higher in countries affected by fragility and conflict than in middle-income countries—reinforcing the case for prioritizing ODA in Fragile and Conflict-Affected Situations (FCAS).^{xiii}

The World Bank's International Development Association (IDA) fund is the largest source of multilateral ODA for fragile and conflict-affected countries—almost half of multilateral ODA to FCAS in the last three reported years.^{xiv} Yet IDA is reserved for governments, and direct funding to civil society remains the exception rather than the norm. The World Bank's recent strategy for engaging in fragility, conflict and violence affected settings commits to establishing a mechanism to increase work with national and international NGOs as delivery partners in some of the most challenging environments and increase engagement with CSOs. Translating that commitment to action is urgently required, and protecting IDA funding and replenishment of IDA22 in 2027 is critical to SDG progress.

The persistent silos between humanitarian, development, and climate actors and the funding that follows them are a major reason for the progress gap between stable and conflict settings. For instance, the humanitarian development divide separates humanitarian cash from government safety nets, with only 17% of people in fragile contexts with any social protection coverage, against 49% in other developing countries. Linking humanitarian cash to government systems would stretch donor funding further, supporting pathways to economic inclusion for marginalized, crisis-affected communities, particularly as aid budgets contract.

Close the data gap

Finally, data collection needs to be significantly improved in conflict-affected areas so the world better understands who is and isn't being reached. Currently, available data is often fragmented, with collection and use reflecting and reinforcing existing misalignments between humanitarian and development programming. A dedicated effort focused on crisis-affected countries such as UNESCO's task force on data for education in emergencies could help. Artificial intelligence (AI) can also be used to plug data gaps. The IRC is piloting REACHMap in partnership with Atlas AI to predict immunization and child health needs among mobile and conflict-affected populations.

Embrace a new set of global goals that learn the lessons from past goals

The world needs a successor framework that defines a shared global vision, prioritizing fragile and conflict-affected communities with the greatest need. To drive progress, this framework should include a smaller number of pressing goals, ambitious but attainable targets, and accountability underpinned by measurement of progress for people impacted by crisis.

The successor to the SDGs must be designed for today's reality of constrained resources, treating conflict and fragility not as an afterthought but as a starting point, and prioritizing outcomes where needs are greatest.

5 lessons from the MDGs and SDGs that should inform the next set of goals are:

1. Focusing on fewer, more specific goals drives action toward greatest impact.
2. Establishing a credible timeline requires a shorter time horizon and key milestones that match goals, purpose and ambition, maintaining momentum and accountability. Ten years is a more realistic benchmark, with funding frontloaded to spur action.
3. Sustaining impact and achieving inclusion, especially for the next generation of children born in conflict, relies on a dedicated goal on peace and protection, and targets designed to reach crisis-affected communities across goals.
4. Preventing people from being left behind calls for specific metrics designed to measure progress and drive accountability for marginalized people and the protection of civilians and frontline services.
5. Financing the goals properly requires resourcing at scale, flexibly and upfront via dedicated funding that disrupts silos, crowding in diverse partners, and incentivizing cost savings and innovation.

To begin the conversation, the IRC is proposing illustrative goals, targets and indicators in the annex of this paper for the next set of global development goals that is more focused and puts conflict at the center of the goals, not on the periphery. This is not an exhaustive nor final list, but points the way forward for the successor to the SDGs.

CONCLUSION

The world is now in a fundamentally different era of development, one defined by conflict and by an international system that increasingly rewards it. Conflict has become the greatest divide between the communities that are able to improve their well-being and prosperity, and those trapped in worsening conditions. Over a decade into the SDGs, the result has been a failed generation.

None of this is a reason for abandoning global goal-setting. The MDG record shows that clear, time-bound, adequately financed goals with real accountability mechanisms can change outcomes. The answer is not to give up on the communities farthest behind, but to design the next set of goals with the reality of conflict built in from the first draft rather than the last—and to use the four years that remain to prove what works.

RIGHT: The IRC, with support from the European Union (ECHO), provides health, nutrition, protection and WASH services across 13 refugee camps in eastern Chad.



Taiwo Aina-Adeokun for the IRC

ANNEX: Illustrative goals, targets and indicators with conflict at the center

To begin the conversation about the successor to the SDGs, the IRC is proposing illustrative goals, targets and indicators that are more focused and put conflict at the center of the goals, not on the periphery. This set of goals is neither an exhaustive nor final list but rather an indication of what a prioritized set of goals could include as targets and indicators that drive progress for people impacted by conflict. The proposal suggests the goals run to 2040 with milestones set in targets.

Goal by 2040	New target	Indicator
End extreme poverty	By 2035, halve extreme poverty (people living on <\$3/day) among people affected by fragility, conflict, displacement and recurrent crises. By 2035, ensure that people affected by fragility, conflict, displacement and recurrent crises have access to inclusive, adaptive and shock-responsive social protection systems, or humanitarian cash transfers where necessary, with progressive integration into nationally led social protection systems. This will rely on investments in humanitarian cash delivery and national social protection systems mobilized across humanitarian and development funding sources.	The number of people affected by fragility, conflict and displacement benefiting from social protection coverage, including safety net programs, cash-based interventions, public works and livelihood programs. Volume and proportion of ODA to social protection in fragile and conflict-affected settings, including via cash transfers. Volume and proportion of World Bank funding for social protection integrating delivery and support from CSO partners to extend reach.
Zero hunger and malnutrition	By 2035, achieve at least 80% coverage^{xv} of effective treatment for children with severe and moderate acute malnutrition in fragile and conflict-affected settings. By 2035, establish resilient, locally anchored and shock-responsive nutrition systems capable of maintaining uninterrupted treatment, therapeutic food supplies and post-treatment support during conflict, displacement, economic crises and climate-related shocks.	Proportion of children with severe or moderate acute malnutrition receiving appropriate treatment through nationally approved integrated treatment protocols. Proportion of children requiring treatment for acute malnutrition who experience uninterrupted access to treatment and therapeutic nutrition commodities during crises. Volume and percentage of funding that is 1) multi-year, flexible funding and 2) supports nutrition treatments that remove barriers between severe acute malnutrition and moderate acute malnutrition. Proportion of government spending on malnutrition treatment.

Goal by 2040	New target	Indicator
Primary healthcare for all	By 2035, close the vaccine equity gap by raising coverage of DPT3 (diphtheria, tetanus and pertussis vaccine) in fragile and conflict-affected districts to match the 2025 national coverage level.	Annual coverage rates of DPT3 among infants in FCAS districts. Total value of vaccine envelopes to Gavi Fragile and Conflict countries.
	By 2035, ensure universal access to quality mental health and psychosocial support services (MHPSS) for people affected by conflict, crises and displacement, with particular attention to women, children and youth.	Proportion of target population reached by MHPSS activities (disaggregated by sex, age, disability). Referral pathways to protection and related community and social services are integrated into primary healthcare systems and resourced. Share of the health workforce that is trained in the safe delivery of MHPSS in settings impacted by conflict, crises and displacement.
	By 2035, ensure women and girls living in conflict, fragility and displacement can make informed, sovereign decisions about their sexual and reproductive health and rights (SRHR) and access quality care, by providing tailored services that address the particular challenges of fragile settings.	Proportion of affected populations in conflict, fragility and displacement settings that have access to the full range of lifesaving SRHR services. Proportion of women and girls in crisis-affected settings whose need for family planning is satisfied by a modern contraceptive method of their choice. Proportion of women and girls, as well as newborns, living in conflict, fragility and displacement with access to skilled birth attendants, antenatal and postnatal care.
Quality education	By 2035, ensure children in conflict, fragility and displacement have continuous access to safe, quality education, with rapid return to learning whenever it is disrupted and gender gaps in education closed. By 2035, ensure that all young children living in conflict, fragility and displacement have access to quality early childhood development care and early learning opportunities.	Proportion of children and young people living in conflict, fragility and displacement who 1) complete primary, lower-secondary, and upper-secondary education and 2) achieve at least a minimum proficiency level in reading and mathematics, and social and emotional skills at the end of primary and at the end of lower-secondary. Volume and share of ODA supporting education. Volume and share of gross domestic product countries committed to primary education in line with Global Partnership for Education goals and partnership principles.

Goal by 2040	New target	Indicator
Increase women and girls' voice and agency	By 2035, the voice and agency of women and girls affected by conflict and displacement informs humanitarian and peacebuilding decision-making, ensuring their needs and perspectives are integral to every response.	Proportion of international peacebuilding and humanitarian response efforts under U.N. leadership, in which women-led organizations and women's rights organizations can take active part in decision-making, planning and implementation. Proportion of international peacebuilding and humanitarian response efforts under U.N. leadership, which have been informed by gender analysis.
Peace, justice and the protection of services and civilians	By 2035, ensure protection services are available to women and girls living in conflict, fragility and displacement. By 2035, ensure universal access to legal identity for people affected by conflict, fragility and displacement, enabling equitable access to rights, services, social protection and durable solutions.	Proportion of women and girls living in conflict, fragility and displacement who can access quality gender-based violence services, through integration with other services including health and child protection. Number of targeted sanctions to prevent further conflict-related sexual violence and hold perpetrators accountable. Proportion of people affected by conflict, fragility and displacement possessing recognized proof of legal identity.
	By 2035, substantially reduce attacks on healthcare facilities, personnel, transport and patients in situations of armed conflict and other humanitarian emergencies.	Number of attacks on healthcare facilities, personnel, transport and patients in situations of armed conflict, disaggregated by perpetrator type (state armed forces / nonstate armed group / unidentified) and means of attack. Number of health workers killed, kidnapped or forcibly detained in the context of armed conflict, per 100,000 health workers in conflict and post-conflict-affected settings.
	By 2035, ensure independent investigations for verified attacks on healthcare in armed conflict.	Proportion of attacks on healthcare facilities or personnel subject to an independent investigation (i.e., not solely an internal investigation by the accused party) that is shared publicly; investigations could include U.N., Government, or credible human rights or NGO analysis within 12 months of the incident. Number of U.N. member states that have publicly reported on specific measures taken to implement U.N. Security Council Resolution 2286 (or its successor instrument), including military doctrine reform, domestic legislative reform and arms-transfer review.
	By 2035, maintain the continuity and functionality of health services for populations in conflict-affected and besieged areas.	Proportion of health facilities in conflict-affected areas that remain functional (fully or partially operational), by facility type. Number of people whose access to essential health services is disrupted as a result of attacks on, or military use of, healthcare facilities.

ⁱ “The results show that between 2000 and 2021, armed conflicts slowed overall SDG progress by 3.43%, equivalent to a setback of 18 years.” Wang, D., Xu, Z., Pascual, U., Liu, L., Ahmad, W., & Jiang, D. (2025). Exploring the role of armed conflict in progress toward Sustainable Development Goals: Global patterns, regional differences, and driving mechanisms. *Geography and Sustainability*, 6(6), 100355. <https://doi.org/10.1016/j.geosus.2025.100355>

ⁱⁱ While civilian conflict related death rates fell in 2025, they remained close to double the number of civilian deaths recorded in 2020.

ⁱⁱⁱ Ukraine and Colombia are Watchlist countries that are not in the lowest category of EM2030. Somalia, Sudan, South Sudan, Syria and Yemen are not covered in the EM2030 Index.

^{iv} Calculations based on data from the [U.N. SDG database](#) for SDG indicator 1.1.1 Proportion of population below the poverty line. Using most recent data, which differs for each country, and population-weighted averages, with population data from the same year as the poverty data. Data unavailable for Afghanistan and Somalia. For other Watchlist countries the time period varies between 2012 and 2024, with three countries’ data pre-dating the SDG start: Haiti, Yemen and Sudan.

^v Source: Joint Child Malnutrition Estimates (JME) 2026 revision; see [workbook here](#) for full calculations.

^{vi} Calculations based on data from the [U.N. SDG database](#) for SDG indicator 2.2.2 Proportion of children moderately or severely wasted. Simple averages using most recent data, which differs for each country. Time period varies between 2000 and 2024. Ukraine, Somalia, South Sudan, Syria and Sudan all have data pre-dating the SDG start, and other countries have data pre-dating current crises (Myanmar 2018, Palestine 2020), likely underestimating current severity. The countries with the oldest data are exactly those ranking highest on the list of current nutrition crises in 2024, indicating that both average wasting rates and absolute numbers are significant underestimates.

^{vii} Source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025 revision and U.N. World Population Prospects, 2024 revision; see [workbook here](#) for full calculations.

^{viii} Calculations based on data from the [U.N. SDG database](#) for SDG indicator 4.2.2 Participation rate in organized learning one year before official primary entry age. Using most recent data, which differs for each country and population-weighted averages with total population data from the same year. DRC, Afghanistan and Somalia have no data. Data for Haiti, Yemen, Colombia, Myanmar and Sudan pre-date 2020.

^{ix} Calculations based on data from the [U.N. SDG database](#) for SDG indicator 4.1.2 Primary education completion rate. Using most recent data, which differs for each country, and population-weighted averages with total population data from the same year. Data for Syria, South Sudan, Ukraine and Sudan pre-date the SDG start, and six other countries pre-date 2020 and therefore pre-date relevant crises. Watchlist countries have younger age structures, so using total population as the denominator understates their weight—true overrepresentation is likely higher than shown.

^x Calculations based on data from the [U.N. SDG database](#) for SDG indicator 5.3.1 Proportion of women aged 20-24 married or in a union before age 18. One datapoint per country, ranging between 2006 and 2024. Using population-weighted averages with total population data from the same year. Six countries’ data pre-date the SDG start and another eight pre-date 2020.

^{xi} See the [workbook](#) for sources and calculations behind the cost estimates for cash transfers, malnutrition treatment and immunization.

^{xii} This target is based on the 2023 scale-up recorded by [UNICEF \(2024\)](#): “the global coverage of CMAM using RUTF for children 6-59 months of age with severe wasting living in high-mortality settings in 2023 was 73.3%.”

^{xiii} World Bank, DataBank, Net ODA received (% of GNI) by developing countries including Fragile and Conflict-Affected Situations, 2021.

^{xiv} OECD, Creditor Reporting System (CRS), ODA from multilateral organizations to FCAS, 2022, 2023, 2024, disbursement.

^{xv} An 80% target would seek to improve on the achievement of 2023 recorded by [UNICEF \(2024\)](#).

The International Rescue Committee (IRC) helps people whose lives have been shattered by conflict and disaster to survive, recover and rebuild.

In 1933, Albert Einstein helped found the organization that would become the IRC. We now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas. Ingenuity, fortitude and optimism remain at the heart of who we are. We deliver lasting impact by providing healthcare, helping children learn and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls.

© International Rescue Committee



Scan the QR code or visit
Rescue.org to donate to the IRC