

HEALTH AND SUSTAINABLE DEVELOPMENT GOALS Advisory Meeting



18–19 June 2019, Copenhagen, Denmark



Abstract

The Health and Sustainable Development Goals Advisory Meeting in Copenhagen, Denmark, on 18–19 June 2019 discussed and revised a draft SDG guide, its associated technical resources and their applicability. The following themes were discussed based on the 4As approach: assess, align, accelerate and account. It was agreed that revision of the guide should prioritize simplification of the guidance on available tools and resources; consider communication at the start and throughout policy implementation; highlight how interactions between the SDGs can focus and accelerate implementation efforts for health and well-being; consider the capacity available to support implementation at all stages and support its sustainable development; emphasize the importance of participation at all stages of policy implementation; present data and evidence in a way that is most effective; and collect and disseminate a compendium of best practice. The draft guide should be presented for further discussion at a side-event at the 69th session of the Regional Committee for Europe in September 2019.

Keywords

HEALTH
WELL-BEING
SUSTAINABLE DEVELOPMENT
POLICY IMPLEMENTATION
ACCELERATION
PUBLIC HEALTH
COMMUNICATIONS
CAPACITY BUILDING
COMMUNICABLE DISEASE
HEALTH SYSTEMS
GOVERNANCE
EQUITY
GENDER
HUMAN RIGHTS
DATA AND INFORMATION
INTEGRATION

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Health and Sustainable Development Goals advisory meeting, 18–19 June 2019, Copenhagen. Copenhagen: WHO Regional Office for Europe; 2019.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

The named authors alone are responsible for the views expressed in this publication.

Contents



Figures	iv
Acknowledgements	v
Executive summary	vi
Introduction: scope of the meeting	1
Guiding SDG implementation in WHO European Member States	2
Revising the draft guide to accelerate progress towards SDG attainment.....	4
Participatory discussion of the 4As.....	7
Assess	8
Align.....	10
Accelerate	12
Account	16
Recommendations to accelerate implementation of the SDGs in the WHO European Region.....	19
Next steps	20
References.....	21
Annex 1. Programme	23
Annex 2. List of participants.....	27

Figures



Fig. 1. The WHO European Region SDG Roadmap	2
Fig. 2. Process of developing the draft guide.....	3
Fig. 3. Contents of the draft guide.....	3
Fig. 4. SDG windmill, a tool for communicating the impact of health across all SDGs	5
Fig. 5. Participatory activity to support revisions of the draft guide	7

Acknowledgements



The Health and Sustainable Development Goals Advisory Meeting was hosted by the Sustainable Development and Health programme of the Division of Policy and Governance for Health and Well-being of the WHO Regional Office for Europe.

Dr Bettina Menne, Coordinator for Sustainable Development and Health at the WHO Regional Office for Europe, and Dr Rosemary Kumwenda, Regional Team Leader for HIV, Health and Development at the United Nations Development Programme Istanbul Regional Hub, co-chaired the meeting and welcomed the participants.

The Co-chairs would like to thank the following individuals for facilitating the group discussions.

Establishing healthy places, settings and resilient communities: Dr Mariana Dyakova and Mr Werner De Wael.

Preventing disease and addressing health determinants by promoting multi- and intersectoral policies through the life-course: Dr Stephen Morton and Dr Marleen Bekker.

Health equity – leaving no one behind: Dr Nicole Rosenkötter and Ms Tatjana Buzeti.

Strengthening health systems for universal health coverage: Professor Göran Tomson and Dr Martin Kraye von Krauss .

Health literacy, research and innovation: Professor Jürgen Pelikan and Dr Iveta Nagyova.

Strengthening national health information systems and digital health: Professor Neville Calleja and Mr Amit Prasad.

The Co-chairs would also like to thank all the participants for their excellent contributions and the following speakers for their presentations: Ms Hilaire Armstrong, Dr Andrew Barnfield, Dr Marleen Bekker, Ms Tatjana Buzeti, Professor Neville Calleja, Ms Karina Cazarez, Dr Masoud Dara, Dr Florentina Furtunescu, Professor Rachel Hammonds, Ms Chelsea Hedquist, Ms Monika Kosinksa, Dr Martin Kraye von Krauss, Dr Rosemary Kumwenda, Dr Amine Lotfi, Mr John McCauley, Dr Stephen Morton, Dr Anna Cichowska Myrup, Dr Iveta Nagyova, Ms Åsa Nihlén, Dr Mihail Peleah, Professor Jürgen Pelikan, Mr Amit Prasad, Dr Ivo Rakovac, Mr Pierre Roca, Dr Nicole Rosenkötter, Ms Miriam Sangiorgio, Mr Jan Hendrik Schmitz-Guinote and Dr Pia Vračko.

This report was written by Dr Amanda Shriwise, meeting rapporteur, and was edited by Dr Bettina Menne and Dr Emilia Aragón De Leon.

Executive summary



The second Health and Sustainable Development Goal Meeting was held at the WHO Regional Office for Europe in Copenhagen, Denmark, on 18–19 June 2019.

The purpose of the meeting was to discuss and revise a draft guide for the Sustainable Development Goals (SDGs), its associated technical resources and their applicability. The meeting was intended to enable health stakeholders from different geographical locations and backgrounds to participate in shaping the development of the guide and its technical resources through sharing their experiences in SDG integration and implementation. Participants evaluated the tools and technical resources offered in the draft guide to support SDG implementation and contributed to extending the list of resources. The expert discussion and recommendations would help to improve the usability of the guide and its technical resources.

The guide used the 4As approach (assess, align, accelerate and account) as the basis for the participatory in-depth discussions during the meeting on its development. This approach builds on the *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being* (WHO European Region SDG Roadmap) and the WHO *Global action plan for healthy lives and well-being for all*.

It was agreed that revision of the guide should prioritize simplifying the guidance on available tools and resources; consider the importance of communicating effectively, both at the start and throughout policy implementation; highlight how interactions between the SDGs can focus and accelerate implementation efforts for health and well-being; consider the capacity available to support implementation at all stages and support sustainable development of this capacity; emphasize the importance of participation at all stages of policy implementation; present data and evidence in a way that is fit for purpose; and collect and disseminate a compendium of best practice.

The guide and its accompanying resources and tools should be presented for further discussion at a side-event at the 69th session of the WHO Regional Committee for Europe in September 2019.

Introduction: scope of the meeting



Building on the WHO *Global action plan for healthy lives and well-being for all (1)*, in 2017, Member States adopted the WHO European Region SDG Roadmap (2) and requested the WHO Regional Director for Europe to produce a core package of SDG-related resources, knowledge and tools to support its implementation (3).

The objective of this second meeting was to discuss and revise the draft SDG guide and its associated technical resources, and their applicability. Specific objectives of the meeting were to:

- enable health stakeholders from different geographical locations and backgrounds to participate in the creation of the guide and technical resources through sharing their experiences in SDG integration and implementation, and thus shape its development;
- evaluate the tools and technical resources to support SDG implementation offered by the draft guide and expand the list of resources; and
- improve the usability of the guide and technical resources through the expert discussions and recommendations.

The guide and technical resources were structured around the 4As:

- assess: where are we and where do we want to be?
- align: how do we take an integrated approach?
- accelerate: how do we get there?
- account: how do we ensure progress?

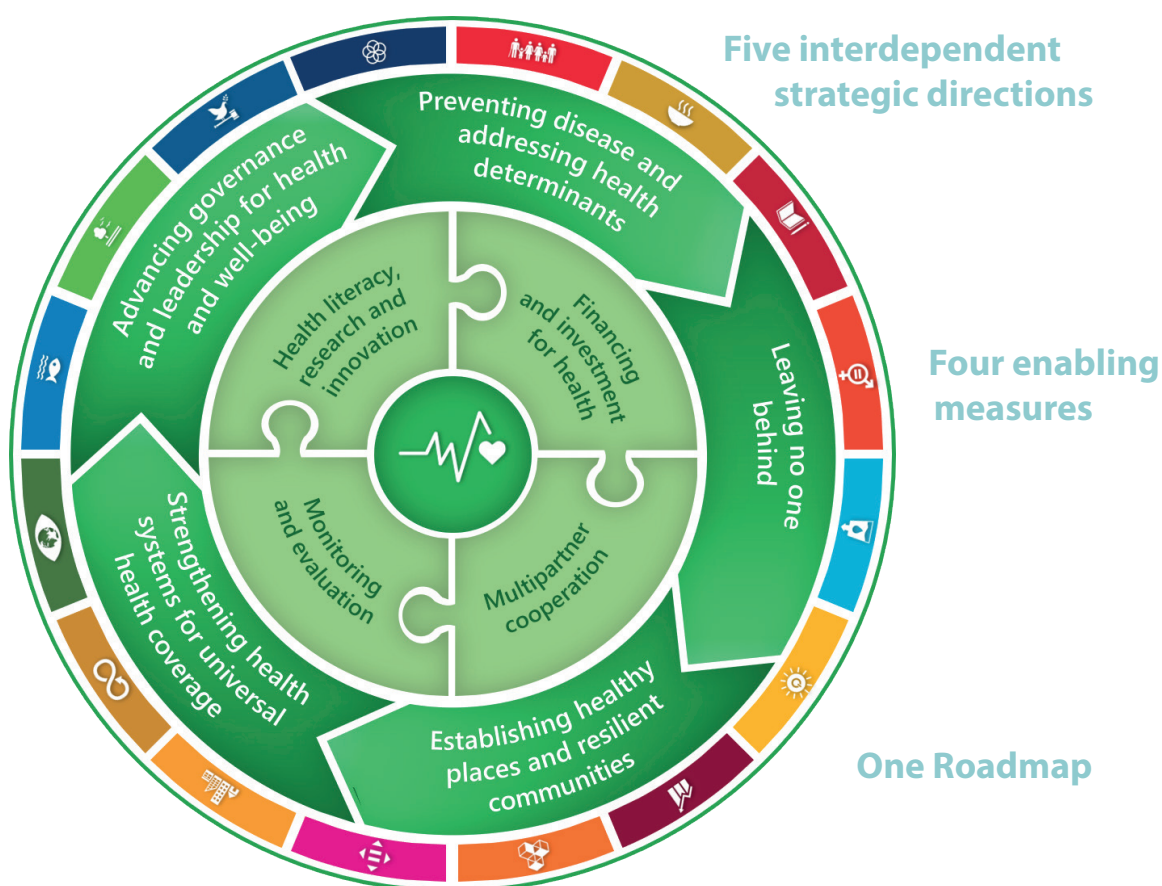
Using a participatory approach, the two-day meeting explored these four stages in depth and discussed methodologies, tools, challenges and opportunities for advancing SDG implementation across countries in the WHO European Region. The discussion was designed to identify interconnecting measures that can be flexibly applied by health stakeholders to achieve the SDGs.

This report summarizes key points from the discussion on SDG implementation in relation to the draft guide and each of the 4As. It has two annexes: the programme of the meeting and a list of participants.

Guiding SDG implementation in WHO European Member States

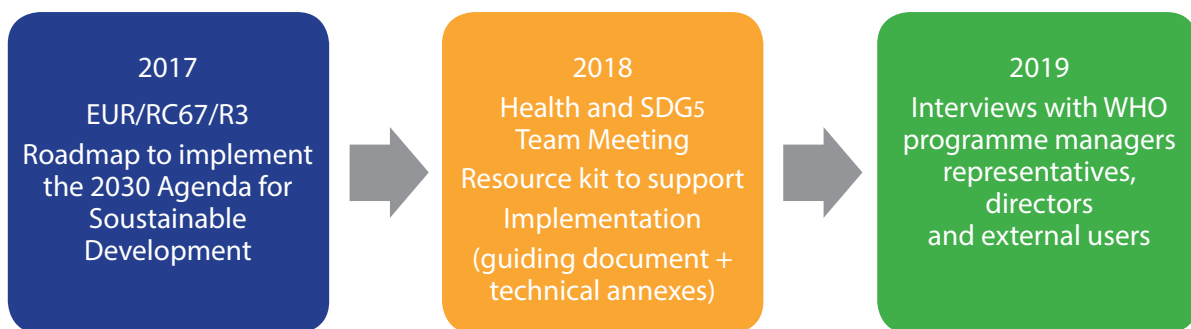
The WHO European Region SDG Roadmap was adopted in 2017 at the 67th session of the WHO Regional Committee for Europe (2). It aims to strengthen the capacities of Member States to achieve better, more equitable and sustainable health and well-being for all at all ages in the Region. It builds on Health 2020, the European policy for health and well-being. It advocates high-level leadership for health and well-being and strong intersectoral mechanisms to address the many risk factors and determinants of health. It focuses on whole-of-government, whole-of-society and Health in All Policy approaches. This Roadmap proposes five interdependent strategic directions (Fig. 1).

Fig. 1. The WHO European Region SDG Roadmap



At the same session, Member States of the WHO European Region requested the WHO Regional Director for Europe to support them in their efforts to accelerate progress in SDG implementation through a core package of SDG-related technical resources (3). Consequently, in January 2018, technical experts met to discuss the content of a resource package to support SDG implementation (Fig. 2) (4). During the meeting, it was agreed that the resource package should be structured as a guide of approximately 15–20 pages, with a series of technical resources attached to it. Global and regional developments through the course of 2018 and 2019 have collectively informed the further development of this guide and its associated technical resources.

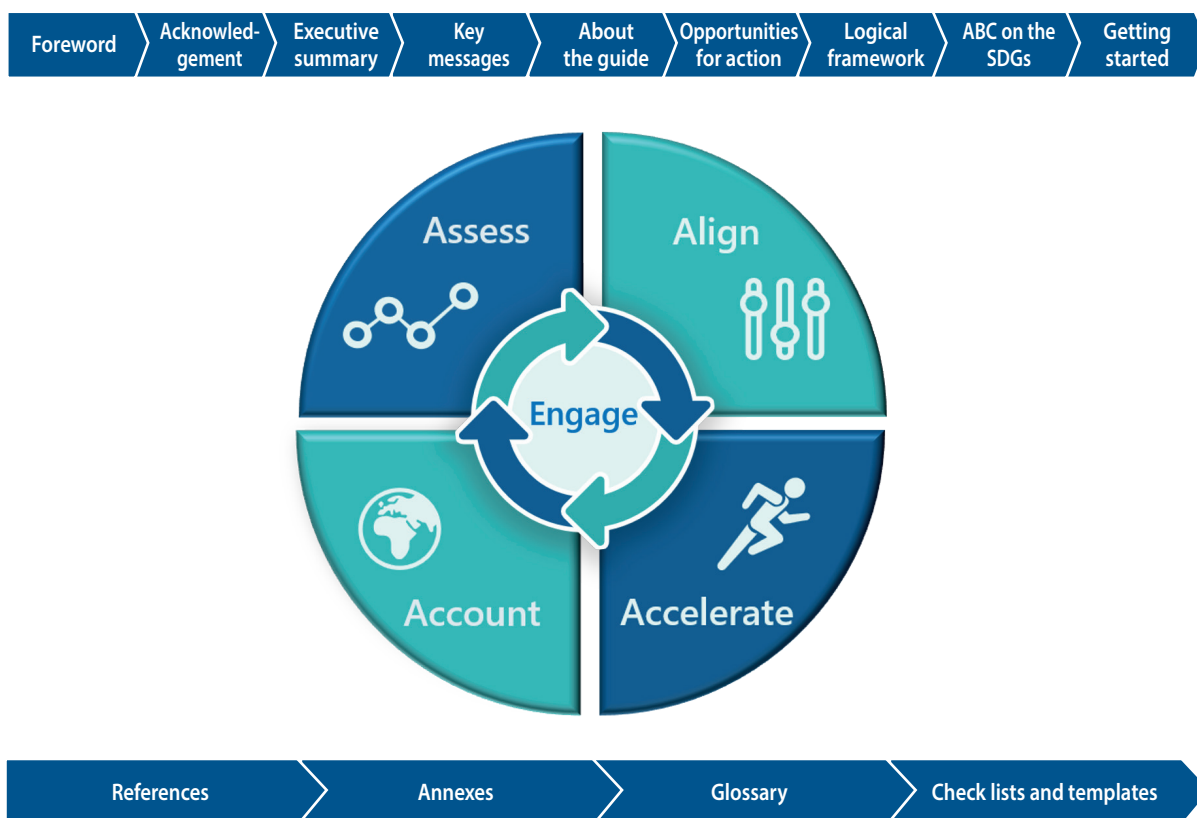
Fig. 2. Process of developing the draft guide



The development of the guide has been an iterative process and it is expected to support the implementation of the WHO European Region SDG Roadmap and WHO’s 13th General Programme of Work (5).

The draft of the guide discussed during this advisory meeting was based on the 4As approach (Fig. 3). This approach, proposed by WHO, recognizes the need for transformative change¹ in policy formulation and implementation.

Fig. 3. Contents of the draft guide



¹ Transformative change means moving towards strategic approaches to accelerate or shift the development trajectory of a country resulting in large-scale and sustained impact. It implies strategic changes in policy formulation, budget allocation and policy implementation in national planning (6).

The draft guide has specific objectives:

- /// to build knowledge and provide information to facilitate understanding of the health and well-being aspects of the 2030 Agenda;
- /// to promote health and well-being for all at all ages as a development priority;
- /// to provide tools and methods for the promotion of health and well-being in sustainable development approaches and efforts;
- /// to promote the evidence-informed inclusion of health and well-being, and their determinants, into national development strategies, the implementation of these strategies and the progressive alignment of health policy and development policies or plans;
- /// to accelerate the achievement of the health-related SDG targets and the use of evidence-informed, gender-responsive and equity-sensitive policy guidance to address priority action areas within and beyond the health sector;
- /// to provide opportunities to learn about and share transformative approaches and strategies, especially by using existing networks, platforms and action plans to ensure dialogue between organizations, sectors and countries; and
- /// to strengthen accountability, monitoring and evaluation to achieve the SDGs.

The target audience of the guide includes, but need not be limited to, policy-makers, public health institutions, academia, civil society and development partners and funders within and outside the health sector.

Revising the draft guide to accelerate progress towards SDG attainment



The meeting looked at the draft guide and made overall recommendations. The participants considered that the draft guide was comprehensive and well structured, with the align and account sections requiring the most substantial revision. Emphasis was placed on the need to simplify and streamline the content that is already available to make the guide more user friendly. It was also noted that the guide is a starting point for countries and that it is meant to generate ideas and to provide tools, resources and support, rather than being an instruction manual or a replacement for country-led implementation efforts. It should ideally inspire innovation to accelerate SDG attainment. Seven key recommendations for revising the draft guide were made.

1. **Prioritize simplifying the guidance on available tools and resources.** The guide should serve as a resource that makes it easy for policy-makers to find appropriate tools and resources to support SDG implementation. It should also clarify how the tools work and provide examples of how they can be used. While targeting knowledgeable practitioners, the guide should also be easy to use, visually appealing, accessible and inspiring, with good language editing and attention to branding.
2. **Consider the importance of communicating effectively, both at the start and throughout policy implementation.** The 2030 Agenda emphasizes working across and between sectors to address health and its determinants throughout the economic, social and environmental domains. As a result, SDG implementation efforts include a wide range of actors. Some of these actors may be less familiar with health and health policy. It will be critical for policy-makers to communicate effectively with key stakeholders and the public to galvanize support for achieving the health and health-related SDGs through the development of a common language that is easy to understand. Particularly when animated, as in a PowerPoint presentation, the SDG windmill serves as one example of a visual communication tool that intuitively conveys the ways in which improving health supports attainment across all SDGs (Fig. 4).

Fig. 4. SDG windmill, a tool for communicating the impact of health across all SDGs



Source: courtesy of Bettina Menne and Christoph Wippel.

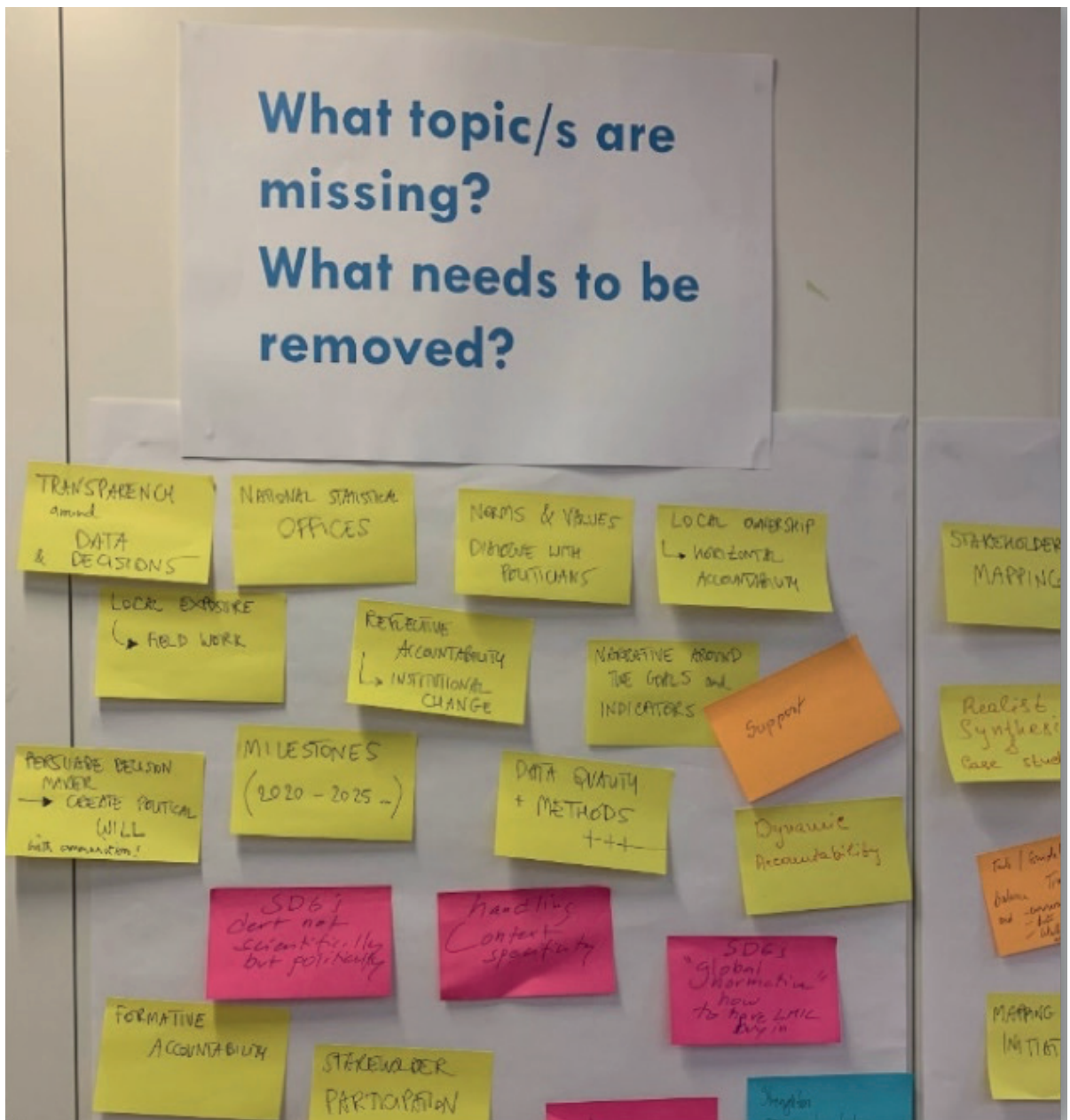
3. **Highlight how interactions between the SDGs can focus and accelerate implementation efforts for health and well-being.** Awareness of the way in which health affects and is affected by all SDGs is critical to identifying and taking advantage of opportunities to accelerate implementation, thus supporting efforts to reach the health and health-related targets specifically as well all the SDGs. Complexity analysis helps to identify intersections where strong interaction effects – synergies, but also trade-offs – are to be expected; policy interventions at these intersections should be tailored to each country context.
4. **Consider the capacity available to support implementation at all stages and support sustainable development of this capacity.** When developing implementation strategies, there is much to recommend working across all sectors and levels to improve health while considering all three dimensions of sustainable development (economic, social and environmental). However, this often requires additional resources and training, and it is important to make a realistic assessment of the capacity available to do this. Working through existing coordination mechanisms where possible and clearly delineating roles and responsibilities in joint implementation efforts can help to make the most of available resources while limiting additional costs of coordination.

5. **Emphasize the importance of participation at all stages of policy implementation.** Meaningful participation and cooperation throughout policy development and implementation is a hallmark of the 2030 Agenda. Meaningful participation requires actors and key stakeholders to participate in conversations on achieving the health and health-related SDGs as equals. While actors and key stakeholders may disagree or have competing or incompatible interests, their views should be respected and taken seriously within the confines of their mandate and evaluated objectively.
6. **Present data and evidence in a way that is fit for purpose.** Working across sectors and levels to achieve the health and health-related SDGs requires new conceptual tools to support implementation and reframing data to be accessible for a wider range of actors. Indicators and measures need to be presented in ways that can be understood easily by policy-makers, including those outside the health sector. The guide also needs to summarize the evidence base that informs implementation strategies and interventions that have positive impact across the economic, social and environmental dimensions of sustainable development.
7. **Collect and disseminate a compendium of best practice.** The SDGs are inspiring new ways of thinking and working at the intersection of health and development policy. As countries continue to develop and support SDG implementation, dissemination of success stories, new evidence and examples of best practice can inspire implementation efforts and enhance the evidence base. To this end, it was advised that a compendium of best practices should be compiled from across the WHO European Region, highlighting the ways in which countries continue to display ingenuity and perseverance in SDG implementation.

Participatory discussion of the 4As

SDG implementation will be an ongoing, iterative process that is not always linear (Fig. 5). All the 4As (assess, align, accelerate, account) will have a role throughout implementation and they will also have an impact on each other. For example, aligning the goals and priorities of a wide range of actors and key stakeholders in order to achieve the health and health-related SDGs has clear implications for accountability frameworks. Equally, enhancing accountability may encourage actors and key stakeholders to better align their health and health-related activities to achieve the SDGs. The following text discusses each of these in turn.

Fig. 5. Participatory activity to support revisions of the draft guide





Assessing the current state of health and the policy implementation context helps to identify areas where joint approaches can accelerate progress and also helps to clarify needs, priorities and gaps through dialogue and engagement with key stakeholders within and outside the health sector.

Guide proposals

The draft guide proposed an SDG diagnostic and an SDG readiness analysis, grounded in a sound and shared understanding of where a country, sector, region or city stands with regards to achieving the SDGs. Depending on the specific needs, SDG diagnostics may be used to identify targets and indicators, assess major health trends and, where possible, to backcast² and forecast. For the SDG readiness analysis, the guide proposes assessment of the alignment of national or subnational policies with the SDGs, SDG complexity analysis, monitoring capacity, health governance and institutional arrangements.

Discussion

The participatory nature of the meeting gave rise to the following proposals for revision of the guide:

- /// clarify why tailoring SDG targets at the national level is important and provide guidance on how to do so;
- /// simplify the inventory of tools and resources available to support implementation efforts and provide succinct guidance on how the tools can be used; and
- /// use examples, where appropriate, to illustrate how tools can be used to assess the policy context and options for policy implementation.

As a first step towards SDG implementation, countries assess needs, priorities and gaps and also seek to identify where joint approaches can accelerate progress. Out of the 169 targets and 232 indicators contained in the SDGs, 51 targets and 85 indicators have been identified as related to health and well-being (7).

The very nature of the health and health-related SDGs requires each country to set its own appropriate targets. First, some countries may have already achieved or may be on track to achieve a given target yet desire to sustain achievements and make further advances, particularly in the WHO European Region. Secondly, over half of the targets are expressed in relative terms, which require countries to establish a baseline in order to measure progress. The establishment of baselines has been controversial at times, and this is left to experts or decisions from governments in some cases. Thirdly, many of the targets are worded in an inspirational way, requiring countries to interpret and transform these targets into measurable indicators.

Tools currently available to support SDG implementation in the WHO European Region include:

- /// policy briefs on health and the SDGs (8);
- /// fact sheets on health-related SDG targets (9);
- /// country profiles and case studies from the WHO European Region, some of which are under development (10); and
- /// brochures that target specific audiences, such as for youth and the health workforce, SDG reports and a searchable repository of tools are currently planned.

² Backcasting is a planning method that starts with defining a desirable future (i.e. the SDGs to be attained by 2030) and then works backwards to identify policies and programmes that will connect that specified future to the present. It is a starting point for analysing the feasibility and potential for SDG attainment and for identifying places where acceleration is most needed.

Several other tools are also available to support implementation of health and health-related SDG targets. In 2018, the WHO Regional Committee for Europe endorsed the Joint monitoring framework for the SDGs, Health 2020, and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (11). The Governance programme of the WHO Regional Office for Europe also supports the development of organigraphs, or visual representations, of governance arrangements for health and well-being in Member States that can capture the relationships between actors, stakeholders and sectors at the national level (12). The World Health Statistics Data Visualizations Dashboard outlines status and progress made towards the achievement of health and health-related targets across WHO regions and Member States (13).

United Nations agencies, and in particular the United Nations Development Programme (UNDP), have also produced a number of tools to support countries in assessing SDG implementation, several of which have been developed and utilized during the mainstreaming, acceleration and policy support missions undertaken by United Nations agencies in recent years.

- /// To assist in establishing baselines and tailoring SDG targets at the national level, the Sustainable Development Report Dashboards provide information on the status, trends and country comparisons for each SDG indicator (14).
- /// To assist in setting priorities, several United Nations initiatives have helped to identify SDG priorities and gaps. The UNDP's rapid integrated assessment tool examines the readiness of a country for SDG implementation across key policy frameworks, including national health and development policies, strategies and plans (15).
- /// To coordinate the United Nations development system activities in countries, the United Nations is developing further the United Nations Sustainable Development Cooperation Framework (UNSDCF) (16). The Framework represents the collective offer of the United Nations to support a country in addressing key SDG priorities and gaps and is anchored in national development priorities.
- /// To encourage change across all aspects of sustainability, the United Nations Global Compact is a voluntary initiative based on corporate commitments from the private sector to implement universal sustainability principles and to take steps to support United Nations goals (17). Action plans have also been created within civil society, including nongovernmental and community-based organizations.
- /// To ensure that gains in one area do not cancel out or worsen outcomes in another, SDG complexity analysis seeks to map the interactions between the SDGs and their targets (18). SDG complexity analysis also supports identification of SDG targets that, if achieved, have the potential to positively accelerate the achievements of additional targets across other SDGs. Population consultations present an opportunity to enhance participation in SDG implementation, taking into account the public's demands, opinions, and expectations related to health and well-being in the context of the 2030 Agenda. Given the relatively recent introduction of these tools and their use during mainstreaming, acceleration and policy support missions, their methodologies and utilization continues to rely on a certain level of expert judgement.

Meeting participants also stressed the need to assess institutional capacity when setting priorities and developing implementation plans. As the number of actors engaged in achieving the health and health-related SDGs continues to grow, accurately assessing institutional capacity is key to ensuring that appropriate levels of resources are dedicated to the coordination and acceleration of joint implementation efforts in order to build trust and manage expectations of partners and key stakeholders.



Joined-up thinking and action is critical: aligning goals and priorities, policies and operational approaches, resources and ways of working. Key milestones need to be identified across sectors and levels of governance to enhance the efficiency and effectiveness of SDG implementation. Aligning implementation strategies helps to achieve policy coherence and appropriate integration of the economic, social, environmental and governance dimensions of sustainable development at all stages of domestic and international policy-making. Health is itself a complex multilateral area, where the right combinations of actors and resources can have a catalytic effect when aligned appropriately.

Guide proposals

The draft guide proposes the identification of a joint vision; setting and aligning priorities, policies, strategies and plans; setting milestones; advancing policy coherence for sustainable development and integrated national financing; and connecting financing with longer-term objectives.

Discussion

The participatory nature of the meeting gave rise to the following proposals for revision of the guide:

- // place more emphasis on how to utilize existing coordination mechanisms to achieve the health and health-related SDGs;
- // highlight the benefits that joint action on health brings for both health and sustainability to inspire collaboration;
- // provide guidance on how to communicate the importance of health for achieving all SDGs when working across and between sectors; and
- // highlight how alignment and simplification of data collection and monitoring mechanisms, such as using the Joint Monitoring Framework (11), support all phases of health and health-related SDG implementation.

Strengthening governance for health is critical for aligning health and health-related SDG implementation efforts. The WHO European Region has an early start in this regard in that Health 2020 in 2013 focused explicitly on improving leadership and participatory governance for health, which was well before the adoption of the 2030 Agenda in 2015.

Development governance, Health in All Policies and health systems governance all contribute to a whole-systems approach to understanding governance for health and well-being in Member States. Strengthening health and well-being through multi- and intersectoral action across all levels of governance is enabled by three factors: the right to health and multisectoral action beyond simple sector mandates; resourcing and organization; and institutional capacity. Aligning actors beyond the health sector alone is critical for furthering country goals and priorities for health and well-being for all. Traditionally overlooked yet significant actors such as parliamentarians and civil society organizations play an important role in achieving health and health-related SDGs. Alignment also needs to be considered at all levels of governance. The WHO European Healthy Cities Network serves as one example of a governance mechanism that is promoting health and sustainable development in urban areas throughout the Region (19).

Financial (including fiscal) mechanisms for aligning resources for health and well-being are also key to encouraging investment in public health, including for health promotion as well as co-financing.

Ensuring that health is prioritized within budgets is challenging for several reasons: the returns are often only seen in the longer term; expenditure outside the health sector may affect health more than spending within it; and the added social, economic and environmental values are usually not measured. Investing in health and well-being means ensuring sufficient resources both within and beyond the health sector, as other sectors can affect people's health through wider determinants of health and equity. Different types of evidence and communication are often needed to convince actors and key stakeholders – including ministries of finance, decision-makers guiding the allocation of the European Structural and Investment Funds and other private sector actors – of the need to invest in and take action to improve health and well-being for all, leaving no one behind, in the context of the SDGs. Relatively new lines of action can be considered and drawn upon as appropriate, such as the solidarity-based financing model of France's *Finansol Label*, the innovative use of pre-existing mechanisms in Germany's multisectoral legislative approach towards the *Health Equity and Public Health Act (the Prevention Act)*, and the use of taxes to alter diet in Ireland's *Sugar Sweetened Drinks Tax*.

Conceptual, discursive and ideational alignment is also critical to promoting coherence in SDG implementation, particularly when implementation strategies are being created by multiple partners and stakeholders. The 2018 *United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration* serves as one recent example of how best to align work across sectors and agencies (20). This approach aligned the strategies, priorities, plans and flagship programmes of over 14 United Nations agencies, in addition to civil society organizations, the public and other stakeholders, to articulate common goals and identified overlapping areas of interest and win-win actions to end HIV, tuberculosis and viral hepatitis (20). The common position paper emphasized leaving no one behind and called for the alignment of ways of working and of technical interventions in countries. This alignment can be achieved using a range of instruments and coordination mechanisms, including pooling funds and joint procurement. The common position paper now serves as a foundation for coordinated action and joint implementation efforts in four European Member States: Belarus, Georgia, Portugal and Tajikistan.

Meeting participants also stressed the need to highlight lessons learned from exercises that internalize and tailor the SDGs. For example, the *Well-being of Future Generations (Wales) Act, 2015*, is an example of how participatory processes that focus on the future can help to align, coordinate and co-create implementation efforts designed to achieve sustainable development, including health, equity and the health-related SDGs. The Netherlands' *All about Health* prevention programme is an example of how governments can encourage whole-of-society engagement for health with new organic forms of collaboration and creation in support of health and SDG attainment. Portugal's recent national health policy was cited as a reminder of how existing coordination mechanisms can be used to support SDG attainment.

Opportunities

In addition to the WHO European Region SDG Roadmap, several tools, instruments and mechanisms are available to Member States seeking to align efforts towards SDG attainment at the country level. In the context of the 13th General Programme of Work, 2019–2023 (5), WHO continues to support health and well-being in the context of the SDGs across its Member States through biennial collaborative agreements. Ensuring that health is included in the UNSDCF is also key to coordinating SDG implementation for health and sustainable development across United Nations agencies and sectors in countries. The UNSDCF can serve as a foundation within which donors can align financial contributions to domestic resource mobilization efforts to support health and sustainable development in Member States. At the regional level, the *Issue-based Coalition for Health and Well-being in Europe and central Asia* continues to support health and health-related SDG implementation through four joint workstreams: maternal and child health; tuberculosis, HIV and viral hepatitis; medicines; and migration.

Accelerate



Multiple definitions of policy accelerators can be found within the literature on health and sustainable development. The meeting reached a consensus that an accelerator can be defined as:

a catalytic process, policy and/or programme area that can trigger positive multiplier effects across the SDGs and targets and that can increase the pace and support uptake of innovation in reaching the health-related SDGs at all levels.

Transformation and acceleration also go hand in hand. Emphasis was placed on the degree to which acceleration is also context specific, highlighting the importance of tailoring SDG implementation to a system's characteristics and the institutional conditions of the national and subnational environment.

Guide proposals

Building on the strategic directions and enablers of the WHO European Region SDG Roadmap (2), the guide identifies eight accelerators: establishing healthy places; preventing disease and addressing the determinants of health; health equity, leaving no one behind; strengthening health systems for universal health coverage (UHC); health literacy, research and innovation; strengthening health information systems and digital health; health financing; and multipartner cooperation. The first six of these were discussed in break-out groups (see below).

Discussion

The following proposals for revision of the guide arose during the general discussions:

- place greater emphasis on the ways in which people and leadership, including the youth who will be the next generation, accelerate health and health-related SDG implementation; and
- specify instances in which pre-existing coordination mechanisms have been used as an acceleration tool.

There was consensus that accelerating the attainment of health and health-related SDGs can happen in many ways. SDG complexity analysis illustrates how addressing particular health and health-related targets may have a multiplier effect on other SDGs. Evidence-informed interventions with known multiplier effects as well as particular combinations, or baskets, of interventions can also accelerate progress. It was agreed that identifying and removing barriers and bottlenecks to policy implementation, as well as filling gaps in financial investment, were critical to acceleration.

People and processes can accelerate progress towards health and health-related SDGs. For example, youth have the ability to drive transformative change given their long-term interest in a prosperous future and in inheriting a healthy planet for themselves as well as for future families and generations. Improving health in an SDG era also requires working across all sectors and levels of governance from positions of strength within the health sector. The process of European Union accession was recognized as a catalyst for improving health across a number of Member States in the WHO European Region. Breaking down silos, improving coordination and strengthening partnerships and coalitions for action were also seen as necessary for increasing the rate of implementation and ensuring efficient use of resources.

Discussion on accelerators

Break-out discussions among the participants on six of these accelerators led to the following insights.

Establishing healthy places, settings and resilient communities

Revision proposal: specify considerations for tailoring interventions to achieve the health and health-related SDGs to national, subnational and local environments, preferably with examples illustrating how similar interventions were adapted to suit different country contexts.

Discussion. Beyond accelerating progress towards SDG 3, establishing healthy places, settings and resilient communities was recognized as making contributions to all SDGs but with distinct contributions to SDG 4 (education), SDG 5 (gender), SDG 7 (energy), SDG 11 (cities), SDG 12 (consumption and production), SDG 13 (climate change) and SDG 16 (institutions). Both SDG 1 (poverty) and SDG 10 (inequality) are also connected to all three dimensions (economic, social and environmental) of sustainable development. Drivers of health and sustainable development in this area include political commitment and leadership, legislation, transparency, democratic processes, trust, engagement with communities and citizens, and media exposure and communication. Three interventions were identified to support this process: human-centred urban development and planning; making healthy choices the easy choices; and leadership in addressing climate change and pollution.

It was also stressed that existing networks, such as Healthy Cities and the Regions for Health Network, should be used and maximized before considering the creation of new coordination mechanisms, particularly with regards to climate change. Sustaining these efforts over time will require long-term investment, accountability, partnerships with the scientific community, generation of awareness and support of pro-poor measures, with a focus on education and schools.

Preventing disease and addressing health determinants by promoting multi- and intersectoral policies through the life-course

Revision proposals:

- /// provide suggestions and strategies for developing stronger shared information and intelligence systems to promote health across and between sectors;
- /// consider communication strategies throughout, as many of the actors and stakeholders well placed to affect health lie outside the health sector; and
- /// prepare the next generation of leaders to sustain and further progress.

Discussion. In addition to its immediate relevance for SDG 3, this accelerator is closely linked to SDG 1 (poverty), SDG 2 (food), SDG 4 (education), SDG 5 (gender), SDG 6 (water and sanitation), SDG 8 (work), SDG 10 (inequality), SDG 11 (cities), SDG 12 (consumption and production), SDG 13 (climate change) and SDG 16 (institutions). Addressing health determinants across all three dimensions of sustainable development is key to transforming health outcomes, as exemplified in the approach towards health in the 2030 Agenda. Drivers that enable this process include legal and regulatory instruments; training programmes; tackling corruption and ensuring the rule of law; enhancing accountability and evidence-informed practice; and building shared information and intelligence. Interventions related to a whole-of-society approach as well as building shared information and intelligence were recognized as critical for recognizing and acting on co-benefits across sectors as well as for advancing strong arguments and effectively channelling investment for health and well-being. For example, the Netherlands' All about Health prevention programme was cited as an effective whole-of-society approach that has brought together over 3000 actors to initiate action on the determinants of health. Sustaining these efforts over time will require the effective mobilization of bottom-up initiatives in a platform to guide, inspire and incentivize action for health and well-being among partners, in line with the 2030 Agenda.

Health equity – leaving no one behind

Revision proposals:

- /// include the recommended baskets of interventions from the High-level Conference on Health Equity (21);
- /// provide guidance on the co-creation of qualitative measures of health equity at the local level; and
- /// define proportionate universalism and provide examples of how this concept has impacted policy in practice.

Discussion. As a central pillar of the 2030 Agenda, leaving no one behind and improving health equity impacts SDG 3 as well as SDG 1 (poverty), SDG 4 (education), SDG 5 (gender), SDG 8 (work), SDG 10 (inequality), SDG 16 (institutions) and SDG 17 (partnerships and progress monitoring), as well as SDG 6 (water and sanitation) and SDG 11 (cities), as recently discussed at the High-level Conference on Health Equity (21). Both financial insecurity and poor-quality environmental and housing conditions were cited as root causes to be addressed. Drivers that enable health equity include putting people in the centre of services; multisectoral approaches at the national and subnational levels; the availability of appropriate measures for setting targets and visualizing progress, particularly for co-created programmes; and utilization of proportionate universalism as a conceptual tool. Several examples of inspirational interventions in countries include creating awareness on policy issues and needs across ministries in Malta; improving cooperation and integration of health and social services within community administration in Denmark; and increasing the availability of health services in rural areas in Romania.

Strengthening health systems for UHC

Revision proposals:

- /// include examples of country approaches to achieving UHC;
- /// highlight the importance of providing multidisciplinary, integrated care at primary health care level;
- /// emphasize that countries are free to choose their own path towards UHC and illustrate how the achievement of UHC has been context specific; and
- /// provide examples where leadership and investments in capacity-building have strengthened partnerships for UHC.

Discussion. Strengthening health systems for UHC was recognized as contributing to SDG 1 (poverty), SDG 4 (education), SDG 5 (gender), SDG 8 (work), SDG 10 (inequality) and SDG 16 (institutions). Given that UHC has been a flagship initiative of WHO for some time, there are many good country examples, particularly in strengthening primary health care, including from Australia, Georgia, Ireland, Morocco, Portugal and Romania. Drivers that have enabled health system strengthening and UHC in countries include legislation, regulation and norms; good governance and leadership, as well as mentorship, cultivation and empowerment of the next generation of change agents; systems thinking and prioritization that is context specific; trust and transparency among health and development actors; clearly demarcated roles and responsibilities of policy-makers, implementing agencies, key stakeholders and partners; and the country context being taken into account when implementing universal initiatives. Three interventions have been particularly effective in supporting this accelerator: multidisciplinary, integrated approaches to primary health care, which efficiently address a broad spectrum of health conditions; locating preventive health services close to where people live; and empowering nurses to share tasks and assume more responsibility and leadership in the health sector. To sustain these changes, people must be engaged and the process has to be focused on outcomes.

UHC is also a catalyst of sustainable development. One example of this is procurement and supply chains, which are critical not only for health but also to make sure that the health sector contributes to economic production and development that is sustainable and equity promoting. To this end,

UNDP is working to ensure sustainable procurement in the health sector using purchasing power, ongoing engagement with suppliers and manufacturers in the private sector, and the creation of a sustainable procurement index for health. WHO and UNDP have also worked together to ensure sustainable financing of responses to HIV and to accelerate the realization of a tobacco-free world by supporting implementation of the Framework Convention on Tobacco Control.

Health literacy, research and innovation

Revision proposals:

- /// highlight how participatory and translational research has the power not only to improve technical implementation but also to inspire collective action; and
- /// include exciting tools and resources, such as the Health Evidence Network reports, which summarize the best available evidence for decision-making, and EVIPNet, the Evidence-informed Policy Network, a WHO initiative that promotes the systematic use of health-research evidence in policy-making.

Discussion. Beyond SDG 3, health literacy, research and innovation make contributions towards achieving SDG 1 (poverty), SDG 4 (education), SDG 5 (gender), SDG 10 (inequality), SDG 11 (cities) and SDG 12 (consumption and production). It was stressed that this accelerator does more than contribute to knowledge about health; it motivates and empowers individuals, health practitioners, organizations and policy-makers to better define, understand, judge and use information for health prevention and promotion across all three domains of sustainable development. Drivers of acceleration in this area include literacy, as promoted within school systems and supported by early childhood education and mandatory preschool; capacity-building; strong communication, leadership and collaboration between health-care organizations and professionals; availability of reliable, valid and trustworthy information resources; and cost-effectiveness within the health sector itself. Interventions in support of acceleration in this area include food labelling; convening scientists, practitioners, researchers, policy-makers and journalists at conferences to facilitate knowledge exchange; and the creation of joint frameworks and innovations hubs to assist with knowledge translation. Parliamentary committees were also cited as a key entry point through which to promote change. Sustaining these efforts over time will require capacity-building; transparent co-funding arrangements with actors in the pharmaceutical industry and other parallel commercial interests; investment in training programmes; and emphasis on the importance of antenatal care and the health literacy of young parents.

Strengthening national health information systems and digital health

Revision proposals:

- /// define terms carefully in order to facilitate a common understanding across the field;
- /// provide examples of capacity-building efforts across country cases; and
- /// emphasize the importance of narrative and conceptual clarity when using health information to inform implementation of the health and health-related SDGs.

Discussion. Data and digital health contribute to accelerating progress across all health and health-related SDGs. It is important to get the data and information right, as well as the concepts underpinning their presentation, when making the case for health across all three domains of sustainable development. Wales (United Kingdom) serves as an exemplar for making a strong case for investing in public health across sectors and levels of government, particularly focusing on the economic and social value and return on investment. Narratives and anecdotes are relatable, instructive and efficient ways of presenting and aggregating the data that are central elements of policy, particularly for raising awareness and generating political will. At times, policy formulation advances faster than the generation of useful data, and digital technologies may help to close this gap. Narrative and anecdotes are also inextricably linked to effective communication about health and the SDGs. Data and the policy narratives and stories that they create, inform and support should be inclusive and underpinned by a participatory process to ensure that everyone is involved

and that no one is left behind. Both quantitative and qualitative health data need to be user friendly at all levels. Digital health technologies can be very useful for the prevention, screening, diagnostics and management of risk factors and disease conditions where there is a shortage of health-care workers, but they may also create new problems. Governance and oversight of the use and introduction of these technologies are needed, as well as attention to privacy and data and information protection. Three key areas for intervention include the creation of data ecosystems that integrate data technology, with an emphasis on collecting a core set of data from all countries; sustainable efforts towards capacity-building in generating data that can inform policy-making; and improving governance by setting standards, introducing appropriate regulatory measures and strengthening public–private partnerships.

Meeting participants also stressed the need to recognize public and communication strategies as accelerators. Public health leadership as well as clear communication between actors, key stakeholders and the public help to galvanize support for SDG implementation and to ensure that joint implementation efforts are efficient and effective.

Account



Accountability involves technical monitoring and evaluation as well as transparency, legal enforcement mechanisms, participation, communication and advocacy. As the range of actors with an acknowledged effect on health outcomes grows, accountability becomes even more critical to ensure delivery of collective results and to maintain trust in institutions. Accountability occurs between actors and key stakeholders in different ways at all levels of governance and should be considered throughout SDG implementation. It also includes financial accountability and tracking government commitments and pledges to improving health and sustainable development. The media is also critical for ensuring that both governmental and nongovernmental actors fulfil their political commitments and are held accountable by the public. Depending on the national or subnational needs, the objective of account is to track progress in implementing the universal SDGs and targets, including the means of implementation; identify achievements, challenges, gaps and critical success factors; support countries in making informed policy choices; evaluate the effectiveness and efficiency of policy and programme implementation; be people-centred, gender-sensitive and respectful of human rights; and focus on the poorest, the most vulnerable and those furthest behind.

Guide proposals

The guide proposes five components for sound accountability review and follow-up, depending on national and subnational circumstances: monitoring and evaluating to track progress towards milestones; using human rights approaches and the accountability mechanisms established in international human rights laws and treaties; adopting a meaningful, participatory approach to review and follow-up; evaluating service delivery for quality, effectiveness and efficiency; and promoting effective communications and advocacy across a wide-range of actors and key stakeholders.

Discussion

The participatory nature of the meeting gave rise to the following proposals for revision of the guide:

- /// provide a more thorough review of the accountability dimensions to be considered in implementation;
- /// include best practices and available metrics for evaluating accountability processes not just for achievement of targets and outcomes; and

illustrate how participatory processes can enhance transparency, and by extension, accountability in policy and decision-making processes that guide implementation.

A close relationship between assess and account was also observed, where assessment of problems is difficult without appropriate data. Equally, the alignment and streamlining of data and information, monitoring, evaluation and reporting exercises were also cited as important for de-politicizing data, thereby ensuring that policy decisions are evidence informed.

Similar efforts to streamline monitoring and evaluation at the global level have been underway in line with WHO's 13th General Programme of Work (5). The Programme aims to achieve the triple billion target: 1 billion more people have UHC, 1 billion more people are protected from health emergencies and 1 billion have better health and well-being. The overarching objective is to increase healthy life expectancy. At the global level, WHO is also working to establish programmatic 2030 milestones that are aligned with the SDGs but that also include eight indicators beyond the SDGs for critical health areas that are not currently included, such as antimicrobial resistance. The World Health Statistics currently monitors the SDGs, including 43 health and health-related targets (6). In addition to SDG 3, it monitors indicators related to SDG 1 (poverty), SDG 2 (food), SDG 5 (gender), SDG 6 (water and sanitation), SDG 7 (energy), 16 (institutions) and SDG 17 (partnerships and progress monitoring). Finally, WHO is also working to create a user-friendly health SDG analytic online application to contribute to both assessment and accountability across all Member States.

Ensuring whole-of-society engagement with the SDGs is a key way to enhance advocacy and accountability for the promotion of health throughout the 2030 Agenda. One way to support this is to foster a common understanding of what meaningful participation for the 2030 Agenda is and what such engagement might look like. Engagement can be informative, consultative, empowering or through partnerships. Different stakeholders, such as civil society, academics, and actors from the private sector, have different types of access and entry points into government policy-making processes and these can be leveraged at different times and their engagement may be encouraged in different ways. Stakeholders may also be more likely to be recognized at certain levels of policy-making, serving as a reminder of the importance of considering a multitude of pathways through which to advocate for and impact health as well as the broader governance context. For example, civil society organizations may have more or less success in being recognized at the national or international level; however, recognition at one level may facilitate or hamper access to actors located predominantly at another. Participation is meaningful when actors take part in conversations around the 2030 Agenda as equals; they may disagree, but their views need to be taken seriously within the confines of their mandate and should be evaluated objectively.

Because of their close links to the development of legal instruments, parliaments are particularly well placed to take action in areas where discrimination occurs within the health sector, for example in areas such as sexual and reproductive health or the social and cultural determinants of health. Parliaments have four critical functions: legislation, budget, oversight and representation. Budgets play a critical role in allocating financial resources. As such allocation will have impact on health across sectors, health needs to be raised as a strategic consideration at the stage of allocating funds rather than cited at the end in relation to health impact and final approval. The representation function of parliaments helps to ensure that the views of the public are voiced and represented in SDG implementation, with particular attention to SDG 16 (institutions).

Clear communication about health in the 2030 Agenda is also critical for fostering public accountability. By the end of the period covered by the Millennium Development Goals, only 6% of people in the European Union knew what they were; recent estimates suggest that 19% of people know about the SDGs. While this is a substantial improvement, there is much more work to be done. Furthermore, communication is critical for fostering inclusive, collaborative and participatory policy processes that leave no one behind. For this reason, communication should be considered early and throughout the SDG implementation process. Communication resources available to Member States include a tool for mapping target audiences and partners and for developing key messages; a template for basic communications; and a list of existing resources, communication channels and what to do and avoid when communicating the SDGs to stakeholders and the public.

The United Nations human rights framework and several treaties are legal instruments with monitoring mechanisms that can help to support accountability in the health sector. Attention to human rights highlights the way in which accountability is a process that provides communities with an opportunity to understand how governments are working to meet their human rights obligations, to identify what works in order to repeat it and to identify what does not work in order to revise it. Accountability mechanisms supported through these treaties are judicial, quasijudicial, administrative, political and social. Human rights frameworks and treaties support health in at least three ways: addressing human rights violations with a direct health impact, addressing determinants of health through rights-based approaches, and promoting human rights through health policy. States are obligated to respect, protect and fulfil human rights. Nine treaties at the United Nations support human rights and, by extension, the right to health: the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Convention on the Rights of Persons with Disabilities; Convention on the Rights of the Child; International Convention for the Protection of All Persons from Enforced Disappearance; International Convention on Elimination of All Forms of Racial Discrimination; International Convention on the Elimination of All Forms of Discrimination against Women; International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families; International Covenant on Civil and Political Rights; and International Covenant on Economic, Social and Cultural Rights.

WHO aims to improve coordination between the global and regional levels, including the tailoring of monitoring frameworks to suit regional needs and contexts. While feasibility should be taken account when designing monitoring frameworks, it is equally important to be sure that everyone is counted and that data are disaggregated across key dimensions to ensure that no one is left behind. Identifying gaps in data needed to ensure accountability for achieving the SDGs can be a strong advocacy tool, as has been the case for preventing violence against women, and efforts and investments need to be made to close these gaps. In some cases, civil society organizations may be able to assist and contribute to data where countries and international organizations are not yet able to fill gaps.

Meeting participants also stressed the need to recognize that accountability is more than measurements; it should not be an afterthought but considered throughout SDG implementation, such as for communication. Monitoring frameworks and establishing agreements on specific targets and measures that are both scientifically sound and standardized across specialized areas of health policy are predominantly considered part of the account aspect of the 4As. Such harmonization can help to break information silos, facilitate alignment on health goals and priorities within and beyond the health sector and provide policy-makers with decision-making tools and an evidence base that is more fit for purpose. Furthermore, while quantitative indicators are relied on heavily, progress towards SDG attainment cannot always be quantified, particularly in the short to medium term. New ways and means of measuring progress, such as the use of meaningful discourses, narratives and forms of qualitative data, will be required.

Recommendations to accelerate implementation of the SDGs in the WHO European Region



The 2030 Agenda requires new ways of thinking and working at the intersection of health and sustainable development. The guide is designed to highlight discrete conceptual and technical tools available to support SDG implementation, and a number of approaches and contextual factors were recognized as positively contributing to the creation of environments that are conducive to SDG implementation.

The meeting's participatory process created recommendations for generating a favourable implementation context throughout the WHO European Region:

- /// build inclusive coalitions to advocate for and implement policies to achieve health and health-related targets;
- /// consider the development of the next generation of leaders and change makers in implementation efforts;
- /// empower key stakeholders and encourage them to take complex adaptive systems seriously in public health practice;
- /// develop and strategically employ arguments for investing in capacity-building to support multi- and intersectoral policy implementation;
- /// highlight the co-benefits of integrating health throughout the social, economic and environmental domains for health and sustainable development;
- /// encourage resource mobilization and continue work to provide guidance on strategies for pivoting resources outside the health sector towards improving health and well-being, particularly through the identification of co-benefits;
- /// work with research-funding agencies and utilize digital technologies to ensure that the evidence base is prepared and equipped to inform policy-making; and
- /// continue to raise awareness and promote effective communication related to health and the SDGs across the Region.

In addition to the guide, the WHO Regional Office for Europe is working to build a platform that is self-sustaining and designed to automatically integrate data and information from countries to support SDG implementation.

Next steps



To continue the participatory approach of the meeting, a voluntary core SDG advisory team was formed, as well as a group focused on drafting a peer-reviewed academic article on health and SDG implementation efforts. The SDG team at the WHO Regional Office for Europe will contact the volunteer members of the SDG advisory team in the days after the meeting to collect further feedback on the guide during its revision.

It was also suggested that:

- /// SDG implementation tools should be piloted, and this will be explored on an ad hoc basis with policy-makers throughout the Region;
- /// the SDG and communications teams at the WHO Regional Office for Europe should partner to lead production of shorter, glossy publications related to the guide;
- /// a compendium of best practices from across the WHO European Region should be compiled, highlighting ways in which countries continue to display ingenuity and perseverance in SDG implementation; and
- /// the revised version of the guide should be reviewed by members of the Issue-Based Coalition for Health and Well-being in Europe and central Asia for comment.

A draft guide core writing team has been established, which will meet in August 2019, as well as a core writing team for the peer-reviewed article. The draft guide should be presented for further discussion at a side event at the 69th Regional Committee meeting in September 2019.

References

1. Towards a global action plan for healthy lives and well-being for all. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/311667/WHO-DCO-2018.3-eng.pdf>, accessed 20 August 2019).
2. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0008/345599/67wd09e_SDGRoadmap_170638.pdf?ua=1, accessed 20 August 2019).
3. WHO Regional Committee for Europe resolution EUR/RC67/R3 on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0004/349141/67rs03e_SDGs_170889.pdf?ua=1, accessed 20 August 2019).
4. Health and Sustainable Development Goals team meeting, 18–19 January 2018. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0007/373687/sdg-team-meeting-eng.pdf?ua=1, accessed 20 August 2019).
5. Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 20 August 2019).
6. Case studies of sustained and successful development cooperation: supporting transformational change. New York: United Nations Development Programme; 2011 (<https://www.undp.org/content/dam/undp/library/Cross-Practice%20generic%20theme/Supporting-Transformational-Change.pdf>, accessed 23 August 2019).
7. World health statistics 2018. Monitoring health for the SDGs. Geneva: World Health Organization; 2018 (https://www.who.int/gho/publications/world_health_statistics/2018/EN_WHS2018_TOC.pdf?ua=1, accessed 20 August 2019).
8. Policy briefs on health and the Sustainable Development Goals. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2019/policy-briefs-on-health-and-the-sustainable-development-goals>, accessed 20 August 2019).
9. Fact sheets on sustainable development goals: health targets. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2017/fact-sheets-on-sustainable-development-goals-health-targets>, accessed 20 August 2019).
10. Participatory approaches to reaching the SDGs: policy briefings. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2019/participatory-approaches-to-reaching-the-sdgs-policy-briefings-2019>, accessed 20 August 2019).
11. Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD action plan. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/360435/vienna-meeting-en.pdf?ua=1, accessed 20 August 2019).
12. Tool for mapping governance for health and well-being: the organigraph method. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0011/389999/20181218-h1015-toolkit.pdf?ua=1, accessed 20 August 2019).

13. Monitoring health for the SDGs. World health statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2019 (<http://apps.who.int/gho/data/node.sdg.tp-1?lang=en>, accessed 20 August 2019).
14. Sustainable development report dashboards [website]. New York: Sustainable Development Solutions Network; 2019 (<https://www.sdgindex.org/>, accessed 20 August 2019).
15. Rapid integrated assessment (RIA): to facilitate mainstreaming of SDGs into national and local plans. New York: United Nations Development Programme; 2017 (<https://www.undp.org/content/dam/undp/library/SDGs/RIA%20Tool%20-26.12.201-Final.pdf>, accessed 21 August 2019).
16. United Nations sustainable development cooperation framework. New York: United Nations; 2019 (https://undg.org/wp-content/uploads/2019/06/UN-Cooperation-Framework-Internal-Guidance-25_June-2019.pdf, accessed 20 August 2019).
17. United Nations global compact [website]. New York: United Nations; 2019 (<https://www.unglobalcompact.org/>, accessed 22 August 2019).
18. A guide to SDG interactions: from science to implementation. Paris: International Council for Science; 2017 (<https://council.science/cms/2017/05/SDGs-Guide-to-Interactions.pdf>, accessed 20 August 2019).
19. WHO European Healthy Cities Network [website]. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network>, accessed 20 August 2019).
20. United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0005/382559/ibc-health-common-position-paper-eng.pdf?ua=1, accessed 20 August 2019).
21. Healthy, prosperous lives for all in the European Region: high-level conference on health equity, Ljubljana, 1–13 June 2019. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/media-centre/events/events/2019/06/healthy,-prosperous-lives-for-all-in-the-european-region-high-level-conference-on-health-equity/about>, accessed 20 August 2019).

Annex 1. Programme



Tuesday, 18 June 2019



- 08:30–09:00** **Registration**
- 09:00–09:30** **Welcome and opening**
- Election of Chairperson and Rapporteur
 - General housekeeping information
 - Adoption of agenda and programme
 - Introduction to participants
- 09:30–10:00** **Introduction**
- About this meeting: briefing on the guide and resource package (15 minutes)
 - Dr Bettina Menne and Dr Emilia Aragón De Leon, WHO/Europe
 - Introduction to the concept of a “transformative process” (5 minutes)
 - Ms Hilaire Armstrong, WHO/Europe
 - Q&A (10 minutes)
- 10:00–11:00** **Workshop 1. Getting started with the 4As**
- Presentation by guest speakers (60 minutes)
 - Assess: “Conducting an SDG diagnostic” including accelerator and bottleneck assessment (align) (10 minutes)
 - Dr Mihail Peleah, UNDP Istanbul Regional Hub (Via WebEx)
 - Align: “Using the SDGs to align the work across health and non-health sectors to end TB, HIV and viral hepatitis in Europe and central Asia” (10 minutes)
 - Dr Masoud Dara, WHO/Europe
 - Accelerate: “Sustainability in health care. Leading by example” (10 minutes)
 - Mr John McCauley and Dr Rosemary Kumwenda, UNDP Istanbul Regional Hub
 - Account: “The joint monitoring framework for SDGs, Health 2020 and the Global NCD action plan” (10 minutes)
 - Professor Neville Calleja, Ministry of Health of Malta
 - Q&A (20 minutes)
- 11:00–11:15** **Coffee break**
- 11:15–12:30** **Continuation of Workshop 1. Getting started with the 4As**
- Activity 1. World Café (75 minutes)*
 - Participants break up randomly into 3 groups. Each group discusses for 25 minutes essential topics, resources and tools to be featured under each “A” and then will rotate to next table

Tuesday contd.

12:30–13:30 **Lunch**

13:30–16:00 **Workshop 2. Accelerate – round 1**

Key note presentation: “The Global action plan to advance collective action and accelerate progress towards SDG3+”

Mr Jan Hendrik Schmitz-Guinote, WHO headquarters (10 minutes)

Group discussion: what is an accelerator? Definition of criteria for accelerators and sustainable interventions (40 minutes)

Activity 2. Defining actions that will drive progress (1 hour 40 minutes)

Participants break up into 3 groups. Under the leadership of experts, each group discusses the following accelerators:

Establishing healthy places, settings and resilient communities facilitated by Dr Mariana Dyakova and Mr Werner De Wael

Preventing disease and addressing health determinants by promoting multi- and intersectoral policies through the life course facilitated by Dr Stephen Morton and Dr Marleen Bekker

Health equity – leave no one behind facilitated by Dr Dr Nicole Rosenkötter and Ms Tatjana Buzeti (via Webex)

Note: coffee available from 14:00

16:00–17:40 **Continuation of Workshop 2. Accelerate – round 2**

Continuation of Activity 2. Defining actions that will drive progress (1 hour 40 minutes)

Participants break up into three groups. Under the leadership of experts, each group discusses the following accelerators:

Strengthening health systems for universal health coverage facilitated by Professor Göran Tomson and Dr Martin Kraye Von Krauss

Health literacy, research and innovation facilitated by Professor Jürgen Pelikan (health literacy) and Dr Iveta Nagyova (research and innovation)

Strengthening national health information systems and digital health: Professor Neville Calleja and Mr Amit Prasad

17:30–17:40 **Wrap up by chair**



09:00–10:30 Opening day 2

Summary of Activity 1 of day 1: the 4As

Dr Amine Lotfi, WHO/Europe (10 minutes)

Summary of Activity 2 of day 1: 5 accelerators by accelerator group rapporteur or nominated person (10 minutes per accelerator)

Critical analysis of the resource guide and its usefulness for accelerating progress in WHO European Member States

Critical reflections by Dr Florentina Furtunescu (Romania) and Dr Pia Vracko (Slovenia), followed by all participants (30 minutes)

10:30–10:45 Coffee break

10:45–12:00 Workshop 3. Align

Presentation: “Strengthening governance and leadership for health and well-being for implementation of the SDGs” (10 minutes)

Ms Monika Kosinska, WHO/Europe

Presentation: “Financial mechanisms for better health and well-being” (10 minutes)

Dr Andrew Barnfield, EuroHealthNet

Presentation: “How can parliamentarians contribute in ensuring health and well-being is properly addressed within plans and budgets?” (10 minutes)

Ms Miriam Sangiorgio, Inter-Parliamentary Union (via Webex)

Activity 3. Discussion (45 minutes). Using the “1-2-4-All” dynamic, participants generate feedback

Commentary by Dr Anna Cichowska Myrup, WHO/Europe and Dr Martin Kraye von Krauss WHO/Europe

12:00–13:00 Lunch

13:00–14:40 Workshop 4. Account – participatory governance, follow-up and review processes

Presentation: “The WHO impact framework and how the WHO monitors the SDGs” (20 minutes)

Mr Amit Prasad, WHO headquarters

Presentation: “A whole -of-society approach to monitoring and reviewing progress to 2030 Agenda” (10 minutes)

Ms Karina Cazarez, OECD

Presentation: “United Nations human rights framework and treaty monitoring mechanisms” (10 minutes)

Ms Åsa Nihlén, WHO/Europe

Presentation: “Communicating the SDGs” (10 minutes)

Ms Chelsea Hedquist, WHO/Europe

Activity 4. Discussion (50 minute). Using the “1-2-4-All” dynamic, participants generate feedback.

Commentary by Dr Ivo Rakovac, WHO/Europe and Professor Rachel Hammonds, LSHTM (TBC)

Wednesday contd.

- 14:40–15:15 **Agreeing on next steps in the finalization of the guide and discussing a process to enhance technical capacity in Member States**
- 15:15 **Closure of the meeting**

Annex 2. List of participants



Temporary advisors

Dr Andrew Barnfield
Coordinator, EuroHealthNet, Brussels

Dr Marleen Bekker
Assistant Professor, Wageningen University and Research, the Netherlands

Professor Neville Calleja
Director, Health Information and Research, Ministry of Health, Malta

Dr Ana Correia (via WebEx)
Head, Division of Cooperation, Directorate-General of Health, Portugal

Mr Werner De Wael
Senior Staff Member, Healthy Municipality, Flemish Institute for Healthy Living, Belgium

Dr Mariana Dyakova
Consultant, Public Health Wales, United Kingdom

Dr Florentina Furtunescu
Associate Professor, Carol Davila University of Medicine and Pharmacy Romania

Dr Ana Cristina Garcia
Public Health Medical Doctor, National Health Institute Doutor Ricardo Jorge, Portugal

Dr Rachel Hammonds (via WebEx)
Course Coordinator, London School of Hygiene & Tropical Medicine, University of London, United Kingdom

Dr Johanna Hanefeld (via WebEx)
Associate Professor, Health Policy and Systems Research, London School of Hygiene & Tropical Medicine, Berlin

Dr Nino Mirzikashvili
Consultant, Public Health, Ministry of Health, Georgia

Dr Stephen Morton
Visiting Professor in Healthy and Sustainable Settings, University of Central Lancashire, United Kingdom

Dr Iveta Nagyova
President, EUPHA Chronic Diseases Section, Slovak Republic

Professor Jürgen Pelikan
Director, CC Health Promotion in Hospitals and Health Care, Austrian Public Health Institute, Austria

Dr Nicole Rosenkötter
Research Associate, NRW Centre for Health, Germany

Ms Miriam Sangiorgio (via WebEx)
Project Officer Consultant, Health, Inter-Parliamentary Union, Switzerland

Ms Vivienne Taylor Gee
Freelance Communications Advisor, United Kingdom

Professor Göran Tomson
Professor of International Health Systems Research, Karolinska Institute, Sweden

Dr Pia Vracko
Public Health Physician, National Institute of Public Health, Slovenia

Organisation for Economic Co-operation and Development

Ms Karina Cázarez
Policy Adviser and Research, France

United Nations Development Programme

Dr Rosemary Kumwenda
Regional Team Leader, HIV, Health and Development, UNDP, Istanbul Regional Hub

Mr John Macauley
Regional Programme Specialist, HIV, Health and Development, UNDP, Istanbul Regional Hub

Mr Mihail Peleah (Via WebEx)
Programme Specialist, Green Economy and Employment, UNDP, Istanbul Regional Hub

World Health Organization

Headquarters

Mr Amit Prasad
Technical Officer, Data, Analytics and Delivery for Impact, Director-General Office

Mr Jan Hendrik Schmitz Guinote
Technical Officer, Director General Office

Regional Office for Europe

Dr Emilia Aragón De Leon
Technical Officer, Sustainable Development and Health

Ms Isabel Yordi Aguirre
Programme Manager, Gender and Human Rights

Ms Hilaire Armstrong
Intern, Sustainable Development and Health

Ms Maria Elisabeth Bengtsson
Consultant, Healthy Cities programme

Dr Assia Brandrup-Lukanow
Consultant, Joint Tuberculosis, HIV and Viral Hepatitis programme

Ms Tatjana Buzeti (via WebEx)
Policy Officer, Social Determinants of Health

Mr Dominic Cocciolone
Intern, Sustainable Development and Health

Dr Masoud Dara
Acting Director, Communicable Diseases Department

Ms Vittoria Gemelli
Consultant, Joint Tuberculosis, HIV and Viral Hepatitis programme

Chelsea Hedquist
Information and Communications Officer

Ms Svenja Herrmann
External Relations Officer, Strategic Partnerships and Resource Mobilization

Ms Monika Kosinska
Programme Manager, Governance for Health

Dr Martin Kraye Von Krauss
Senior Advisor, Public Health Services

Ms Jodie Littlewood
Programme Assistant, Sustainable Development and Health

Dr Amine Lotfi
Consultant, Sustainable Development and Health

Dr Bettina Menne
Coordinator, Sustainable Development and Health

Ms Åsa Nihlén
Technical Officer, Gender and Human Rights

Dr Anna Cichowska Myrup
Programme Manager, Public Health Services

Dr Ivo Rakovac
Programme Manager, NCD Surveillance

Mr Pierre Roca
Programme Manager, Resource Mobilization

Mr Adam Tiliouine
Technical Officer, Governance for Health

Rapporteur

Dr Amanda Shriwise
Postdoctoral Researcher, University of Bremen, Germany

The WHO Regional Office for Europe

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

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01

E-mail: contact@euro.who.int