

# Report of the First Meeting of the Health and SDGs Expert Working Group

BETTER,  
EQUITABLE AND SUSTAINABLE  
HEALTH AND WELLBEING  
FOR ALL AT ALL AGES

17–19 January 2017, Venice, Italy



# Abstract

The first meeting of the Health and SDGs Expert Working Group was held in January 2017 to support revising the draft roadmap: Health and well-being: roadmap to support the achievement of the Sustainable Development Goals (SDGs) in the WHO European Region, building on the European Health 2020 policy framework. Participants discussed the role of WHO in implementing the United Nations 2030 Agenda and the related SDGs, the structure of the roadmap and various areas relevant to it, including country needs in terms of SDG implementation; monitoring and reporting; noncommunicable diseases and risk factors; equity, gender and human rights; health systems and national health policies; communicable diseases; environment and health; governance; local, subnational, regional and specific groups; health financing and investment for health; and advocacy, building capacity and institutional development. The drafting group will redraft the roadmap and provide comments prior consideration by WHO programme managers, heads of country offices and the Executive Board. A final draft will be sent electronically for Member State consultation and to the third meeting of the Standing Committee of the Regional Committee in March 2017.

## KEYWORDS

HEALTH, WELL-BEING, EPIDEMIOLOGY, SUSTAINABLE DEVELOPMENT, NONCOMMUNICABLE DISEASES, COMMUNICABLE DISEASES, HEALTH SYSTEMS, MIGRATION, EMERGENCIES

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# Abbreviations

- JMF joint monitoring framework
- MDG Millennium Development Goal
- NCD noncommunicable disease
- SDG Sustainable Development Goal
- UHC universal health coverage



# Executive summary

The first meeting of the Health and SDGs Expert Working Group was held at the WHO European Office for Investment for Health and Development in Venice, Italy, on 17–19 January 2017.

The purpose of the meeting was to support the WHO Secretariat in writing and revising the draft roadmap: Health and well-being: roadmap to support the achievement of the Sustainable Development Goals (SDGs) in the WHO European Region, building on the European Health 2020 policy framework.

Dr Piroška Östlin, Director of WHO Regional Office for Europe, opened and chaired the meeting. She welcomed participants and highlighted the importance of both the United Nations 2030 Agenda for Sustainable Development and the role of WHO in supporting Member States in implementing the 2030 Agenda in the WHO European Region.

At the meeting, the following themes were discussed, building on a draft document that was shared with participants: the role of WHO in implementing the United Nations 2030 Agenda and the related SDGs, the structure of the roadmap itself and various technical and thematic areas relevant to the roadmap, including country needs in terms of SDG implementation; monitoring and reporting; noncommunicable disease (NCD) and risk factors; equity, gender and human rights; health systems and national health policies; communicable diseases; environment and health; governance; local, subnational, regional and specific groups; health financing and investment for health; and advocacy, building capacity and institutional development.

The main conclusions of the meeting related to the draft roadmap were that the draft provided a strong foundation to the process and covered all relevant thematic areas. However, main efforts should concentrate on streamlining it and prioritizing its content. A separate document should be prepared on the methods of implementation. The language used is incredibly important for the effectiveness of the roadmap.

# The new global framework: United Nations 2030 Agenda for Sustainable Development





# Introduction: scope of the meeting

In September 2015, heads of state and government adopted the 2030 Agenda for Sustainable Development through United Nations General Assembly Resolution 70/1.<sup>1</sup> The resolution entered into force on 1 January 2016 and will guide policy development and implementation until 2030. The SDGs are owned by every country and provide a blueprint for satisfying needs by overcoming constraints, based on social inclusion, shared prosperity and environmental stewardship.

Health has a prominent role in the 2030 Agenda; it is represented specifically in goal 3, as well as being present in all other goals. WHO's role in the implementation of the SDGs is to support countries in their work and in implementing the health-related goals and targets of the SDGs. WHO European Member States are in a strong and unique position to effectively implement the 2030 Agenda as many of the principles and elements are also central to the Health 2020 policy framework, meaning that much of the necessary work has already started.

In the WHO European Region, many developments have occurred through Health 2020. Therefore, the the WHO Regional Committee for Europe in its 66th session (RC66) concluded in resolutions EUR/RC66/R4 and EUR/RC66/R7 that progress made within Health 2020 and in the implementation of relevant resolutions from the World Health Assembly and the Regional Committee provides strong opportunities to position health at the centre of implementation of the United Nations 2030 Agenda.

The Regional Committee endorsed the development of a roadmap to achieve this.

This roadmap is intended to build on a review and identification of regional priorities towards 2030; a sharper focus on governance and intersectoral action for health; alignment of national development and health policies for policy coherence across multiple goals; and a stronger focus on the means of implementation. The last would certainly include strengthened public health capacities and partnerships; increased financing for health, innovation and further research; and enhanced monitoring and accountability.

The objective of this first meeting of the Health and SDGs Expert Working Group is to support the WHO Secretariat in writing and revising this roadmap. In advance of this first expert meeting, the WHO Secretariat would be sharing a draft roadmap for discussion. The expected deliverable of the meeting is a draft of the "Roadmap to scale up Health 2020 and to position public health in implementation of the 2030 Agenda for Sustainable Development".

This draft roadmap would then go to an online commentary period of one month for the WHO European Member States. The final version is expected to be available at the 67th session of the Regional Committee (RC67), in September 2017.

The meeting was structured around key themes relevant to the roadmap, and this report will summarize the key points from each of these thematic discussions, with a focus on how they should be included in the roadmap.

The report has three annexes: Draft glossary of terms; Programme of the meeting and List of participants.

<sup>1</sup> Resolution 70/1. Transforming our world: the 2030 agenda for sustainable development. New York: United Nations General Assembly; 2015 (A/RES/70/1; <http://www.un.org/en/ga/70/resolutions.shtml>).



# Roadmap to scale up Health 2020 and positioning public health in implementation of the 2030 Agenda for Sustainable Development

## Key background for the drafting of the roadmap

A draft document, written by Bettina Menne, Ilona Kickbusch and Richard Alderslade, served as the discussion document for the meeting. The document built on a range of mappings carried out throughout the WHO European Region and on discussions with WHO executive management and the heads of country offices.

The proposed scope of the roadmap is to strengthen the capacities of Member States in the WHO European Region to implement the SDGs and to achieve better, more equitable, sustainable health and well-being for all at all ages. The following points define the structure of the roadmap:

- the word limit is 6000 words, excluding annexes;
- the language must be political, but also action orientated; and
- the document, goals and language must be aligned with Health 2020 and the 2030 Agenda.

The audience for the roadmap is all 53 WHO European Member States. While it is predominantly for ministries of health, it must also speak to other ministries relevant to health, as well as the wider community. As it will be implemented at the national level, it must relate to different levels of governance: national, regional, municipal and local. The roadmap will go to RC67 in September 2017.





# Suggestions for the draft roadmap

## Global perspectives

The 2030 Agenda and SDGs implementation by WHO are coordinated by a global SDG coordination team mechanism. The mechanism was launched by the Director-General of WHO in 2017 to streamline coordination across WHO regions, offices and countries. The coordination mechanism has identified the following six “lines of action” for WHO’s support to countries in implementing the SDGs:

- intersectoral action
- health systems strengthening for universal health coverage (UHC)
- equity and human rights (ethics)
- sustainable financing
- research and innovation
- measurement, monitoring and evaluation.

Notably, the SDGs are seen as an improvement in health terms on their predecessors, the Millennium Development Goals (MDGs), because they are universal and are relevant to all United Nations Member States whether developed or developing, whereas the MDGs were perceived to be aimed only at developing countries. The key points for inclusion in the roadmap stemming from the discussion around global perspectives were the following.

**Prioritizing within the SDGs is crucial.** The WHO Regional Office for Europe must avoid “spreading itself too thinly”; rather it should identify what are the priorities for the European Region that fall under its mandate and highlight these elements. Attempting to do everything will run the risk of spreading resources too thinly and being unable to make a substantive impact. Equally important is to identify which areas in relation to the 2030 Agenda that the WHO Regional Office for Europe will not be working in, so that countries are clear on what support they will receive.

**The term equity should be used consistently.** Currently, there is no consistency in the way that equity is communicated, in either WHO documents or throughout the development community. It is necessary to be clear and consistent in the use of the term and to construct clear and simple messages to communicate with other stakeholders.

**The role of well-being must be clear.** The roadmap must emphasize the importance of well-being in effectively implementing the 2030 Agenda. There is not yet a global consensus on how to measure and evaluate well-being, but this is an area that the Regional Office has been working on since the development of Health 2020. Including well-being as an important element of the development of the roadmap, therefore, represents a transformative element of implementation of the 2030 Agenda.

**Health financing must consider sustainability aspects.** A transformative approach to health financing requires thinking more about sustainable financing with health consequences. This requires thinking beyond the health sector and perhaps even, in certain appropriate considerations, outside the public sector. However, engagement with the private sector is controversial, and it is absolutely essential to be clear about ethical boundaries and to uphold our values and principles.

**Communication is vital for supporting implementing the 2030 Agenda.** Effectively distilling and disseminating information is crucial for both Member States and individuals and communities at different levels throughout society. A vast amount of material and information exists, but there is not yet a consensus on a good way to communicate it. This relates internally within WHO, among ourselves as health professionals and with the wider community of stakeholders. The roadmap must, therefore, focus on communication as a crucial element.

**Existing United Nations processes should be utilized.** Many United Nations mechanisms and initiatives already exist and are available to align existing processes, initiatives, roadmaps, action plans and strategies to improve human health. It is very important within this process to clearly define roles and responsibilities.

**Europe must contribute to tackling global problems.** Highlighting European approaches and success stories will enable Europe to play a role in the wider world, such as in searching for solutions to global problems.

**WHO should promote transformational change management.** There is also a need to highlight how WHO can work more effectively and promote transformational change in its work with countries.

## European perspectives

The roadmap needs to serve as a tool to aid countries in their implementation of the 2030 Agenda. Implementation of the SDGs is very complex at the national level as there are many targets covering many issues. A supporting working paper has been prepared outlining the specific role of countries and country offices in the implementation of the 2030 Agenda. This document is still under development and will serve as a supporting information document to the roadmap. The three key issues related to the roadmap are as follows.

**It should have context specificity.** The roadmap must speak to all countries and to individual countries at the same time. Different countries will have different priorities and key stakeholders and governance structures will also differ across countries; consequently, the roadmap must be flexible enough to adapt to the different needs of all individual countries in the Region and to take into account the different governance and key players at regional and country level.

**It must clarify short-term and long-term objectives.** The health sector today faces large problems in keeping to its short-term objectives, such as the health workforce, financing, quality, accessibility and so on. It is difficult, therefore, to also define longer-term perspectives, such as provided through the SDGs. Careful balancing is required. Therefore, the SDGs should be integrated into the core business of operations, for example through streamlining prevention.

**It must be realistic in its expectations.** European countries are facing times of economic, social and political uncertainty, leading to a number of limitations for resources. This needs to be considered when the roadmap is developed, as countries will not be able to adequately implement it if too much is included.

Other issues were also identified.

**Suitable language should be used.** The language used is incredibly important for the effectiveness of the roadmap. It needs to be short, clear and accessible for policy-makers. Information on how to implement and how to do best, including case studies and best practice, would be a valuable resource to go into a supporting document.

**The roadmap should reflect the shifting social, cultural and political climate.** The European Region is facing unstable and uncertain times, including the liberalization of trade, closing of borders, rejection of “the other” in societies and the rejection of the notion of solidarity. Implementation of the 2030 Agenda must be flexible to adapt to shifting circumstances over the course of the Agenda. This requires a greater focus on the accountability of a government and its responsibility to protect and promote the health of its citizens, and a recognition that this cannot be left to the market.

**The roadmap should support the achievement of the required paradigm shifts.** Effective implementation of the 2030 Agenda requires two key paradigm shifts: a shift from building better systems for health, in addition to better health systems; and a shift from an economic-centred framing to a human-centred framing. There is an inversion of the current development framework, which frames people and the environment as assets within an economic paradigm, towards a notion that the economy must instead work for people and the planet – a human-centred paradigm. A further paradigm shift involves the move away from traditional indicators of measuring health, such as life expectancy, towards more comprehensive indicators that include well-being, such as health expectancy, which focus on healthy life-years and quality of life.

**Environmental, social and economic determinants should be included.** There is strong support from Member States for focusing on social and economic determinants to the same extent as the environmental determinants. It is crucial to ensure that the conversations around different determinants are not compartmentalized but rather that they complement each other.

**Existing European platforms should be used to address health determinants.** It is possible to support European Member States in implementing commitments made in the 2030 Agenda through existing the WHO Regional Office for Europe mechanisms, for example supporting commitments made to water, sanitation and hygiene (WASH) through the existing Protocol on Water and Health. Other existing platforms include the European Environment and Health Process, the Transport, Health and Environment Pan-European Programme and the Regional Platform for Working Together for Better Health and Well-being for All, discussed at a high level conference in Paris on 7–8 December 2016.

## Monitoring and reporting

Monitoring and reporting represent crucial elements of the roadmap and the implementation of the 2030 Agenda, allowing progress to be monitored throughout the process and countries to identify means by which to improve the effectiveness of their implementation.

Health 2020 and the 2030 Agenda are aligned both conceptually and thematically, allowing for ongoing Health 2020 implementation to contribute to the implementation of the 2030 Agenda. This applies also to monitoring and reporting: 76% of Health 2020 indicators (28/37) align thematically with SDG indicators (around topics including alcohol, educational attainment, health expenditure, household consumption, mortality, reducing income

inequality, sanitation, smoking, social support, tuberculosis treatment, unemployment and vaccination).

Member States are overburdened with existing reporting requirements, in particular the number of requests they receive, the length of questionnaires and the lack of coordination between agencies. Streamlining indicators from existing major frameworks (including Health 2020, the 2030 Agenda and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020) that are relevant for monitoring and evaluation of progress towards implementation of the 2030 Agenda would make use of existing data and reporting commitments, as opposed to burdening countries with more reporting requirements.

It is important to reduce data collection from Member States but to ensure that the data collected is relevant and used regularly. This will encourage Member States to collect data and motivate them to improve their data collection on relevant issues, as the data that is being requested is on their issues of particular priority and is used frequently.

The proposal for monitoring and reporting by the WHO Division of Information, Research, Evidence and Innovation for the roadmap and the 2030 Agenda is a joint monitoring framework (JMF). The process and content of the JMF are envisaged as follows:

- **a conceptualization phase** in which the WHO Division will propose 50 minimum joint core indicators, and this list will be reviewed and validated by a recognized body, which might be an expert group called for this purpose or the existing internal interdivisional working group on SDGs;
- **a consultation and adoption phase** in which the validated list will be submitted for consultation, review and adoption by Member States; and
- **an implementation phase** where a circular note is prepared to inform Member States about the JMF based on the minimum joint core set of indicators, which would replace reporting on the three frameworks.

The WHO Regional Office for Europe will start a consultation process to identify the most suitable SDG indicators to be included into the JMF. This process will include establishing baselines and reporting mechanisms for the joint core set of indicators and making performance objectives specific for the region through a three-step approach:

- review health-related SDG targets in order to make recommendations to Member States on a priority list for the Region;
- establish regional performance objectives for the additional (non-Health 2020) SDGs and NCD indicators included in the joint core set towards a 2020 time horizon to align them with that of Health 2020; and
- update and harmonize all performance objectives to align them with the 2030 time horizon of the SDGs.

## NCDs and risk factors lens

NCDs represent a key priority for all Member States across the European Region. As WHO already has substantive agendas around tackling NCDs, such as the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, the most important challenge for the roadmap is to identify the **added value** that the 2030 Agenda

and the SDGs can bring to the existing NCD agenda, and help to move the NCD agenda forwards.

While progress is being made in some areas, such as premature mortality, which is steadily declining, in other areas, such as diabetes, the European Region is not on track to meet the target. While NCDs do affect the whole population, they disproportionately cause the deaths of young, working-age males in central Asia and eastern parts of the Region.

**Political support is crucial.** As the 2030 Agenda was adopted by the heads of state of all United Nations Member States in September 2015, it has political backing at the highest level. Political attention can also lead to an increase in available funds for activities surrounding SDG implementation. While NCDs are clearly identified as a priority issue, this is not always matched by political commitment and leadership from ministries, and industries always pose a formidable obstacle. NCDs should, therefore, be positioned towards the top of the document, as this emphasis will help to raise political capital.

**Intersectoral and multisectoral action is essential.** Effectively implementing the entirety of the 2030 Agenda is dependent upon intersectoral and multisectoral action; this is particularly important for NCDs, where effective measures involve areas in addition to the health sector itself, such as marketing and advertising, regulations on procuring and selling goods, transport, education, environment, urban planning and agriculture. The multitude of sectors involved also requires good governance to be explicit in the context of NCDs, focusing on transparency, accountability, participation, integrity and capacity, because different sectors need to be able to effectively work together through the system. One example is road traffic accidents, where governance directly relates to number of deaths.

An element of good governance is the combating of corruption, which starts to emerge in the roadmap as a priority area for combating NCDs, especially in relation to government relations with industries and other powerful lobby groups.

## Equity, gender and human rights lens

Equity is the key principle underlining the SDGs, and the roadmap itself. The SDGs provide an important opportunity to accelerate rates of improvement for those left behind in terms of health inequities and inequalities. Consequently, it is crucial that the focus remains on interventions that will prevent the inequality gap widening, both within and between countries. This requires a “basket” of interventions because discrete, siloed, interventions, even if implemented concurrently, will not ensure the intersectoral and multisectoral approach needed to mitigate inequalities.

**Health has an impact on the causes of inequities but is also impacted by inequities.**

In order to leave no one behind, the goal of the 2030 Agenda, it is necessary to focus on multiple vulnerabilities. Crucially, this will contribute to accelerating the rate of improvement in health and well-being for all, not simply focusing on those most marginalized and those most vulnerable in society. This is also important in preventing new forms of inequities. The roadmap, therefore, and its vision for tackling inequities must be aligned with other existing regional roadmaps and action plans, such as Health 2020.

**The role of the health sector is crucial in discussions around inequities.** It is important that action to tackle inequalities starts from within our own sector; for example, the health system can perpetuate discrimination that then leads to further inequalities. The

health system can also contribute to inequities by failing to provide for decent working conditions and pay for the health workforce.

**Gender and rights must have a strong focus in the roadmap.** This must be maintained throughout the drafting process. The focus must be both on eliminating gender inequalities as an outcome and on ensuring that gender is recognized as a key determinant of health that impacts on other inequalities and inequities. The health sector also needs to lead by example to address gender inequalities within its workforce, such as the gendered role and stereotypes in informal care. Women carry out much more unpaid and informal care work within the wider health sector, leading to greater gender inequalities throughout societies and within communities and countries. The health sector must lead by example in addressing these issues.

**Migration has a significant health dimension.** The SDGs represent a key opportunity to support ongoing work in the European Region regarding this health dimension. While the SDGs include a focus on migration, which the MDGs did not, they do not have a specific focus on the health dimension, and the roadmap can be used as an advocacy tool to promote the importance of migration health when addressing issues around migration. The roadmap can highlight the role of the WHO Regional Office for Europe in sharing its experience with other regions, as the Regional Office has carried out a lot of work regarding migration, including the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, adopted by RC66 in September 2016. The roadmap can also emphasize the need to shift the conversation around migration towards a focus on positive aspects rather than simply considering the negative aspects that must be addressed. There are positive impacts from migration, including economic and macroeconomic benefits and social and cultural benefits, as well as contributing to addressing issues of demography in the European Region. These aspects need to be highlighted, and the conversation shifted from one of crisis and negativity to one of positivity.

## Health systems and national health policy lens

Strong health systems and national health policies are crucial for the implementation of the 2030 Agenda, and in particular for the pursuit of UHC. Health financing and financial protection should be given prominence in the roadmap for four key reasons:

- to improve health outcomes
- to reduce poverty due to ill health
- to break the vicious cycle between ill health and poverty
- to improve economic and social development.

The following key points in relation to the roadmap were generated by the discussion.

**UHC should be available for all.** Everyone should be able to access and use needed health services (including prevention, promotion, treatment, medicine, rehabilitation and palliative care) without experiencing financial hardship (this relates to indicators 3.8.1 and 3.8.2). Moving towards UHC involves meeting the following health systems goals: ensuring access to needed services; providing services of sufficient quality to be effective; and ensuring financial protection for paying for those services. UHC is relevant



to all countries and cannot be seen as simply an issue of developing countries. Ensuring the accessibility, effectiveness and affordability of services necessitates attention in all countries within the Region.

**Financial protection is central to UHC and health system performance.** Such protection aims to ensure that people do not face financial hardship when using health services. Monitoring financial protection involves an assessment of the impact of household health expenditure (out-of-pocket payments) on living standards and poverty. WHO has made it clear that population coverage on its own is not a valid measure of financial protection, as initially stipulated under indicator 3.8.2, because people may experience financial hardship even if they are covered by health insurance or other publicly financed health system. Rather, financial protection – defined in terms of households not being pushed into poverty or facing a catastrophic level of out-of-pocket expenditure through paying for the services they need – can be clearly assessed using household budget survey data.

**Methods are required to measure and assess financial protection.** In the European Region, WHO is monitoring financial protection using a refined methodology of the standard WHO “capacity-to-pay-approach”, which in its basic form is more suited for high- and middle-income countries and considers the cost of meeting basic needs such as food, shelter and utilities (heating, safe water, electricity, etc.) before assessing the affordability of other costs. This work is currently being undertaken in 25 countries of the Region by the WHO Barcelona Office for Health Systems Strengthening and aims to produce a regional report by 2018, as requested by a resolution of the 65th session of the Regional Committee in its resolution on priorities for health systems strengthening. In line with the Tallinn Charter and this resolution, the work on monitoring financial protection identified the ambitious target of 0% of households facing impoverishing out-of-pocket payments for the countries of the European Region. Achieving this depends on both the level of public spending on health and the policies that protect the poor and other vulnerable groups of the population. Both global and regional experience suggest that reducing out-of-pocket payments to 15% of total health expenditure helps to secure good financial protection and this is proposed as a proxy indicator for Member States to consider.

**Adequate health financing is essential.** Sufficient financing for health serves as a first step to break the vicious cycle between poverty and ill health, protecting all people from impoverishment through ill health.

**Member States must be motivated to integrate SDGs in national health policies.** A number of challenges can be observed that impair the ability of countries to implement the SDGs through their national health policies: a tendency to ignore or omit key aspects of Health 2020 (equity, the social determinants of health, the life-course approach and resilient communities); difficulties in applying whole-of-government and whole-of-society approaches; an absence of costing/financing frameworks, implementation plans and monitoring and evaluation schemes; and a lack of attention to governance issues, with consequently poor implementation. WHO often also plays a limited role in the development of national development plans, and health is not normally perceived as an input into countries’ economic and social development but rather is seen as a “non-productive sector”. In order for these issues to be addressed, countries need to be motivated to change their policies. Behavioural science and behavioural change models can be used to improve communication of key principles and priority issues and to further engage countries in integrating the SDGs into their national health policies.

## Communicable disease lens

**NCDs cannot be effectively separated from communicable diseases.** The link between tackling NCDs and tackling communicable diseases must be made in the roadmap, as there is a danger of inefficiency in addressing both if they are considered separately. Antimicrobial resistance is an important cross-cutting issue for many communicable diseases and requires interventions from all sectors not just the health sector.

**Intersectoral and multisectoral action is essential for tackling communicable diseases.** As societal and cultural issues play as big a role as the health sector in many instances and consequently approaches have to be both inter- and multisectoral. Behavioural issues such as the vaccine-denial movements stem from a breakdown of trust within society and can only be addressed through better governance structures and systems that improve participation, accountability, trust and integrity. This breakdown of trust also impedes the credibility of and effectiveness of communication surrounding health issues, which subsequently exacerbates the potential for harmful impacts from communicable diseases.

**Actions to combat communicable diseases require trust within society and so are linked to issues of equity and human rights.** Systematic failure of governance and increased levels of corruption within governance lead to a breakdown of societal trust. In order to address these problems, a paradigm shift in governance is required, with more transparent governance systems emphasizing participation, trust, transparency and equity.

## Environment and health lens

The environment and health sectors are important to WHO and the implementation of the 2030 Agenda, as cooperation between the two sectors is long standing, and there are many existing processes that can be utilized to aid the implementation of the 2030 Agenda or can be used as examples of successes and failures over time. The key question to be asked in the roadmap is “what do we need to do differently?”

**Policies need to be implemented as well as created.** There are a number of well-known effective measures and policies addressing environment and health that are not implemented; consequently, a transformative element of the roadmap is the identification of why they have not yet worked, why the situation is not improving to the extent that should be possible given the current knowledge of both the issues and the interventions and policies to address them, and what can be done through the 2030 Agenda to address this.

**The human impact on the environment needs to be reduced.** The goal of the roadmap is to help to put in place policies through the 2030 Agenda that reduce the human impact on the environment, as well as to improve human health. There is a large burden of disease in the European Region linked to environmental issues, and this will be exacerbated in the future. Environmental challenges such as climate change, increasing temperatures, a decline in biodiversity and less access to fresh water will have increasing impacts on human health.

**Issues of sustainable development must be addressed.** Elements of environment and health that are of particular relevance to sustainable development and the SDGs could



be further emphasized in the roadmap, include the promotion of sustainable agriculture and food systems; the reduction of greenhouse gas emissions and fine particulate air pollution; clean fuels and technologies; water, sanitation and hygiene, which remain a challenge particularly in rural areas; and access to green spaces and healthy environments (in urban and rural settings). Addressing these issues require intersectoral and multisectoral responses, including the identification of co-benefits for both sectors to increase the likelihood of engagement.

**Platforms and mechanisms already exist that can be utilized.** There are a number of established and operational platforms and mechanisms within the environment and health sector, and through the European Environment and Health Process, that can serve as effective and efficient vehicles to support countries in implementing certain relevant aspects of the 2030 Agenda.

**Terminology can be chosen to be helpful.** It is proposed that the roadmap should use the term place rather than setting as the former is more sector-neutral and allows for the concept of positive as well as negative responses. The term healthy environment/setting, as used primarily in the health sector, could prove limiting in that it implies a negative issue that needs to be resolved.

**Distal and proximal dimensions should be emphasized.** An emphasis in the roadmap must be placed on the notion that any population, wherever located, must embrace a distal as well as a proximal dimension to their own environmental health challenge. This is both chronological, where proximal represents current generations and distal represents future generations, and geographical, where proximal represents immediate communities and distal represents wider communities, regional, national and global.

The ongoing negotiations around the political outcomes of the forthcoming Sixth Ministerial Conference on Environment and Health, which are taking place in parallel to the development of the roadmap, provide a very pragmatic entry point to the SDG implementation. Member States intend to turn the European Environment and Health Process into a mechanism for implementation of relevant SDGs and targets and are expected to commit to developing country-specific “portfolios of actions” that would reflect national environment and health priorities and SDG agendas, drawing from a menu of actions developed as part of the implementation plan of the Ministerial Conference declaration. This, along with their commitment to continue implementing relevant existing multilateral environmental agreements and resolutions from the World Health Assembly and the Regional Committee to place new emphasis on regions and cities and to use the SDG reporting and monitoring framework to the extent possible, represents strong entry points to develop the contents of the roadmap vis a vis the environment and health agenda.

## Governance, overcoming barriers, engagement and partnership

Governance is a cross-cutting thread running throughout all issues represented within the roadmap, as without good and effective systems of governance none of the goals and targets of the SDGs can be achieved. The most pertinent elements of the discussion around governance are as follows.

**The roadmap is a process of engagement.** The roadmap requires effective systems of good governance to implement, but the development of the roadmap is a process of governance in itself. If it is to speak to, engage and involve all stakeholders necessary for implementation of the 2030 Agenda, it needs to ensure that they are on board with the

roadmap itself. Including all stakeholders who will be involved in the implementation of the roadmap in the development process improves the breadth, relevance, governance, mandate and credibility of the roadmap.

**Different levels of governance are important.** The implementation of the 2030 Agenda and addressing inequalities is linked to decision-making that involve all levels of governance within countries. While the Agenda is global, and the national level is the enabler, it is the subnational level that is the implementer. The 2030 Agenda shifts the focus beyond the national level and the state to include the local level and individuals. This requires the roadmap to address the international, regional, national, subnational, municipal and local levels of governance, as well as exploring how these levels of governance engage and relate to each other, thus ensuring policy coherence throughout all levels.

**Participatory governance should have a bottom-up approach.** A shifting of the focus and accountability to the individual level through the 2030 Agenda means that the implementation of the Agenda must be pursued through a bottom-up approach from the individual and community levels. This requires participatory approaches and ensuring coherence between different levels of governance. National level governance structures, policies and plans need to enable and facilitate, as opposed to prevent and limit, a bottom-up approach. The regional level needs support this by acting as a facilitator for conversations that cannot happen naturally at the national and subnational levels.

**Health system governance must be effective.** The key components for effective health system governance – transparency, accountability, participation, integrity (including trust and ethics) and policy capacity – apply also as wider principles of governance. These elements must be considered and emphasized throughout the roadmap when identifying governance as a means by which to ensure effective implementation of the 2030 Agenda.

**Existing tools, instruments and mechanisms should be utilized.** There are various tools, instruments, and mechanisms of governance that are at our disposal, including platforms, networks and settings. These include hard tools, such as legislation, financing, parliamentary accountability processes; soft tools such as policy dialogues; and monitoring and evaluation. Pulling these processes together and ensuring they complement each other to achieve the goal of better health for both people and the planet is the transformative element facilitated by the 2030 Agenda.

**The health sector should lead by example.** The health sector is a large and powerful sector in all countries and provides the perfect starting point to address sustainable development, environmental and economic sustainability, inequities and inequalities. The health sector and system is one of the key drivers perpetuating inequalities and gender stereotypes, and success and progress on these issues within the health sector would represent substantial progress and act as an appropriate example as it falls directly within our mandate.

## Local, subnational, regional and specific groups lens

Different levels of governance are crucial for the effective implementation of the 2030 Agenda, as outlined in the discussion on governance, overcoming barriers, engagement and partnership. All levels of governance are central to the 2030 Agenda and must serve unique functions in addition to ensuring coherence and cooperation between them.

WHO has two specific networks targeting the subnational level: the **Regions for Health Network** and the **European Healthy Cities Network**. These networks offer the potential for consultation on different levels of governance in relation to the roadmap and could act as vehicles for implementation of the 2030 Agenda and the roadmap. The Healthy Cities Network has its annual conference in Pécs, Hungary, on 1–3 March 2017 and has designed the programme around key themes of the 2030 Agenda; both networks are prepared and have the capacity to contribute to the implementation of the roadmap.

The subnational level is often more flexible and quicker to act than the regional or international levels, for example the Welsh Well-being of Future Generations Act was adopted in 2015 to facilitate the subnational level implementation of the sustainable development agenda in line with the 2030 Agenda and prior to that Agenda being adopted by United Nations Member States. Because of this flexibility, the subnational level can be an important tool for facilitating bottom-up governance, providing empowerment at both the individual and the community level and creating participatory governance.

Urban settings and the municipal level of governance are also incredibly important for the implementation of the 2030 Agenda. Urban populations are growing drastically, and city politicians and mayors are becoming politically more powerful. The message of the United Nations Habitat III Conference on Housing and Sustainable Urban Development concluded that “Progress in health depends not only on strength of health systems, but also shaping urban environments”, highlighting the importance of engaging the municipal level in improving health and well-being. However, urban settings that undermine health are the norm, and the intersectoral and multisectoral approach to the 2030 Agenda provides an opportunity to engage all other relevant sectors (e.g. environment, urban planning, architecture) to ensure that health and well-being is a key consideration when designing and redesigning the urban environment.

## Financing for health and investment for health lens

The financing for health discussion highlighted three aspects: (i) a need to finance SDG implementation, most of which in the European Region will come from domestic resources; (ii) health financing as highlighted under UHC; and (iii) financing for health, as outlined below. It was suggested that the section in the roadmap should be renamed as sustainable financing.

Financing for health for the 2030 Agenda and SDGs should be streamlined and integrated into current funding structures rather than setting up separate funding structures and streams. Strengthening the institutions and processes already in place will contribute to achieving the 2030 Agenda, build capacity that outlives the Agenda and contribute to more coherent and intersectoral policies and actions.

Dealing with waste and inefficiency in financing for health is important for the roadmap and the 2030 Agenda. The incentive to reduce waste and inefficiency in spending only exists if the funds saved can then be used to fund other areas of need. If the saved funds will be reallocated by the ministry in charge of finance, the incentive to cut down on waste and inefficiency is reduced.

The concept of investment for health has been transformed by the 2030 Agenda and the SDGs, which created a change from the situation where many countries saw it as purely for developing countries to one where it is recognized that all countries have a role to play.

The bidirectional aspect of investing for health is crucial. Not only does health benefit from investment for health but better health then improves societal and economic productivity, is a key component of social protection and contributes to macroeconomic progress.

The role of growth within the health agenda is an important consideration in relation to the 2030 Agenda as it frames the thinking behind the implementation. It can play both a positive and a negative role for health, and crucially, a country does not need to be growing to improve health and well-being; this is an important message when the Region is facing times of economic instability and uncertainty.





## Next steps

Sections of the roadmap were assigned to individual members of the drafting group, in line with the areas of technical expertise. The next steps for the meeting and their time frame were then agreed:

- 22 January 2017:** the drafting group will redraft relevant sections of the roadmap and send to Bettina Menne, Coordinator, Health and Development (SDGs);
- 25 January 2017:** Bettina Menne will provide a redrafted version to drafting group for comments after coordinating the redraft and integrating new sections received from the drafting group;
- 26 January 2017:** a new draft of the roadmap will be sent to WHO programme managers, heads of country offices, and the Executive Board for comments;
- 27 January 2017:** the redraft will be circulated for revisions;
- 17 February 2017 to 17 March 2017:** the final draft of the roadmap will be sent for electronic Member State consultation; and
- 15–16 March 2017:** the final draft will be considered by the third meeting of the Standing Committee of the Regional Committee.

It was suggested that the draft roadmap should be shared with a range of networks and stakeholders, such as the Regions for Health Network, the European Healthy Cities Network, the European Environment and Health task force and patient associations, for comments in parallel with the formal government process, at the programmatic level.



# Annex 1

## Programme

### Tuesday, 17 January 2017

- 14:00–14:20 Opening of the meeting. Piroska Östlin  
Brief introduction into the work of the Venice office.  
Christoph Hamelmann
- 14:20–14:30 Scope of the meeting and modalities of work. Bettina Menne
- 14:30–14:45 Global perspectives. Chris Dye\*
- 14:45–15:15 Presentation of the draft roadmap. Bettina Menne
- 15:15–16:00 Q&A on the draft roadmap. Tour de table (virtual and in person)
- 16:15–16:45 Country needs, in terms of SDG implementation  
- the example of the UK. Gina Radford  
- the example of Georgia. G. Marijan Ivanuša
- 16:45–17:15 Monitoring and reporting. Tina Dannemann\*  
- Discussion
- 17:15–18:00 NCD and risk factors lens. Gauden Galea,\* Sergey Boytsov,  
Sylvie Stachenko  
- Discussion
- 18:00 Brief wrap up

### Wednesday, 18 January 2018

- 09:00–09:15 Summary of Day 1. Adam Tiliouine
- 09:15–10:15 Equity, gender and human rights lens. Peter Goldblatt, Chris Brown,  
Isabel Yordi,\* Aasa Nihlen,\* Santino Severoni  
- Discussion
- 10:15–11:00 Health systems and national health policy lens. Tamas Gyula Evetovits,  
Govin Permanand, Anne Johansen  
- Discussion
- 11:15–11:45 Communicable disease lens. Masoud Dara\*  
- Discussion
- 11:45–13:00 Environment and health lens. George Morris, Andy Haines,\*  
Roberto Bertollini,\* Elizabet Paunovic,\* Francesca Racioppi\*  
- Discussion

- 13:00–14:00 *Lunch*
- 14:00–15:00 Governance, overcoming barriers, engagement and partnership.  
Gina Radford, David Pencheon,\* Monika Kosinska  
- Discussion
- 15:00–16:00 Local, subnational, regional and specific groups lens. Cathy Wetherup,\*  
Marcus Grant, Francesco Zambon, Elaine Rashbrook  
- Discussion
- 16:15–17:00 Health financing and investment for health lens. Tamas Gyula Evetovits,  
Christoph Hamelmann  
- Discussion
- 17:00–18:00 Advocacy, building capacity and institutional development  
- Discussion

#### **Thursday, 19 January 2017**

- 09:00–09:30 Summary of Day 2. Adam Tiliouine
- 09:30–11:00 Drafting sessions continuation
- 11:15–12:00 Drafting sessions continuation
- 12:00–13:00 Presentation of the redrafted sessions and discussion
- 14:00–15:15 Presentation of the full redrafted document  
- Discussion  
- Next steps
- 15:15–15:30 Conclusions of the meeting. Piroska Östlin
- 15:30–18:00 Invitation to the opening of the new premises of the Venice Office

*\*Attended by Webex.*



## Annex 2

### Temporary advisers

Richard ALDERSLADE (pre-meeting)  
Teaching Fellow in Public Health at St Georges Hospital, London, United Kingdom

Roberto BERTOLLINI (Webex)  
Member of the Scientific Committee on Health, Environmental and Emerging Risks of the European Commission and former WHO Chief Scientist and Representative to the EU, Brussel, Belgium

Sergey BOYTSOV  
Head, WHO Collaborating Centre on Development and Implementation of Noncommunicable Disease Prevention Policy and Programs, National Research Centre for Preventive Medicine, Ministry of Health, Moscow, Moscow, Russian Federation

Peter GOLDBLATT  
Senior Advisor, UCL Institute of Health Equity, London, United Kingdom

Marcus GRANT  
Expert Advisor to the WHO European Healthy Cities Network, Built Environment Expert for Design Council CABE, Bristol, United Kingdom

Andrew HAINES (Webex)  
Professor of Public Health and Primary Care, London School of Hygiene & Tropical Medicine, London, United Kingdom

Ilona KICKBUSCH (pre-meeting)  
Director, Global Health Centre, Graduate Institute Geneva, Switzerland

George MORRIS  
Honorary Professor, European Centre for Environment and Human Health, University of Exeter Medical School, Exeter United Kingdom

David PENCHEON (Webex)  
Director of the Sustainable Development Unit, Cambridge, United Kingdom

Gina RADFORD  
Deputy Chief Medical Officer England, Department of Health, London, United Kingdom

Sylvie STACHENKO  
Professor, School of Public Health, University of Alberta, Alberta, Canada

### World Health Organization

Chris BROWN  
Programme Manager, Social Determinants of Health and Development



Anna CICHOWSKA (Webex)  
Programme Manager, Health Systems and Public Health

Tina DANNEMANN PURNAT (Webex)  
Unit Leader, Health Informatics and Information Systems and Acting Unit Leader and  
Programme Manager, Health Information, Monitoring and Analysis

Masoud DARA (Webex)  
Coordinator, Communicable Diseases and Health Security

Christoph DYE (Webex)  
Director, Strategy, Policy and Information

Tamás EVETOVITS  
Head, WHO Barcelona Office for Health Systems Strengthening and Programme Manager,  
Health Financing

Gauden GALEA (Webex)  
Director, NCDs and Promoting Health through the Life-course

Christoph HAMELMANN  
Head, WHO European Office for Investment for Health and Development

Marijan IVANUŠA  
Head, WHO Country Office Georgia

Anne JOHANSEN  
Programme Manager, National and Sub-national Health Policies

Monika KOSINSKA  
Programme Manager, Governance for Health

Bettina MENNE  
Coordinator, Health and Development

Åsa NIHLEN (Webex)  
Technical Officer, Gender, Equity and Human Rights

Piroska ÖSTLIN  
Director, Division of Policy and Governance for Health and Well-being

Elisabet PAUNOVIC (Webex)  
Head, WHO European Centre for Environment and Health

Govin PERMANAND  
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Senior Policy and Programme Adviser, Environment and Health Policy and Governance

Santino SEVERONI  
Coordinator, Public Health and Migration

Isabel YORDI AGUIRRE (Webex)  
Technical Officer, Gender, Equity and Human Rights

Francesco ZAMBON  
Policy Officer, Social Determinants of Health and Development

### **Rapporteur**

Adam TILIOUINE  
Consultant, WHO Regional Office for Europe



The WHO Regional  
Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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