World Health Organization

REGIONAL OFFICE FOR **Europe**

First Meeting of the Issue-based Coalition on Health: health and well-being for all at all ages in the 2030 Sustainable Development Agenda

ABSTRACT

The first meeting of the Issue-based Coalition on Health took place at the WHO Regional Office for Europe in Copenhagen, Denmark, on 10 November 2016. The Coalition was established at the meeting of the United Nations Development Group (UNDG) Regional Team for Europe and Central Asia held in Geneva, Switzerland, on 11–12 May 2016 as a useful mean of cross-sectoral cooperation on health.

The purpose of this coalition, led by the WHO Regional Office for Europe, is to act as a pan-European-enabling mechanism to facilitate and promote the implementation in the Region of the targets of Sustainable Development Goal 3 and the health-related targets of the other goals by coordinating the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations and partners.

The agencies participating in the first meeting included the United Nations Children's Fund (maternal and child health), United Nations Population Fund (reproductive health), Joint United Nations Programme on HIV/AIDS (communicable diseases: HIV/AIDS, tuberculosis and immunizations), Office of the United Nations High Commissioner for Refugees (migration), United Nations Development Programme and United Nations Office for Project Services.

Meeting participants discussed the added value of the coalition, criteria for identifying priorities, four workstreams to be further developed, cross-cutting aspects (such as equity), as well as the potential for advocacy and information sharing. The meeting report will be made available for further discussion and input at the joint meeting of the Regional Coordination Mechanism and the Europe and Central Asia Regional UNDG on 5–6 December 2017. The next meeting of the Coalition is planned for March, 2017.

Keywords

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

Contents

Abbreviations

MDG   Millennium Development Goal
NCD   noncommunicable disease
RC   WHO Regional Committee for Europe
SDG   Sustainable Development Goal
TB   tuberculosis
UHC   universal health coverage
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDG   United Nations Development Group
UNDP   United Nations Development Programme
UNFPA United Nations Population Fund
UNHCR Office of the United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
UNOPS United Nations Office for Project Services
WHA   World Health Assembly

Executive summary

The first meeting of the Issue-based Coalition on Health took place at the WHO Regional Office for Europe in Copenhagen, Denmark, on 10 November 2016. This coalition was established as a useful mean of cross-sectoral cooperation on health by the United Nations Development Group (UNDG) Regional Team for Europe and Central Asia at its meeting in Geneva, Switzerland, on 11–12 May 2016.

The purpose of the Issue-based Coalition, led by the WHO Regional Office for Europe, is to act as a pan-European-enabling mechanism to facilitate and to promote the achievement at regional level of the targets of Sustainable Development Goal (SDG) 3 and of the health-related targets included in other goals through coordinating the activities of the relevant United Nations actors and of other intergovernmental organizations and partners.

Dr Zsuzsanna Jakab, Director of WHO Regional Office for Europe, opened and chaired the meeting. She welcomed participants representing the Joint United Nations Programme on HIV/AIDS (UNAIDS), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Office for Project Services (UNOPS) and United Nations Population Fund (UNFPA), as well as participants from WHO.

At the meeting, areas where the added value of the Issue-based Coalition would be highest were discussed. These included joint advocacy initiatives; pooling of joint technical resources, expertise and thematic rosters; policy alignment; sharing of knowledge and position papers; optimization of service delivery models; pooling of funds; and working together with a variety of sectors.

Criteria for setting priorities for joint cooperation were identified as follows: topics of high urgency and high political importance, common high burden of diseases or priorities 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.

Four workstreams were identified based on the above criteria for an immediate start in cooperation:

1. health throughout the life-course (focus on maternal and child health);
2. communicable diseases (focus on HIV and tuberculosis (TB));
3. universal health coverage (with a focus on medicines); and
4. migration (including aspects of emergencies).

Two other potential workstreams were also briefly mentioned (noncommunicable diseases (NCDs) and environment and health). These would, however, need further discussion since they are already building on cooperation between United Nations agencies.

Cross-cutting aspects to take into account across the workstreams were also discussed:
- health equity (leaving no one behind);
- burden of disease and its determinants: health behaviour; social, environmental and economic determinants of health;
- health systems, services and UHC approaches;
- monitoring SDG implementation and disaggregated coherent data;
- aspects relevant throughout a life-course, or relevant to specific age groups, for example elderly and adolescents; and
- unfinished business in the Millennium Development Goals (MDG).

Lead coordinating agencies were identified for each of the workstreams.

The next steps are to work out detailed action points by workstream for the finalization of the detailed workplan. The meeting report will be made available to the Joint Meeting of the Regional Coordination Mechanism and the Regional UNDG Team for Europe and Central Asia on 5–6 December 2017 for further discussion and input. The next meeting of the Issue-based Coalition is planned for March 2017.

The Issue-based Coalition on Health

At the meeting of the UNDG Regional Team for Europe and Central Asia held in Geneva, Switzerland, on 11–12 May 2016, the establishment of the European Region Issue-based Coalition on Health for sustainable development was welcomed as a useful means of cross-sectoral cooperation on health.

The purpose of this coalition of partners is to act as a pan-European-enabling mechanism to facilitate and to promote the implementation in the WHO European Region of the targets of the SDGs and the health-related targets of other goals by coordinating the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations and partners.

The specific objectives are to:

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

Scope of the first meeting

The overall aim of this first meeting was to develop a joint workplan on health and well-being for all at all ages regarding implementation of the SDGs. It was expected that the following specific topics would be discussed:

- exchange of information on current activities, priorities, instruments and tools;
- development of the work programme 2016–2020, including priority areas, key joint results and/or indicators and activities, lead agency (or agencies), priority countries, supporting stakeholders, communication mechanisms, timelines, budget and reporting; and
- modalities of work.

Introduction

In September 2015, heads of state and government gathered in New York for the United Nations Sustainable Development Summit 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 2030 Agenda is a plan of action for people, the planet, prosperity, peace and partnership and which all 193 United Nations Member States agreed to implement. It contains 17 SDGs and 169 targets, as well as the means of implementation, follow-up and review.

The SDGs have a transformative potential to usher in a more prosperous, just and sustainable world. They have global scope, are relevant for all people in all countries and are interlinked. They strive to engage across sectors and levels of society and to increase intersectoral collaboration. With a strong focus on equity and on reaching the hardest to reach, the SDGs seek to ensure that everybody contributes to and benefits from a more sustainable world, and that no one is left behind.

Health and well-being is seen as an outcome, a determinant and an enabler of the SDGs. It is recognized that investment in health contributes to sustainable economic growth, social development, environmental protection, and poverty and inequality reduction. Improved health will depend on the successful implementation of many of the targets within all SDGs. This requires strong whole-of-government and whole-of-society action for health and well-being in all of the Member States of the European Region.

Health is centrally placed within the 2030 Agenda, with one comprehensive goal, SDG 3, and explicit links to many of the other goals. The 2030 Agenda, consequently, has major implications for the health sector, and its realization will entail the development of coherent, integrated approaches, and an emphasis on equity and multisectoral action. Each of these broad objectives will require debate and the generation of new approaches at global, regional and country levels.

SDG 3 includes 13 targets covering all major health priorities, including four targets on the unfinished and expanded MDG agenda; four targets to address NCDs, mental health, injuries and environmental issues; and four "means of implementation" targets. The target of UHC (all people and communities receiving the needed quality services, including health protection, promotion, prevention, treatment, rehabilitation and palliation without financial hardship) underpins, and is crucial for, the achievement of all the other targets and the development of strong resilient health systems. Comprehensive in scope, the health targets build upon a wide array of recent World Health Assembly (WHA) and WHO Regional Committee for Europe (RC) resolutions, WHO and other global plans of action and current country health strategies.[2] SDG 3 also addresses population health through a life-course approach – with special focus on key stages in life, from newborn to the elderly. It also matches the need for working across a continuum: health promotion, prevention, management/treatment/care, rehabilitation and palliative care.

The 2030 Agenda calls for a revitalized global partnership for sustainable development in order to mobilize the necessary means to ensure its implementation in a spirit of global solidarity. Engagement and partnership for health and well-being require the involvement of all sectors and parts of society. Throughout the implementation of the 2030 Agenda, ways must be found to engage communities in order to include the voices of people, communities and vulnerable populations. An important issue is the participation of the private sector. Member States expressed their support for national regulatory and policy frameworks that enable business and industry to advance sustainable development initiatives, taking into account the importance of corporate social responsibility.

The 2030 Agenda and its SDGs are owned by the Member States, with "each government setting its own national targets guided by the global level of ambition but taking into account national circumstances", thereby ensuring accountability for delivering results as part of the global effort.

Each government will decide how the SDGs should be incorporated into national planning, processes, policies and strategies. Each government will set its own national targets and national indicators guided by the global level of ambitions but taking into account national circumstances. Strong national ownership

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[1] Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations General Assembly; 2015 (A/RES/70/1; http://www.un.org/en/ga/70/resolutions.shtml).

[2] Health in the 2030 Agenda for Sustainable Development. Geneva: World Health Organization; 2016 (resolution A69/15; http://apps.who.int/gb/e/e_wha69.html).

and leadership will be exercised by adapting globally agreed sets of goals, targets and indicators to national and subnational context, needs and challenges. The principle of universality of the 2030 Agenda additionally requires all countries, developed and developing alike, to take necessary steps to achieve the SDGs. Achieving health-related SDGs and better health outcomes for all people necessitates a strong role for health in any nationally adapted SDG framework and the setting of health targets and indicators appropriate to national context.

At the regional level, United Nations agencies working together can provide region-specific leadership, norms, standards, policy and expert advice, as well as a platform for the exchange of information and knowledge. United Nations Development Assistance Frameworks, country cooperation strategies and biennial collaborative agreements, and their alignment, will be vital means for implementation at the national and local levels.

Globally, the United Nations is supporting the mainstreaming of SDG implementation in the European Region. For example, the UNDG has developed a common approach for effective and coherent SDGs implementation support known as MAPS (mainstreaming, acceleration and policy support) and has produced a reference guide to United Nations country teams (February, 2016). This guidance was taken into account at the discussion during the meeting.

Opening of the meeting

The meeting was opened and chaired by Dr Jakab, who welcomed participants from UNAIDS, UNDP, UNFPA, UNHCR, UNICEF and UNOPS (see list of participants in Annex 1).

She explained that the 2030 Agenda is consistent with the principles of WHO's constitution, namely that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".[3]

Health is seen as an outcome, a determinant and an enabler of the SDGs. Health 2020 is the WHO European Region policy framework for the promotion of equitable health and well-being, adopted by the 62nd RC Meeting in 2012,[4] and aims to support action across government and society to "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality". The Health 2020 policy framework is aligned with the health and well-being aspects of the SDGs in its aim and approaches.[5]

The 66th session of the RC in 2016, attended by representatives of 52 Member States, 12 international agencies, the European Union and nongovernmental organizations, concluded that progress made within the Health 2020 policy framework and the implementation of WHA and RC resolutions provide a solid foundation upon which to build the implementation of the 2030 Agenda and called for the development of a regional roadmap, to be discussed at the 67th RC meeting in September in 2017.

Since 2011, there has been great progress in Europe: life expectancy has increased since the early 2000s, premature mortality has been reduced, and maternal and infant mortality targets have been achieved. These results demonstrate strategies are working and that agencies and countries are playing an excellent role in making this happen. However, there are a range of unresolved issues: persisting health inequalities, NCDs, delivering and financing UHC and monitoring implementation of policies.

Health inequalities persist in countries and between countries. Also, recent reports show that across the European Region there are challenges and significant changes in policies that influence the social determinants of health, for example persistent youth unemployment; reductions in levels of health

[3] WHO Constitution, paragraphs 2 & 3. Geneva: World Health Organization; 2006 (http://www.who.int/governance/eb/who_constitution_en.pdf).
[4] Health 2020: the European policy framework for health and well-being. Copenhagen: WHO Regional Office for Europe; 2012 (resolution EUR/RC62/R4; http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf).
[5] Report of the second session of the Twenty-third Standing Committee of the Regional Committee for Europe. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/SC23(2)/REP;
http://www.euro.who.int/__data/assets/pdf_file/0003/301647/23s2e00_FinalReport_150988.pdf?ua=1).

coverage and new constraints on social rights and benefits. Environmental determinants, such as air pollution, exposure to chemicals and climate change, pose a further burden to the health of people, as well as inequities in exposure to environmental risks.

NCDs represent 80% of the burden of disease in the region, and determined attention to behavioural risk factors such as smoking, alcohol and diet is needed if these life expectancy gains are to be maintained. Infectious diseases continue to be a challenge; for example the European Region is the only region with increasing prevalence of HIV/AIDS and high rates of multidrug-resistant TB. There is unequal immunization coverage.

UHC, health systems, financing, quality medicines, service delivery and the workforce are all essential factors in implementing the 2030 Agenda. The goal of UHC is relevant to all countries to ensure that all people obtain the quality services they need without experiencing financial hardship. Most countries in the WHO European Region offer universal or near-universal population health coverage. However, there are large differences in access, in the scope and quality of services covered, in health workforce capacity to provide services and in the extent to which people have to pay out of pocket when using those services, which suggests that all countries can make progress in moving towards UHC. There is no doubt that health systems need adequate levels of public funding to promote financial protection and stable revenue flows to maintain service quality and accessibility. In many countries, unmet need for health care is high and people experience financial hardship when using health services.

Monitoring of implementation needs strengthening to support and respond to the increasing need for access to relevant, timely and quality health information, and for use as evidence in policy-making. Despite efforts to increase the availability and accessibility of information, health information systems in the European Region face difficulties with standardization, interoperability and integration, and even in cultural nuance. Moreover, despite a wealth of information being available in the Region, health policy is often not optimally informed by this available evidence. In many countries, the desired level of disaggregation, in particular to report on the "no one left behind" aspect, is not yet well enough developed.

Representatives of agencies were then invited to highlight their perception of the priorities.

The representative from UNDP highlighted health equity as a critical focus area that is being addressed by different agencies. UNDP is working on making services and HIV care inclusive. While agreeing that addressing social, environmental and behavioural determinants of health should be a priority, she warned that economic determinants should not be forgotten. Health financing is also one of UNDP's areas of interest, particularly financial stability and sustainability. UNDP has created sustainable development teams that focus on monitoring SDG implementation in each region, but disaggregation of data continues to be a challenge.

The representative from UNFPA outlined the need for accelerating joint advocacy messages on sexual and reproductive health policies, the fast provision of new technical resources to Member States, the availability of joint technical expert rosters and the important aspects of knowledge sharing. She highlighted the gaps in access to UHC for refugees and migrants as an example. She also mentioned the privileged position of WHO within EU, central Asia and eastern Europe for knowledge exchange.

The representative from UNAIDS asked for very concrete and practical steps. For those with AIDS, for example, there are gaps in access to health care in countries, and migrants and refugees have difficulty in finding support. She advocated for finding new strategies to address emergency situations and to react more rapidly. She also asked questions such as how do we optimize service delivery at low cost and mentioned the example of country score cards. A joint UNAIDS, UNICEF and UNFPA action framework already exists and could be extended.

The representative from UNOPS explained that currently we are beyond the narrative phase and within the implementation phase. Concrete action needs to be identified. For example, UNOPS can help with procurement, project development and management. Examples of infrastructure solutions to emergencies and the migration crises were provided. She highlighted that the Issue-based Coalition could also be a good vehicle to mobilize resources.

The representative from UNHCR highlighted the importance of integrating refugees, asylum seekers and migrants. Access to UHC for refugees and migrants, access to national social protection floors and health

insurance, among other social services, are important strategies to ensure vulnerable groups are not left behind.

The representative from UNICEF considered that children are a good starting point and that adolescents, a group that have not been specified in the Agenda in the past, should be prioritized. She regarded this coalition as an opportunity to mainstream equity and the improvement of quality health services. The Joint Action Framework between UNICEF, UNFPA and WHO was mentioned as an existing platform that can be built on.

After this introduction, the following were discussed:
- added value of working together
- criteria to identify priorities for cooperation
- priorities, the four workstreams
- next steps.

Added value of the Issue-based Coalition on Health

The SDGs present a unique opportunity to enhance the comprehensiveness and complexity of the coordination mechanisms within United Nations agencies, acknowledging each agency's own mandate but exploring what can be done better by uniting forces and by going beyond traditional boundaries. The following potentials for joint action were identified, which could bring significant added value to implementation in Member States:
- using joint advocacy to accelerate actions, in particular in eastern Europe and central Asia (e.g. in the area of sexual and reproductive rights and child and adolescent health);
- sharing knowledge, resources and position paper libraries, in particular making thematic areas available would be helpful;
- creating a pool of joint technical resources, expertise and thematic rosters to support acceleration of country implementation;
- aligning policies;
- sharing examples of how to optimize service delivery models; and
- combining resources to support interagency activities and partnerships through pooling funds, cross-sectoral collaboration and multiple partnerships, including with the private sector.

Criteria for prioritizing thematic areas for joint initiatives

The 2030 Agenda calls for integrated solutions by featuring guidance and tools that can connect and break down traditional silos and create horizontal policy coherence, integration and partnership. This is relevant at national, subnational and local levels. Creating policy coherence, integration and partnerships in the vertical direction among governments, civil society, the private sector and other actors is also needed as a complimentary aspect to horizontal policy coordination.

United Nations cooperation already exists, for example on environment and health-related aspects through the European Process on Environment and Health, the Pan-European Programme and legally binding environmental instruments. At the project level, the UNDP's global SEED programme is considering systematically the social, economic and environmental determinants of health and dimensions of health equity in development projects. The United Nations Regional Thematic Group on Noncommunicable Diseases and Social, Economic and Environmental Determinants of Health, coordinated by WHO in line with the Health 2020 policy framework, has set a good model for the continuation of this coalition. Many other examples could be provided through the ongoing multiagency mapping exercise.

Clustering and priority setting around six main nonexclusive criteria were proposed:
- themes of high urgency and high political importance;
- common high burden of diseases or priorities across all countries (addressing the unmet need);
- particularly vulnerable countries (addressing those most at need);
- existing commitments that ultimately will help to implement the SDGs goals and targets;
- building on areas with existing cooperation; and

- transformative potential.

Identification of thematic priority areas (workstreams)

Four priority areas (here called workstreams) were identified based on the above criteria for further discussion:
- health throughout the life-course
- communicable diseases
- UHC
- migration and emergencies.

Two other workstreams were also discussed: NCDs and their risk factors and environment and health. These already have sound and comprehensive multiagency cooperation in place; however, their activities could be communicated and included in joint information sharing and advocacy.

The following aspects were considered important to consider throughout all possible thematic workstreams:
- health equity (leaving no one behind);
- social, environmental, cultural and economic determinants of health;
- health systems and service components;
- monitoring of SDG implementation and disaggregated coherent data;
- throughout life-course approach, for example the elderly and adolescents; and
- targets not achieved in the MDGs.

Workstream 1: health throughout the life-course

SDG targets 3.1, 3.2, 3.7, 4.2, 5.2, 5.3, 5.6, 16.1 and 16.2.

Initial interagency brainstorming

- MDG targets related to child and maternal health have been achieved in the Region, but inequalities persist within and between countries, with severalfold-higher mortality rates of mothers and children in some countries and in regions within some countries.
- In the European Region, all countries have achieved the maternal mortality target of 70/100 000 live births. However, particular groups of women remain at higher risk of adverse outcomes during pregnancy and birth: adolescents, refugees, asylum seekers and migrants, Roma and other marginalized groups, women residing in rural areas and women with low socioeconomic status or education level. Addressing the impact on health of gender inequalities and the links with other vulnerabilities such as migration, poverty, ethnicity and disability is a challenge that is high in the targets of Health 2020 and the SDG framework (SDGs 5, 10 and 16).
- While the neonatal and under-5 mortality rates in the Region are already level with or below the SDG targets, the ongoing commitment to eliminate preventable neonatal and childhood deaths and enable children in the Region to realize their full potential for health, development and well-being must be sustained. Newborn mortality is now the highest burden in most countries and poor quality of health care is one of the main barriers to its reduction. Childhood development, health behaviours at school and adolescent health have been insufficiently addressed. Every year, 1 million children still do not receive all scheduled vaccinations. Child maltreatment, adolescent tobacco use, mental health and physical inactivity are significant concerns for children and adolescents across the Region.
- Women, children and older adults bear a greater burden of non-fatal physical, sexual and psychological consequences of abuse. Gender-based violence is present in multiple forms in the Region. Other forms of violence based on gender inequality and with important impact on health are also present in our Region: female genital mutilation, bride kidnapping, honour killings and trafficking of women. Eliminating gender-based violence requires a multisectoral coordinated response (SDGs 3, 5 and 16).
- With regard to sexual and reproductive health and rights, there is an increasing use of modern contraceptives across the Region and abortion rates are declining; the incidence of syphilis and

gonococcal infections is also declining. However, unmet family planning needs persist, particularly in central Asia, and disparities within and between countries remain.

Regional aims

- The elimination of avoidable maternal and perinatal mortality and morbidity by 2021.
- Investing in Children: the European Child and Adolescent Health Strategy 2015–2020 puts particular emphasis on narrowing poverty divides, investing in children and adolescents, promoting their health, preventing disease and protecting children from environmental risks.
- The Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda in Europe – Leaving No One Behind provides a comprehensive framework to address sexual and reproductive health.
- Reduction of inequalities.
- Violence prevention (focus on women and children).

Agency involvement

The following table shows the current activities and priorities of the United Nations agencies in this area.

Agency	Current activities, priorities, instruments and tools
WHO	- Implementing the RC resolutions (Investing in Children, Action Plan for Sexual and Reproductive Health, Strategy on Women's Health and Well-being in the Region) - Main priorities are on unfinished agenda issues of preventable death and infectious diseases, quality of care and health promotion in schools - While in some countries there is undersupply and lack of access for health care, in others there are many unnecessary screenings and interventions - Previously, WHO mostly covered curative services, but there is a need to also address child development, well-being and disease prevention - The Paris Conference is an example of intersectoral collaboration - The regional aim is to eliminate avoidable maternal and perinatal mortality and morbidity by 2021
UNFPA	- Main area of work is issue based, prioritising preventable deaths and morbidity of women: maternal health, Family planning, cervical cancer prevention and youth sexual and reproductive health, quality of care is cross cutting dimension, based on WHO standards and guidelines. - Aim is to prevent deaths and morbidity of women. - Actions include: policy dialogue and advocacy, with focus on quality of care, capacity building and comprehensive sexuality education for adolescents. - For adolescents their focus is on making services "youth friendly". Adolescent's pregnancy rate is not declining in the region and youth friendly services and CSE the biggest gap is in Eastern Europe and Central Asia.
UNICEF	- Working on health system strengthening to end preventable maternal, newborn and child deaths; address inequities; ensure adequate emergency preparedness, response and resilience; and promote synergies with other sectors - National level: works with government and other agencies for the development of health-related policies, strategies, plans and budgets for key mother and child health interventions at national level to ensure adequate financial allocation - District (subnational) level: works to support managers to enhance their capacities in management with a focus on quality of mother and child health service improvement: bottleneck analysis, evidence-based planning, and monitoring and evaluation - Community level: promotes health systems as a platform for the delivery of multisector packages of interventions and services (nutrition, social protection, good parenting, breastfeeding, immunizations and others).and works jointly among sectors and partners to address the social determinants and underlying causes of health challenges through supporting country partners in the region in ongoing reforms of home-visiting services for better child well-being

- Immunization: supports targeted countries to increase coverage, vaccine procurement and implementation of health system strengthening of support for immunization; supports graduation countries of the GAVI Alliance
- Nutrition: prevention and management of micronutrients deficiencies with focus on emerging deficiencies; promotion of optimum infant and young child feeding practices in the region with focus on promotion of exclusive breastfeeding; prevention and management of stunting and elimination of other forms of undernutrition in a few countries in the Region
- Migration: nutrition, immunization, health services, HIV/AIDS child protection, water and sanitation
- Adolescents: joint advocacy and support within the framework of the Global Accelerated Action for the Health of Adolescents, strengthening and expanding the scope of youth-friendly health services beyond sexual and reproductive health to include issues such as nutrition and mental health and to have more gender focus

Further actions

- Possible co-chairs: UNICEF, UNFPA and WHO.
- Further discussion of details in developing the detailed aspects in the workplan.
- The Division of Noncommunicable Diseases and Promoting Health through the Life-course of the WHO Regional Office for Europe to provide the lead to convene the first discussion with co-chairing agencies; provision of the elaborated finalized workplan by 15 February 2017.

Workstream 2: communicable diseases

SDG targets 3.3, 3.b, 6.1 and 6.2 goal 1.

Initial interagency brainstorming

- HIV/AIDs, TB, malaria, viral hepatitis and other infectious diseases, including vaccine-preventable infections, some waterborne diseases and neglected tropical diseases, are ongoing issues in the WHO European Region. Eastern Europe and central Asia are disproportionately affected by some communicable diseases compared with western European countries. Some countries are not fully implementing the existing variety of specific action plans and frameworks to combat major infectious diseases.
- There is a vicious cycle of poverty and communicable diseases.
- The European Region is the only region in the world where HIV incidence continues to rise rapidly, with higher incidence (reported newly diagnosed cases) in eastern European and central Asian countries. Throughout the Region, the HIV epidemic is concentrated in vulnerable (key) populations. Significant progress has been achieved and sustained in the prevention of mother-to-child transmission of HIV.
- Since 2011, more than 1 million patients with TB, including 53 000 with multidrug-resistant TB, have been cured; about 200 000 cases of multidrug-resistant TB have been averted and more than 2.6 million lives have been saved. Nevertheless, despite a steady decrease in the burden and the remarkable impact of the regional concerted interventions, the region did not fully meet all the TB-related MDG targets.
- By 2015, 37 Member States (70%) had interrupted endemic measles and transmission and 35 Member States (66%) had interrupted endemic rubella transmission. With only 14 Member States classified as having endemic transmission of measles and/or rubella, the goal of elimination of both measles and rubella is achievable but highly dependent upon political commitment.
- Through a sustained decadal effort, the European Region has become the first in the world to have achieved interruption of indigenous malaria transmission. The Region remains prone to importation of malaria from endemic regions. Consequently, the current regional goal is to prevent reintroduction of malaria and to maintain its malaria-free status.
- There is a need for a united approach to communicable diseases, particularly a need for intersectoral approaches reaching out to most vulnerable groups, including prisoners and migrants.

- Preparing joint position papers and outlining the steps to be taken to make differences in people's lives, in line with SDGs, are needed.

Regional aims

- Prevent, control, and end TB and the multidrug-resistant TB epidemic by 2030. A multidisciplinary Tuberculosis Action Plan 2016–2020 has been endorsed with an accompanied resolution at the 65th session of the RC.[6] The plan highlights cross-cutting and intersectoral interventions with a whole-of-government and whole-of-society approach to remove health system barriers and address stigmatization and social determinants of the disease. Efforts will be placed on research and innovation to improve efficient and effective responses with people-centred care.
- The global UNAIDS 90-90-90 targets call for 90% of people with HIV being aware of their infection, 90% of people aware of their HIV initiating antiretroviral treatment and 90% of those receiving antiretroviral treatment having undetectable levels of HIV in their blood by 2020. The RC's 2016 Action Plan for the Health Sector Response to HIV in the WHO European Region envisions a Region with zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination by 2030 and the 90-90-90 targets achieved by 2020.[7]
- Prevent reintroduction of malaria and maintain malaria-free status.
- Eliminate viral hepatitis as a public health threat by 2030.
- Achieve multiple immunization targets.
- Prevent, mitigate and control antimicrobial resistance.

Agency involvement

The following table shows the current activities and priorities of the United Nations agencies in this area.

Agency	Current activities, priorities, instruments and tools
WHO	- Implementation of WHA and RC resolutions in support of Member States - Technical assistance to Member States to remove health system barriers and address social determinants; this aligns well with life-course and the no one left behind approaches - Development of policy guidelines, adaptation of regional action plans to national context - Evidence building, policy advice and technical assistance on diverse areas to improve effective and efficient patient-centred care - Fostering coordination and collaborative efforts - Surveillance and monitoring response
UNDP	- Could contribute around issues of access to medicines, intellectual property, TRIPS agreements; ensuring key populations are not left behind - Aims to ensure women living with HIV/AIDS are not neglected - Creation of legal and regulatory environments for TB, HIV and other communicable diseases - Research on inclusion of nongovernmental organizations as government partners in the provision of services - Sustainable procurement should be a key priority in this group - Informal interagency task team has been working on communicable diseases since 2012 and is considered a good avenue to add to the list of priorities; the team could probably position their work within the agenda
UNFPA	- Support for HIV programmes among key populations, including those with TB and prevention of mother-to-child transmission of HIV - Prevention and treatment of hepatitis C is a proposed area of collaboration for this group - Joint advocacy for registration and access to essential drugs prequalified by WHO - Registration and procurement are other proposed areas of collaboration

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[6] Tuberculosis action plan for the WHO European Region 2016–2020. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/17 Rev.1; http://www.euro.who.int/__data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf?ua=1).

[7] Action plan for the health sector response to HIV in the WHO European Region. Copenhagen: WHO Regional Office for Europe; (draft 5.4; http://www.euro.who.int/__data/assets/pdf_file/0006/318318/European-action-plan-HS-HIV.pdf?ua=1).

UNICEF	• Supports prevention of mother-to-child transmission of HIV, focusing on most vulnerable women • Supports children with HIV/AIDS and transition to adulthood, including psychosocial support for adolescents living with HIV/AIDS • Supports All in Strategy (HIV prevention, especially among adolescents and youths) • Supports procurement standards to enhance affordability and increase access • Immunization activities
UNAIDS	• Ending AIDS by 2020 is the goal; the region priority is ensuring high-quality antiretroviral and TB drugs at affordable prices • Some countries have disproportionally high pharmaceutical prices; accessibility and affordability of drugs is not just important to combat HIV/AIDS but also for all health issues and should be looked at within the whole health system • Cost efficiency and effectiveness are the main issues to solve to ensure health budgets are used efficiently and effectively; optimal allocation of health funds, particularly for HIV (including HIV-related debt), is key to ensure efficiency of funds • Donor transition for "graduation countries" from GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria is an issue that needs to be discussed to ensure sustainability in countries' health systems
UNOPS	• Area of expertise is procurement • Works with the Global Fund to mobilize resources for fighting AIDS with mobile clinics • UNOPS expertise could be very useful in this topic as they are already working on the transition steps from GAVI and Global Fund graduations, having experts in the area doing some monitoring over the last seven to eight years
Other partners	Global Fund, GAVI

Further actions

- Possible co-chairs: UNAIDS, WHO.
- Other agencies possibly involved in the working group: UNDP, UNFPA, UNOPS.
- Further discussion to develop the detailed aspects of the workplan.
- The Division of Emergencies and Communicable Diseases of the WHO Regional Office for Europe to provide the lead to convene the first discussion with other agencies, in coordination with colleagues; provision of the elaborated finalized workplan by 15 February 2017.

Workstream 3: UHC (focus on medicines)

SDG targets 3.8, 3.b, 3.c and 5.4 goal 1.

Initial interagency brainstorming

- The goal of UHC is relevant to all countries and offers an unprecedented opportunity to increase coherence in health-related actions and initiatives.
- Most countries in the WHO European Region offer universal or near-universal population coverage. However, many countries in central and eastern Europe, as well as in central Asia, are still shaping their health systems to increase coverage with high-quality and accessible health services; the poorest and migrants are still left behind.
- UHC is considered an extremely important strategy from an equity perspective, to ensure financial protection and access to services. Some of the essential health services are underfunded across the region. Disease prevention and health promotion, for example, receive only about 1–3% of overall health expenditures.
- In many countries, populations are not well protected from the cost of ill health, and unmet needs are also high. Often financial hardship is heavily concentrated among poor households and pensioners, and it is largely driven by out-of-pocket payments for outpatient medicines. Average out-of-pocket payments as a proportion of total expenditure on health at the European Region

- level have also remained unchanged since 2010, at about 24%. In 2012, the level of out-of-pocket payments was below the 15% threshold critical for preventing catastrophic levels of health expenditure in only 12 of the 53 countries in the Region.
- Poor financial protection leads to more and deeper poverty. Coverage in Europe is relatively good; however, the poorest are still left behind. Up to 19 million people are making impoverishing out-of-pocket payments for health care, mostly towards pharmaceutical and essential medicine.
- Low and decreasing levels of public spending on health as well as recent changes in coverage policy (e.g. co-payment exemptions discontinued for the poor) explain the deterioration of financial protection and increasing level of unmet needs in some countries. WHO recommends a minimum of 12% of the government budget allocation to the health sector.
- New treatments are needed, especially in the context of antimicrobial resistance, but research in this area is limited.
- The impact of medicines and health products on health financing were particularly mentioned and raised by all agencies. In response to the financial and economic crisis, some countries shifted medicine costs on to households through higher co-payments and other means, while other countries managed to reduce medicine costs without increasing the financial burden on patients. Ensuring that quality essential medicines and health products are available in sufficient quantities and affordable to the population requires functioning regulatory and procurement systems as well as legal provisions for UHC, governance and efficient management of resources. In addition, new treatments are needed to address increasing antibiotic resistance, but research and development in this area is limited.

Regional aims

- To fulfil the aims of Health 2020, WHA and RC resolutions and the European Framework for Action on Integrated Health Services Delivery.
- Indicators are still under discussion. The current two indicators proposed (services and percentage of health insurance funding) have not been accepted in the Region because of unclear definitions and because these do not reflect the state in the Region.

Agency involvement

The following table shows the current activities and priorities of the United Nations agencies in this area.

Agency	Current activities, priorities, instruments and tools
WHO	- Three dimensions need to be considered: access, scope (quality) and financing of health care - WHO is working to integrate the Health 2020 Policy Framework and SDGs - Health financing is key; focus should be in pooling more resources and using current resources more efficiently - Working on an outline of dimensions of UHC and relevant WHA resolutions - UHC is gaining considerable attention from international partners; the efficiency of resources is one of the main priorities and new models on health financing and uniting advocacy efforts with Member States could be an added value of this coalition - Donors are also highly interested in this area and a good consolidation of efforts is needed - Cooperation agreements regarding patient access to medicines are ongoing
UNDP	- Covers the following dimensions: engaged in ensuring access to affordable and essential medicines, advocating on intellectual property, trade regulation, competition law, TRIPS agreement - Financial protection: primarily supporting a few countries in this region but interested in more collaboration - Supported high-level panel on access to medicines to ensure implementation of recommendations - Supports more environmentally friendly action in procurement through the Interagency task team on sustainable procurement.
UNFPA	Promotion of government funding and improvement of access to modern

	contraceptives prequalified by WHO; adherence to qualification measures • Prioritizes central Asia because of its higher maternal mortality rates and restrictive policies that increase the risk of unsafe abortions and restrict access to and use of modern contraceptives; • The Balkans and south Caucasus are also very important due to low modern method contraceptive prevalence rate (MCPR) and restrictive policies in access to abortion (risk of raise of unsafe abortion).
UNICEF	• The new health strategy is focused on health system strengthening to connect national and subnational levels, focusing particularly on subnational management capacity and community engagement • Has already started to work with countries using this strategy and health system strengthening will be one of area of focus in the future
UNAIDS	• Access to care and medicines is highlighted in UNAIDS agenda • The integration of the care of people living with HIV/AIDS in the health system is the best option to ensure sustainable care, but it carries some risks that need to be considered more in depth • UHC is definitely a priority for the agency and it would like to contribute to the working group
UNOPS	• No specific approach in this workstream; however, some components are included in its area of work, for example access to supplies and resilient infrastructure
Other partners	International Labour Organization, UNESCO (United Nations Educational, Scientific and Cultural Organization), UNICEF, United Nations Economic Commission for Europe, United Nations Environment Programme, Global Fund, GAVI

Further actions

- Possible co-chairs: WHO and UNDP.
- Many other agencies possibly to be involved in the workstream (see above).
- Further discussion of developing the detailed aspects in the workplan.
- It was suggested under UHC to focus on medicines
- The Division of Health Systems and Public Health of the WHO Regional Office for Europe to provide the lead to convene the first discussion with co-chairing agencies; provision of the elaborated finalized workplan by 15 February 2017.

Workstream 4: migration (and emergencies)

SDG targets 1.5, 3.d, 10.7, 11.5 and 13.1.

Initial interagency brainstorming

- The Region needs to be prepared for the possibility of a second large influx of refugees and migrants.
- It is estimated that 75 million international migrants live in the European Region, amounting to 8.4% of the total European population and one third of all international migrants worldwide. Furthermore, over 1 million refugees and migrants entered the European Region in 2015, in addition to the more than 2.5 million already living in Turkey by the end of that year.
- The influx of refugees, asylum seekers and migrants into the Region is not an isolated crisis but an ongoing reality that will affect European countries for some time to come, with medium- and longer-term security, economic and health implications. Refugees and asylum seekers are at heightened risk of negative health outcomes, particularly while moving.
- The most frequent health problems of newly arrived refugees and migrants include gastrointestinal illnesses, cardiovascular events, pregnancy- and delivery-related complications, diabetes and hypertension.
- Children and adolescents are a particularly vulnerable group.

Regional aims

- To implement the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, approved by the RC in September 2016;[8] the Strategy is the result of a consultation process with the 53 Member States of the European Region, United Nations agencies and international organizations.
- SDG indicators are still under development. It was noted that priorities differ throughout the Region depending on location and migration policies.

Agency involvement

The following table shows the current activities and priorities of the United Nations agencies in this area.

Agency	Current activities, priorities, instruments and tools
WHO	- The WHO Regional Office for Europe is working to implement the nine priority areas identified in the Strategy and Action Plan: establishing a framework for collaborative action; advocating for the right to health of refugees, asylum seekers and migrants; addressing the social determinants of health; achieving public health preparedness and ensuring an effective response; strengthening health systems and their resilience; preventing communicable diseases; preventing and reducing the risks posed by NCDs; ensuring ethnical and effective health screening and assessment; and improving health information and communication - A consultation with United Nations agencies and intergovernmental organizations prior to the finalization of the Regional Strategy and Action Plan was attended by 11 organizations; priority area 1 includes the following action to be undertaken by the WHO Regional Office for Europe: "to establish a multistakeholder working group to support countries in their implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region using a coordinated multiagency approach and to develop a resource mobilization plan" - With the Strategy in place, it is now necessary to work closely with countries and partner to speed up implementation and to be prepared for a further wave of migration - The World Bank was also involved in the development of the Strategy and has been helping to develop a financial platform to support the mass movement of people - In the area of emergencies, WHO works with United Nations entities and a wide array of partners to help countries of the region to address the full risk management cycle of prevention, preparedness, response and early recovery, through a multihazard and multisectoral approach; the new WHO Health Emergencies Programme refines WHO's role in emergency responses - In the European Region, the majority of state parties have established the required international Health Regulation capacities (SDG 3.d); however, implementation of the International Health Regulations in several countries needs more cross-sectoral commitment and operational relevance
UNDP	Engaged through governance angle to protect the rights and dignity of migrant populations; health and HIV more specifically an area of interest
UNFPA	Implementing programmes in Turkey, Balkans and Greece for minimum initial service package – maternal and infant care
UNICEF	- Areas of work include water and sanitation, nutrition, immunization, health education, early childhood and child protection - Emergency preparedness and response is part of its health system strengthening strategy
UNAIDS	- Ensuring access to treatment and lifting travel restrictions (i.e. deporting of people with HIV) are main priorities - Keen to find practical solutions and more flexible mechanisms to be able to respond to HIV crisis in migrant populations

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[8] Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/8; http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf).

UNOPS	• Very interested in working closely with this workstream group; areas of collaboration could be in providing operational support, pool-funding and rapid deployment to accelerate implementation in times of crisis • Work on preparedness is focused on building resilient and sustainable infrastructure
UNHCR	• Engagement in the Region is less operational but more strategic and focused on advocacy; barriers for refugees, asylum seekers and migrants in accessing health care are still present in many countries, and tackling these barriers (political, resource limitation, etc.) and inequalities is its main focus • Refugee and asylum seekers in many countries have fairly well-established rights to access to health services under national asylum legislation, but this is not the case for undocumented migrants, who are vulnerable populations not currently covered.
Other partners	International Organization for Migration, European Union and European Commission, World Bank, WHO Emergency Team

Further actions

- Possible co-chairs: WHO and UNHCR (also to be discussed with the International Organization for Migration). All other agencies have ongoing activities in this area of work and were highly interested in supporting a joint workplan.
- The focus of the group would be the emergent needs after the immediate influx of migration. The working group title should be carefully considered to avoid negative connotations by association of the terms migration with emergencies.
- UNHCR and WHO need to further discuss in which areas there would be an added value. Other agencies were invited to participate.
- WHO Emergencies Team will be integrated into the working group.
- The Division of Policy and Governance for Health and Well-being in coordination with other divisions to convene the first discussion with co-chairing agencies; provision of the elaborated finalized workplan by 15 February 2017.

NCDs

SDG targets 2.2, 3.4, 3.5, 3.6, 3.a.

Initial interagency brainstorming

- Among the WHO regions, the European Region has the highest burden of NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, among others).
- Risk factors are the key issue to deal with at the population (i.e. air quality) and individual (alcohol and substance abuse, tobacco, nutrition and obesity) levels.
- Mental disorders are among the greatest public health challenges in the European Region, affecting more than one third of the population every year.

Regional aims

- To avoid premature deaths and significantly reduce the disease burden from NCDs by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Member States.
- To achieve global and European targets for relative reduction of premature mortality from four NCDs: 1.5% annually by 2020 (Health 2020), 25% by 2025 (global NCD Monitoring Framework) and 33% by 2030 (SDGs; baseline 2010).

Agency involvement

The following table shows the current activities and priorities of the United Nations agencies in this area.

Agency	Current activities, priorities, instruments and tools
WHO	• Implementation of United Nations, WHA and RC resolutions

	• Further analysis of the United Nations NCD Working Group progress report is needed in order to build on its activity; tobacco, obesity and physical activity are possible areas of collaboration
UNDP	• Collaboration with WHO has focused on strengthening governance and accelerating tobacco control • An example is Belarus, where UNDP is developing the case for NCD investment; it would like to replicate this in other countries and is working to make sure that there is a multisectoral approach to ensure increased coverage and depth of improving investment to help to reduce NCDs
UNICEF	• Focus on nutrition, with undernutrition and micronutrient deficiencies main priorities; evidence indicates that working with parents and in early childhood development is important to prevent obesity in children
UNAIDS	• Current focus is not on NCDs, but these are a growing problem for people living with HIV
UNHCR	• Focus is mostly on preventing NCDs in refugees in Middle East and Africa

Further actions

- The previous United Nations Regional Thematic Group on Noncommunicable Diseases will be consulted to avoid duplication.

Environment and health

SDG targets 1.5, 3.9, 6.1, 6.2, 7.1, 8.8,11.5, 11.6 and 13.1.

Since the European Environment and Health Process is a coordination mechanism that brings health and environment together, and multiple agencies participate in this process, there is no need to create a new mechanism. However, it would be very valuable if the agencies involved in the European Environment and Health Process could, in particular, reflect their activities, achievements and lessons learned through the advocacy and sharing information component of the Issue-based Coalition.

- In the WHO European Region, 1.4 million deaths, equivalent to 16% of all deaths, are caused by environmental factors that could be avoided and/or eliminated. The major health impact of environmental determinants in this Region is related to NCDs, disabilities, chronic conditions and unintentional injuries, with a growing concern over the impact of climate change and biodiversity loss on changing patterns of existing and emerging communicable diseases. Notwithstanding, significant progress has been achieved on several fronts since the inception of the European Environment and Health Process in 1989; however, millions of Europe's inhabitants still lack the most basic access to sanitation and water supplies in their homes and in places where they work, learn or seek care, or must utilize contaminated water supplies. Millions more must breathe polluted air, which threatens their health and longevity. Chemical contamination can originate from numerous sources, including industrial processing, unsafe waste management practices and contaminated land in hotspots, leading to exposure to chemicals through food, consumer products and at working places.
- As assessed at the High-level Mid-term Review of the Environment and Health Process in 2015, there is still a significant unfinished agenda combined with a number of emerging and future environment and health issues. Rapid societal change and technological development bring about far-reaching health challenges and increasing scientific complexity, and these call for novel holistic approaches for assessing risks, evaluating evidence and informing policy. In addition, a growing body of evidence shows that the health of humanity is intrinsically linked to the health of the environment and of the planet, but, by its actions, humanity now threatens to destabilize the Earth's key life-support systems. Changes to the Earth's natural systems, representing a substantial threat to human health, well-being and security, will become increasingly severe over time if no action is taken.
- At the same time, evidence is rapidly emerging of the positive role that the environment can play in promoting health and a good quality of life, for example through urban and transport planning policies that promote the integration of physical activity in daily life, including by providing access to green spaces. Such salutogenic potential, involving in many cases highly cost-effective policies at national and/or local level, is only partially exploited.

Next steps

Each workstream lead agency will be in charge of the development of the joint work programme, tentatively for two years. The plan should include prioritized areas (two or three areas) using criteria jointly decided during this meeting; key joint expected results and/or indicators and activities; levels of collaboration (regional/country level); priority countries; supporting stakeholders; communication mechanisms; timelines, budget and reporting; and modalities of work. Prioritized areas should be tangible, without the need for additional resources and only where an added value of joint efforts is perceived (see Annex 2).

Workstream leads are asked to share their workstream plans according to the template in Annex 2 by 15 February, 2017, and to send via email to focal points: Dr Bettina Menne copying Dr Piroska Östlin.[9]

Further discussion will be required to address cross-cutting components, joint advocacy and information sharing. This is planned to be discussed at the next Issue-based Coalition meeting. Areas for further discussion include:

- health equity (leaving no one behind)
- determinants of health
- health systems and services components
- monitoring and disaggregated data.

Additional discussion is required to add a joint advocacy and information-sharing component to the workplan. This includes accelerated communication, in particular to countries in eastern Europe and central Asia; resources and position paper libraries as well as a pool joint technical resources; and expertise and thematic rosters to accelerate country implementation. There is further the need to gain input from other United Nations agencies, to capture the work of the United Nations family.

Participants are asked to start now with sharing of information on:

- outcomes of the United Nations SDG coordinators retreat (once available)
- any advocacy material available
- outcome of the Paris Conference.

The meeting report will be made available to the Joint Meeting of the Regional Coordination Mechanism and the Regional UNDG Team for Europe and Central Asia on 5–6 December 2017 for further discussion and input. The next meeting of the Issue-based Coalition is planned for March 2017.

Proposed timeframe

- The draft meeting report will be shared by 23 November 2016 (done).
- United Nations agencies are encouraged to finalize the mapping of the agencies committal documents (received from UNHCR, UNDP and WHO) by the end of 2016.
- Detailed workplans for each workstream will be received by 15 February 2017.
- Proposed next Issue-based Coalition meeting is March 2017 (dates to be identified through Doodle) to finalize the above discussion, the detailed workplan and accelerate implementation.
- The Issue-based Coalition's ONE comprehensive plan will be published for the United Nations Economic Commission for Europe's meeting on 25 April 2017.

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[9] menneb@who.int and ostlinp@who.int

Annex 1. List of participants

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**First meeting of the Issue-based
Coalition on Health
Copenhagen, Denmark**   **Original: English**
10 November 2016

Joint United Nations Programme on HIV/AIDS (UNAIDS)
Manoela MANOVA
Strategic Investment and Efficiency Advisor
Moscow, Russian Federation

Office of the United Nations High Commissioner for Refugees (UNHCR)
Heiko HERING
Senior Public Health Officer
Geneva, Switzerland

United Nations Children's Fund (UNICEF)
Svetlana STEFANET
Health Specialist
UNICEF Regional Office

United Nations Development Programme (UNDP)
Rosemary KUMWENDA
Senior Advisor Health and HIV Sustainable Responses
Istanbul, Turkey

United Nations Office for Project Services (UNOPS)
Marion CASSEN
Portfolio Analyst & Partnerships Analyst
Geneva, Switzerland

United Nations Population Fund (UNFPA)
Tamar KHOMASURIDZE
Regional Advisor for Sexual and Reproductive Health
Istanbul, Turkey

WHO Regional Office for Europe
Emilia ARAGON DE LEON (rapporteur)
Intern, Health and Development (SDG)

Sara BARRAGAN MONTES
Technical Officer, Vulnerability and Health/Migration and Health

Masoud DARA
Coordinator, Communicable Diseases, Division of Health Emergencies and Communicable Diseases

Nicoletta DI TANNO
Communication Consultant

Dr Zsuzsanna JAKAB
Regional Director

Hans KLUGE
Director, Health Systems and Public Health

Bettina MENNE
Coordinator, Health and Development (SDG)

Aasa NIHLEN
Technical Officer, Equity, Social Determinants, Gender and Rights

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

Ihor PEREHINETS
Technical Adviser, Health Systems and Public Health

Santino SEVERONI (Migration and Health)
Coordinator, Vulnerability and Health/Migration and Health

Amanda SHRIWISE (rapporteur)
Volunteer, Governance for Health

Martin WEBER (Health through the Life-course)
Programme Manager, Child and Adolescent Health and Development

Annex 2. United Nations Regional Issue-based Coalition on Health: proposed workplan matrix

Output	Objectives, aims of the collaboration	Proposed detailed activities	Geographical coverage; or population focus	Concrete deliverables	Lead/co-chairs	Partners	Follow-up	Comments
Outcome 1: specific priorities and action points by workstreams								
Workstream 1: throughout life-course								
Workstream 2: communicable diseases								
Workstream 3: UHC: Focus Medicines								
Workstream 4:migration								
Outcome 2: Joint advocacy								
Outcome 3: Information sharing								

IMPORTANT NOTE. This template is to be filled out by each workstream group. Outcomes 2 and 3 will be added once this exercise is completed. This template will then be completed with a specific set of advocacy and information exchange activities.