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

The WHO Regional Office for Europe has developed this roadmap to assist Member States in the implementation of the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. The roadmap aims to strengthen the capacities of Member States, to achieve better, more equitable, sustainable health and well-being for all at all ages in the WHO European Region.

Achieving the Sustainable Development Goals (SDGs) requires working in a transformative way in order to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life-course and across all sectors of government and society. Revitalized global and regional partnerships are essential and will provide the essential support and momentum to this joint societal and global effort.

This roadmap proposes five interdependent strategic directions:

- advancing governance and leadership for health and well-being;
- leaving no one behind;
- preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course;
- establishing healthy places, settings and resilient communities; and
- strengthening health systems for universal health coverage.

It proposes four enabling measures to advance the implementation of both the 2030 Agenda and Health 2020:

- investment for health
- multi-partner cooperation
- health literacy, research and innovation
- monitoring and evaluation.

The Regional Office will provide further assistance to Member States in partnership and will promote:

- the progressive alignment of health and development policies or plans;
- the achievement of directly and indirectly health-related SDGs and their targets;
- the use of existing networks and platforms to ensure dialogue between organizations, sectors and countries; and
- the monitoring and evaluation of the implementation of the SDGs.

Priorities for the Regional Office will include pursuing the implementation of both the 2030 Agenda and Health 2020 coherently in its work and with individual countries; technical support to countries; its contribution to coordination among United Nations agencies; stronger partnerships and initiatives at the regional and subregional levels; and evidence-informed monitoring and reporting.

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Introduction

1. Health and well-being for all at all ages and the determinants of health are at the heart of the United Nations 2030 Agenda for Sustainable Development (1) and its 17 Sustainable Development Goals (SDGs). The SDGs are universal, integrated, interdependent and indivisible. Achieving this challenges governments, the United Nations system, the private sector, civil society and many other stakeholders to work together in a transformative way.

2. The 2030 Agenda recognizes that people's health is inseparable from the health of societies and the planet and endorses a model in which economic development is measured by its contribution to human and social progress, as well as sustainable management of the planet. As underscored in preambular paragraph 29 of the United Nations Human Rights Council resolution A/HRC/35/L.18/Rev.1, the implementation of the SDGs will contribute "to the full realization of human rights and fundamental freedoms for all, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".¹ This right is an implicit core value and ambition at the highest level of government. Without health, the SDGs cannot be achieved and all the SDGs must be achieved in order to improve living conditions and, ultimately, human health and well-being.² Investment in health reduces poverty and contributes to economic growth, stronger human capital and labour productivity. The health-related targets are not limited to only SDG 3 (Ensure healthy lives and promote well-being for all at all ages); many of the SDGs also have targets directly and/or indirectly related to health, reflecting the complex pattern of health determinants.

3. Since its endorsement by the 62nd session of the WHO Regional Committee for Europe in 2012, Health 2020: the European policy for health and well-being (2) has formed the basis of regional and national policies to achieve better, more equitable, sustainable health in the WHO European Region. Health 2020 recognizes that improved health and well-being depend largely on political commitment. 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 approaches involving the whole of government and the whole of society and the consideration of health in all policies. The implementation of Health 2020 is progressing in Member States and forms part of the multisectoral effort of implementation of the SDGs and the pledge to "leave no one behind".

Situation analysis: the what

Uneven improvements in health and well-being

4. The European Region has seen significant improvements in recent years. Life expectancy at birth, for example, increased from 73.9 years in 2000 to 77.5 years in 2014. Further **progress is needed** to increase the proportion of people spending their last **years of life in good health**. Most Member States of the Region have some policies in place that

¹ Human Rights Council resolution A/HRC/35/23 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development. (<http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session35/Pages/ResDecStat.aspx>).

² WHO Regional Committee for Europe resolutions EUR/RC66/R4 and EUR/RC66/R7 and World Health Assembly resolutions WHA66.11, WHA67.14, WHA69.1 and WHA69.11.

address healthy ageing but long-term care reform and better integrated and coordinated care in places and settings remain a common concern.

5. **Large health inequities still persist.** The causes of this inequity include a range of social, economic and environmental determinants of health and well-being. Gender inequalities, discrimination and gender stereotypes are important underlying factors influencing the behaviours and practices that affect women's and men's health throughout the life-course. While all countries in the Region are making progress on achieving SDG target 3.1 on reducing the global maternal mortality ratio to less than 70 per 100 000 live births, particular groups of women remain at higher risk of adverse outcomes during pregnancy and birth. Unmet family planning needs and other sexual and reproductive health disparities within and among countries remain (SDG target 3.7). Mortality rates for children aged under 5 years (SDG target 3.2) are reducing, but neonatal mortality represents the greatest reducible burden of ill health among the very young. Further investment in children and adolescents, promoting their health, preventing disease and protecting children from environmental risks, is required.

6. **Accelerated action is needed to meet those SDG targets not met through the Millennium Development Goals.** The European Region has an increasing number of new HIV infections, leading to more than 2 million people living with HIV in the Region. There are significant gaps in testing and treating all, while access to prevention and care, particularly for the most vulnerable groups, is for the most part missing in many settings (SDG target 3.3). People who inject drugs account for 70–90% of all new HIV infections in eastern Europe and most new cases of hepatitis C in the Region as a whole (SDG target 3.3). The tuberculosis (TB) incidence rate has been declining 4.5% annually since 2015; however, the Region carries the highest rates of drug resistant TB and more than 20% of the global burden of multidrug resistant TB (MDR-TB), which threatens the achievements in TB control. The European Region did not achieve Millennium Development Goal 7, target 10, on sanitation. To date, 62 million people still lack access to basic sanitation.

7. **There is a need to accelerate progress in a number of areas.** It has been estimated that mental disorders (SDG target 3.4) affect more than a third of the Region's population every year, the most common causes being depression and anxiety. In all countries, mental disorders tend to be more prevalent among the most disadvantaged group, in which most risk factors cluster (tobacco and alcohol use, poor diet, obesity, physical inactivity, et cetera) and which has the lowest access to services. In addition, mental disorders affect men and women differently: depression is twice as common among women, while more men commit suicide. Interpersonal violence is the third leading cause of death in the European Region among those aged 10–29 years and gender-based violence continues in multiple forms (SDG targets 5.2, 16.1 and 16.2). Even if the reduction in deaths from road traffic injuries continues at the current rate, the Region will fall short of the global target of a 50% reduction by 2020 (SDG target 3.6).

8. **Some SDG targets are within reach before 2030.** The European Region has maintained high coverage with the first and second dose of measles/rubella-containing vaccines, 94% and 89% respectively. Despite high coverage, there remain a significant number of under- and unvaccinated children, adolescents and adults, allowing the measles and rubella viruses to persist and to circulate through the Region. The elimination of both measles and rubella (SDG target 3.b) is possible but variable commitment to action is impeding

further progress. There is a need to increase the commitment to addressing the challenges with regard to acceptance, affordability and accessibility to immunization.

9. Noncommunicable diseases (NCDs): cardiovascular diseases, cancer, chronic respiratory diseases and diabetes account for 77% of the burden of disease and almost 86% of premature mortality in the Region. This overall regional picture masks significant differences within and among countries and population groups. Many conditions are not detected sufficiently early for effective treatment. It is envisaged that the global and European targets on the relative reduction of premature mortality from the four NCDs of 1.5% annually by 2020 (Health 2020), 25% by 2025 (NCD Global Monitoring Framework) and one third by 2030 (SDG target 3.4) (baseline 2010) will be achieved if action is continued and enforced, such as through fiscal policies and marketing restrictions of harmful products, promotion of healthy eating, reformulating food products, reducing salt and sugar, increasing physical activity and improving air quality.

10. **Progress needs to be sustained.** The European Region eliminated poliomyelitis in 2002 and it is the first WHO region to have interrupted indigenous malaria transmission, which it achieved in 2015. It is now important to sustain the Region's poliomyelitis-free status, to prevent the reintroduction of malaria transmission and to maintain the malaria-free status.

Health systems

11. Most countries in the European Region offer universal or near universal population coverage but health services delivery, health financing and health workforce capacity vary widely (SDG target 3.8). In addition, the epidemiological shift from acute to chronic conditions observed in the Region calls for different models of care and reflects a process of deinstitutionalization of health services delivery, towards people-centred integrated health services.

12. **Health systems need adequate levels of public funding to promote financial protection** and stable revenue flows to maintain service quality and accessibility. Public spending on health fell in many Member States of the Region between 2010 and 2013, continuing a long-standing trend for some countries. Low and decreasing levels of public spending on health and recent changes in the health coverage policy (such as increased co-payments or the abolition of co-payment exemptions for the poor) can explain the increases in financial hardship and unmet health care needs (SDG target 3.8) in many countries. Financial hardship is often heavily concentrated among poor households and pensioners and largely driven by out-of-pocket payments for outpatient medicines. In 2014, out-of-pocket payments were 28% of total expenditure on health at the regional level and had risen slightly since 2010; in the same year, only 13 out of 53 Member States had an out-of-pocket-payment share of total spending on health that was less than 15%. Above the 15% threshold, out-of-pocket payments are increasingly likely to cause financial hardship.

13. **Access to quality-assured, affordable medicines remains a challenge** in the European Region. Even when some countries have managed to reduce medicine prices without increasing the financial burden on patients, medicines are the main driver of out-of-pocket payments and a key source of catastrophic and impoverishing health expenditures.

14. Effective health care and improvement in health outcomes in the European Region can be fully achieved only with a sustainable, resilient health workforce. Population growth, ageing societies and changing disease patterns will drive **greater demand for well-trained health workers** in the next 15 years (SDG target 3.c). All countries face the challenge of improving the sustainability of the supply, distribution, motivation and effectiveness of the health workforce, which should be accessible to the population and supported with the appropriate knowledge, skills, and values.

Emergencies

15. Health emergencies in the European Region have already shown to have social and public health impacts with potential long-term consequences, weakening health systems and causing slow progress towards sustainable development (SDG targets 3.d, 1.5, 11.5 and 11.b). Climate change, the globalization of hazardous products, terrorism and an intensification of civil conflicts further increase the likelihood of health consequences. The current focus on health security and Member State compliance provides an opportunity to address the full risk management cycle of prevention, preparedness, response and early recovery. This requires resilient communities that are better equipped for reducing the consequences of health emergencies.

16. The International Health Regulations (IHR) (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030 are major instruments for ensuring all-hazard, multisectoral preparedness and response, linking national core capacities to implement the IHR (2005) (SDG target 3.d) with health systems and essential public health functions. Most countries in the Region have established the required IHR capacities but, in several countries, more cross-sectoral commitment and operational relevance are needed.

Health determinants

17. Following multiple economic and financial crises, most of the European Region has experienced a prolonged period of sluggish economic growth with particularly detrimental effects on employment. Structural constraints include an insufficiently diversified economy in countries of eastern Europe, the Caucasus and central Asia and high unemployment and dependence on external financing in south-eastern Europe. In parallel, the information revolution has reached an unprecedented level of development globally and across the Region, providing new development opportunities (3).

18. Social inequalities in various forms are rising in all parts of the Region; these include social exclusion, pockets of poverty and inadequate access to social protection, health, housing, education, employment, culture and other basic services for an increasing number of households. In addition, marginalized groups such as ethnic minorities, people with disabilities, migrants and refugees face exclusion and inferior health and education outcomes in many societies. Growing vulnerability of children, young people and older persons remains a key concern, as does the widening rural–urban divide.

19. Families who have poorer health also have lower wages and earnings: income by the age of 60 years is 20% lower for men and 15% lower for women who are in poor health than for those in good health. Today's health inequities have significant economic costs,

accounting for 15% of the cost of social security systems and 20% of the cost of health care systems in middle- and high-income countries; these are preventable losses.

20. It is estimated that 8.4% of the total European population are migrants. The influx of refugees, asylum seekers and migrants into the Region will affect European countries and has medium- and longer-term security, economic and health implications (SDG target 10.7).

21. There is a need to protect populations from environmental pollution in many countries. In 2012, approximately 1.4 million deaths – 16% of all deaths – were attributable to environmental factors that could have been prevented and/or eliminated (SDG target 3.9). Environmental exposures cause NCDs, disabilities and chronic conditions, as well as unintentional injuries. The health-related costs of air pollution alone were estimated to be US\$ 1.6 trillion in 2015. In addition, the European Region as a whole has a large ecological footprint and is striving to significantly reduce or reverse the overexploitation of natural resources, the loss of biodiversity, climate change and the emission of pollutants and greenhouse gases. For example, it is estimated that climate change will cause approximately 250 000 additional annual deaths globally if there is no further action to adapt to climate change, to increase resilience and to reduce greenhouse gas emissions, or mitigation.

22. How societies live, consume and produce continues to be disconnected from natural environments as a result of long-standing patterns and practices in policies, institutions, technologies and lifestyles. Health-damaging lifestyles and consumption patterns present major risk factors. At present, 21% of men and 24% of women aged more than 18 years are obese, and obesity rates are rising among children (SDG target 2.2). The current food system – with its large-scale production, long-distance transport and unhealthy food – contributes to these problems. The Regional Office estimates that the Region will fall short of the global goal for reducing tobacco use and there is an urgent need to scale up the implementation of the WHO Framework Convention on Tobacco Control (SDG target 3.a). The harmful use of alcohol is a major avoidable risk factor for ill health (SDG target 3.5). While alcohol consumption in the European Region has decreased, it continues to vary enormously among countries and is still associated with a significant attributable mortality rate.

23. Antimicrobial resistance is one of the greatest global health threats of our time, affecting all countries and endangering the achievement of several SDGs. Losing the ability to treat patients or to prevent infections during complex medical procedures affects not only achieving good health and well-being but also the goals related to people's livelihoods, sustainable food production, development and the environment. Antimicrobial resistance requires a multisectoral approach across the human–animal interface and national action plans need to be incorporated into broader sectoral strategies and budgets.

2030 Agenda: new directions and opportunities

24. The implementation of the 2030 Agenda provides an opportunity to advance progress in Member States.

Leaving no one behind

25. The rising health inequities within and among countries in the European Region reflect the accumulated effects of differences in life chances and daily living conditions throughout

the life-course and across generations. These differences result from the many local, national and global structural factors that determine the resources available to address people's needs; influence exposure to environmental, economic or social risks; affect human rights; influence cultural and gender norms and discrimination; and shape behaviour from generation to generation.

26. Actions to improve everyone's daily living conditions will therefore need to focus on where people develop, work, learn and live, particularly at critical periods of vulnerability and transition. These actions involve a range of organizations and sectors in government and society at all levels. They will support intergenerational equity and bring greater returns on investment for communities, society and the economy. Special attention by all actors is required to promote social inclusion, gender equality and human rights.

Joint societal effort to improve health and well-being

27. If properly implemented, actions to achieve the SDGs should span many spheres of governance (such as the legal, institutional, technical and fiscal realms) and many sectors (such as agriculture, transport, energy, justice, welfare, education, security, industry, housing and health), thereby building a broad collective effort for health and well-being. Ultimately this will improve people's living conditions, increase capacity, improve social, environmental and financial protection, create a greener society and increase security at all levels.

28. Health systems require further strengthening. In order to move towards universal health coverage, countries will need to ensure adequate and stable funding for their health systems and financial and social protection for the population; improve access to high-quality essential health services and to safe, effective, high-quality and affordable essential medicines and vaccines; prepare for and respond to health emergencies; and promote the delivery of accessible, coordinated, integrated people-centred health services and public health operations. Health systems can lead by example in sustainable development by improving operational environmental, social and economic sustainability.

29. In the face of today's complex health challenges, public health needs to be revitalized and strengthened, with a focus on upstream approaches to disease prevention, health protection and health promotion, a close interrelationship with primary care, and approaches to health improvement at the population level (in addition to disease management for individuals). Making such changes would require overcoming significant institutional, legal, financial, cultural and workforce challenges.³

Revitalized global and regional partnerships

30. The SDGs apply to all countries. They call for a revitalized global partnership to mobilize the necessary means and to foster mutual learning in order to ensure implementation in a spirit of global solidarity.

31. Global flows of goods, money and people, commercial determinants and global environmental and societal changes challenge people's health and further increase the need

³ See the background document for the 67th session of Regional Committee for Europe entitled "Facing the future: opportunities and challenges for 21st-century public health in implementing the Sustainable Development Goals and the Health 2020 policy framework".

for countries to act together. The dynamics between these global, regional, national and local levels of governance create the need for both greater awareness of interdependencies that span governance levels and accountability to citizens.

32. The 2030 Agenda places national multisectoral action and international cooperation for health at its centre: legally binding agreements such as the IHR⁴ and the WHO Framework Convention on Tobacco Control⁵ are at the core of implementation. Several global health United Nations declarations, including the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,⁶ on antimicrobial resistance⁷ and fast-track progress on ending AIDS,⁸ pave the way for further action and collaboration. Cooperation initiatives, such as the United Nations Decade of Action for Road Safety 2011–2020, already contribute to such engagement and will continue to do so. In addition, the *Global Strategy on Human Resources for Health: Workforce 2030* and the 2016 report of the United Nations High-Level Commission on Health Employment and Economic Growth, entitled *Working for health and growth: investing in the health workforce*, provide a unique opportunity for a paradigm shift in health workforce policy. Including health aspects in national and international cooperation for the implementation the many multilateral environment agreements, such as the Paris Agreement on Climate Change or the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, is an important way of driving that implementation.

33. The United Nations General Assembly resolution on global health and foreign policy: health employment and economic growth, adopted on 15 December 2016:

Urges Member States to continue to consider health issues in the formulation of foreign policy;

Calls upon Member States to promote and strengthen ... their dialogue with other stakeholders ... while at the same time safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest, through the management of risk, the strengthening of due diligence and accountability and an increase in the transparency of engagement.⁹

34. Many European countries play an important role in financing global health and development to assist developing countries. The Addis Ababa Action Agenda of the Third International Conference on Financing for Development¹⁰ seeks to reverse the decline in aid to the poorest countries globally, while emphasizing that each country is responsible for its own economic and social development. While the agreed 0.7% of official development assistance is quantitatively small, it remains a major source of finance for the least developed countries and countries in situations of fragility or conflict.

⁴ International Health Regulations (2005), Second edition. (<http://www.who.int/ihr/9789241596664/en/>).

⁵ WHO Framework Convention on Tobacco Control (<http://www.who.int/fctc/cop/en/>).

⁶ United Nations General Assembly resolution 66/2, Annex (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/66/2).

⁷ United Nations General Assembly resolution 71/3 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/71/3).

⁸ United Nations General Assembly resolution 70/266, Annex (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/266).

⁹ United Nations General Assembly resolution 71/159 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/71/159).

¹⁰ United Nations General Assembly resolution 69/313, Annex (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/313).

35. Of concern, in all WHO European countries financing for development will largely be generated from domestic resources, including through direct foreign investment, trade and the use of global financial markets. This provides a significant challenge to maintain financing for health as a top priority. As a result, Member States in the European Region with less commitment, financing or capacity to meet the requirements of the 2030 Agenda may require specific support through various cooperation mechanisms.

36. A systematic, effective, participatory, transparent and integrated follow-up and review of the SDG implementation is envisaged. The annual reporting at the High-level Political Forum on Sustainable Development will be an important process for assessment, review, dialogue and the strengthening of mutual learning and the science–policy interface. Twenty-three European Member States have already reported to the High-level Political Forum through voluntary national reviews, and more are encouraged to do so. Countries and subregional, regional and global bodies will therefore need to be more fully aware of the processes under way and to understand how best to use or to contribute to them. The same applies to international agency cooperation at the country level.

Aim of the roadmap

37. In 2016, the Regional Committee for Europe adopted resolution EUR/RC66/R4, calling for the development of a roadmap to implement the 2030 Agenda and its 17 SDGs in order to strengthen Member States' capacities to achieve better, more equitable, sustainable health and well-being for all at all ages.

38. Member States in the European Region have already adopted a range of strategies and action plans through Regional Committee and World Health Assembly resolutions and decisions. When implemented fully, these will significantly contribute to achieving the SDGs in the Region. Accordingly, this roadmap does not seek to repeat those commitments but rather to build the integrated and multisectoral cross-cutting directions necessary for success. It particularly highlights actions that can further improve and strengthen the implementation of Health 2020 by using new directions and opportunities provided by the 2030 Agenda. The roadmap recognizes the specific characteristics of the European Region, as well as the diversity and circumstances of its Member States.

Five interdependent strategic directions

39. To advance the implementation of the 2030 Agenda and to build on Health 2020, five interdependent strategic directions are proposed:

- advancing governance and leadership;
- leaving no one behind;
- preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course;
- establishing healthy places, settings and resilient communities; and
- strengthening health systems towards universal health coverage.

Strategic direction 1: advancing governance and leadership

Objective: to strengthen leadership, governance and investment for health to maximize co-benefits for health and sustainable development and to achieve the highest attainable standard of health and well-being for all at all ages and for future generations

40. Good participatory evidence-informed governance and leadership for health and well-being, equity, human rights, gender equality and an enabling environment are strong dimensions of Health 2020.
41. Implementing the 2030 Agenda requires a high level of political commitment to accelerate progress and to promote the implementation of existing World Health Assembly and Regional Committee resolutions, strategies and action plans and global health agreements through whole-of-government and whole-of-society approaches.
42. While many actors at many levels may show strong leadership for health, health ministers and public health institutions play key roles in setting agendas, providing evidence and proposing policies. They can, for example, seek the commitment of Heads of State and leaders of other sectors to improve population health and well-being by considering health in all policies and reducing health inequalities.
43. Mechanisms to ensure accountability – including participatory governance, civic engagement, monitoring, accessibility and use of information and research evidence – will be essential.
44. Examples of measures that can be promoted by Member States and the Regional Office for Europe include:
 - (a) integrating health and well-being, and their determinants, into national development strategies and aligning health and sustainable development policies, as well as measuring successful implementation;
 - (b) developing roadmaps for the implementation of the SDGs in countries. Depending on the national circumstances, this may include setting up an institutional process and mechanisms in health ministries (for example, by identifying focal points), assessing progress, identifying targets, ensuring compliance with obligations under international human rights laws and health treaties, setting priorities, identifying opportunities for improving health and well-being for all throughout the life-course and regularly assessing achievements;
 - (c) implementing global and regional health and human rights commitments, endorsed by United Nations General Assembly, World Health Assembly or Regional Committee resolutions;
 - (d) developing national action plans for health security through the strengthening of IHR core capacities, strong intersectoral collaboration within national government entities, information sharing, and coordination among donors and technical partners;
 - (e) strengthening the existing public health institutions and the essential public health operations and processes that contribute to sustainable development;

- (f) developing knowledge, building capacity, participating in dialogue across sectors where multisectoral action is required, increasing health literacy and engaging civil society and communities for local actions; and
- (g) developing and implementing the monitoring and accountability framework for the health-related SDG targets, and seeking further improvements once targets are achieved, and promoting the systematic and transparent use of health information and research evidence when formulating and implementing national policies in support of achieving the SDGs.

Strategic direction 2: leaving no one behind

Objective: to reduce health inequities by addressing all health determinants, taking life-course, gender-responsive and rights-based approaches to health, and action on universally progressive policies, legislation and empowerment

45. Achieving equitable improvements in health and well-being is intimately connected with improving living conditions for all, through a basket of universal measures that matches the scale and the level of disadvantage (an approach known as proportionate universalism).

46. In addition, action can be taken to combat anticipated challenges, such as the increased risk of poverty and exclusion, which has shifted from older age groups to young people and children in the past two decades. Such trends must be monitored so that policy investments can be directed to prevent further loss of health and well-being. Improvements in child development can improve lifelong health and educational and employment trajectories into adulthood, strengthening resilience to health risks.

47. Building on the 2030 Agenda, the declarations of the Human Rights Council,¹ the Minsk Declaration (4) and the declaration of the high-level conference Working Together for Better Health and Well-being (5), the ministerial conferences on environment and health and supported by evidence-based studies (6,7), Member States and the Regional Office for Europe can support measures that promote health and well-being with other sectors and across settings, such as:

- (a) improving access to high-quality health and education services and protection from financial hardships in using those services;
- (b) ensuring quality conditions for early childhood development, starting in places where children and their families live, learn, play and work (6);
- (c) fostering a healthy workforce and tackling the health risks of being unemployed or insecurely employed through active labour market policies;
- (d) developing universal social protection and policy priorities and strategies in order to reduce inequities and remove barriers to protecting households from deprivation and poverty;
- (e) implementing a basket of coordinated social, economic and environmental policy measures that target groups that are being left behind or excluded;
- (f) addressing the structural causes of discrimination; ensuring policies and measures to reduce gender-based violence and to eliminate child and forced labour, trafficking and sexual exploitation;

- (g) addressing sexual and reproductive health, building women's capabilities and positioning women as agents of change for sustainable development;
- (h) investing in environmental protection to reduce environmental inequalities and to maximize the impacts on health equity;
- (i) investing in sustainable and resilient urban and rural settings and sustainable agriculture and food systems; and
- (j) preventing disease and premature death among refugees, asylum seekers and migrants.

Strategic direction 3: preventing disease and addressing health determinants by promoting multi- and intersectoral policies and action throughout the life-course

Objective: to foster the health sector's cooperation with other sectors to integrate action to achieve multiple SDGs, and to optimize the co-benefits for health of policies and measures taken in other sectors to address the determinants of health

48. The SDGs present a major opportunity to embed activity on the social, economic, commercial, cultural and environmental determinants of health across all sectors of policy-making and through engagement with a wide range of stakeholders.

49. The SDGs provide public health practitioners with a real opportunity to innovate and join with others in shared action to tackle complex health problems. Public health professionals can offer expertise, evidence and people-centred tools for the assessment of the effects of policies, programmes and processes on health and health equity. Further institutional and human resources will be required to improve local leadership, to develop shared legal and regulatory frameworks, to co-create policies and strategies outside the health sector that will tackle shared risk factors, to orient the delivery of public health services, to ensure financing and human resources, and to benefit health by addressing multiple determinants of health and well-being. Advocacy and communication tools will also be needed to raise awareness of action and to encourage ownership at all levels.

50. Human health and the health sector can benefit from the skills of multiple stakeholders from sectors such as architecture, food, energy, transport, environment, security, social affairs and others. Engagement and dialogue between sectors will be vital to creating new relationships and providing mutual understanding and trust. This will help to ensure the sustainability of the health sector.

51. In many countries, governance structures have been established for inter- and multisectoral action, especially in areas for which the evidence and business cases are well established and supported by social norms. Nevertheless, additional multisectoral action is required to implement whole-of-government, whole-of-society and health-in-all-policy approaches. It is particularly important, for example, to tackle the burden of disease from environmental exposures, climate change and food systems; to address the risk factors for NCDs, emergencies, communicable diseases and antimicrobial resistance; and to strengthen the factors that promote social protection and empower people through education and training.

52. Member States and the Regional Office for Europe can facilitate action and promote measures that include:

- (a) identifying and communicating the evidence base for co-benefits for multiple sectors from addressing health and well-being for all at all ages;
- (b) systematically adopting the health-in-all-policies approach and implementing it through the whole of government and whole of society;
- (c) implementing and strengthening legal and regulatory frameworks, public policies and strategies in sectors outside health that tackle shared risk factors (for example, exposure to air pollution) or unhealthy commodities (such as alcohol, drugs and tobacco) to help control and manage NCDs;
- (d) ensuring that consumer environments support healthy choices through pricing policies, transparent information and labelling; and developing and implementing economic and fiscal policies (such as progressive taxation and removal of harmful subsidies) to reduce the consumption of harmful products;
- (e) promoting and building information systems that provide integrated information for policy-making across sectors and information for health and well-being; and
- (f) developing national portfolios of actions on environment and health, including actions to address indoor and outdoor air quality, drinking-water, sanitation and hygiene, chemicals, waste, climate change resilience and mitigation.

Strategic direction 4: establishing healthy places,¹¹ settings and resilient communities

Objective: to engage local communities and stakeholders in designing and managing places, settings and communities consistent with the needs of their people throughout the life-course

53. Member States can address the challenge of achieving the SDGs through a renewed focus on the many dimensions of everyday places or settings. Both the physical and social characteristics of place can vary markedly between locations and over time, thus underpinning inequalities in health and well-being. Moreover, how people choose or are obliged to live – and to move and consume in the places they live – can directly affect the environmental processes and systems on which everyone relies for health and well-being. A key theatre and opportunity for action are those places perceived as local.

54. Work to achieve the SDGs has attracted new alliances and actors involved in the long-standing healthy settings approach (for example, promoting health in schools, hospitals, workplaces and cities), such as cities and mayors. The Shanghai Consensus for Healthy Cities 2016 (8) identifies 10 priority action areas for cities to achieve SDG 3 (Ensure healthy lives and promote well-being for all at all ages) and SDG 11 (Make cities and human settlements

¹¹ The idea of place exists on many scales, from individual rooms and apartments to neighbourhoods, cities and city regions but, when thinking of place in the context of health, people often think of physical characteristics: local buildings, streets, public and natural spaces. The concept of place also has social dimensions: the relationships, support networks, social contacts and other aspects of a community. Place can therefore be defined as a human habitat whose diverse characteristics combine to create or undermine health and well-being. The characteristics of a place also bear upon the behaviour and choices of individuals who live there. Importantly, what constitutes a healthy place can vary for different groups within society. The elderly, young, disadvantaged and infirm, for example, all have particular requirements of a place if it is to support their health and well-being.

inclusive, safe, resilient and sustainable), and the Quito implementation plan for the New Urban Agenda (9), stemming from Habitat III – the United Nations Conference on Housing and Sustainable Urban Development, held in Quito, Ecuador, in October 2016 – creates the potential for new city-level collaboration for urban health; as well as the Sixth Ministerial Conference on Environment and Health, identified specific action points.

55. Member States and the Regional Office for Europe can promote measures that:
- (a) support the efforts of European cities and regions to become healthier and more inclusive, safe, resilient and sustainable, in line with the shared vision established by the New Urban Agenda, the outcome of Habitat III;
 - (b) create spaces that are supportive to groups of all ages and levels of ability, including access to natural resources and green and blue spaces;
 - (c) engage communities (including individuals, vulnerable populations, health services, schools and local enterprises) in identifying the physical, social and cultural characteristics of places that are most supportive of the health and well-being of the inhabitants;
 - (d) engage public agencies, spatial planners, voluntary bodies, business, industry and all other actors in taking action to implement common priorities;
 - (e) develop partnerships among communities, individuals, patients and their family members and carers in order to empower populations to develop health-promoting behaviour; and
 - (f) increase the resilience of households and communities so as to improve capacities to prevent, prepare, withstand, respond to and recover from climate risks and natural and man-made emergencies.

Strategic direction 5: strengthening health systems for universal health coverage

Objective: to ensure all people obtain the high-quality health promotion, disease prevention, curative, rehabilitative and palliative services they need without experiencing financial hardship

56. Achieving universal health coverage is relevant to all countries in the European Region.¹² Strengthening health systems to move towards universal health coverage improves health and well-being, reduces poverty and inequality, and contributes to social cohesion.

57. Improving equitable access to high-quality health services and financial protection involves promoting evidence-informed policies to reduce out-of-pocket payments, which are impoverishing and obstruct access, particularly for poorer people and other vulnerable groups; ensuring adequate public financing for health systems; promoting funding channels that have the potential to achieve more efficient and equitable resource allocation and more rational service delivery; adopting strategic purchasing mechanisms to prioritize cost-effective service delivery and use; ensuring effective and equitable coverage decisions based on systematic and transparent processes; promoting integrated and efficient service delivery; and having systems in place for the efficient regulation and appropriate use of affordable medicines.

¹² WHO Regional Committee for Europe resolutions EUR/RC65/R5 and EUR/RC66/R5.

58. Member States in the European Region have committed to two overarching strategic priorities: the transformation of health services towards integrated people-centred care to meet the health challenges of the 21st century, and progress towards universal health coverage for a Europe free of impoverishing out-of-pocket payments. Work on these priorities includes efforts to develop a sustainable, competent health workforce; to ensure equitable access to cost-effective medicines and technologies; to use e-health and information technology to deliver cost-effective, patient-centred services and, at the same time, to inform public health analysis and policies; and to improve health information and the systems to manage it. These, in turn, require strong governance at all levels of the health system and across sectors.

59. Member States and the Regional Office for Europe can build on the existing Regional Committee, World Health Assembly and United Nations resolutions and commitments and:

- (a) establish policies, strategies and tools and strengthen the capacity of health systems for universal health coverage in line with their strategic priorities;
- (b) integrate high-quality, evidence-informed, gender-sensitive health, social and public health services, ensuring a continuum of care and adopting the life-course approach; and
- (c) strengthen the capacities of public health services delivery;¹³ and
- (d) increase the social, economic and environmental sustainability of health systems.

Four enabling measures

60. Four enabling measures are proposed to advance the implementation of the 2030 Agenda and Health 2020.

Enabler 1: investment for health and well-being

Objective: to promote investment for health and well-being, to maximize co-benefits for health and sustainable development and to achieve the highest attainable standard of health for all at all ages

61. Investing in health provides economic and social returns for the health sector and other sectors, for society and for the wider economy, with an estimated fourfold return on every dollar invested. Better health and well-being improve economic productivity, strengthen social capital and improve social protection while contributing to macroeconomic progress and inclusive and sustainable growth. Investing in upstream preventive policies and interventions brings economic, social and environmental benefits that contribute to sustainable development and equality.

62. Aligning Health 2020 with the 2030 Agenda, focusing on reducing health inequalities and leaving no one behind, provides new universal and innovative opportunities for assessing and directing public and private investments in all sectors, including social protection measures. The aim is to optimize health and maximize the reduction of inequalities by achieving the most effective mix of investments across health promotion and disease prevention, treatment and care.

¹³ WHO Regional Committee for Europe resolution EUR/RC62/R5 and World Health Assembly resolution WHA69.1.

63. Investing in innovation, entrepreneurship and an enabling environment for inclusive and sustainable economies (including product and system reformulation and innovation, market regulation and effective social protection) will help enable sustainable production and consumption patterns while improving people's access to healthy life choices, goods and services.

64. As one of the largest economic sectors in all countries, the health sector can make a significant contribution by "walking the talk" (10). Investments in the health sector could be made using criteria to optimize their impact on the social, economic, environmental and security determinants of health, health inequities and the co-benefits for sustainable development; this would serve as best practice for other sectors.

65. Member States and the Regional Office for Europe can promote measures such as:

- (a) using evidence-informed and innovative mechanisms and approaches to enable investment for health and well-being across all sectors and society;
- (b) systematically assessing public- and private-sector investments for their health and health equity impact and applying incentives and disincentives to redirect them accordingly;
- (c) setting appropriate investment targets for providing essential public services for all (including health, education, energy, water and sanitation) that are consistent with national strategies for sustainable development;
- (d) increasing investment in effective and comprehensive social protection systems and universal health coverage;
- (e) prioritizing investment in evidence-informed health and other policies and interventions that have demonstrated co-benefits to health and sustainable development (namely, social, economic and environmental benefits);
- (f) assessing and using fiscal policies to enable optimal investments in health and health equity; and
- (g) applying social and environmental criteria for all purchases and ensuring financial integrity in the health sector.

Enabler 2: multi-partner cooperation

Objective: to increase institutional capacity, build and engage effective, accountable and transparent institutions, and strengthen collaboration with partners and stakeholders

66. The implementation of SDG 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) and SDG 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development) are important in enabling the development of healthier public policies.

67. Gaining the most from the SDG framework requires collaboration among multiple stakeholders, including the public and private sectors, civil society organizations, other regional and international organizations within and outside the United Nations system, and individuals with the knowledge, resources and opportunity to become agents for change.

68. Governments can engage and equip civil society and academia to collaborate in collecting and using evidence. Partnerships that stimulate solidarity and collective learning and action can assist in finding innovative and sustainable approaches that meet the needs of people at all levels. Joint action will facilitate the development and implementation of synergistic and coherent policies, supported by structures and mechanisms that enable outcome-focused collaboration.

69. To achieve good governance, institutional involvement must follow established principles of good governance (*II*): promoting effectiveness and efficiency and focusing on participation within established rules of law, accountability, transparency, responsiveness, equity and inclusiveness.

70. Local and subnational partnerships are particularly important in the implementation of the SDGs. Paragraph 45 of the Declaration of the 2030 Agenda¹⁴ highlights the essential role of national parliaments in providing legislation and resources and ensuring accountability, and states that governments and public institutions will work on implementation with such stakeholders as regional and local authorities, subregional institutions, international institutions, academia, philanthropic organizations and volunteer groups.

71. Within partnerships for joint action there are a variety of complex incentives and motivations, including potential conflicts of interest arising from, for example, commercial interests in unhealthy foods and other products. Member States have expressed support for national regulatory and policy frameworks that enable business and industry to advance sustainable development initiatives.

72. Member States and the Regional Office for Europe can promote measures including:

- (a) raising awareness regarding the SDGs and their implementation;
- (b) strengthening mechanisms for cooperation within the Region by connecting various groups and cooperative initiatives in civil society, academia, settings and sectors and developing, acquiring and transferring technical, scientific, legal and other expertise among them;
- (c) strengthening information sharing and health literacy with regard to the SDGs within country activities, partnerships and networks of countries;
- (d) strengthening the exchange of experiences on intersectoral and interagency action for health and well-being through the Regional Platform for Working Together for Better Health and Well-Being for All; promoting the health behaviours of young people, students, teachers and families and engaging in the strengthening of national and subnational youth partnerships for health and well-being; and establishing platforms to put an end to abuse, exploitation, trafficking and all forms of violence against children and adolescents;
- (e) strengthening the coalition of partners on public health to address the SDG implementation; and
- (f) supporting Member States in the sharing of knowledge and experience with those most in need.

¹⁴ United Nations General Assembly resolution 70/1 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1).

Enabler 3: health literacy, research and innovation

Objective: to promote international and regional research to support and promote the implementation of the health and well-being aspects of the SDGs

73. Research and innovation are essential for achieving the SDGs. Innovation refers not only to creating new knowledge and evidence or new technologies but also to finding novel means of implementation, including legal and financial instruments; expansion of the concept of a wider health workforce to include intermediate and community health workers as well as those professions whose activities have a profound impact on population health, such as built environment and transport practitioners. The use of common platforms for health services delivery, population need and social innovation is also important. Innovation also relates to the need for more holistic approaches that capture intracountry differences and relative inequalities related to health determinants and outcomes.

74. The SDGs provide opportunities for innovation and the use of e-health and mobile health solutions. The broad promotion of health literacy, supported by digital health technology, has the potential to empower citizens, decision-makers and investors and to support the delivery of a range of SDG targets, including access to knowledge for disease prevention and behaviour change, health worker training, public- and private-sector investment in research, and creating places that support healthier lifestyles and cross-sectoral collaboration and partnerships.

75. The SDGs provide opportunities for innovation in, for example, information and communication technologies and use, improved service provision and system performance, and the monitoring of population health and of the impact of health policies. These opportunities also include new approaches to health information analysis, which have the potential to improve and contextualize the meaning of information and ensure its use as the basis for making effective health policy.

76. Innovative new technologies also enable the so-called joint production of health, creating new opportunities to help motivate people to engage in healthier lifestyles and health-care providers to focus on health promotion and disease prevention, rather than on episodic, curative care. These are essential to create the kind of social movement needed to ensure the widespread embrace of the SDGs.

77. The SDGs provide opportunities for prioritizing implementation and economic research, defining a coordinated agenda to close gaps, enhancing international collaboration to promote and support multidimensional and multisectoral research to support policy priorities, and establishing a learning platform and, possibly, a research community of practice for data exchange that would generate knowledge and help to translate it into action.

78. Health research, monitoring and evaluation have been boosted by the huge growth in technologies to collect, integrate, manage and analyse large volumes of primary data in the rapidly expanding health data ecosystem, disaggregated to reveal the individuals and populations most in need. The advent of such “big data” techniques stimulates the building of links across data sources in different sectors so as to provide greater access to information and to develop new analytical methods to complement routine health information sources. In addition, qualitative sources of information have been shown to provide context for such quantitative data and can assist in contextualizing and explaining the observed situation and

trends in health and well-being. An expanding integrated source of information and analyses will lead to an improved and more nuanced understanding of health and well-being and new and more effective policy interventions.

79. Member States and the Regional Office for Europe can take measures including:
- (a) developing, implementing and monitoring intersectoral national and local strategies to strengthen health literacy and information technology for use by individuals and in education;
 - (b) widely sharing evidence from the health sector for use in other sectors, specifically sectors whose activities can be identified as having an impact on health and well-being; and
 - (c) strengthening the mechanism for creating health literacy among parliamentarians regarding the SDGs and engaging with their existing networks;
 - (d) promoting regional cooperation in science, technology and innovation to enhance knowledge sharing and translation, emphasizing the importance of collaboration among countries, sectors and networking mechanisms, including twinning arrangements.

Enabler 4: monitoring and evaluation

Objective: to strengthen national health information systems to inform and evaluate policies for health and well-being and support reporting on the SDGs to improve governance and comparability of information and the application of e-health standards across the European Region

80. Both the 2030 Agenda and Health 2020 place the generation and use of equity-sensitive evidence at the core of the Region's and Member States' ability to make policies and measure their impacts. Intersectoral engagement in their implementation demands new ways of generating, measuring, analysing, coordinating and promoting the use of data and information for policies to improve health and well-being and reduce inequalities. Where health is poorest, the information available tends to be poorest as well; inequalities therefore not only are underestimated but also cannot be addressed adequately. The better the quality or availability of information, the better it can inform policy-making.

81. Health information systems in the European Region need to harmonize, standardize and improve traditional information sources, and to add tools and standards that can describe and measure subjective well-being and incorporate more qualitative and value-based concepts, such as community resilience and empowerment. Strengthening these systems also means institutionalizing the flow of data and information and integrating data sources at appropriate levels of disaggregation, such as income, sex, age, ethnicity, migratory status, disability and geographic location or other characteristics. There is also an increased need for analyses and interpretations of health information, their dissemination and their use in policy-making and evaluation (12). These are a core part of forming national accountability mechanisms to evaluate policy implementation.

82. Integrated health information systems can meet these needs. Such systems need to be strategically managed to inform and evaluate the impact of policy. The best ways to strengthen the national and regional use of health information are to assess national health information systems and to define strategies to develop, govern, maintain and invest in them.

The Regional Office and Member States will be able to meet the demands for information and evidence only through the coordinated development of integrated national health information systems and the consistent use of health information for monitoring, research, policy-making and innovation in health at various levels of government and according to regional and national priorities and needs.

83. Member States and the Regional Office for Europe have already committed to pursuing these objectives, which fully support the SDGs, through actions that include:
- (a) implementing the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region¹⁵ under the European Health Information Initiative;
 - (b) prioritizing the indicators and performance objectives for the health-related SDG targets and setting them in the regional context; and
 - (c) developing, through consultation with Member States, a joint framework for monitoring¹⁶ and evaluating health impacts and policies in the European Region.

Priorities for the Regional Office for Europe

84. WHO's core functions place it in a strong position to support the implementation of the 2030 Agenda and Health 2020: to provide leadership and engage in partnerships, shape the research agenda, set norms and standards, articulate ethical and evidence-informed policy options, provide technical support, help build sustainable institutional capacity, and monitor and assess health trends (13).

85. The Regional Office will provide further assistance to European Member States to strengthen their capacities to achieve better, more equitable, sustainable health and well-being for all at all ages. This work will initially focus on working with Member States and a multitude of partners¹⁷ to promote:

- (a) the evidence-informed inclusion of health, 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;
- (b) 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;
- (c) opportunities for Member States 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
- (d) the monitoring and evaluation of the Region's priorities and targets in implementing the 2030 Agenda.

¹⁵ WHO Regional Committee for Europe resolution EUR/RC66/R12.

¹⁶ Information document EUR/RC67/Inf.Doc./1.

¹⁷ In order to achieve the SDGs, WHO is engaging more strategically with a variety of stakeholders, including global health partnerships, philanthropic foundations, the private sector, nongovernmental organizations, international professional associations, financial agencies, research institutes and academia, the media and civil society. The Framework of Engagement with Non-State Actors, approved by the Sixty-ninth World Health Assembly, provides WHO with a basis for strengthening partnerships, while ensuring transparency and accountability.

Working with countries

86. WHO will use country cooperation strategies and biennial collaborative agreements with individual Member States to support the mainstreaming of the SDGs in national plans, accelerate their implementation and provide demand-driven policy support. The biennial collaborative agreements will focus strongly on the SDGs and Health 2020, and will serve as a robust advocacy tool for health ministers, governments and the international and donor communities in promoting key priorities in countries.

87. WHO will further integrate its work in different technical areas to advance focused work and divert investments to priority areas. This will help WHO to define four crucial areas of engagement:

- (a) health areas that need continuous work and engagement;
- (b) high-priority areas that require a further increase of resources to achieve targets of the SDGs and Health 2020;
- (c) areas that other sectors and actors can address with support from WHO in advocacy and evidence; and
- (d) areas that need close vigilance and periodic follow up, as their priority might rise.

88. The Regional Office will regularly address the gaps in implementation in the European Region and will indicate the actions for the greatest impact across all sectors and on health targets. This will contribute to the bottom-up process of the biennial planning of work across the Region, and requires continuous work with Member States to assess national and local policies, identify gaps and consider policy coherence, political commitment, the roles of communities, civil society and the private sector, and commercial pressures.

89. The Regional Office will explore with Member States the best ways to address health and well-being within national development plans and projects, assess national and subnational health policies on the SDGs and further support development towards their achievement. Country profiles and guidance will be developed for these purposes in dialogue with interested Member States. The Regional Office will also explore with Member States how best to improve governance for equity in health and reduce inequalities of outcome through universal social protection for health and well-being for all at all ages; support the development and implementation of legal and regulatory frameworks; develop public policies and strategies in sectors outside health; tackle shared risk factors; and empower and promote social, economic and political inclusion of all. The first status report on equity will be published by the Regional Office in 2018.

90. Specifically, the Regional Office will continue its work with Member States to achieve and sustain 90% national coverage and 80% in every district with all vaccines in national programmes in line with SDG target 3.8.

Technical support to countries

91. WHO will provide enhanced technical support to Member States as they implement the 2030 Agenda by building on the work carried out under Health 2020 since 2012 and with a greater emphasis on practical methods to meet the SDGs. It will work through the implementation of global and regional strategies and action plans that have been approved by

the World Health Assembly and the Regional Committee for Europe, and towards the development and promotion of so-called “best buy” options.

92. In particular, emphasis will be given to interventions facilitating work across sectors and settings on priority issues: NCDs; health promotion in all age groups; immunization; nutrition; road safety; safe sexual behaviour; alcohol, tobacco and drug abuse; HIV; TB; viral hepatitis; vector control; social protection and social determinants; emergency preparedness and response; and environment and health. Research and innovation are particularly crucial in this regard.

93. An initial support package will be provided to Member States at the 67th session of the Regional Committee for Europe in September 2017. The package will evolve according to the needs of individual Member States.

Coordination among United Nations agencies

94. The United Nations Development Group brings agencies together to discuss strategic implementation, including through the United Nations Development Assistance Framework and the work of resident coordinators and United Nations country teams.¹⁸

95. In that context, the United Nations Regional Coordination Mechanism for Europe and Central Asia decided to establish a series of issue-based coalitions to facilitate the achievement of the SDGs. The Issue-based Coalition on Health is a coordination mechanism focused on the achievement of SDG 3 and the health-related targets of other SDGs in the European Region. Led by the Regional Office for Europe, the Coalition builds on other partnership initiatives, such as those addressing NCDs and environment and health, and has identified four workstreams for collaboration over the next two years: maternal and child health; TB, HIV and viral hepatitis; medicines; and migration. Achievements will be reported in 2019.

96. United Nations agencies also contributed to the first session of the regional forum of the Economic Commission for Europe and plan to further coordinate developments.¹⁹

Strengthened partnerships at the regional and subregional levels

97. The Regional Office and Member States can leverage their long-standing cooperation in SDG implementation across a range of areas. Several platforms addressing the health determinants will be further promoted, including the Regional Platform for Working Together for Better Health and Well-being for All: promoting intersectoral and interagency action for health and well-being. Consisting of key United Nations agencies, international partners and Member States, these platforms will facilitate the involvement of civil society and provide a forum for work to improve the determinants of health, working together with the Issue-based Coalition on Health.

¹⁸United Nations Development Group for Europe and Central Asia [website]. (<https://undg.org/about/undg-regional/europe-and-central-asia>).

¹⁹ Input from the Economic Commission for Europe to the high-level political forum on sustainable development. (E/HLPF/2017/1/Add.2; http://www.un.org/ga/search/view_doc.asp?symbol=E/HLPF/2017/1/Add.2&Lang=E).

98. A further example is the European Environment and Health Process, which is a mechanism for achieving the environment- and health-related SDGs and targets and which seeks to develop a series of country-specific portfolios of actions.²⁰

99. A further example is a new coalition of partners, created to implement the European Action Plan for Strengthening Public Health Capacities and Services,²¹ and which can make an important contribution in the context of achieving the SDGs.

100. Subregional partnerships and networks of countries, such as the Regions for Health Network, the Small Countries Initiative and the South-eastern Europe Health Network, have already started to focus on thematic priorities for the achievement of the SDGs. The Regional Office will support the inclusion of the SDGs in these networks and their action plans.

Monitoring and reporting

101. The Regional Office will continue its commitment to strengthening the generation of relevant and culturally appropriate evidence on population health and well-being, including qualitative evidence, which will support the development of evidence-informed policy and the monitoring of implementation of the 2030 Agenda in Member States. It will ensure access to relevant health information²² and continue to build capacity for integrated national health information systems that can respond to the needs of policy-makers.

102. Under the leadership of the Regional Office and the coordination of the European Health Information Initiative,²³ a regionalized monitoring framework will provide the basis for measuring the Region's performance in implementing the 2030 Agenda and evaluating whether policies are having their intended impact. In addition, further work will be done to tackle complex, subjective concepts that are integrally part of Health 2020 and the 2030 Agenda, such as well-being.

103. Mapping and assessment of national reporting on the implementation of the 2030 Agenda to the High-level Political Forum on Sustainable Development provides a means of positioning health and well-being as integral to the national response to the 2030 Agenda and of linking it to larger global agendas. In support of Member States, in 2019, the Regional Office plans to publish its first status report, structured according to the health-related SDG and targets and no one left behind, and to make it accessible through digital channels; followed by a biennial thematic report.

²⁰ Declaration of the Sixth Ministerial Conference on Environment and Health. (<http://www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation/declaration-of-the-sixth-ministerial-conference-on-environment-and-health>).

²¹ WHO Regional Committee for Europe resolution EUR/RC62/R5.

²² For example, the European health reports, country profiles and highlights on health and well-being, the Health Evidence Network synthesis reports, the *Public Health Panorama* journal and electronic platforms such as the European Health Information Gateway and the European Health Statistics mobile app.

²³ European Health Information Initiative (EHII) has been growing steadily, recently reaching 30 members, mostly Member States but also other international organizations. EHII can serve to further promote research related to high-priority needs in relation to the 2030 Agenda.

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