

Health and Sustainable Development Goals

TEAM MEETING



18–19 January 2018, Copenhagen, Denmark



Abstract

The first Sustainable Development Goals (SDGs) Team Meeting was held at the WHO Regional Office for Europe in Copenhagen, Denmark, on 18–19 January 2018. The purpose of the meeting was to inform the development of a resource kit to support Member States in the implementation of the health-related aspects of the SDGs in line with the Roadmap to Implement the 2030 Agenda for Sustainable Development, Building on Health 2020, the European Policy for Health and Well-being. Participants discussed the following themes related to the draft content of the resource kit: country perspectives on SDG implementation related to health; tools currently under development to support SDG implementation related to health; technical considerations in tool and resource kit development in the areas of gender and human rights, health systems, national health policies, public health, health emergencies, governance, environment and health; local and regional tools; and communicating the SDGs. It was agreed that the resource kit should consist of a guiding document of approximately 15–20 pages and also a series of technical annexes. The resource kit should be available as a background document for the 68th session of the Regional Committee in September 2018.

KEYWORDS

HEALTH, WELL-BEING, EPIDEMIOLOGY, SUSTAINABLE DEVELOPMENT, NONCOMMUNICABLE DISEASES, COMMUNICABLE DISEASES, HEALTH SYSTEMS, EMERGENCIES, ENVIRONMENT, GENDER, HUMAN RIGHTS, GOVERNANCE, NATIONAL HEALTH POLICIES, UNIVERSAL HEALTH COVERAGE, YOUTH, COMMUNICATIONS

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Executive summary

The Sustainable Development Goals (SDGs) Team Meeting was held at the WHO Regional Office for Europe in Copenhagen, Denmark on 18–19 January 2018.

The purpose of the meeting was to inform the development of a resource kit to support Member States in the implementation of the health-related aspects of the SDGs in line with the Roadmap to Implement the 2030 Agenda for Sustainable Development, Building on Health 2020, the European Policy for Health and Well-being.

Dr Piroška Östlin, Director of the Division of Policy and Governance for Health and Well-being at the WHO Regional Office for Europe, opened the meeting and welcomed participants, highlighting the importance of working together to support WHO European Member States in implementing the United Nations 2030 Agenda throughout the Region.

During the meeting, the following themes were discussed, building on a draft contents of the resource kit that was shared with participants: country perspectives on SDG implementation related to health; tools currently under development to support SDG implementation related to health; technical considerations in tool and resource kit development in the areas of gender and human rights, health systems, national health policies, public health, health emergencies, governance, environment and health; local and regional tools; and communicating the SDGs.

During the meeting, it was agreed that the resource kit should consist of a guiding document of approximately 15–20 pages and also a series of technical annexes.

The resource kit should be available as a background document for the 68th Regional Committee meeting in September 2018.



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 (1). 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 SDG implementation is to support countries both in their work and in attaining 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 its principles and elements are also central to the Health 2020 policy framework (2). As a result, much of the necessary work has already started. To guide implementation efforts, WHO Member States endorsed the Roadmap to Implement the 2030 Agenda for Sustainable Development, Building on Health 2020, the European Policy for Health and Well-being (the Roadmap) in September 2017 (3).

The objective of this meeting was to discuss methods and tools to support Member States in the implementation of the health-related aspects of the SDGs, produce a table of content for the country guidance material, assign responsibilities and review information and communication products.

The meeting was structured around key themes relevant to achieving these objectives, and this report summarizes the key points from each of these thematic discussions, with a focus on how they should impact both tool development and the implementation guidance prepared for Member States.

The report has two annexes: programme of the meeting and list of participants.



Resource kit to implement the SDGs in WHO European Member States

Key background

In January 2017, the First Meeting of the Health and SDGs Expert Working Group proposed the development of a resource kit to support the implementation of health-related SDGs. The resource kit was formally requested by WHO Regional Committee for Europe resolution EUR/RC67/R3 (4) in September 2017 that endorsed the Roadmap.

The resource kit is intended to provide evidence-informed guidance and to strengthen the capacities of Member States in the WHO European Region to implement the SDGs and to achieve better, more equitable and sustainable health and well-being for all at all ages.

The audience for the resource kit is all 53 WHO European Member States. While designed for operational planners, it must also speak to other ministries relevant to health as well as to the wider community, including civil society, nongovernmental organizations and academia. Its messaging should be accessible to the general public. It should also emphasize and incorporate strategies for promoting coherence across sectors, agencies, levels and technical areas in SDG implementation related to health.

During the meeting, it was agreed that the following points define the structure of the resource kit:

- a guidance document of approximately 15–20 pages; and
- a series of technical annexes.

A draft outline of the guidance document served as the discussion document for the meeting. It built on the range of existing tools and those under development as well as technical considerations put forward by WHO programme managers during the meeting. A consensus emerged that the guidance document should also explain why the SDGs matter, how to get started and advise on how to measure impact. In addition to being accessible, it was also agreed that the language used must be action oriented, technically sound, and aligned with Health 2020 and the 2030 Agenda.

Country perspectives on SDG implementation related to health

Each of the 53 Member States of the WHO European Region are at different stages of SDG implementation. There are a number of key questions for countries to consider when charting a path to SDG attainment. Where are we? Where do we want to go? What are we doing to get there? How are we going to get there? How are we measuring progress?

To assist countries in answering these questions, and achieving the SDGs, the following key points should be considered in the development of the resource kit:

- breaking silos and promoting policy coherence;
- integrating health and well-being into United Nations country coordination mechanisms;
- using the Roadmap as a foundation and instrument for realizing health and sustainable development;

- utilizing existing regional platforms and intercountry coordination mechanisms;
- enabling SDG localization through country-level policies, strategies and plans;
- investing in capacity-building; and
- ensuring good communications that promote whole-of-government and whole-of-society engagement with the SDGs.

Breaking silos and promoting policy coherence are essential for realizing transformative change for health and well-being. Working together across the economic, environmental and social domains to further health and well-being is a defining feature of the 2030 Agenda. To realize such broad-based transformative change within countries, preliminary analysis suggests that it will be vital to articulate clearly and precisely how health improvement can be achieved in a way that is good for social, economic and environmental development. Furthermore, promoting policy coherence across sectors, agencies, levels and technical areas within countries is critical for building effective partnerships for health and well-being amid an increasingly complex implementation environment.

Health and well-being should be fully integrated into the thinking and processes behind United Nations country coordination mechanisms supporting SDG attainment. At the moment, countries are in the process of submitting voluntary national reviews and/or revising national development strategies. United Nations agencies are supporting these developments through joint mainstreaming, acceleration and policy support missions and through joint operations of United Nations country teams and resident coordinators. Several tools are available to support SDG implementation through these country coordination mechanisms, including rapid integrated assessment, the SDG dashboard and SDG complexity analysis. The SDGs will also be integrated into the revision of United Nations Development Assistance Frameworks. While implementation plans supporting SDG attainment are driven largely by intergovernmental organizations, it is important that these processes are comprehensive, context-specific, inclusive and participatory within countries. Given the range of actors involved in these processes and that coordination often occurs within ministries of foreign affairs or environment, good communication strategies are critical for advancing health and well-being across agencies and sectors. Country coordination mechanisms also present an opportunity to obtain or renew commitment to furthering health and well-being and sustainable development at the highest levels of government within Member States.

The Roadmap can serve as both a foundation and an instrument for realizing health and sustainable development in European Member States through 2020 and beyond. Health 2020 gave the WHO European Region a head start in SDG attainment. Building on its success, the Roadmap aims to strengthen the capacities of Member States to achieve better, more equitable and sustainable health and well-being for all at all ages. The resource kit is intended to enable and assist countries in charting their own path to SDG attainment in accord with the nine lines of action specified in the Roadmap, including five interdependent strategic directions (advancing governance and leadership for health and well-being; leaving no one behind; preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course; establishing healthy places, settings and resilient communities; and strengthening health systems for universal health coverage) and four enabling measures (investment for health; multipartner cooperation; health literacy, research and investment; and monitoring and evaluation).

Existing regional platforms and intercountry coordination mechanisms should be considered and utilized in support of SDG attainment. In the WHO European Region, the United Nations Issue-based Coalition on Health and Well-being for All at All Ages has identified four workstreams for collaboration with other United Nations agencies to support health-related SDG attainment: maternal and child health; tuberculosis, HIV and viral hepatitis; medicines; and migration. The South-eastern Europe Health Network is an intercountry mechanism to promote SDG implementation related to health in nine of the Region's Member States. The 2017 Chisinau Pledge reinforced country commitments to achieving the SDGs and universal health coverage, in addition to identifying emergencies, health workforce and population ageing as policy areas that can be addressed through cross-border work, with the potential to also focus these efforts subnationally (5). Additional platforms for promoting health and well-being across the European Region include the Regional Platform for Working Together for Better Health and Well-Being for All, the European Environment and Health Process and the European Action Plan for Strengthening Public Health Capacities and Services (6).

Country-level policies, strategies and plans should enable SDG localization. A plethora of tools already exists to support SDG implementation, and it was agreed that that the resource kit should build on those already available. SDG implementation will be accelerated if local actors are supported in identifying the tools most appropriate to their context and clarifying how best to utilize them; trials and pilot studies to gather evidence would also be advantageous. Engagement at the local level can help to identify gaps where new tools and guidance are needed, and efficient feedback of this information is important both within WHO and throughout Member States, together with identification and resolution of any contradictions in policy and guidance.

Investment in capacity-building is needed to support situation analysis, priority setting and improved monitoring, evaluation and reporting within countries. Participating in coordination mechanisms and promoting policy coherence often requires additional investments in capacity-building and in the development of new capabilities to realize transformative change. Early efforts suggest that additional capacities and capabilities are needed particularly for comprehensive country situation analyses at the intersection(s) of health and sustainable development; indicator statistics and trends analysis; policy coherence analysis with the SDGs; interaction analysis; priority setting and identification of win-win approaches to accelerate implementation; building partnerships and stakeholder engagement; and effective communication and messaging, including translation and transfer of evidence-informed strategies to local contexts. Meeting participants also considered that a unified list of health targets and indicators would be a very useful annex to the resource kit.

Good communication is key to ensuring whole-of-government and whole-of-society engagement with the SDGs. Clear, concise communication is the basis on which relationships facilitating SDG attainment are built, transformed and sustained within and beyond the health sector. Being mindful of the intended audience, style and medium of communication is critical in order to raise awareness of the SDGs and to galvanize individuals and populations across government and society to work together toward the attainment of health-related goals and targets. Good communication works in combination with many other actions to support and promote partner engagement. Continued networking through media such as the SDG newsletter are important for building a community of practice and circulating relevant information in a timely fashion.

Tools currently under development to support SDG implementation

Global perspectives and tools

The 13th general programme of work, 2019–2023, will guide the way in which the SDGs are configured and woven into WHO's internal structure and budget in the coming years. The United Nations System and Staff College and WHO's Department of Country Cooperation and Collaboration are in the process of developing an SDG training course for use by WHO offices at the country level. At present, the training course consists of an introductory module, an overview of strategic approaches and additional modules on analysing current health situations, partnerships, prioritizing and planning, implementing six lines of action, and monitoring and evaluation. It was stressed that the SDG training course is meant to be interactive, and feedback on its usefulness is welcome as it is finalized. In addition, WHO headquarters has screened and mapped the tools available to assist with SDG implementation along the six lines of action and also produces a monthly newsletter with new SDG-related publications. The resource kit for the European Region will build on available global tools and will be developed in collaboration with WHO headquarters.

Health-related SDG indicators by country

Preliminary analysis of the health-related SDG index, developed based on the health-related SDG indicators as identified in the Global Burden of Disease Study 2016 (7), suggests a continued east–west increasing gradient in health across the European Region. The SDG index is also highly correlated with healthy life expectancy and the Health 2020 index. From a methodological standpoint, it is important to be clear about which data can be used for country comparisons and which cannot, and also to consider the performance and trajectory of countries over time with regards to SDG implementation. While WHO prefers not to rank countries, this can be useful in some communications, while recognizing the need to use figures appropriately and sensitively in communication. Additionally, while data gathering and statistical analysis are usually performed at the country level, it is important to note that determinants of health and well-being may lie beyond national boundaries, drawing attention to the importance of frameworks, platforms and networks extending across, above and beyond the national frame in order to fully address the burden of disease and the root causes of poor health. Future work for the resource kit will include an analysis of Health for All, Health 2020 and SDG indicators by country.

Mapping of WHO instruments

A mapping exercise of World Health Assembly, Regional Committee and other resolutions, strategies and action plans has been conducted (8) to assess the legal and policy instruments available to support health and sustainable development attainment across all goals and targets. This exercise created two databases (one related to SDG 3 targets and one focused on health in all other SDGs), which can be used to identify available committal documents. The creation of this repository of WHO instruments required substantial effort and avenues for making it user friendly need to be explored. It was agreed that the list of WHO instruments should be included in the technical annex.

SDG health targets fact sheets

These fact sheets have been created to synthesize the evidence base on key health targets in order to promote coherency and better address the burden of disease throughout the Region. Currently, SDG fact sheets (9) have been produced on communicable and

noncommunicable diseases, climate change, road safety, vaccine coverage, antimicrobial resistance, essential medicines, hazardous chemicals, sexual and reproductive health services, mental health, maternal health, child and adolescent health and migration and health. Others are under development. It was agreed that these fact sheets present important information and should be included in the technical annex of the resource kit.

Health in all goals fact sheets

An evidence-based review of health across each of the SDGs was undertaken and is currently being transformed into a set of fact sheets at the goal level. These tools may be particularly helpful in bringing a health focus to planning, missions and reporting exercises in other sectors as well as for integrating health into national development plans. It may be helpful also to look at key interaction effects in order to provide guidance, possibly in the form of a checklist, to countries on evidence-informed ways to accelerate health-related SDG implementation. It was agreed that these fact sheets should be included in the technical annex of the resource kit.

Gender and human rights

Gender and human rights should be considered from the start in any development process. Empowering women and better engaging men in efforts to promote gender equality is essential for realizing transformative change in this cross-cutting area. In particular, focusing on the balance of care work is critical for integrating health concerns across the social domain, which is also important in terms of human resources for health. To this end, WHO participates in the Issue-based Coalition on Gender, helping to ensure that health considerations are fully integrated into implementation efforts focused on improving gender equality and also that a gender perspective is infused in health. The Strategy on Women's Health and Well-being in the WHO European Region (10) was adopted at the 66th session of the Regional Committee. The Men's Health Strategy is currently being prepared in advance of the 68th Regional Committee meeting in September 2018.

All Member States have human rights obligations, including a duty to respect, protect and fulfil these rights. Human rights are integral to WHO's Constitution and mandate. Human rights in health involves preventing violations of human rights with a direct health impact, promoting human rights through health policy and addressing the determinants of health through rights-based approaches. For health policy, it is important to ensure that the Member States meet core standards including nondiscrimination; provision of essential care, food, sanitation, water and drugs; and the presence of a national strategy or plan. Member States should also be accountable for the progressive realization of health, maximizing available resources and ensuring no regression. The United Nations shared framework for action, adopted by the United Nations Chief Executive Board in November 2016 (11), outlines a common approach for the systematic integration of inequality, discrimination and equity issues into United Nations support to Member States in the implementation of the 2030 Agenda. This document may serve as a useful point of reference in SDG implementation efforts related to health in the European Region.

Governance

Governance is a cross-cutting issue for SDG implementation across different domains, sectors and agencies. In particular, the Regional Platform for Working Together for Better Health and Well-Being for All was established at a high level conference in December 2016 (12) in order to facilitate and support Health 2020 and SDG implementation across all agencies and sectors both within and across European Member States.

There are four aspects of governance that support Health 2020 and SDG implementation: intersectoral action for health; whole-of-government approaches; health in all policies; and governance for health. All four are underpinned by the whole-of-society approach, which engages key stakeholders from across society (e.g. communities, civil society organizations and people in policy implementation) in order to facilitate improved health and well-being for all.

These approaches includes focusing on health and well-being as a political, social, environmental, cultural and economic goal; how different policies can facilitate improved health and well-being for all; what role different stakeholders can play in facilitating improved health and well-being for all; and what needs to be done at the systemic level to address health and well-being determinants in order to facilitate improved health and well-being outcomes for all.

Coherence, both horizontally across government and vertically across all levels of government, from national to regional to local, is crucial to facilitate these approaches. Leadership from ministries of health is a critical element for ensuring this coherence is realized.

Intersectoral action for health and well-being comprises five key elements: conditions for success; instruments and mechanisms; governance components; coherence; and conditions for implementation. Conditions impacting implementation include state typology; the political, social, economic and cultural context; different sectoral competencies; and the engagement of different actors such as civil society. Platforms and networks such as the WHO European Healthy Cities Network can serve as vehicles for the local implementation of both Health 2020 and the SDGs.

Health systems strengthening towards universal health coverage in the SDG era

Health systems are in a unique position to help to deliver the global goals. As part of broader efforts to carefully manage change and the innovation required to support it, actions to strengthen health systems and advance universal health coverage should encourage national and subnational policy-makers to mainstream health systems development into SDG implementation. To do this, the tool being developed will highlight the ways in which programmes for health systems development and the SDGs can inform and inspire each other as well as mutually reinforce and accelerate the achievement of health-related goals and targets. Conceptually, the tool places people at the centre of health system development and service delivery. It will also focus on how best to engage a range of stakeholders in the transformation and coproduction of better health and well-being. Technical considerations to be mindful of in the development of this tool include the health system functions and priorities defined in the Tallinn Charter (13). A people-centred health service approach, where health services are available, accessible, acceptable and of high quality, is essential, as is ensuring health financing to avoid impoverishing out-of-pocket payments. Service delivery and primary health care will continue to be a strong focus in the European Region, in addition to building capacity to improve health outcomes. In particular, addressing human resources for health shortages and ensuring affordable medicines will be critical, both for promoting decent work and for ensuring equal access to care throughout the Region. Finally, there was some discussion as to whether the Tallinn Charter or the six building blocks of health systems should serve as the primary point of reference in SDG implementation.

National health policies

In the SDG era, national health policies are a vehicle for enhancing leadership and channelling political support for transformative changes for health and well-being for all at all ages. National health policies facilitate the implementation of binding agreements and commitments as well as the diffusion of global and regional policy frameworks related to health and well-being. They also help countries to manage change effectively, set priorities and tailor implementation strategies to their unique country environments. As a result, national health policies play an important role in enhancing policy coherence across agencies, sectors, levels and technical areas in support of both Health 2020 and the 2030 Agenda. Policy dialogues, sound monitoring and evaluation frameworks and independent policy review are particularly important tools for achieving measurable policy impact, encouraging responsible decision-making for health and well-being and supporting the implementation of ethical and evidence-informed strategies for SDG attainment. Moving forward, national health policies can assist in fostering SDG implementation by reviewing existing policies to identify gaps and recommend areas for adaptation and change to better align with the Roadmap, encouraging countries to set health-targets that are ambitious yet achievable, and ensuring that strategies and plans are supported with the resources and capacity development needed to succeed.

Public health

In the same way that the universal, integrated, interdependent and indivisible nature of the global goals lends itself to encompassing everything to do with sustainable development, the notion of public health is also expansive enough to include everything to do with health and well-being. The 10 essential public health operations (14) are a way to ground discussions of how public health and SDG implementation can support and mutually reinforce one another: surveillance of population health and well-being; monitoring and response to health hazards and emergencies; health protection, including environmental, occupational and food safety and others; health promotion, including action to address social determinants of health inequity; disease prevention, including early detection of illness; assuring governance for health; assuring competent public health workforce; assuring organizational structures and financing; information, communication and social mobilization for health; and advancing public health research to inform policy and practice. The European Action Plan for Strengthening Public Health Capacities and Services (6) is also a tool that can support SDG implementation through public health, and vice versa. This Action Plan has yet to reach its full potential and could benefit from a greater focus on factors that enable the emergence of stronger public health services, including coalition building, improved governance, equity, increased financing, legislation, public health workforce for the 21st century, and organizational models for public health service delivery that meet both individual and population health needs. Both rapid assessment of how existing public health strategies and plans support SDG attainment and dependency analysis to identify areas ripe for win-win solutions could help to accelerate implementation and ultimately improvements in health and well-being.

Health emergencies

WHO's work on health emergencies shares important links with SDGs related to peace and security, and the high profile of events leading to health emergencies makes such matters key entry points at the highest levels of policy-making. The focus on health emergencies and subsequent development and implementation of the 2005 International Health Regulations (15) was spurred by a number of high-profile health events beginning with the severe acute respiratory syndrome outbreak in 2003. Given WHO's mandate, health emergencies have

continued to have a high profile and growing role in WHO's work, and this is expected to continue, as reflected in the 13th global programme of work, 2019–2023. In 2016, WHO created a new health emergencies programme to work with countries and partners to prepare for, respond to and recover from hazards that create health emergencies, such as disasters, disease outbreaks and conflicts. To do this, WHO has undertaken six key areas of emergency reform, including creation of a unified emergencies programme; cultivation of a global health emergency workforce; development of core capacities and resilient national health systems for the International Health Regulations; improvements to the Regulations themselves; accelerated research and development; and international financing/establishing a contingency fund. In the European Region, Ukraine is the only country with a classified health emergency of grade two. In years to come, continuing to raise awareness of WHO activities to advance health security and protect the public will be critical to preserving and furthering support for the development of these functions while also enhancing the legitimacy of WHO activities in line with its mandate.

Environment and health

A focus on environment and health draws attention to the joint challenges of balancing many competing priorities and moving forward together that are inherent in the 2030 Agenda. Issues related to environment and health are intrinsically intersectoral, and they also cut across all of the SDGs. However, all too often, environmental issues are seen as falling outside the health sector completely, drawing attention to the need to raise awareness and emphasize links between the two. This gap in understanding also stems, in part, from the fact that interventions designed to address determinants of both health and the environment are nonmedical, indicating the importance of a shift toward addressing the broader determinants of health for advancing and joining up work across the economic, environmental and social domains. The environment and health process provides a mandate and platform for WHO engagement at this intersection, with the Ostrava Declaration (16) articulating seven public health priorities for environment and health across the European Region, including improving air quality for all; ensuring access to safe drinking water, sanitation and hygiene for all; minimizing the adverse effects of chemicals; preventing and eliminating the adverse effects of waste management and contaminated sites; strengthening adaptation to and mitigation of climate change; supporting cities and regions to become healthier; and building the environmental sustainability of health systems. A number of tools are available to assist countries with policy implementation at this intersection, including a database of available policy instruments and monitoring tools, such as a checklist and a reporting template, to support implementation in line with the priority areas outlined in the Ostrava Declaration as well as the SDGs. These will be included in the annexes.

Country case studies

A set of country case studies linked to the actions identified in the Roadmap are being developed to highlight the wide range of health-related SDG implementation strategies. Further support and input into the development of this tool from the SDG team and also from WHO country offices was warmly welcomed. The case studies are selected upon specific criteria and will be approximately 700 words each. Together, they will illustrate how countries at different stages of maturity in health and sustainable development implementation can move forward effectively in partnership with relevant stakeholders, providing practical examples of how global priorities can be translated into action within countries. It was discussed that the country case studies contain important material to be reflected in the technical annexes of the resource kit.

European Union stakeholder information

At present, there appears to be limited policy space within the European Union for furthering SDGs attainment related to health. Strategies related to sustainable development in the European Union focus more on the interaction between the economic, international development and environmental policy domains, with less attention to health specifically. Moving forward, it will be important to be strategic and vigilant in identifying entry points and concepts to expand the policy space in which to advocate for transformative change for health and well-being. A continued focus on strategic communication and technical means of addressing commercial determinants of health will remain important, and it may be helpful to design information, guidance and advocacy materials with European parliamentarians in mind.

Guidance material for youth engagement

To be sustainable, transformative change must be embedded within young people and future generations. Engaging youth in policy development is critical for combating intergenerational inequality and for promoting social investment. From a people-centred perspective, the social determinants of health also change over the life-course, with some of the greatest changes occurring during youth. Therefore, it is important that young people are capable both of understanding and locating themselves in a global context and of taking concrete action regarding their health and well-being. The tool will highlight distinct health challenges faced by young people, such as road safety, mental health, substance abuse, sexual and reproductive health rights, unemployment, climate change, obesity and eating disorders, youth violence, migration and the effect of the digital world on health. Whether this material will be included in the technical annex or as a separate product supporting health-related SDG implementation has not yet been determined.

Local and regional tools

Local and regional platforms and tools play a critical role in subnational implementation of health-related SDGs by strengthening governance from the bottom up and empowering and enhancing the resilience of individuals and communities. WHO has two specific networks targeting the subnational level: the Regions for Health Network and the European Healthy Cities Network. The Regions for Health Network currently comprises 32 regions. In addition to facilitating peer-to-peer learning across regions, Regions for Health Network produces publications to share knowledge and best practice, undertakes capacity-building activities, gives voice and provides direct exposure to key stakeholders at the subnational level and supports communications activities to enhance awareness and visibility on the ground. The European Healthy Cities Network currently consists of 1400 cities in 30 countries, with 96 WHO flagship-designated cities in total. The Network was founded in 1988 and is preparing to enter its seventh phase, which will be aligned with the 2030 Agenda and guided by the five 'Ps' of sustainable development plus one: people, planet, peace, prosperity and participation + place. The network is also preparing for its first political summit of mayors to be held in Copenhagen in February 2018. Together, these networks expand the entry points available to WHO in countries.

In particular, Wales has become an exemplar of SDG localization through the passage and implementation of the Well-being of Future Generations Act, adopted in 2015. This Welsh case demonstrates clearly the importance of considering future generations in our current decision-making. On an international scale, this reinforces the importance of gender equality, universal education for girls and access to good sexual and reproductive health services. The Act was developed through an extensive consultation process,

including over 6500 individuals at the local level, in order to fully embed and engender a sense of ownership over health-related SDG attainment. The Welsh strategy is organized around seven well-being goals (a globally responsible, prosperous, resilient, healthier and more equal Wales with more cohesive communities and vibrant culture and thriving Welsh language) and five ways of working, including a focus on long-term well-being, prevention, integration, collaboration and involvement. To assist with implementation, the development of a health and sustainability hub is underway along with a toolkit to support sustainability improvement for teams, which is being developed to support the five ways of working through a participatory, iterative development process.

Overall, the need for a greater focus on the how at the local level was emphasized, whether supporting implementation at the subnational level through examples, step-by-step guidance, checklists and training or by supporting the bottom-up circulation of unique local strategies and experiences with SDG localization, including effective methods of co-creation and innovation as well as evidence-informed interventions to support, and even accelerate, SDG attainment.

Communications

To demonstrate leadership and support for SDG implementation, the WHO Regional Office for Europe's communications strategy 2016–2020 seeks to bring the SDGs into all communications alongside current health priorities such as Health 2020 and noncommunicable diseases as well as others. The WHO Regional Office for Europe uses a number of communication platforms and develops content that promotes the SDGs. The website serves as the main platform and is updated regularly with news and featured stories. The Regional Office also engages in social media, including Twitter, Facebook and Instagram, where it shares additional content such as videos of Voices of the Region, as highlighted at the 67th Regional Committee, and also supports public outreach activities and interactive exhibitions. The communications team also works to promote effective communications about the health aspects of the SDGs through existing networks, including the Regions for Health Network, the Small Countries Initiative, the South-eastern European Health Network and the European Healthy Cities Network.

The WHO Regional Office for Europe is now working to support country offices in the Region to achieve the single overarching communication outcome of clearly and concisely explaining SDG 3 in the context of the 2030 Agenda to intended audiences within countries. In partnership with WHO country offices, the communications team is focused on ensuring that key take-home messages are presented to the public in an engaging and accessible way. For example, most people have not heard of the SDGs, suggesting that the term global goals may be more helpful in messaging campaigns. The degree to which the term sustainable development is commonplace across countries and cultures is also under discussion. Five communication products will be developed, the centrepiece of which will be a video with a roll-up banner, brochure, stationary and interactive concept, with only a brochure for academics pitched at a more technical level. It was agreed that SDG communication and messaging should seek to create simplicity out of complexity for its intended audience.



Developing the content of the resource kit to implement the SDGs in WHO European Member States

Points of agreement on the content of the resource kit

The resource kit should be aligned with the nine points of action in the Roadmap for the WHO European Region and remain sensitive to the wide range of country contexts and variation throughout. A number of guiding principles were identified to support the development of content for the resource kit in order to support the implementation of the 2030 Agenda and the SDGs in countries throughout the Region. In particular, there was a consensus that the resource kit should:

- use language that is accessible, action oriented, technically sound and aligned with Health 2020 and the 2030 Agenda;
- focus on applying knowledge;
- support policy-making and implementation within and across all levels;
- remain mindful of context and promote coherence throughout;
- raise awareness of the SDGs and the importance of health in the 2030 Agenda;
- enhance the credibility of policy advice provided by health policy-makers and professionals; and
- build on existing resources wherever possible while also identifying and filling gaps through tool development and co-creation as needed.

It was agreed that the resource kit would be structured as a guidance document of approximately 15–20 pages and a series of technical annexes.

The discussion focused on the draft outline of the guidance document and it was agreed that the guidance document should explain why the SDGs matter and how to get started, and also advise on how to measure impact. Specifically, the following points were agreed upon regarding the content of the guidance document.

Structure. The guidance document will include an executive summary, a clear introduction to guidance on why the SDGs matter, what the resource kit is meant to do, the primary audience and how to get started. The body of the guidance document will provide concrete text and guidance on the implementation of the WHO European Roadmap and the four stages of (i) planning, (ii) development, (iii) implementation and monitoring, and (iv) evaluation and reporting to support uptake and integration of the SDGs. This would include how to utilize the following technical annexes, with appropriate and targeted tools and resources for each of the four stages.

The introduction. There should be a thematic title and the section should include a call to action emphasizing the urgency and importance of SDGs attainment. The introduction should also provide technical clarification on the nature of the relationship between health and sustainable development; specify the co-benefits of investing in health across the economic, environmental and social domains; and highlight key points of the European

Region's Roadmap guiding SDG implementation. It should also specify the value of this resource kit relative to other tools and resources that are available to support implementation.

Primary audience. There was a consensus that operational planners, implementers and senior advisors at the national, subnational and local levels would make up the primary target audience. It was also agreed that the language and content used should be accessible to a range of secondary audiences, such as elected officials, third sector organizations, professionals at institutes of public health, the media and, ideally, also the general public.

Tools to support the Roadmap and integrate SDG implementation in existing implementation processes. In order to plan successfully through 2020 and beyond, Member States will need tools that support situation analysis, gap analysis, priority setting during planning phases, and rapid assessment within the policy context. Clear and concise evidence-informed strategies for SDG implementation, as well as the identification of key areas that may accelerate SDG attainment within countries, can help to determine courses of action in line with country priorities. Sound communication and technical coordination in SDG implementation related to health is critical both within WHO and when working across sectors and with other partners. Defining roles and responsibilities, clarifying sources of funding and financial arrangements and achieving consensus on monitoring and evaluation metrics and standards will be vital in developing and strengthening partnerships, coordination mechanisms, and for policy coherence between levels, agencies and sectors that integrate and promote health and sustainable development. Capacity-building should be undertaken at regional, national, subnational and local levels to support SDG implementation related to health as needed.

Support broad-based communication on the SDGs and the importance of health within the agenda. In addition to content related to the implementation tools, where possible, the guidance document should be reviewed to create communication tools and raise awareness of what SDG implementation can do for health and, equally, how advancing health and well-being can promote sustainable development. All products and language need to be sensitive to the intended audience. Targeted communication for heads of state and prime ministers, parliamentarians and members of governments, senior state officials and institutes of public health may be needed, depending on the country context.



Next steps

The lead authors of the guidance document were asked to circulate a revised draft for comment and to inform the meeting participants throughout all stages of its development. In addition to providing comments on the resource kit and its tools, a number of subgroups were formed in the areas of health systems, indicators and youth engagement to inform and advance product development. The lead authors were also asked to correspond with these subgroups and incorporate input from these subgroups into the resource kit where appropriate. Country case studies will also continue to be compiled in order to ensure the availability of relevant, comprehensive and up-to-date information and evidence as countries chart their own path to SDG attainment. Heads of WHO country offices will be consulted during this process.

Further development of tools already under construction was discussed individually with the relevant experts and consultants, and the development of tools to fill gaps will continue to be explored, particularly with regards to identifying key interaction effects pertaining to SDG attainment related to health.

It was suggested that the draft resource kit should be shared with WHO country offices as well as meeting participants throughout its development and that it is also circulated to a range of stakeholders at a later stage.

The tool kit should be available as a background resource for the 68th Regional Committee meeting in September 2018.



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Annex 1. Programme

Thursday, 18 January 2018

- 09:00–09:15 Welcome and opening of the meeting
Piroska Östlin
- 09:15–09:30 Nomination of chairs and tour de table
Bettina Menne
- 09:30–10:15 Scope and purpose of the meeting and expected results. Modalities of work
Bettina Menne
- 10:15–11:00 Country perspectives.
Strategic relations with countries' representative (to be confirmed),
Richard Steed, Graham Bickler, Florentina Furtunescu
- 11:00–11:15 *Coffee break*
- 11:15–12:45 **Info round: tools and products currently available or under development**
Global perspectives
Christopher Dye (webex)
Current health indicator status by country
Mark Zuidberg
Fact sheets: SDG health targets
Emilia Aragon de Leon
Health in all goals
Franziska Matthies
European Union stakeholder information
Nina Renshaw
- 12:45–13:45 *Lunch (rooms 0.3.25 and 0.3.26)*
- 13:45–16:00 **Info round (continued)**
Gender and human rights
Isabel Yordi Aguirre
Health systems
Govin Permanand
National health policies
Snezhana Chichevalieva, Anne Johansen
Public health
Martin Kraye von Kraus
Emergencies
Ana Paula Coutinho Rehse
Governance
Monika Kosinska
Environment and health
Srdan Matic
Local and regional tools
Catherine Weatherup, Francesco Zambon

- 16:00–16:15 *Coffee break*
- 16:15–17:00 Communicating the SDGs
Faith Vorting, Richard Steed
- 17:00–17:15 Wrap up of the day, leading into Day 2

Friday, 19 January 2018

- 09:00–09:15 Key findings of Day 1
Amanda Shriwise
- 09:15–11:00 **Harmonizing the core package of SDG-related technical resources**
Proposed content of the guidance material
Joanne Vincenten, Ruxanda Glavan
Proposed content of the guidance material for youth
Julie Desmet
Proposed content of the health system document
Natasha Azzopardi Muscat
Proposed content of the country case studies
Ruxanda Glavan
Discussion on the content of the core package:
 1. Who is our target audience?
 2. What is the scope?
 3. Which are the key messages we want to disseminate?
- 11:00–11:15 *Coffee break*
- 11:15–12:45 **Agreeing on the content of the core package**
 1. Does the content proposal reflect the needs – if not what needs changing?
 2. What level of detail is required?
 3. What needs modifications? If so, how?
 4. What is missing?
- 12:45–13:45 *Lunch (rooms 0.3.25 and 0.3.26)*
- 13:45–15:30 Roles, responsibilities, language, timelines, and communication mechanism
- 15:30–16:00 Next steps
- 16:00–16:15 Close of meeting with coffee



Annex 2. List of participants

Temporary advisors

Dr Graham Bickler

Public Health Consultant, Public Health England, United Kingdom

Professor Silvio Brusaferrero

Professor of Hygiene and Public Health, University of Udine, Italy

Dr Ruxanda Glavan

Former Minister of Health, Republic of Moldova

Ms Julie Desmet

Vice-president Governing Board, Academics for Development, Belgium

Dr Florentina Ligia Furtunescu

Associate Professor of Public Health, Carol Davila University of Medicine and Pharmacy, Romania

Dr Stephen Morton (via webex)

Former Programme Director for Sustainability, Public Health England, United Kingdom

Dr Natasha Azzopardi Muscat

Consultant Public Health Medicine. Ministry of Health, Malta

Ms Nina Renshaw

Secretary General, European Public Health Alliance, Belgium

Ms Catherine Weatherup

Strategic Lead Health & Sustainability, Public Health Wales, United Kingdom

Mr Mark Zuidberg

MSc Management Policy Analysis & Entrepreneurship, Vrije University, Netherlands

World Health Organization

Headquarters

Dr Christopher Dye, Director, Strategy, Policy and Information (via webex)

Regional Office for Europe

Division of Policy and Governance for Health and Well-being

Dr Piroska Östlin, Director

Communications

Mr Richard Steed, Consultant

Ms Faith Vorting, Communications Officer

Environment and Health Process

Ms Dovile Adamonyte, Consultant

Dr Srdan Matic, Coordinator

Gender and Human Rights

Ms Aasa Nihlén, Technical Officer

Ms Isabel Yordi Aguirre, Acting Programme Manager

Governance for Health

Ms Monika Kosinska, Programme Manager

Health Systems and Public Health

Ms Elke Jakubowski, Senior Advisor

Healthy Settings

Dr Francesco Zambon, Coordinator

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Dr Franziska Matthies, Consultant

Dr Bettina Menne, Coordinator

Ms Amanda Shriwise, Consultant (and National Health Policies)

Ms Joanne Vincenten, Consultant

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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