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Progress report on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being

In resolution EUR/RC67/R3, the WHO Regional Committee for Europe requested the Regional Director to report on the implementation of the roadmap to implement the 2030 Agenda for Sustainable Development every two years, starting in 2019 and ending in 2029.

The present report analyses progress towards achievement of the health-related Sustainable Development Goal targets and implementation of the roadmap in Member States and by the WHO Regional Office for Europe and its partners, pursuant to that resolution.

The Regional Committee is invited to endorse this progress report.

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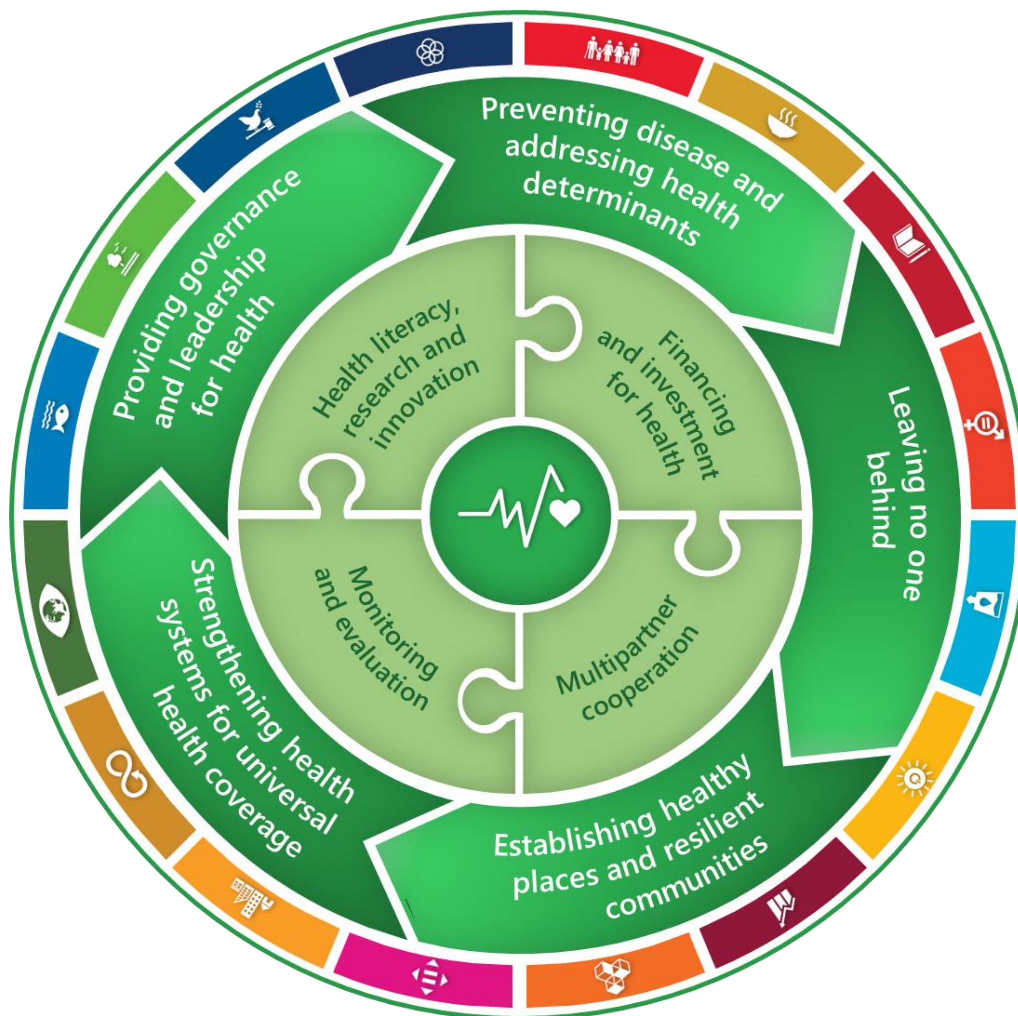
Background

1. The roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being, was adopted by the WHO Regional Committee for Europe at its 67th session in 2017 in resolution EUR/RC67/R3. The roadmap aims to strengthen the capacities of Member States to achieve better and more equitable and sustainable health and well-being for all at all ages in the WHO European Region. It proposes five interdependent strategic directions and four enabling measures (the outer and inner rings, respectively, in Fig. 1). Resolution EUR/RC67/R3 proposed action by Member States and called upon the Regional Director to strengthen the support available to them.

Fig. 1. The strategic directions and enablers of the roadmap to implement the 2030 Agenda for Sustainable Development



2. In September 2019, heads of state and government will gather at United Nations headquarters in New York, United States of America, to comprehensively review progress in the implementation of the 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs).

3. The 2030 Agenda offers a great opportunity for heads of state and government, public health officials and many others to promote health and well-being for all at all ages.

The present report summarizes the current implementation of the roadmap to implement the 2030 Agenda in the WHO European Region.

4. Good progress has been made in some areas. The trend of healthy life expectancy for women at age 60 continues to be between 15 and 20 years. The gap between men and women in terms of healthy life expectancy is decreasing. In 2017, one in five people were aged 60 or over; older people are expected to account for 35% of the population of Europe by 2050. Maternal and child mortality targets (SDG targets 3.1 and 3.2) have been reached in most countries, although higher rates of neonatal mortality remain a problem in some Member States. Progress in sexual and reproductive health and rights (SDG target 3.7) is improving, though family planning needs differ widely across the Region. For every woman who dies of pregnancy-related causes, 20–30 women experience acute or chronic morbidity. The capacity of all countries for early warning, risk reduction and management of national and global health risks (SDG target 3.d) is increasing in the Region. The Region remains free of malaria and poliomyelitis, although continuing efforts are required to maintain this status (SDG target 3.3).

5. Interventions must be significantly scaled up if the Region is to reach a number of the health-related SDG targets by 2030.

- Both globally and in the Region, SDG target 3.6 (halve the number of global deaths and injuries from road traffic accidents by 2020) will not be met. In the Region, over 85 000 people were killed in road traffic accidents in 2016, corresponding to 9.3 deaths per 100 000 population, a 13% reduction compared with the 2010 baseline.
- The Region has the highest burden of multidrug-resistant tuberculosis of all WHO regions and is not on track to meet the HIV target (SDG target 3.3). The highest level of political commitment to immunization is required (SDG target 3.b) to achieve the goals established in the European Vaccine Action Plan 2015–2020, adopted by the Regional Committee at its 64th session in 2014 in resolution EUR/RC64/R5. Every year, an estimated 33 000 patients die in the European Union countries plus Iceland, Liechtenstein and Norway. In these countries, increased health care expenditure and lost productivity resulting from infections that cannot be treated with antimicrobial drugs have an annual cost of €1.5 billion.
- Five major noncommunicable diseases (NCDs) – cancer, cardiovascular disease, chronic respiratory disease, diabetes mellitus and mental disorders – account for an estimated 86% of the deaths and 77% of the disease burden in the Region. The burden of disease from NCDs is decreasing in the Region. This has given rise to cautious optimism that the target of reducing NCDs by one third by 2030 (SDG target 3.4) will be achieved. However, inequalities within and between countries need to be addressed.
- The Region is making uneven progress towards achieving the nine voluntary NCD targets of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Tobacco use is not decreasing rapidly enough to meet the target (SDG target 3.a), and the Region has the highest alcohol consumption of all WHO regions (SDG target 3.5). No Member State will reach the target of halting the rise in overweight and obesity (SDG target 2.2). The prevalence of overweight in the European Region increased from 55.9% in 2010 to 58.7% in 2016 and the prevalence of obesity from 20.8% in 2010 to 23.3% in 2016.

- Between 2005 and 2015, the prevalence of mental health disorders (SDG target 3.4) increased by approximately 16% in the Region. The prevalence of these disorders in the Region reached 110 million in 2015, equivalent to 12% of the population; suicide rates remain unacceptably high.
- Neoplasms, cardiovascular disease, musculoskeletal disorders and mental and other conditions may result in disability. The number of years lived with a disability, associated mainly with chronic conditions, rose globally by more than 1 million (6.3%) between 2006 and 2016. Globally, there is evidence that people with a disability have unmet health care needs.
- Despite a decline in death rates from interpersonal violence across the Region (57% decline between 2000 and 2015) (SDG targets 5.2, 16.1 and 16.2), interpersonal violence ranks as the seventh most frequent cause of death among people aged 15–29 years. Inequalities in exposure to violence remain.
- With regard to environmental risk factors, air pollution (SDG target 3.9) is the second leading cause of death from NCDs. It was found to be responsible for more than 550 000 deaths in the Region in 2016. Climate change threatens overall progress made in reducing the global burden of diseases and injuries (SDG 13). Unsustainable consumption and production adversely affect health by causing environmental degradation and increasing social inequities (SDG 12). People still die from poor water quality in the Region (SDG 6).

6. There is a need to accelerate progress in relation to health equity, gender equality and human rights. Gender inequalities intersect with other forms of discrimination, contributing to inequities in income, living conditions, social and human capital, and work and employment. It is recognized that addressing these issues is a prerequisite for achieving universal health coverage. While efforts to address health equity are being made, progress has been hampered because of the complexity of these issues and uncertainty about what constitute the most effective health policies and investments.

7. Health systems need to be further strengthened to achieve universal health coverage (SDG targets 1.a, 3.8, 3.b, 3.c and 17.19). In 2016, government expenditure devoted to health amounted, on average, to 12.5% of gross domestic product in the Region (range 3.9–22.4%). Catastrophic health spending is heavily concentrated among the poorest households and is mainly driven by out-of-pocket payments for outpatient medicines. The levels of service coverage varied widely across countries in 2015, from 56 to a maximum of 79 (index score: 100).[1] Gaps in coverage arise from weaknesses in design in three policy areas: population entitlement, the benefits package, and user charges (copayments). Access to affordable, effective, quality medicines is a major concern for many Member States. High-quality and accessible primary health care is fundamental to advancing universal health coverage. In Europe, multiple factors continue to limit the knowledge regarding primary health care performance that is available to inform decision-making.

8. With regard to migration (SDG target 10.2 and 10.7), in 2017 international migrants made up almost 10% of the European population and accounted for 35% of the global international migrant population (258 million people). During the period 2015–2017,

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[1] The service coverage index is a single indicator computed from tracer indicators of the coverage of essential services in the areas of reproductive, maternal, newborn and child health, infectious disease control, NCDs, and service capacity and access.

1 million child asylum-seekers were registered in the European Union, of whom 190 000 had arrived unaccompanied. Member States are currently strengthening the health sector's preparedness and public health capacity for implementing the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region.

Implementing the roadmap in European Member States

9. The 2030 Agenda and the SDGs have provided new impetus for public health policy and action in many countries of the Region. The 2030 Agenda encourages Member States to conduct regular and inclusive reviews of progress at the national and subnational levels. As at July 2019, 43 European countries had presented their voluntary national reviews to the United Nations High-level Political Forum on Sustainable Development. The Forum is also informed by reviews prepared by the Economic and Social Council and other intergovernmental bodies and forums. In 2017, 2018 and 2019, input from the United Nations Economic Commission for Europe contributed to the discussions held at the Regional Forum for Sustainable Development, attended by 46 of its 50 Member States.

Making the Goals national and local

10. Analysis of the voluntary national reviews highlights the wide range of institutional mechanisms developed to implement the 2030 Agenda.

(a) Political oversight mechanisms have been established in all reporting countries. They may come under the authority of the president, prime minister or cabinet of ministers, a high-level interministerial committee, a national council for sustainable development or a specific ministry. In some countries, a coordination entity has been appointed, such as a commissioner for sustainable development.

(b) Implementation priorities in the Region range from broad policies addressing all the SDGs together, to more narrow approaches focused on a single Goal. To a great extent, implementation is the responsibility of line ministries, national institutions or agencies. Not enough countries have appointed SDG focal points in, for example, the ministry of health. In several countries, technical working groups have been established to support implementation.

(c) Parliaments play an important role in adopting and reviewing development strategies; monitoring implementation; approving, allocating and monitoring SDG budgets; preparing and reviewing reports and bills; and drafting and enacting the legislation required to achieve the SDGs.

(d) In several countries, the private sector and civil society play a growing role: the private sector is increasingly aware of green economy investment, but there is less emphasis on the potential social benefits (i.e. better health and well-being) of sustainable development. Civil society stakeholders from business, trade unions, youth, academia and the scientific community, are more and more frequently represented on government sustainable development commissions, committees, councils and/or task forces.

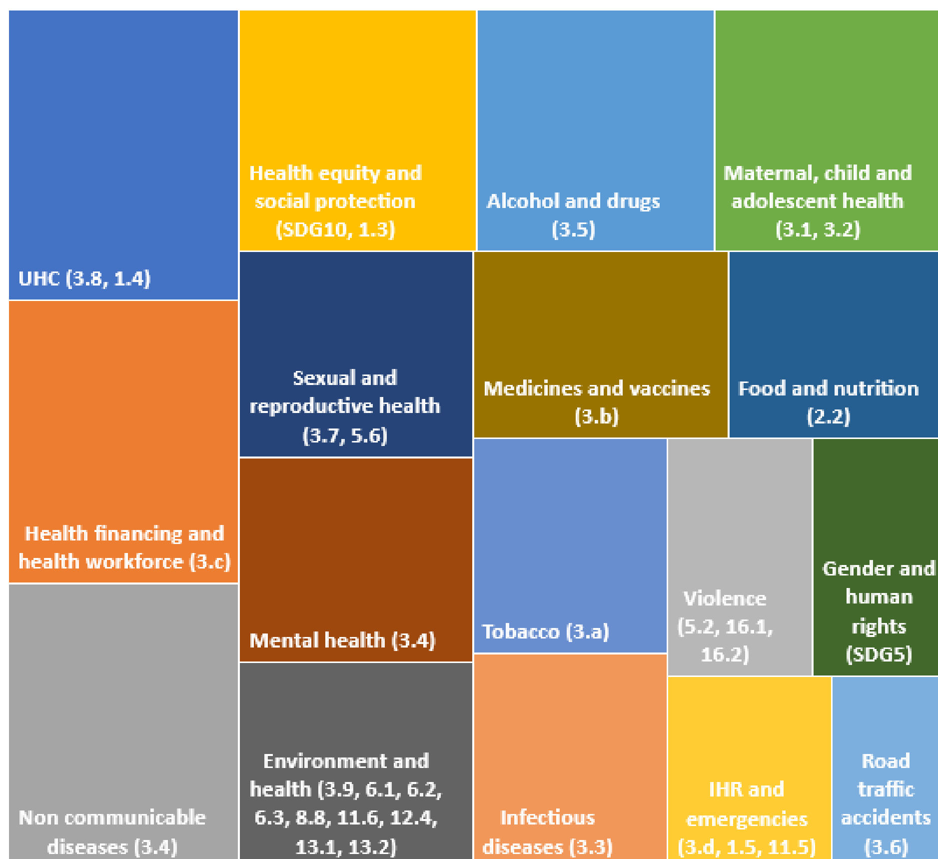
(e) In general, Member States have not conducted SDG auditing. Those that have been doing so stated that they have a supreme audit institution or national/state audit office in place, for example for auditing projects associated with the SDGs.

(f) Few countries have been training or building the capacity of public servants for implementing the SDGs, and few are reforming their government administrative bodies to ensure that they have the necessary SDG capabilities.

Health and governance of the SDGs

11. Of 43 Member States that had submitted a voluntary national review by 2019, 38 had established national development strategies, 22 of them dating from after 2014. Alignment of the national development strategy with the 2030 Agenda was widely reported. Health and well-being were always addressed, but in differing degrees of detail. Fig. 2 shows the health aspects covered in voluntary national reviews/national development strategies. Targets 1.4 (access to basic services), 13.2 (integration of climate change measures into national policies and strategies) and 17.16 (enhance the global partnership for sustainable development, complemented by multistakeholder partnerships) were most prominently addressed, while the targets least commonly addressed were road traffic accidents (target 3.6), the International Health Regulations (2005) (target 3.d), build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters (target 1.5), and eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (target 5.3).

Fig. 2. Health aspects of the SDGs most frequently mentioned in voluntary national reviews



12. Building on Health 2020, many national health policies include some essential elements of the SDGs, although not all of them address the complexity of the SDGs and priority action

areas for acceleration. Alignment with the SDGs should, in theory, be a continuous process. As many of the national health policies will expire soon, further efforts to harmonize national health strategies and plans with the 2030 Agenda and the SDGs are required, including priorities, accelerators and accountability mechanisms. Health priorities set in voluntary national reviews or development plans are not necessarily aligned or consistent with the health priorities of national health policies. For example, action against tobacco use was mentioned less often in the voluntary national reviews, while gender and violence were addressed less often in national health policies. Interestingly, road traffic accidents (SDG target 3.6) were mentioned less often in both national health policies and voluntary national reviews.

Equity and leaving no one behind

13. All Member States have clearly stated their commitment to leaving no one behind. However, an analysis by the United Nations Department of Economic and Social Affairs in July 2018 highlighted four main findings. Most countries in the analysis mentioned the concept of "leaving no one behind", but few referred to explicit strategies, although social protection was the strategy area mentioned most frequently. Even fewer countries explicitly mentioned the need to improve participation by vulnerable groups in decision-making processes; and none of the voluntary national reviews presented by July 2018 referred to the commitment to reach the people furthest behind. Women, disabled people, children and migrants were mentioned most often as being vulnerable. More equitable gender norms, roles and relations could profoundly improve health outcomes for both women and men, but a gender-based approach to men's health is rarely considered in the voluntary national reviews.

14. Broad health equity goals are expressed in the form of health access and coverage, reducing lifestyle gaps, reducing gaps in life expectancy and tackling the social gradient in health. Action being taken includes improving access to essential public services, protecting households from deprivation and poverty, and improving employment security. In some countries, specialized agencies or committees have been established with the authority to pursue implementation. The analysis reflects the lack of disaggregated health data in many cases.

Financing for development

15. A recent paper from the Inter-Agency Task Force on Financing for Development summarized aspects of the financing of the SDGs and highlighted the need for domestic resource mobilization. As noted in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa, Ethiopia, 13–16 July 2015), domestic resource mobilization is first and foremost generated by economic growth. With global growth projected to have peaked, further increases in revenue will require political will in tax policy and administrative reform, expanding the tax base and improving compliance.

16. Eastern European countries rely on a mix of funding to implement their SDG priorities: public budget, local and regional budgets, foreign private direct investment, remittances and international development assistance. Foreign direct investment is the largest source of external finance, but has shown little increase in recent years. Commercial (and international financial investment) credit is likely to increase significantly for some economies by 2030, along with domestic financial reforms and growing integration into regional and global capital

markets. It is expected that remittances from migrant workers will continue to play an important role in cross-border financial flows in some European countries.

17. While official development assistance has grown steadily since 2009, aggregate growth in real terms stagnated in 2017. Five members of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD) (Denmark, Luxembourg, Norway, Sweden and the United Kingdom of Great Britain and Northern Ireland) met or exceeded the United Nations target of 0.7% of gross national income devoted to official development assistance. In 2017, the members of the OECD Development Assistance Committee provided $147.2 billion in official development assistance, a decline of 0.1% in real terms compared with 2016. However, on aggregate, donors fell short of that target, providing 0.31% of gross national income on average. Even though the social sectors remained the largest beneficiaries, official development assistance in this area fell from 40% of total official development assistance received in 2010 to 35% in 2017. Kyrgyzstan was the only economy in Europe where official development assistance provided more than 10% of total SDG finance during this period.

18. With regard to budgeting, some countries have integrated their sustainable development approaches into annual budget cycles. In only a few countries, financial resources have been integrated into relevant departmental and/or programme-specific budgets. Several countries promote the integration of the SDGs into departmental strategies and workplans and hence into budget proposals.

Health determinants

19. Action for health throughout the life course is rarely considered when implementing action to achieve the health-determining SDGs. More frequently, countries propose the strengthening of activities that are good for the economy and the environment, but pay less attention to the social dimension. Action to combat climate change is one of the most frequent types of action proposed in the voluntary national reviews, but the potential benefits of improved air quality, increased physical activity, healthy eating and reduced obesity are rarely acknowledged. There is little consideration of health in all policies. Several countries refer to legal and regulatory frameworks for some SDGs (energy and climate, trade and employment, marine environment and fisheries, and agriculture). Although such frameworks improve health, their health benefits are not mentioned. There are few plans to improve public understanding of the cobenefits of sustainable development; notably, there is a lack of communication about the health benefits of sustainability. There are few examples of innovative research or information technology strategies for public engagement.

Subnational and local action

20. A majority of Member States have engaged with local authorities when planning for and implementing the 2030 Agenda, developing national development strategies or designing specific projects and policies. Several countries have ensured that local authorities are represented on national SDG committees and in SDG stakeholder forums. Many national governments have made use of existing coordination networks when collaborating with local authorities to implement the 2030 Agenda. Few have so far designed and integrated strategies and policies at local and regional levels. In countries with a decentralized political system, subnational governments have been assigned the responsibility for managing and

implementing many of the SDG priorities; consequently, engagement at the local level on issues such as transport, environment and land use is crucial for success. Few have established local SDG networks or hubs to monitor local policies, programmes or infrastructure. Some governments provide sufficient financial support and resources for local authorities to implement SDG strategies and policies effectively.

21. For the WHO European Healthy Cities Network, criteria for cities to join the new Phase VII (2019–2024) requires full commitment from the city to the 2030 Agenda. Prospective activities, plans and strategic documents provided in the application must be fully aligned with the 2030 Agenda, and intended to contribute to the achievement of the SDGs.

Universal health coverage

22. Reports on SDG activities in the voluntary national reviews often included clear commitments with regard to effective prevention programmes and ensuring access to essential health services. Few reports provided information on uptake or outcomes for specific population groups. General aspirations to improve public sector procurement overshadowed the need to increase the social, environmental or economic sustainability of health systems. Several countries reported on the provision of universal health coverage, on enhancing essential health services and on developing the health workforce. There was a recognition that gender-based norms and values affected opportunities for women and action on teenage pregnancy and sexual and reproductive health care and rights. The improvement in the generation, allocation, efficient use of funds for health required to reach the SDG 3 targets was rarely mentioned. Health systems with strong financial protection and low levels of unmet need have no large gaps in coverage. It is essential to minimize access barriers and out-of-pocket payments and ensure adequate public spending, so as to guarantee timely access to a broad range of health services and minimize out-of-pocket payments. Some countries will need to redesign their coverage policy at the same time as seeking additional public investment in the health system, taking steps to benefit the most disadvantaged people first.

Data and monitoring

23. Although the SDGs were agreed by all United Nations Member States, the indicators were defined by the global statistical community. From a statistical perspective, the indicator framework is enormously complex, with 17 goals, 169 targets and 232 distinct indicators. Challenges include determining what needs to be measured; prioritizing targets; determining a target’s relevance to the country concerned; reliability of data given the lack of international measurement standards; quality and adherence to international standards; and lack of disaggregation. Many of the policy targets are far ahead of current statistical capabilities. Estimates of the resources required to implement the SDG indicator framework range between US$ 1 billion and US$ 125 billion per annum. However, many countries will need additional resources, meaning that the required investment will most likely be far greater.

24. Member States have established national statistics networks or offices responsible for collecting, monitoring and analysing data on SDG indicators. They inform the national government or international bodies and other relevant stakeholders, often joining with health-related government departments and/or agencies to conduct assessments of progress towards achieving the SDGs. Some countries are still developing or updating their national indicators, setting up baseline data for indicators and/or developing a review framework, and few of them

have strengthened their statistical offices. While national health information systems are contributing to the data and monitoring activities, there is a need for further improvement and better coordination.

Progress in advancing the roadmap through action by WHO and its partners

25. WHO's Thirteenth General Programme of Work, 2019–2023, promotes the implementation of the SDGs through its interconnected strategic priorities: achieving universal health coverage, addressing health emergencies and promoting healthier populations. The roadmap to implement the 2030 Agenda has placed the Region in an excellent position to implement the General Programme of Work and accelerate the implementation of the SDGs.

Governance

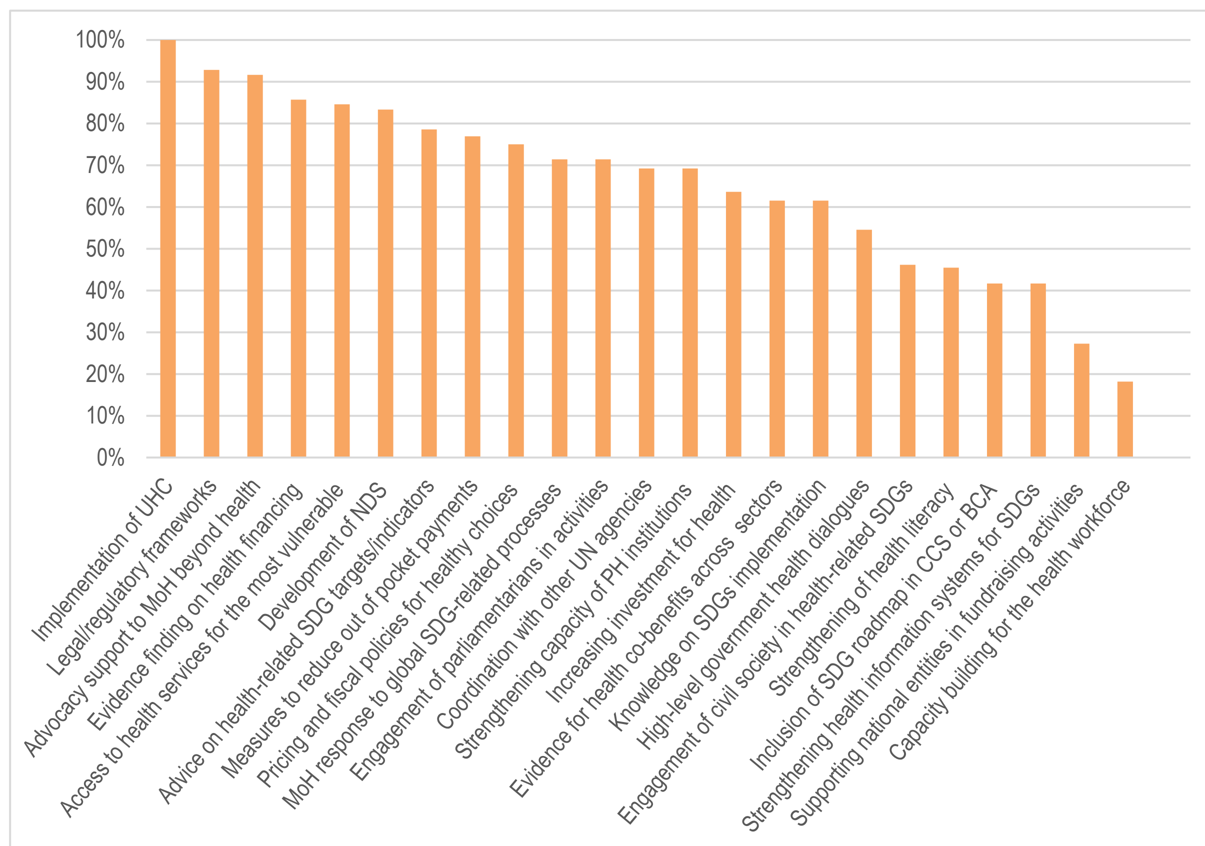
26. The last three sessions of the Regional Committee for Europe included specific high-level sessions dedicated to the implementation of the SDGs. All high-level conferences organized by the WHO Regional Office for Europe have likewise addressed the implementation of the SDGs. For example, the 10th anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth provided a platform for reflection on progress in health systems strengthening. The three themes of the anniversary conference (include, invest and innovate) related to improving health coverage, access and financial protection for everyone; investing in health systems; and harnessing innovations and systems to meet people's needs. Participants in the Global Conference on Primary Health Care (Astana, Kazakhstan, 25–26 October 2018), which celebrated the 40th anniversary of the Declaration of Alma-Ata, adopted the Astana Declaration, stressing the need to reinvigorate efforts to promote primary health care. In February 2019, ministers of health and other high-level delegates met in Istanbul, Turkey, where they reiterated their commitment to accelerating joint action and investment to tackle health emergencies and implement the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region. Similarly, the WHO European High-level Conference on Noncommunicable Diseases: Time to Deliver (Ashgabat, Turkmenistan, 9–10 April 2019) showed once more that efforts to address NCDs and their risk factors must be intensified if the world is to achieve sustainable development.

27. The United Nations and the resolutions, strategies and action plans of the World Health Assembly and Regional Committee for Europe provide the main policy directions to support the implementation of the health-related SDG targets. Since 2017, a range of strategies, action plans and decisions adopted by the Regional Committee have contributed to the implementation of the SDGs.

Support for Member States

28. All European WHO country offices, in coordination with the Regional Office, have directly supported the implementation of the SDGs in Member States (see Fig. 3).

Fig. 3. Type of WHO support provided to Member States of the European Region to implement the health-related SDGs (percentage of country offices that provided the support indicated)



BCA: biennial collaborative agreement; CCS: country cooperation strategy; MOH: ministry of health; NDS: national development strategy; PH: public health; UHC: universal health coverage; UN: United Nations.

29. Albania, Belarus, Georgia, Kyrgyzstan, Serbia, Turkmenistan, Ukraine and Uzbekistan were supported as part of the "One UN" approach, reinforcing the need to address health and well-being. High-level policy dialogues were conducted with the President of Romania and in the context of the Romanian presidency of the Council of the European Union. The Regional Office assisted Member States in preparing for and responding to health emergencies.

Technical resource package

30. An SDG resource package has been developed. This includes a collection of 280 tools, factsheets and policy briefs, thematic highlights, large-scale studies and a regularly updated website.[2]

31. A report analysing progress in relation to primary health care in the Region since 1978 and projecting future progress was launched at the Global Conference on Primary Health Care. The Regional Office developed a framework for action for a sustainable health workforce, which was adopted together with a supporting toolkit in 2017. It monitors coverage, access and financial protection across the Region. A report published in 2018 by the Regional Office, *Can people afford to pay for health care?*, is complemented by country-specific analyses and recommendations for ways of addressing coverage gaps and reducing

[2] See: http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/resources.

unmet need and financial hardship, and specifically addresses SDG indicator 3.8.2 (proportion of population with large household expenditures on health as a share of total household expenditure or income).

32. Other areas of health system strengthening include improved information technology and e-health measures, assessments of the rational use of medicines and their affordability, and safeguarding of the quality of services and patient safety. The Regional Office has acknowledged the strategic potential of and cost rationale for investing in digital health and has increasingly focused on the impact of digitalizing national health systems.

33. Within the Pandemic Influenza Preparedness Framework Partnership Contribution, the Regional Office supports Member States in the development of national guidelines for outbreak investigation and response. A WHO handbook and policy tools supporting the creation of age-friendly environments in cities and subregions have contributed to SDG implementation in Europe in this area.

34. The European Advisory Committee on Health Research, the Region's highest consultative body on research, is now also addressing SDG-related research. Recently, the cultural contexts of health and well-being project at the Regional Office published the policy brief *Antibiotic resistance: using a cultural contexts of health approach to address a global health crisis*. The policy brief responds to the call in the 2030 Agenda for attention to be paid to social and ecological relationships in the crisis of antimicrobial resistance.

Implementation with partners and by networks

35. A new partnership strategy for the Regional Committee was adopted in 2017. The Regional Office hosts the secretariat for multicountry, multistakeholder, subregional and thematic networks or partnerships, all of which address the SDGs.

36. At the Third High-level Meeting of Small Countries in 2017, the common denominators in the SDGs and Health 2020 were discussed and decided upon. The Sixth High-level Meeting, on the theme of "Equity and sustainable development: keeping people at the centre", provided a detailed analysis of participatory approaches in implementing the SDGs in 12 European countries.

37. In 2017, members of the South-eastern Europe Health Network (SEEHN) signed the Chisinau Pledge, which reinforced country commitments to achieving the SDGs and universal health coverage. It also identified emergencies, the health workforce and population ageing as policy areas that can be addressed through cross-border work and indicated that SEEHN member countries should also consider subnational efforts in addition to cross-border cooperation. An expert meeting of the Network stressed that primary health care is a cornerstone of sustainable health systems, universal health coverage and the health-related SDGs. The Network's subregional cooperation strategy covers seven strategic areas of cooperation with a detailed action plan to support the implementation of the SDGs and Health 2020.

38. The European Environment and Health Process provides a mandate and platform for WHO engagement in these two sectors. The Ostrava Declaration, endorsed in 2017, articulates seven public health priorities for environment and health across the Region, namely: 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.

39. The Coalition of Partners takes collective action to strengthen essential public health services and capacities across the Region. In recent meetings, partners requested that the SDGs should be more solidly embedded in future thinking.

40. The Regions for Health Network comprises 41 regions in 28 Member States. Network members aim to put Health 2020 and the SDGs into action in their own regions. The Network facilitates peer-to-peer learning across regions, undertakes capacity building, gives a voice to and provides direct exposure to key stakeholders at the subnational level, and supports communications activities to enhance awareness and visibility on the ground.

41. The WHO European Healthy Cities Network acts as a vehicle for the implementation of the SDGs at the local level, supporting sustainable and equitable urban development, with health and well-being at its centre, through whole-of-city and whole-of-society approaches. A number of countries have already adopted this approach and are seeking vertical coherence through the integration of their national healthy cities networks into the delivery and implementation of the health-related SDGs.

42. The Regional Office is strengthening emergency response, both within the Region and worldwide, by forging partnerships with international and local actors. For example, the Global Outbreak Alert and Response Network has 103 partners in the Region; in 2018, 20 partners participated in seven missions. Twelve emergency medical teams have been certified and 27 are at the mentorship and verification stage. WHO collaborating centres in the Region are active in the area of health emergencies.

43. The Public Health Aspects of Migration in Europe project made it possible to respond quickly to the huge migrant and refugee inflow to Europe. The Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, adopted in 2016, specifically supports action to implement SDG target 10.7.

United Nations cooperation

44. The focus on SDG implementation in countries has highlighted the need for strong coordination within and beyond the United Nations system, across agencies, sectors, levels and technical areas. Executive staff, including the Regional Director, formed part of the high-level panel at the Regional Forum on Sustainable Development in 2017, 2018 and 2019, in which countries in the Region took stock of progress made in achieving the SDGs. The Regional Forum was set up by the Member States of the United Nations Economic Commission for Europe to monitor and report systematically on progress and challenges in the implementation of the SDGs.

45. On 31 May 2018, the General Assembly endorsed resolution 72/279, entitled "Repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system". It focused specifically on the implementation of the 2030 Agenda and the SDGs, and will have major implications for Member States of the European Region which have a United

Nations agency presence. Executive management and other senior staff of the Regional Office participate in the coordination meetings of United Nations regional directors, which are held twice a year, and which discuss the implementation of the SDGs in Member States, the implementation of United Nations reform, alignment of the agendas of the United Nations agencies, and preparations for the new United Nations Sustainable Development Cooperation Framework.

46. Several United Nations issue-based coalitions have been set up in the Region by, and report to, the United Nations Regional Coordination Mechanism for Europe and Central Asia. The Regional Office leads the Issue-based Coalition on Health and Well-being. Its purpose is to support Member States in implementing the health-related SDGs, for example in mapping norms and policies, accessing technical support, using human and other resources effectively, and communicating and sharing information on good practices. The Regional Office also participates actively in the Issue-based Coalition on Gender Equality. The first three years focused on scaling up interventions to improve child health, strengthening the legal and operational aspects related to medicines and creating the knowledge and capacity required to deal with migration issues. One of the four workstreams of the Issue-based Coalition on Health and Well-being focuses on tuberculosis, HIV and hepatitis; 14 United Nations agencies developed a joint position paper, with key actions within and beyond the health sector to address HIV, tuberculosis and viral hepatitis in Europe and central Asia. The Coalition will be guiding the integration of health aspects into the new United Nations Sustainable Development Cooperation Framework in 18 countries in 2019 and 2020, and into United Nations reform.

Data and statistical capacity building

47. At the 67th session of the Regional Committee, Member States requested that the Regional Office should further review existing indicators under the proposed Joint Monitoring Framework on Health 2020, the SDGs and NCDs, and agree on their content and suitability, as well as potentially considering the introduction of new indicators (background information contained in document EUR/RC67/Inf.Doc./1 Rev.1). At the 68th session of the Regional Committee, a set of indicators for the Joint Monitoring Framework was proposed and adopted in decision EUR/RC68(1). The Joint Monitoring Framework indicators will be updated in the European Health Information Gateway during 2019.

48. The WHO European Health Information Initiative is the regional mechanism for implementing the decision; it established a subgroup on revision of indicators that has been requested to follow up on the points raised by Member States in order to deliver a streamlined reporting process in due course that will, at a minimum, cover indicators that represent the core aspects of the SDGs and the other monitoring frameworks.

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