

SECOND MEETING of the Issue-based Coalition on Health and Well-being for All at All Ages



19–20 September 2019, Copenhagen, Denmark



Abstract

The second meeting of the Issue-based Coalition on Health and Well-being for All at All Ages (IBC-Health) was held at the WHO Regional Office for Europe in Copenhagen on 19–20 September 2019. The purpose of the meeting was to review the progress of IBC-Health since 2018 and to develop a second joint work plan for 2020–2022. To facilitate the development of a joint vision and to identify workstreams and priorities for 2020–2022, IBC-Health revised the objectives in its terms of reference and the criteria guiding the identification and prioritization of areas for joint work, which now include addressing the burden of disease; leaving no one behind; cooperation to advance strategic and critical issues; and accelerate implementation by working together as one. Participants agreed to proceed with the previous workstream on coordination and the four technical workstreams (health over the life-course; communicable disease; universal health coverage, with a focus on medicines; and migration) and also to add two technical workstreams in the areas of primary health care and noncommunicable disease. The revised IBC-Health terms of reference and draft of the second IBC-Health work plan for 2020–2022 will be made available for further discussion and input at the next Regional United Nations System Meeting scheduled for November 2019.

Keywords

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Ms Alanna Armitage (Eastern Europe and Central Asia Regional Director of the United National Population Fund) and Dr Rosemary Kumwenda (Regional Team Leader for HIV, Health and Development at the United Nations Development Programme Istanbul Regional Hub) co-chaired the meeting. Dr Bettina Menne, Coordinator for Sustainable Development and Health at the WHO Regional Office for Europe welcomed the participants. This report was written by Dr Amanda Shriwise, meeting rapporteur, and was edited by Dr Bettina Menne and Dr Emilia Aragon de Leon.

EXECUTIVE SUMMARY

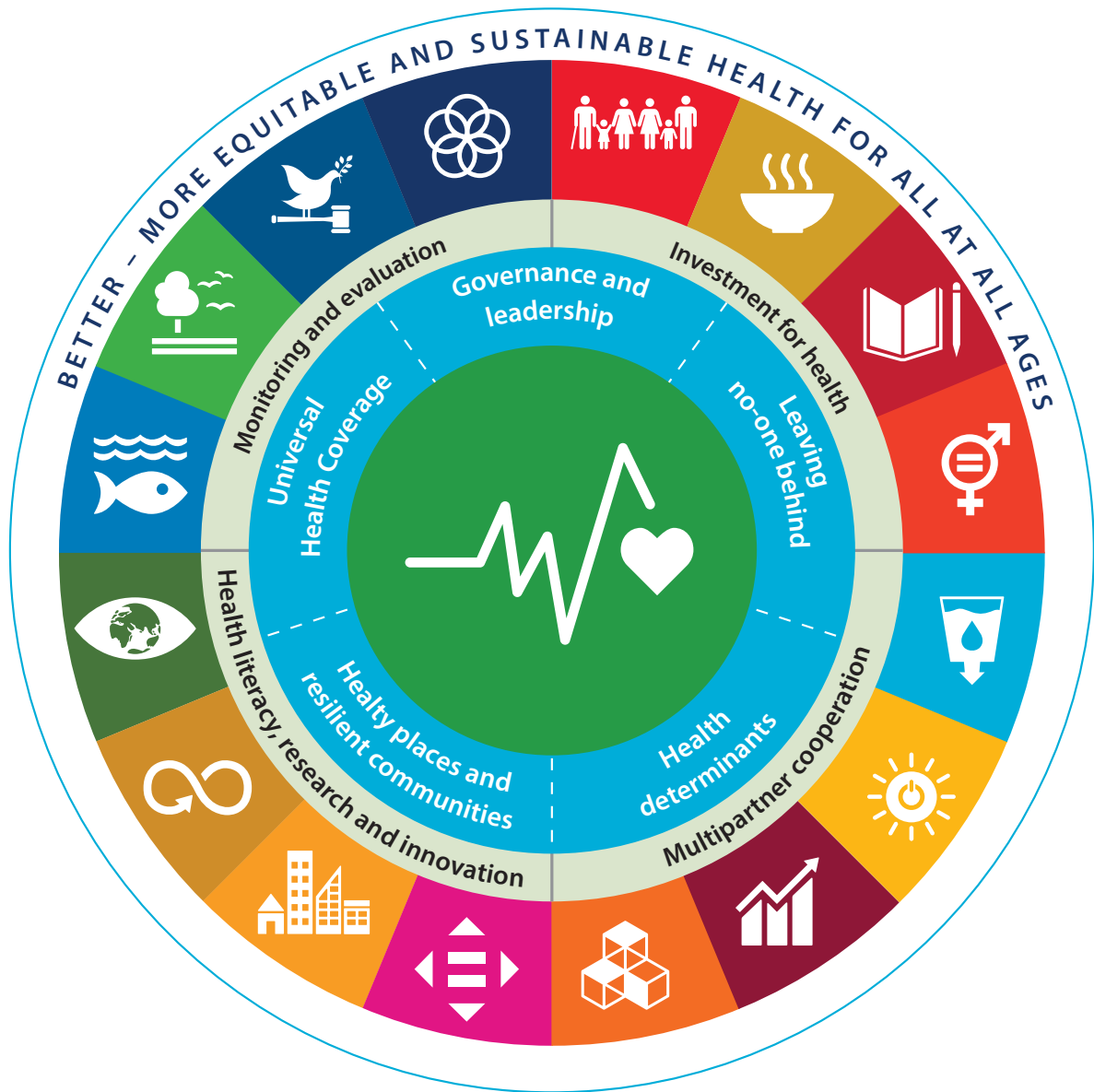


The second meeting of the Issue-based Coalition on Health and Well-being for All at All Ages (IBC-Health) was held at the WHO Regional Office for Europe in Copenhagen on 19–20 September 2019.

The purpose of the meeting was to discuss IBC-Health's work plan progress and achievements in 2019; IBC-Health's work plan, joint products and priorities for 2020–2022; updates on IBC-Health's engagement with other Issue-based Coalitions (IBCs) and partners; how IBC-Health can improve communication; a health guidance note and checklist to support the United Nations Sustainable Development Cooperation Framework (UNSDCF); the forthcoming guide to resources to implement the health-related Sustainable Development Goals (SDGs) in European Member States, prepared by WHO; SDG financing; and decisions on a lead agency and leaders for each workstream.

The agencies participating in the second meeting included the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Environment, United Nations Population Fund (UNFPA) and the World Food Programme.

Meeting participants discussed the Coalition's progress since its 2018 planning meeting and revised its terms of reference. Participants agreed to proceed with the previous workstream on coordination and the four technical workstreams (health over the life-course; communicable disease; universal health coverage, with a focus on medicines; and migration) and also to add two technical workstreams in the areas of primary health care and noncommunicable disease (NCD). It was also agreed that each workstream should have one overarching outcome and no more than three supporting activities and that gender should be a cross-cutting theme throughout the workstreams. The revised terms of reference and draft work plan for 2020–2022 will be made available for further discussion and input at the next Regional United Nations System Meeting scheduled for November 2019.



INTRODUCTION: SCOPE OF THE MEETING



IBC-Health for sustainable development was established in May 2016 at the Europe and Central Asia Regional United Nations Development Group Meeting, held in Geneva, Switzerland (1).

The purpose of this coalition of partners is to act as a pan-European enabling mechanism to facilitate and promote implementation of all SDGs and targets in the WHO European Region. IBC-Health is responsible for coordinating activities of relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations and partners that impact on health and well-being.

The specific objectives of IBC-Health were initially given as:

- /// strengthen the regional partnership and involvement of stakeholders at all levels of governance to support Member States in implementation of health and related targets of the SDGs;
- /// map existing norms, policies and standards and identify priorities, opportunities and gaps in programming and in developing mechanisms to address these;
- /// provide coherent and timely programming and policy/normative guidance and technical support on health-related issues at regional and country levels;
- /// increase the effective and efficient use of human and financial resources within and between United Nations agencies and partners on health-related initiatives and interventions, including regional joint resource mobilization efforts; and
- /// improve coordination, communication and information sharing on key lessons and good practices considering the focus of leaving no one behind due to poor health.

The aim of this second meeting was to take stock of the progress made and lessons learned under the first joint work plan and to develop a second joint work plan for 2020–2022. The following topics were to be covered:

- /// discussion and update by agencies on IBC-Health's work plan progress and achievements for 2019;
- /// discussion and development of IBC-Health's work plan, joint products and priorities for 2020–2022;
- /// update on IBC-Health engagement with other IBCs and partners;
- /// discussion about how IBC-Health can improve communications;
- /// discussion about a health guidance note and checklist to support the UNSDCF;
- /// discussion on the forthcoming guide to resources to implement the health-related SDGs in European Member States, prepared by WHO;
- /// discussion about SDG financing; and
- /// discussion and decision on a lead agency and leaders for each workstream.

This report summarizes the key points from the discussion in relation to the IBC-Health's terms of reference and proposed joint work plan for 2020–2022. It has four annexes: programme of the meeting, list of participants, revised terms of reference and a proposed joint work plan for 2020–2022.

WORKING TOGETHER TO IMPROVE HEALTH AND WELL-BEING ACROSS EUROPE AND CENTRAL ASIA

Background

In November 2016 the first meeting of IBC-Health took place at the WHO Regional Office for Europe in Copenhagen, Denmark (2), and its terms of reference were approved (3). The aim of the first meeting was to develop a joint work plan on health and well-being for all at all ages that would support implementation of the SDGs. At this meeting, four workstreams were identified based on the following criteria for joint cooperation: topics of high urgency and high political importance; diseases of high burden or priorities common across all countries (to address unmet needs), particularly vulnerable countries (to target those most in need); implementation of existing commitments that contribute to achieving the SDG health targets; and building on areas where cooperation activities already exist. In addition to coordination, four workstreams were identified:



- health throughout the life-course, with a focus on maternal and child health (SDGs 3.1, 3.2 and 3.7 and SDGs 5, 10 and 16);
- communicable disease, with a focus on HIV and tuberculosis (SDGs 3.3 and 3.b);
- universal health coverage, with a focus on medicines (SDGs 3.8 and 3.b); and
- migration, including aspects of emergencies (SDG 3 and SDG 10.7).



In May 2018, a Webex planning meeting of IBC-Health took place to discuss progress, goals and priorities for 2018 and 2019 within each workstream; how IBC-Health can support SDG implementation in countries; how IBC-Health can improve communications; and the scope, content and timing of the next face-to-face meeting. This meeting resulted in an update in progress across all workstreams and the suggestion of the following next steps (3):



- to invite representatives of the other IBCs to the second IBC-Health meeting;
- to invite the WHO Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course in the WHO European Region and UNDP to the second IBC-Health meeting, to explore linkages within the universal health coverage/health system workstream and to present a brief background summary;
- to gather further intelligence on the process and content in revisions of forthcoming United Nations Development Assistance Frameworks and to develop a table of contents on the health guidance required;
- to develop a MAPS (mainstreaming, acceleration, and policy support) health checklist approved by all agencies and ask UNDP to hold a two-hour briefing including financing for development for IBC members; and
- to develop a concept paper on the communication and social mobilization workstream within IBC-Health, share this with IBC members and ask for nominations of resources from United Nations agencies to organize a first back-to-back meeting around the second IBC meeting.

Since the 2018 planning meeting, several developments have occurred. First, the United Nations Development Assistance Frameworks have been renamed as cooperation frameworks (UNSDCF) and recognized as the most important instrument for planning and implementation of the United Nations development activities at country level (4). From 2016 to 2018, MAPS missions took place in

14 countries¹ across Europe and central Asia to support SDG attainment (5); a second wave of these missions is not expected at this time. Finally, in 2018, Germany, Ghana and Norway requested WHO and other multilateral organizations to streamline their efforts to support countries and accelerate progress on SDG 3 (health and well-being) and other health-related targets, and this call was echoed by the G20 Osaka Leaders' Declaration (6). In response, WHO and 12 global organizations have produced the Global Action Plan for Healthy Lives and Well-being for All (GAP) (7).

Progress made since 2018 under the first IBC-Health joint work plan

Since the 2018 planning meeting, the following joint work and achievements have taken place under the workstreams of the first IBC-Health joint work plan.

Workstream 0: coordination. In conjunction with a request from Member States of the WHO European Region (8), WHO is in the process of revising a draft guide to support policy implementation for health and health-related SDG attainment that builds upon the GAP (7). An expert meeting was held in June 2019 to provide additional input for the guide, and an overview of the guide was presented at the 69th session of the WHO Regional Committee for Europe in September 2019.

Workstream 1: health throughout the life-course. Work within the IBC on Gender (IBC-Gender) has contributed to efforts to improve health for all throughout the life-course, particularly in men's health and in the area of long-term care. In September 2018, Member States adopted the Strategy on the Health and Well-being of Men in the WHO European Region (9,10). With support from a WHO collaborating centre, a policy brief and assessment tool on gender and long-term care is progressing and is on track to be piloted in Romania in the final quarter of 2019.

Workstream 2: communicable disease. At the United Nations Regional System Meeting in May 2018, the United Nations Common Position on ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was adopted (11). In September 2018, following the first High-level Meeting on TB held at the United Nations General Assembly, the Common Position paper was launched at a side event organized by the IOM, the Permanent Mission of Slovakia to the United Nations and the WHO Regional Office for Europe (12).

Workstream 3: universal health coverage. In September 2018 UNFPA, UNICEF and WHO held a three-day meeting with medical manufacturers to facilitate joint consultation on quality-assured products and reliable product forecasts in relation to a number of essential health products. Another joint meeting with medical manufacturers is scheduled for December 2019. The Second Medicines Procurement Practitioners Forum was held in June 2019. The Forum was jointly organized by UNICEF's Supply Division and the WHO Regional Office for Europe, and the content of the agenda was developed jointly with other partners and United Nations agencies, including the Global Drug Facility, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Médecins Sans Frontières, UNDP and UNFPA. The Forum convened practitioners to exchange knowledge, practical experiences, challenges and best practices in procurement of essential medicines, including those related to the management of NCDs. The Forum included participants from 10 countries across the Region² and supported the creation of action plans and priorities for support from United Nations agencies.

¹ Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Montenegro, Republic of Moldova, Serbia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

² Albania, Armenia, Belarus, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan and Ukraine.

Workstream 4: migration. Several activities have taken place within this workstream. First, RE-HEALTH has been funded by the European Commission with the aim of improving the integration of newly arrived refugees and migrants into the health systems of European Union (EU) Member States. The project, which promotes continuity of care, the availability of medical records to health professionals and facilitated data collection, has been finalized and is currently planned for expansion. Second, a migration health training programme has been developed, including specific training modules for health professionals, law enforcement officers and trainers on refugee and migrant health, including communicable diseases and mental health. The training programme is now available to the public through the European Commission's Directorate-General for Health and Food Safety. Training for first-line health professionals, law enforcement officers and social workers working at the local level with refugees and migrants is in the process of being finalized and will be publicly available in due course. Third, the Knowledge Management Committee met three times from 2018 to 2019 to inform the development of technical guidance and webinars, and their website now includes seven technical guidance materials, covering maternal and newborn health, child health, health promotion, health of older refugees and migrants, immunization, NCDs and mental health. Finally, in collaboration with the European Commission, the European Public Health Association and the IOM, the third Summer School on Refugee and Migrant Health was held in July 2019 in Turkey with the theme, From emergency response to long-term inclusion policies.

Cross-cutting accomplishments with IBC-Gender. It was also reported that IBC-Gender has a number of ongoing health-related activities related to violence against women as well as gender equality and human rights. First, the violence against women baseline assessment report was published in 2019 (13), with country-led follow-up planned for 2020–2021. Second, a report and policy guidance on women and tobacco in the WHO European Region has been developed based on the outcomes of the eighth session of the Conference of Parties to the WHO Framework Convention on Tobacco Control held in 2018. Country level work based on this guidance is planned for the final quarter of 2019 and also for 2020. Third, WHO has also successfully fundraised for a project on gender-transformative health promotion, which will be launched in 2020. Fourth, 28 country profiles summarizing gender equality and health conclusions from human rights treaty body recommendations have been developed and will be published. Fifth, WHO is also involved in the expert group supporting the Convention on the Elimination of All Forms of Discrimination Against Women, is in the process of developing a general recommendation from a health perspective on the trafficking of women and girls and is developing a Health Evidence Network report on health systems responses to trafficking. Finally, a factsheet on lesbian, gay, bisexual, transgender and intersex health rights is currently under development.

Activities and achievements across IBCs since 2018

Updates were also provided on the activities of the other IBCs in Europe and central Asia, which include gender equity (IBC-Gender), adolescent and youth (IBC-Youth), social protection (IBC-Social Protection), large movements of people, displacement and resilience (IBC-Migration), and SDG data and monitoring (IBC-Data). It was also reported that an IBC on the environment is expected to be created at the next Regional United Nations Systems Meeting scheduled for November 2019.

Since 2018, other IBCs have also achieved successes.

IBC-Gender has built broad partnerships with key regional actors, including the EU, the Organization for Security and Co-operation in Europe and the World Bank, to advance and promote gender equality and women's empowerment. It has supported United Nations country teams (UNCTs) through the finalization and dissemination of SDGs and Gender

Equality, the regional guidance note (14), nine MAPS missions³ and through information sharing on SDGs/gender-related materials through webinars. IBC-Gender stays connected through an interagency Yammer, a social networking service designed to help employees to connect and communicate across organizations. Every month, an email is sent summarizing the updates on Yammer through the year. IBC-Gender also undertakes joint advocacy activities to tackle the backlash against so-called gender ideology and to eliminate gender-based violence throughout Europe and central Asia. IBC-Gender is also developing a joint project proposal with the EU's Directorate-General for Neighbourhood and Enlargement Negotiations and is performing joint work on an investment plan for the joint EU-United Nations Spotlight Initiative to eliminate all forms of violence against women and girls in Asia.

IBC-Youth supported a youth-led side event (Adolescents and youth as partners to achieve the Sustainable Development Goals) at the Regional Forum on Sustainable Development in 2018 as well as the first ever Youth Pre-Meeting ahead of the Regional Forum on Sustainable Development in 2019 organized with the European Youth Forum and the United Nations Major Group for Children and Youth. IBC-Youth has also supported the identification of young participants in the Beijing +25 process, continues to advance the 1995 Beijing Declaration and Platform for Action To Advance Women's Rights and also Our Health, Our Future, a youth consultation and lunch organized by the Government of Kazakhstan, UNFPA, UNICEF and WHO during the Astana Global Conference on Primary Health Care in 2018. IBC-Youth has supported UNCTs through eight MAPS missions⁴ in addition to other forms of joint support in Albania, Uzbekistan and the western Balkans as well as acting as a focus on joint programmes in support of youth, peace, and security between the EU and the African Union.

IBC-Data was introduced in 2017 and initially focused on supporting MAPS missions in countries. Most of the work on data collection and reporting takes place at the county level, where national statistical offices are key partners as are strong information management systems. At the regional level, key partners include the Conference of European Statisticians and Eurostat. In line with regional reform review, IBC-Data has been taking stock of different data initiatives in the Region and assessing how best to consolidate existing capacities and capitalize on comparative advantages. Many countries have assessed their capacity, completed baseline assessments and are looking at the extent to which their data can be disaggregated. Custodian agencies have also completed statistical capacity assessments for specific SDG indicators, and new tools and methods are available to support capacity-building at the country level. Regional support is also available for national surveys, which have often unmasked disparities and inequities. IBC-Data is also supporting the 2019 Regional SDG Report and the revision of the Regional Roadmap for SDG Statistics by the United Nations Economic Commission for Europe (UNECE). At the country level, IBC-Data is recommending that UNCTs integrate SDG 17.18 (capacity-building and disaggregated data)⁵ into UNSDCFs and, where appropriate, that United Nations agencies play a stronger role in UNECE's statistical working groups within Member States. UNECE lacks an emphasis on the social and environmental factors compared with other regions, and greater involvement from United Nations agencies can help to redress this technical imbalance.

While there was no update on the activities of IBC-Social Protection or IBC-Migration, it was reported that the current conversation on migration in relation to health is not encouraging. Investment in health and well-being has been cited as encouraging migration into the WHO

³ IBC-Gender was represented in MAPS missions to Albania, Armenia, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Serbia, Ukraine and Uzbekistan.

⁴ IBC-Youth was represented in MAPS missions to Albania, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Serbia, Ukraine and Uzbekistan.

⁵ SDG 17.18: by 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

European Region, which means that refugee and migrant health is neither politically popular nor a high priority despite substantial levels of need. This makes it more difficult to ensure that refugees and migrants have access to health services, particularly in eastern Europe and central Asia. There is a need to invest in raising awareness of the health challenges faced by refugees and migrants and the benefits for all in addressing them. At present, the IOM looks forward to being incorporated into IBC-Migration's next work plan and is working to provide refugee and migrant populations throughout Europe and central Asia with guidance on health prevention, remittances and how to access health services. IOM is also continuing to engage with the United Nations Common Position on ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (11) in Armenia, Azerbaijan, Belarus and Georgia (15,16).

Upcoming high-level events related to IBC-Health

UNFPA is currently preparing for the Nairobi Summit marking the 25th anniversary of the International Conference on Population and Development. The Conference is in the form of a political summit and is co-convened by Denmark, Kenya and UNFPA. Bringing together a wide range of stakeholders, including the Deputy Secretary General of the United Nations and representatives from UNICEF and WHO, the Conference aims to: (i) mobilize the political will and financial commitments needed to fully implement its Programme of Action and meet the related SDGs and targets by 2030; and (ii) elicit voluntary commitments to end preventable maternal deaths, eliminate unmet need for modern contraceptives, and end gender-based violence, child marriage and female genital mutilation, among others. Commitments of support may be either political or financial and are welcomed from all stakeholders operating at all levels. The International Conference on Population and Development has identified five accelerators of progress: gender equality, youth leadership, political and community leadership, innovation and data, and partnerships.

CONSIDERATIONS AND RECOMMENDATIONS FOR JOINT WORK UNDER THE SECOND WORK PLAN, 2020–2022



Four overarching recommendations emerged from discussion on how best to approach joint work under the second work plan from 2020 to 2022, with a strong focus on engaging with countries and supporting their health and health-related implementation efforts:

- /// develop a joint vision and consider how best to add value;
- /// clarify how IBC-Health engages with countries;
- /// connect with other IBCs through exchange and mutual learning; and
- /// support implementation efforts in countries, including a focus on aligning investment with addressing the burden of disease.

Develop a joint vision and consider how best to add value. While IBC-Health is not currently supported by a distinct joint funding mechanism, working together has still added value. By facilitating coordination of health and health-related SDG implementation efforts, IBC-Health adds value by building on synergies within ongoing programming and by identifying areas where agencies can implement existing action plans and recommendations with greater ease by working together. IBC-Gender also reported success in jointly advocating for sensitive issues, and IBC-Health may also consider this as a strategy, where appropriate.

Clarify how IBC-Health engages with countries. It is critical for IBC-Health to have a clear understanding of how it engages with countries, including, but not limited to, how it can best support the work of UNCTs and resident coordinators. For example, it was noted that IBC-Gender has a direct relationship with UNCTs, while IBC-Youth does not; the nature of any links between other IBCs and UNCTs were not known. The Peer Support Group recognizes two modes of country engagement: one for the 18 programme countries with full-fledged United Nations country presence (i.e. a resident coordinator and functioning UNCT)⁶ and another for the remaining countries across Europe and central Asia, which IBC-Health may wish to consider. It should also be noted that in four of these other countries, the United Nations is represented through select entities without a resident coordinator (Croatia, Cyprus, Romania and the Russian Federation). Of these 22 countries with a United Nations presence in Europe and central Asia, 21 also have a WHO country office (exception is Cyprus). WHO country offices are also present in 11 countries beyond these 22.⁷ National counterparts and technical focal points for both health and well-being and the SDGs are found in a further 20 countries without a United Nations country presence or WHO country office.⁸ This existing infrastructure can facilitate IBC-Health engagement with countries as appropriate in each context. It is also important to bear in mind that IBCs may not seem particularly novel to the UNCTs. While IBCs are a new regional form of coordination, United Nations agencies have worked together in countries in many different ways under a number of different headings for decades. Communication with UNCTs should focus first and foremost on the ways in which

⁶ Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.

⁷ Bulgaria, Czechia, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

⁸ Andorra, Austria, Belgium, Denmark, Finland, France, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Portugal, San Marino, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland.

IBC-Health can support and connect to UNCTs rather than on the intricacies of IBC-Health as a distinct structure and new way of working.

Connect with other IBCs through mutual exchange and learning. As emphasized during the 2018 planning meeting, it is important that IBC-Health maintains links with all other IBCs through mutual exchange and learning. The discussion of activities across IBCs since 2018 have recognized IBC-Gender as having strong organizational and joint advocacy strategies. IBC-Gender meets four times a year, mostly virtually, and focuses its joint work around a pragmatic, annual work plan. The discussion also revealed that better linkages need to be made between IBC-Health and IBC-Youth, facilitated potentially by the IOM.

Support country implementation efforts, including a focus on aligning investment in health and well-being with addressing the burden of disease. There was a consensus that IBC-Health needs to be focused first and foremost on supporting the attainment of health and health-related SDGs in countries across Europe and central Asia. WHO representatives in Georgia and the Russian Federation stressed the need to continue to raise awareness of the relevance of the SDGs in countries through the use of consistent narratives. This is important in dialogue with embassies and EU delegations, as well as with policy-makers. United Nations agencies have aligned their technical support for countries through initiatives and joint papers, for example the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (11) and recent reports by the United Nations Interagency Coordination Group on Antimicrobial Resistance (17). Implementation tools are also helpful but they need to be created in a way that supports the work of country offices and teams. Support in finalizing United Nations proposals to the Joint Fund for the 2030 Agenda (18) is also welcome. Management of these funds should be in line with national development priorities as indicated in the UNSCDF. Partnerships for universal health coverage are also a good entry point at country level in this regard.

WHO is currently working on two tools to support countries in health and health-related SDG attainment. First, 12 countries across Europe and central Asia are scheduled to develop an UNSDCF. To support countries and ensure that health and well-being are considered and incorporated in this upcoming round of UNSDCFs, WHO is working to update its pre-existing guidance on how best to incorporate NCDs into United Nations Development Assistance Frameworks (now UNSDCFs) (19). Second, WHO is currently developing guidance for Member States on the resources available to support its policy implementation efforts to achieve the health and health-related SDGs. The guide builds upon the GAP (7) in conjunction with accompanying repository of tools. Input and consultation to inform the development of the guide has been extensive and has included consideration of information from a scoping review and systematic collection of tools; interviews and focus groups with target internal and external users of the guide; country dialogues, MAPS missions and voluntary national reviews; and working group and advisory meetings in addition to the core editorial group work. A final draft of the guide is currently being produced and will be circulated to members of IBC-Health for comment and consideration as a potential joint project at its next meeting in 2020.

REVISIONS TO THE IBC-HEALTH'S TERMS OF REFERENCE AND CRITERIA FOR JOINT WORK



To facilitate the development of a joint vision and to identify workstream priorities for 2020–2022, the IBC-Health objectives in its original terms of reference (given in the Introduction: scope of the meeting) were revised as follows:

- /// strengthen the regional partnership and engagement of stakeholders at all levels of governance to support Member States in implementation of the health-related targets of the SDGs;
- /// provide coherent and timely programming and policy/normative guidance and technical support on health-related issues at regional and country levels;
- /// support countries in the assessment, alignment, acceleration and accountability approach towards the achievement of the health-related SDGs; and
- /// strengthen/advance joint advocacy, communication and information sharing on key lessons and good practices considering the focus to leave no one behind.

Annex 3 gives the revised IBC-Health's terms of reference.

The criteria guiding the identification and prioritization of IBC-Health joint work were also revised as follows:

- /// addressing the burden of disease
- /// leaving no one behind
- /// cooperating to advance strategic and critical issues
- /// accelerating implementation by working together as one.

DEVELOPMENT OF THE SECOND IBC-HEALTH JOINT WORK PLAN, 2020–2022



It was agreed that IBC-Health will continue with both the coordination and all four technical workstreams under the second joint work plan. It was also agreed that new technical workstreams would be added to cover primary health care and also NCDs. It was also agreed that each workstream should have one overarching outcome and no more than three supporting activities and that gender should be a cross-cutting theme throughout the workstreams.

Annex 4 includes a draft of the second IBC-Health joint work plan, 2020–2022.

NEXT STEPS



The revised IBC-Health terms of reference and draft of the second IBC-Health work plan for 2020–2022 will be made available for further discussion and input at the next Regional United Nations System Meeting scheduled for November 2019.

Given the need to focus on county support and implementation efforts, IBC-Health members are encouraged to consider how best to engage with countries in advance of the next IBC-Health meeting. WHO will also circulate the draft guide and repository of tools available to support implementation of the health and health-related SDGs for comment in due course

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ANNEX 1. PROGRAMME



Thursday, 19 September 2019

DOCUMENTATION

08:30–09:00	Registration	
09:00–09:15	Welcome and opening By the WHO Regional Director Election of Chairperson and Rapporteur General housekeeping information Adoption of programme	
09:15–09:30	Tour de table	
09:30–10:30	Agencies and organizations share success stories and achievements relevant to IBC-Health	Workstream templates
10:30–11:00	Discussion about the IBC-Health and the UNSDCF	GAP document
11:00–11:15	Coffee break	
11:15–12:00	Guide to resources to implement the health-related SDGs in European Member States	Draft guide presentation prepared by WHO
12:00–12:45	Connecting the dots High-level Nairobi Summit presentation Update from agencies about their engagement with IBC-Health partners, countries and other IBC groups. <ul style="list-style-type: none">• IBC Youth• IBC Gender• IBC Migration• IBC Data	
12:45–13:30	Lunch	
13:30–14:00	Continuation of connecting the dots	
14:00–14:55	Discussion about SDG financing and other business	
14:55–15:00	Closure of day one (chair)	

Friday, 20 September 2019

		DOCUMENTATION
09:00–11:00	Development of IBC-Health work plan, joint products and priorities for 2020–2022. Discussion by all IBC-Health members Noncommunicable diseases proposed workstream Primary health care proposed workstream Discussion about how IBC-Health will link with the GAP	Workstream templates
11:00–11:15	Coffee break	
11:15–12:15	Continuation of the development of the IBC-Health work plan, joint products and priorities for 2020–2022	Workstream template
12:15–13:00	Lunch	
13:30–14:00	Continuation of the development of the IBC-Health work plan, joint products and priorities for 2020–2022 Finalization of workstream leads and support agencies and/or organisations	Workstreams template
14:00–14:55	Present IBC-Health work plan to RCs	
14:55–15:00	Closure of the meeting (chair)	

ANNEX 2. LIST OF PARTICIPANTS



International organizations

International Organization for Migration

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Aasa NIHLÉN

Technical Officer, Gender and Human Rights programme

Santino SEVERONI

Special Advisor, Migration and Health

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Isabel YORDI

Programme Manager, Gender and Human Rights

Rapporteur

Amanda SHRIWISE

ANNEX 3. REVISED IBC-HEALTH'S TERMS OF REFERENCE

I. Background

The establishment of issue-based coalitions at the regional level in the WHO European Region was proposed during the Regional Directors' retreat on Sustainable Development Goals (SDGs) in December 2015, and IBC-Health was established in May 2016. Implementing the 2030 Agenda will require even stronger strategic partnerships and engagement with stakeholders in order to integrate it into national development, mobilize partners (intersectoral and interagency action), set national targets and advocate for change. Adequate data, information and resources will be required, together with effective mechanisms for establishing appropriate accountability, reporting and follow-up and review mechanisms. Since the establishment of IBC-Health, many activities have been carried out.

The following are the revised TORs, for discussion at the next United Nations system meetings for Europe and central Asia.

II. Main goal and objectives

The purpose of the Issue-based Coalition on Health and Well-being for All at All Ages (IBC-Health) is to act as a pan-European enabling mechanism to facilitate and promote the implementation of health-related SDG targets and goals in countries in the WHO European Region through coordinated efforts of relevant United Nations funds, programmes and specialized agencies as well as other intergovernmental organizations and partners.

The following are the specific revised objectives of IBC-Health:

- /// strengthen the regional partnership and engagement of stakeholders at all levels of governance to support Member States in implementation of the health-related targets of the SDGs;
- /// provide coherent and timely programming and policy/normative guidance and technical support on health-related issues at regional and country levels;
- /// supporting countries in the assessment, alignment, acceleration and accountability towards the achievement of the health-related SDGs; and
- /// strengthen/advance joint advocacy, communication and information sharing on key lessons and good practices considering the focus to leave no one behind.

III. Membership

Membership of IBC-Health consists of United Nations agencies and related entities. The coalition will reach out to other partners such as Global Action Plan for Healthy Lives and Well-being for All (GAP) partners (e.g. GAVI, the Global Financing Facility, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the World Bank), European Union and its agencies, Organisation for Economic Co-operation and Development, United Nations Economic Commission for Europe and civil society and private sector joining on the principles and values expressed in the SDGs and working in the WHO European Region and exploring ways of collaboration and joint action.

IBC-Health will be technically, strategically and operationally attended by senior technical representatives of the agencies, nominated by their regional directors.

IV. Chair

IBC-Health is currently led by the Regional Director of the WHO Regional Office for Europe. It is suggested that this arrangement is revised every three years. The Regional Director of the WHO Regional Office for Europe will represent IBC-Health at the regional directors' meetings and other fora.

V. Secretariat

The secretariat is currently in the WHO European SDG Coordination programme. The secretariat will continue to ensure communication, organize technical–strategic meetings, advocate for rotation with the participating agencies, liaise with other initiatives (e.g. GAP), provide technical documents, ensure a sharing mechanism between agencies, draft the SDG newsletter and report on the annual joint work plan.

VI. Meetings

IBC-Health will meet virtually twice a year, possibly in relation to the regional directors' meeting. A face-to-face and virtual meeting is planned for every two years. Meetings on specific topics should be preferably linked to other meetings of the United Nations agencies involved. The work and progress of IBC-Health will be reported every two years (starting in 2019) to the WHO Regional Committee for Europe and the governing bodies of other United Nations agencies to raise awareness of Member States.

VII. Reporting

IBC-Health will regularly report to the regional United Nations system meetings for Europe and Central Asia. Regional directors will provide regular updates on related activities and plans to support IBC-Health twice a year.

VIII. Initial planning

Starting from autumn of 2019, IBC-Health will prepare the second work plan (2020–2022) consisting of:

1. Workstreams
2. Joint results/indicators and activities
3. Activities/progress
4. Lead agency(ies)
5. Supporting organizations.

Financial contributions and funding must come from each agency and the members of IBC-Health. The work plan(s), at regional level, should be linked with the implementation of the GAP, the United Nations Sustainable Development Cooperation Framework and the work of United Nations country teams in countries and the ongoing work on national development plans. The chair and co-chair of the lead agencies of IBC-Health will report twice a year to the Regional Coordination Mechanism/Regional United Nations Sustainable Development Group.

ANNEX 4. DRAFT OF THE SECOND IBC-HEALTH JOINT WORK PLAN, 2020–2022



Workstreams	Result/outcome	Activities	Lead organization/ partners	Supporting organizations/ partners
0: Coordination	Countries supported in the implementation of the health-related SDGs, as informed by the different workstreams	Publish and disseminate the guide to resources to implement the SDGs	WHO	
		Update country guidance on incorporating health and well-being into UNSDCF's	WHO	
1: Health throughout the life-course	Strengthened policies and practices that reduce the health impacts throughout the life-course	Long-term care (SDG targets 3.8, 5.4 and 8.7)	WHO	Collaborating Centre Social Policy, UNDP
		Strengthened health systems response to violence against women	WHO (within IBC-Gender)	IBC-Gender partners, UNDP
		European action plan implemented by countries in Europe	UNFPA, WHO	EEIRH
		Accelerated universal access to sexual and reproductive health and rights is aligned with Nairobi summit outcomes	UNFPA	
2: Communicable disease	Reduced burden of HIV, TB and viral hepatitis in WHO European Member States	Intersectoral action plans on HIV, TB and viral hepatitis are developed	Regional validation committee on eMTCT (UNAIDS, UNFPA, UNICEF, WHO)	UNDP, WFP
		Interagency advocacy fora are held	EWNA, UNDP, UNFPA	UNDP, WFP
		Good practices of intersectoral collaboration published	WHO/Europe	All members IBC-Health, regional and country networks and organizations representing key populations for HIV, TB and viral hepatitis and civil society, UNDP, WFP
3: Universal health coverage	Improved access to quality, cost-effective medicines for all, including vulnerable groups	Joint advocacy for human papillomavirus (HPV) vaccination	UNFPA, UNICEF, WHO	
		Joint advocacy for sexual and reproductive health essential services' integration under universal health coverage		
		Shared knowledge, best practices and network countries in key areas such as Procurement and Supply Management of medical products		

Workstreams	Result/outcome	Activities	Lead organization/ partners	Supporting organizations/ partners
4: Migration	Increased preparedness and capacity of Member States to adequately manage public health challenges related to migration	Training participants from countries of the region in the Summer School on Refugee and Migrant Health	WHO	IOM, UNDP, UNFPA, WFP
		Country assessments on preparedness to respond to large arrivals of refugees and migrants	WHO	IOM, UNDP, UNFPA, UNHCR, WFP, UNCTs
		Developed a report on the nexus of migration health and climate change	WHO	IOM, IPCC, UNDP, UNEP, UNFCCC, WFP
5: Primary health care	Tailored and coordinated country support for integrated primary health care at country level	Improved multilevel governance for primary health care	UNICEF	FAO, WHO
		Improve health workforce competencies (including for antimicrobial resistance)	UNICEF	FAO, UNEP, WFP, UNDP, WHO
		Access to essential medicines and technologies improved	UNICEF	FAO, UNDP, WFP, WHO



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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