



# E4As Guide for Advancing Health and Sustainable Development

RESOURCES AND TOOLS FOR POLICY DEVELOPMENT AND IMPLEMENTATION





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## Abstract

Achieving the Sustainable Development Goals (SDGs) requires working in transformative ways. This resource uses the E4As approach – engage to assess, align, accelerate and account – to create a compilation of methods, diagnostic tools, guidance documents, processes and mechanisms for better policies to achieve the SDGs and advance health in the WHO European Region. Its development responds to the request of Member States for a resource kit to implement the 2030 Agenda for Sustainable Development. The guide has been developed in collaboration with national authorities, civil society and academia and also presents case studies from countries and institutions in the Region. The tools and methods have been developed by WHO, other United Nations agencies, academia and civil society. The resource can be used by policy-makers, public health institutions, academia, civil society, development partners and funding agencies within and outside the health sector, and by anyone with an interest in promoting and protecting health and well-being for all at all ages.

## Keywords

SUSTAINABLE DEVELOPMENT GOALS, UNIVERSAL HEALTH COVERAGE, INTERSECTORAL ACTION, HEALTH IN ALL POLICIES, GLOBAL ACTION PLAN, 2030 AGENDA, HEALTH TARGETS

ISBN: 978-92-890-5577-2

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**Suggested citation.** E4As guide for advancing health and sustainable development. Resources and tools for policy development and implementation. Copenhagen: WHO Regional Office for Europe; 2021.

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# Foreword

Health and well-being cannot be separated from economic and social development. This concept is not new, but the COVID-19 pandemic has been a stark example that failures in our systems to protect health can result in major damage to our societies and the systems in which they thrive.

The deep disruption is pushing governments to reformulate their policies, offering a window of opportunity to set systems on a path towards sustainable development – and radically change the *modus operandi*.

For such a change, we need to create the capacity to deal with large amounts of data and make sense of these data, design institutional frameworks, roll out policy solutions and report on their progress. However, we also need to be more radical if we are to break the institutional rigidity and become more innovative and responsive to rapid technological and environmental changes. We need to make our operations more inclusive and set transparent accountability mechanisms to ensure intentions are turned into results. We need to be better at valuing and measuring health and show how it contributes to financial stability and sustainable development. Such changes also require the ability and willingness to engage individuals or groups to participate in the planning, conduct and evaluation of decisions, programmes or policies that affect or involve them.

While there is no universal recipe to achieve this radical shift, this guide is a collective effort from the Member States of the WHO European Region, civil society, academia and United Nations partners to facilitate access to the best tools and methods currently available to support an integrated approach to policies for health. The guide is a compendium of diagnostic tools and methods, guidance documents, engagement processes and mechanisms for better policy coherence and accountability. All the tools and resources in this guide have been carefully selected to make sure to include the best tools, and the most relevant for advancing the health agenda.



One of the noticeable features of this guide is the E4As approach: engage, assess, align, accelerate and account. This approach takes into consideration the opportunities brought about by the 2030 Agenda for Sustainable Development to guide action. The approach breaks down the elements of implementing the 2030 Agenda in an integrated manner; it is simple and can be applied flexibly when planning for health and other development areas.

There are key entry points where this toolkit will be useful: developing a national development strategy, developing health strategies or plans, developing voluntary national reviews, participating in global and regional multilateral mechanisms, and developing recovery plans. As governments prepare for recovery from COVID-19, health stakeholders must not miss the chance to put health and well-being at the heart of recovery.

We thank all who have contributed to producing this guide. And we sincerely hope that the guide can be used and applied in our operating environments with the same spirit that was used in its design.

# Acknowledgements

This guide to resources was developed through a multistage process using different methods of consultation and creation with contributions from a broad range of experts, within and beyond the health sector, from government officials, international organizations, civil society and academia.

Bettina Menne and Emilia Aragón De León were responsible for the concept design and testing, content development, coordination of the contributions from all writers and the review process.

Many people contributed to the preparation of this guide. We are grateful to Piroska Östlin for her strategic guidance at the start of developing this initiative and for her support throughout the process. To Joanne Vincenten for the initial concept design and to Katya Nogales Crespo and Marisol Yglesias Gonzalez for initiating the collection of tools and resources. Extensive technical contributions were made throughout the preparation of the guide by Tammy Boyce, Assia Brandrup-Lukanow, Rachel Hammonds and Amanda Shriwise. Dovile Adamonyte, Hilaire Armstrong, Dominic Cocciolone, Amine Lotfi and Christoph Wippel provided extensive technical support in collecting tools and their drafting. Maria Buzelli, Mariana Dyakova, Stephen Morton and Kristine Sørensen drafted different parts in the Accelerate section. Case studies were collected by Miranda Tran Ngoc, with contributions from Tatjana Buzeti, Ana Carla Correia, Mariana Dyakova, Ana Cristina Garcia, Ruxanda Glavan, Manuela Mendonça Felício, Fátima Quitério, Nicole Rosenkötter and Amanda Shriwise.

We are also grateful to Graham Bickler, Silvio Brusaferrero, Snezhana Chichevalieva, Ana Paula Coutinho Rehse, Julie Desmet, Christopher Dye, Ruxanda Glavan, Florentina Ligia Furtunescu, Elke Jakubowski, Bahtygul Karriyeva, Marija Kishman, Monika Kosinska, Martin Krayner von Krauss, Jodie Littlewood, Srdan Matic, Franziska Matthies, Stephen Morton, Natasha Azzopardi Muscat, Åsa Nihlén, Nina Renshaw, Richard Steed, Faith Vorting, Catherine Weatherup, Isabel Yordi Aguirre, Francesco Zambon and Mark



Zuidberg for their expert advice and contribution in the consultation meeting on the concept design, as well as to Marleen Bekker, Maria Elisabeth Bengtsson, Tatjana Buzeti, Neville Calleja, Karina Cazarez, Ana Correia, Masoud Dara, Mariana Dyakova, Florentina Furtunescu, Johanna Hanefeld, Chelsea Hedquist, Svenja Herrmann, Monika Kosinska, Martin Krayer von Krauss, Rosemary Kumwenda, John McCauley, Anna Cichowska Myrup, Iveta Nagyova, Åsa Nihlén, Mihail Peleah, Jürgen Pelikan, Amit Prasad, Ivo Rakovac, Pierre Roca, Nicole Rosenkötter, Miriam Sangiorgio, Jan Hendrik Schmitz-Guinote, Vivienne Taylor-Gee, Adam Tiliouine and Isabel Yordi Aguirre for their expert advice and contributions in the consultation meeting on the content development. Special thanks go also to the members of the United Nations Issue-based Coalition on Health and Well-being, especially to colleagues from the United Nations Development Programme and the United Nations Population Fund, for their encouraging support and practical feedback to make this project useful for health stakeholders.

Finally, we thank Andrew Barnfield, Ana Cristina Garcia, Pia Vračko and Werner De Wael for peer reviewing the guide and Assia Brandrup-Lukanow, Tatjana Buzeti, Stefania Davia, Tamar Khomasuridze, Nino Mirzikashvili, Stephen Morton, Marge Reinap, Amanda Shriwise, Göran Tomson, Melita Vujnovic, Jane Ward and Yongjie Yon for their thorough feedback and review of the draft guide to resources.

# Abbreviations

<b>2030 Agenda</b>	2030 Agenda for Sustainable Development
<b>CSO</b>	civil society organization
<b>HLPF</b>	High-level Political Forum on Sustainable Development
<b>IHR</b>	International Health Regulations
<b>LRG</b>	local and regional governments
<b>NCD</b>	noncommunicable disease
<b>NSDS</b>	national sustainable development strategies
<b>NGO</b>	nongovernmental organization
<b>PHC</b>	primary health care
<b>RIA</b>	rapid integrated assessment
<b>SDG</b>	Sustainable Development Goal
<b>UHC</b>	universal health coverage
<b>UNDP</b>	United Nations Development Programme
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>VNR</b>	voluntary national review

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# Executive summary

In September 2015 heads of states and governments agreed to set the world on a path towards sustainable development through the adoption of the 2030 Agenda for Sustainable Development (2030 Agenda) and the Sustainable Development Goals (SDGs). By 2020 progress had been patchy. We were unprepared for the SARS-CoV-2 (COVID-19) pandemic, which has resulted in unprecedented damage to lives and economies.

World leaders, United Nations partners and civil society all agree that the 2030 Agenda and the SDGs remain now more relevant than ever. If we are to achieve the SDGs, we need to transform our systems and implement coherent, evidence-informed policies and actions that address health, well-being and all their determinants throughout the life course and across all sectors of government and society.

This guide offers a set of resources (selected approaches, information, tools and case studies) to build knowledge; to support understanding of the policies, strategies and processes that brought about the 2030 Agenda; and to support the needed transformation for implementing the 2030 Agenda. The resources can be used, alone or in conjunction with others, to support the planning, organization and development of national or subnational roadmaps, strategies or action plans to promote health and well-being for all at all ages and to accelerate efforts towards sustainable development.

The guide starts by introducing the 2030 Agenda and explaining how health is embedded in the SDGs; it outlines the uneven progress towards the SDG health targets in the WHO European Region and highlights opportunities for action.

This guide is an instrument to help in making the most of the available entry points to promote the achievement of health priorities in the SDGs, the WHO Thirteenth General Programme of Work 2019–2023 and the European Programme of Work in a range of activities, such as developing a national

sustainable development strategy, a voluntary national review (VNR), a national health planning framework or a policy or strategy in other sectors relevant for health; participating in health negotiations or policy debates; or planning for a sustainable and resilient recovery from COVID-19.

Central to the guide is the E4As approach, which is a transformative approach to implementing the 2030 Agenda and encompasses engagement, assessment, alignment, acceleration and accountability. Building on insights from change management in public health and dynamic approaches to development policy implementation, the E4As approach integrates societal transformative change with policy implementation at the systems level. In the E4As approach, engage is the pacemaker that drives action; the 4As are the building blocks and their elements can be used in a continuous and synchronized way.

**Engage.** This is a purposeful, inclusive, transformative, proactive, trust-building and sustainable interaction with stakeholders across sectors. It will help to advocate, enable and mediate for better health and well-being and increase ownership and inclusion in policy implementation by promoting meaningful participation. Engagement must be broad, but there is no need to start from scratch. All countries have existing multi- and intersectoral mechanisms that can be built on and that will include local and regional levels.

**Assess.** Progress towards the SDGs needs to be assessed in a way that understands the context and can identify gaps and opportunities. There are a range of methodologies available for using the SDG framework to identify gaps and for foresight. Knowing the gaps, though, is not enough. The achievement of the SDGs requires integration, and an assessment of such integration will support understanding where and how planning frameworks can be improved. Context is key. A development landscape and trajectory can be obtained by assessing demographic, economic and political contexts.


**Align.** This refers to harmonizing financial, legal and regulatory mechanisms and promoting the co-benefits of health and well-being across all SDGs:

a Health in All Policies approach. Alignment can be achieved by pursuing coherence for health and well-being and sustainable development in policy, legal and financial instruments and mechanisms. Action from the bottom up is essential, but this needs the assurance of continuity in political commitments, empowerment of local and regional governments, and an enabling legal and institutional environment for local authorities. The intergenerational nature of the SDGs calls for a long-term perspective; policy instruments are the place to enable governance that promote health and well-being for present and future generations.

**Accelerate.** This part of the E4As approach seeks to promote selected policy and/or programme areas that are systemic multipliers and highlights the importance of virtuous cycles as potential catalysts. Acceleration is context-specific, highlighting the importance of defining priorities, identifying accelerators and interventions according to context, and addressing common bottlenecks to ensure successful implementation.

**Account.** The recognition of the shared responsibility for the achievement of the SDGs means that both rights holders and duty bearers have roles, based on responsibility, answerability and enforceability. Accountability is the product of a complex and dynamic system of relationships between actors, platforms and functions. Building on the components that form accountability systems can enable and incentivize actors to fulfil and transparently discharge their rights-based duties and obligations and to deliver on their commitments. The availability of robust, reliable and high-quality disaggregated data is critical to monitoring progress. Making these data accessible ensures that people know what governments and other implementing partners are doing and allows them to assess whether these actors are fulfilling their duties in line with their commitments.

Though the resources and examples in this guide are not exhaustive, they represent the collective knowledge and experience of our networks, platforms, action plans, organizations, sectors, communities and countries.



Fewer than 10 years remain in which to achieve the SDGs. This is a complex task, but not an impossible one. While this publication is not a universal recipe, policy-makers, decision-makers, advisors, civil society, academia and all health stakeholders can benefit from knowing where to start, how to proceed, where to look for more information and with whom to engage in innovative, inclusive and transformative ways.



## About this guide

This guide was developed by the WHO Regional Office for Europe in response to the request of Member States to the Regional Director to provide a core package of technical resources, knowledge and tools to support implementation of the 2030 Agenda and its Sustainable Development Goals (SDGs) (1,2). While this guide has been designed to support policy-makers, public health institutions, academia, civil society, development partners and funding agencies within and outside the health sector, everyone with an interest in promoting and protecting health and well-being for all at all ages can use this guide (3).

The guide will help to:




- build knowledge on health and well-being and the 2030 Agenda;
- understand the policies, strategies and processes outlined in the 2030 Agenda and how to use them as opportunities to promote health and well-being for all at all ages;
- understand the importance of engaging in dialogues and processes of development to advance action on health and well-being and their determinants;
- access evidence, tools and methods to promote the progressive alignment of health and development policies and plans, and other governance mechanisms;
- set priorities and milestones and identify ways to achieve policy coherence through mechanisms of good governance;
- identify evidence-informed interventions to accelerate achievement of health and well-being goals;
- identify elements of accountability and provide knowledge and examples to promote responsibility, answerability and enforceability; and
- identify opportunities to learn and share transformative approaches and strategies and access knowledge from existing networks, platforms, action plans, organizations, sectors and countries.



## User's guide

The guide is structured in different sections. The introductory section explains more about the guide, the 2030 Agenda and the SDGs. The main content of the guide elaborates on the E4As approach and its different building blocks: engage, assess, align, accelerate and account. The final section provides concluding remarks and annexes with more information, a full list of case studies and toolboxes.

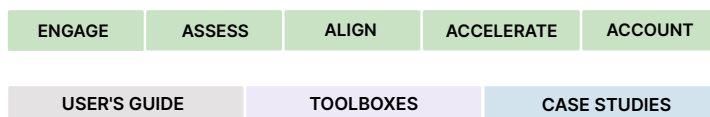
Each section of the guide is complemented with:

-  boxes with more information
-  case studies with examples of action
-  toolboxes with links to relevant resources

The user must click the case study and toolbox to access the full case study and full list of resources on another page.

## Navigation menu

A clickable menu is at the top and bottom of each page.




Click on each button to quickly access the corresponding section.



Home: click this button to quickly access the summarized version of the E4As approach




this sign indicates a clickable link


**Return**  takes you back to the section where the case study or toolbox is referred to in the main content.





# A renewed commitment to sustainable development

## In this section:

The 2030 Agenda and the SDGs 

Health and well-being for all at all ages across the WHO European Region 

Opportunities for action 

Global and European instruments to support implementation of the 2030 Agenda 

## The 2030 Agenda and the SDGs

In September 2015, 193 heads of state and government agreed to set the world on a path towards sustainable development through the adoption of the 2030 Agenda (2). This ambitious agenda includes a vision set out as 17 SDGs with 169 targets. It specified modes of implementation, focusing on the economic, environmental and social dimensions of sustainable development, as well as a framework for follow-up and review. Through the adoption of the 2030 Agenda, Member States pledged to ensure sustained and inclusive economic growth, social inclusion and environmental protection, fostering peaceful, just and inclusive societies through a new global partnership ([Box 1](#)).

The 2030 Agenda recognizes five dimensions of sustainable development, known as the 5Ps: people, planet, prosperity, peace and partnership. They represent a holistic approach to understanding and tackling development challenges and are all linked to health ([Box 2](#)).





## Box 1. The 2030 Agenda: universal, integrated, inclusive and transformative



### **Universal**

The 2030 Agenda and its SDGs are global in nature and universally applicable. They are relevant to all countries, both developed and developing, with common but differentiated responsibilities. The SDGs and their specific targets consider different national realities, capacities and levels of development. Each government is asked to set its own national targets guided by the global level of ambition but considering national circumstances. Countries have a shared responsibility and a role to play in achieving sustainability at the local, national and global levels.

### **Integrated**

The 2030 Agenda integrates the three dimensions of sustainable development: social, economic and environmental. Thus, the 2030 Agenda and the SDGs are indivisible and should be implemented in an integrated manner.

### **Inclusive**

Leaving no one behind is the central transformative promise of the 2030 Agenda and represents the unequivocal commitment of all United Nations Member States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce inequalities and vulnerabilities. This means moving beyond assessing average and aggregate progress towards ensuring progress for all population groups, including non-citizens, such as refugees, migrants or stateless people.

### **Transformative**

The 2030 Agenda calls for strategic approaches to accelerate or shift the development trajectory toward large-scale and sustained impact. A transformative approach implies strategic changes in policy formulation, budget allocation and policy implementation in national planning. It requires the participation of all segments of society to mobilize and share knowledge, expertise, technology and financial resources to support the achievement of the SDGs in all countries. Given its complexity, implementing the 2030 Agenda requires the ability to manage transformative change.



## Box 2. The 5Ps and health



### **People**

People's health is inseparable from the health of societies and the planet. The 2030 Agenda 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.

### **Planet**

Nurturing our planet is essential so it can continue to sustain us and enable us to enjoy healthy lives. The 2030 Agenda commits to protect the planet from degradation so that it can support the needs of the present and future generations.

### **Prosperity**

The SDGs strive to ensure that all humans can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature.

### **Peace**

There cannot be health and sustainable development without peace, and no peace without health and sustainable development.

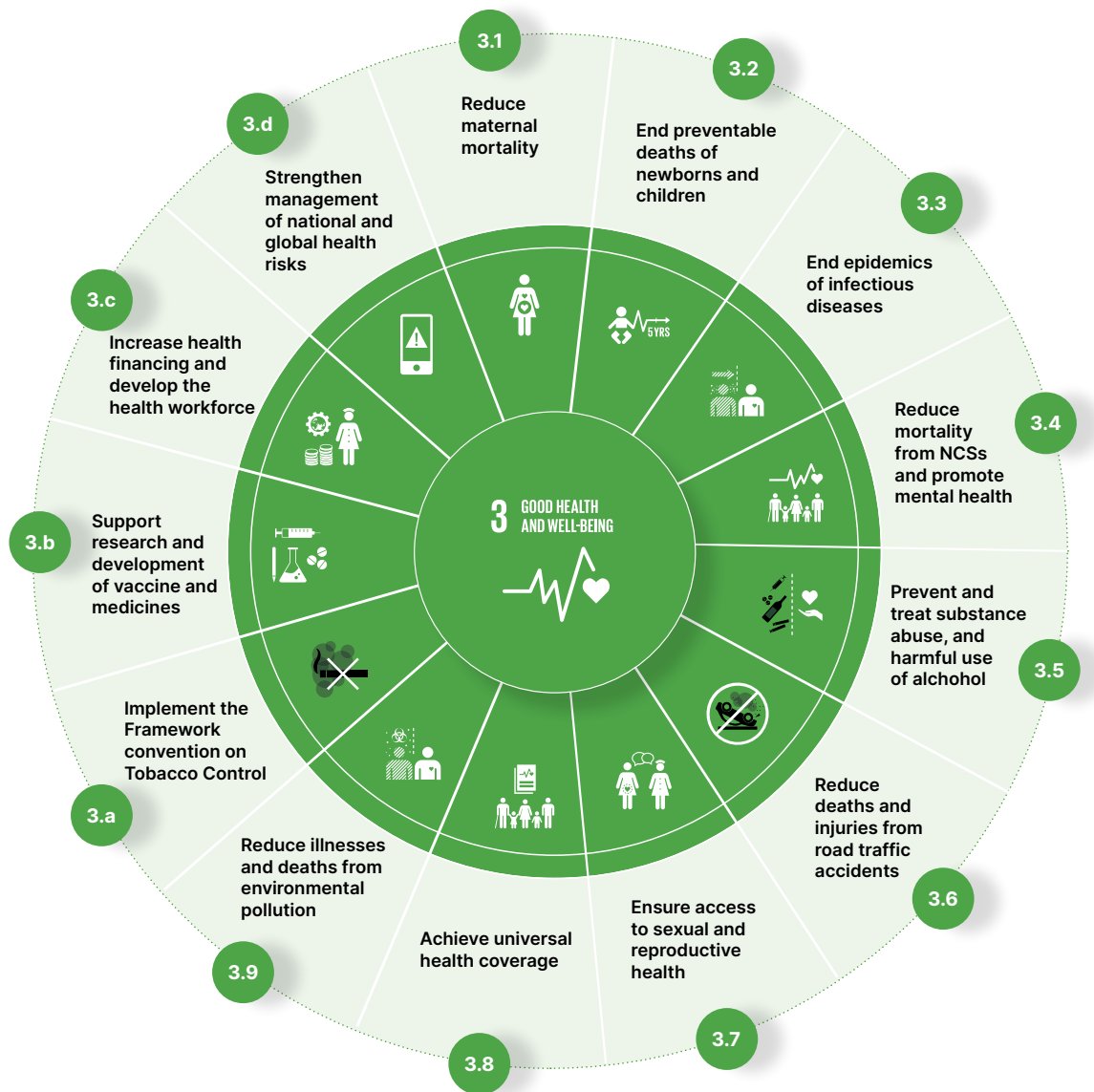
### **Partnership**


To achieve progress, partnerships at all levels are essential: international partnerships, partnerships across sectors and partnerships between government policy-makers and organizations such as WHO, nongovernmental organizations (NGOs), civil society and civil society organization (CSOs), academia, the media and more.

SDG 3, to ensure healthy lives and promote well-being for all at all ages, is focused exclusively on health and consists of 13 targets (Fig. 1 and Fig. 2). Its attainment relies largely on the achievement of other SDGs to address the root causes of ill health. Its attainment, therefore, requires health stakeholders to be able to work in partnership across sectors and levels of government to promote leadership for health and well-being.





Fig. 1. SDG 3 and its targets



Toolbox 1. Tools and background documents on the 2030 Agenda and the SDGs 



Toolbox 2. Health and well-being for all at all ages 

Toolbox 3. Factsheets on the SDGs and health topics 

Toolbox 4. Policy briefs on health and the SDGs 



Fig. 2. Health-related SDG targets



Source: adapted from Menne et al., 2020 (4).



## Health and well-being for all at all ages across the WHO European Region

Progress has been made in improving health and well-being in the WHO European Region, but this progress has not encompassed all. While life expectancy has increased steadily and premature mortality from noncommunicable diseases (NCDs) has reduced, achieving the SDGs by 2030 remains a goal.

The COVID-19 pandemic has shown the importance of good health – for people, society and the economy. Failure to protect health turned into the greatest economic shock to date and exacerbated persistent inequalities. Different people, and different nations, have been affected in different ways. Those who were already vulnerable have suffered most.

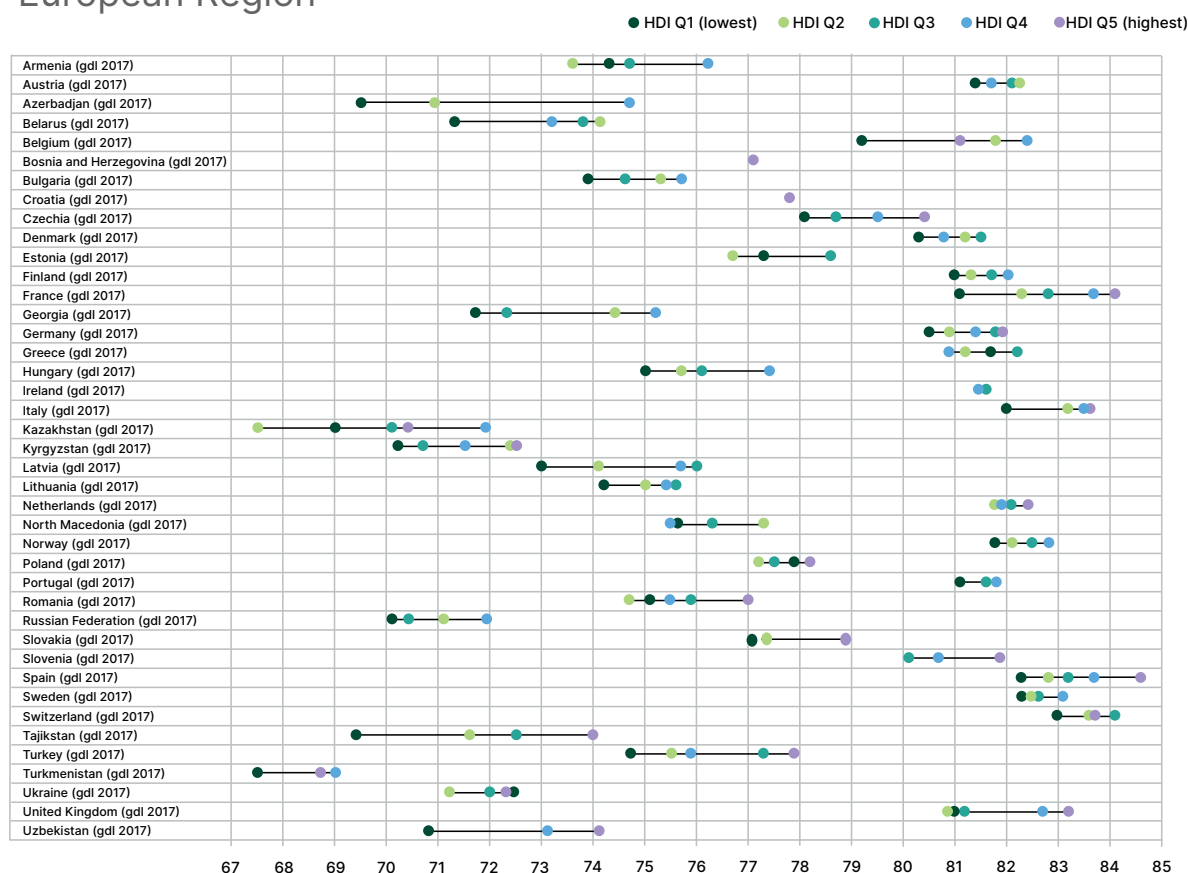
The persistent inequalities manifest in NCDs, including mental ill health and suicide mortality, deaths and injuries from road traffic accidents and deaths and illnesses from environmental and social risks (5). Risk factors for ill health such as tobacco use, harmful use of alcohol, overweight/obesity and substance abuse are also unevenly spread. As a result, we see a wide range in life expectancy at birth across the Region (Fig. 3) (6).

Despite the WHO European Region being home to some of the strongest health systems in the world, gaps in universal health coverage (UHC) remain. Many Member States, including richer countries, were already facing challenges with respect to ensuring equal geographical, cultural and financial access to health services and essential medicines, including adequate referral possibilities; this challenge has been further complicated through the severe health services disruption caused by the COVID-19 pandemic (7).

As of 2015, service coverage varied widely in Member States across the Region (8). In Member States with greater degrees of inequity, households are pushed into poverty or made even poorer through out-of-pocket payments for health (9). Furthermore, multiple factors continue to limit information regarding health-care performance, which is essential to support decision-making, including a shortage in health professionals overall, particularly in more peripheral geographical areas; inequitable



Fig. 3. Life expectancy at birth in 41 Member States of the WHO European Region



Source: WHO Regional Office for Europe, 2021 (6).

access to primary health care (PHC); and the lack of comprehensive health management information systems. Access to affordable quality medicines is also an area of great concern in many Member States.

Within and beyond the health sector, there are key challenges requiring effective health leadership: the excessive and inappropriate use of antimicrobial medicines, in both agriculture and health care; the urgent need for enhanced investments in core capacities to respond to emergencies, particularly in multisectoral and cross-border collaboration, risk mitigation, rapid response and information sharing; and the imminent ecological threats of climate change and biodiversity loss.

As countries across the Region continue to address the health and economic shock of COVID-19 and to avoid mistakes from the past, governments



will need to continue prioritize health and ensure their intentions match investments. This in a scenario of growing budgetary pressures, not only to address the backlog created by disruption to health services but also to mitigate the negative health effects of missed care, unemployment and poverty, and strengthen preparedness for future shocks (10).

## Opportunities for action

Because of the cross-cutting nature of the SDGs, their implementation and achievement depend upon alignment and integration between sectors and levels of governance, as well as between national targets, strategies and plans for implementation, including national and local delivery programmes. It is, therefore, crucial to pursue SDG integration in processes where there is broad and cross-sectoral engagement and where there are opportunities to create true policy coherence and linkage across sectors, mobilize resources for implementation and assess and monitor progress. Some opportunities to pursue SDG integration are illustrated in Fig. 4.

Fig. 4. Examples of opportunities to promote health and well-being for all at all ages in the SDG era



### National sustainable development strategies

National sustainable development strategies (NSDS) are useful instruments for informed decision-making that provide a framework for achieving the SDGs (11). They are defined as "a coordinated, participatory and iterative process of thoughts and actions to achieve economic, environmental and social objectives in a balanced and integrative manner" (12). These strategies

! Read more about NSDS in [Assess](#) and [Align](#)





are most effective when they are multisectoral, participatory, location-specific and embedded in multilateralism, and when the necessary resources and political support are available to ensure implementation.

## National health planning frameworks

A national health planning framework can take many different forms but provides an overarching or umbrella policy, involving a comprehensive range of stakeholders and sectors, with a focus on improving population health and its determinants, as well as the interaction between the health sector and other sectors. Such a strategy can support shared values, foster synergy and promote transparency and accountability. While many of the national health policies in the WHO European Region include some essential elements of the SDGs, they do not necessarily address the complexity of the SDGs or the priority action areas for acceleration towards the broader development goals. The expiration/revision of national health policies in Member States of the Region presents an opportunity to harmonize these policies with the 2030 Agenda and the SDGs, with all stakeholders participating in these efforts.

[! Read more in Align](#) 

## Health in All Policies or Health in all SDGs approach

The principle of indivisibility and integration of the SDGs provide new impetus to reach out across different sectors of government and society to promote health and build accountability for health into policies in other sectors. As summarized in the Adelaide Statement II, Health in All Policies work best when a clear mandate makes joined-up government an imperative; systematic processes take account of interactions across sectors; mediation occurs across interests; accountability, transparency and participatory processes are present; engagement occurs with stakeholders outside of government; and practical cross-sector initiatives build partnerships and trust (13). Responsibilities of the health sector in support of a Health in All Policies approach include understanding the political agendas and administrative imperatives of other sectors; building the knowledge and evidence base of policy options and strategies; assessing comparative health consequences of options within the policy development process; creating regular platforms for

[! Read more in Align](#) 






dialogue and problem-solving with other sectors; evaluating the effectiveness of intersectoral work and integrated policy-making; building capacity through better mechanisms, resources, agency support and skilled and dedicated staff; and working with other arms of government to achieve their goals and in so doing advance health and well-being.

## Global and regional health negotiations


In a changing global context, health diplomacy represents an important forum for negotiations on global policy issues that shape and influence the global environment for health. An increasing number of health issues have been taken to the United Nations General Assembly and other intergovernmental forums, such as the Group of Seven (G7; [Case study 1](#)) or Group of Twenty (G20), resulting in the involvement of many new actors, approaches and funding opportunities ([Case study 2](#)) (14,15). Antimicrobial resistance, NCDs, tuberculosis and various issues are debated under the regular agenda item Global Health and Foreign Policy. HIV/AIDS and Ebola virus have been taken forward to the United Nations Security Council, and maternal and child health, Ebola infection, health crises in general, access to medicines and health employment have been raised and considered at the level of the United Nations Secretary-General. It is important to acknowledge that health negotiations are increasingly difficult. Particularly contentious issues include the role of the private sector, issues pertaining to sexual and reproductive health and rights, and recommendations that call for government responsibility and policies, be it on access to health care or taxation of products harmful to health and environmental policies. The SDGs provide an important pathway to ensure that health is properly reflected in all policies and plans.

! Read more  
in [Align](#)



**Case study 1.** G7 health ministers meeting and declaration, an example of leadership for health and SDG achievement 



**Case study 2.** Global health and the SDGs in the health agendas of major international country groups 



## VNRs

VNRs are a part of the formal follow-up and review mechanism of the 2030 Agenda (16). They are voluntarily presented by Member States annually at the High-level Political Forum on Sustainable Development (HLPF) and are a key tool for accountability for the SDGs at both the national and the global level. As the main mechanism for tracking progress on the SDGs, VNRs provide an assessment of the results to date regarding the implementation of the SDGs in a Member State, including successes, challenges, gaps in implementation, possible solutions and emerging issues. They provide an opportunity for Member States to answer to their populations regarding progress for the SDGs. As a tool for accountability, the VNR process can strengthen national ownership of the SDGs; promote transparency, inclusiveness and participation in reporting on the SDGs; and support more effective implementation of the 2030 Agenda. For health stakeholders, VNRs are an opportunity to promote leadership for health and well-being and to put health issues high on the development agenda. By the end of 2020, 60 VNRs had been submitted to the HLPF by 52 Member States of the WHO European Region (all but San Marino).

[! Read more  
in Account](#)



## COVID-19 and the opportunity to build back better

COVID-19 is a reminder that human health is inextricably connected to planetary, economic and societal health. The disruption caused by the COVID-19 pandemic has been transformative, demonstrating how rapidly economic and social behaviours can change. It has provided a glimpse of what a better world might look like and offered a window of opportunity to shape the future of sustainable development. Amid efforts to suppress the pandemic and prepare for recovery, we could simply build back by re-booting traditional models of economic growth (e.g. extraction, consumption, waste and emissions) or, in line with the 2030 Agenda, we could "build back better" by increasing the resilience of countries and communities and radically transforming our economy as a means to improve human and planetary health and well-being. As countries use multiple policy and governance tools to mitigate the negative impacts of the pandemic, it is an opportunity to consider how policies and processes might align to achieve the vision of a sustainable



and inclusive world, institutionalizing inclusive and equitable intersectoral policy-making that prioritizes people and planet.

### Toolbox 5. Opportunities for action



## Global and European instruments to support implementation of the 2030 Agenda

With 2030 firmly in view, in 2018 WHO proposed the Thirteenth General Programme of Work 2019–2023 (17). Its core mission is to promote health, keep the world safe and serve the vulnerable. It proposes ambitious new targets to be achieved by 2023, the triple billion targets: one billion more people benefiting from UHC; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being (Fig. 5).

Fig. 5. The triple billion targets of WHO's Thirteenth General Programme of Work 2019–2023



Source: WHO, 2019 (17).



The WHO Regional Committee for Europe adopted the Roadmap to Implement the 2030 Agenda for Sustainable Development in 2017 (1). This defined how the Regional Office could assist Member States in the implementation of the 2030 Agenda and it is largely reflected in this document.

To align the work of the WHO Regional Office for Europe with the triple billion targets, while supporting Member States in their commitments to implementing the 2030 Agenda, the WHO Regional Committee for Europe adopted the European Programme of Work at its 70th session (18). This has set the strategic direction for the future activities of the Regional Office to support Member States better in meeting citizens' expectations about health. The European Programme of Work reflects the Region's determination to leave no one behind and to strengthen the leadership of health authorities in the Region. It has three core priorities (Box 3).

### Box 3. The core priorities of the European Programme of Work



#### **Core priority 1: moving towards UHC**

Throughout the Region, people expect their governments to secure their right to UHC: that they should have universal access to quality care without financial hardship. They expect their health systems to respond to a comprehensive range of health threats and problems, collective and individual, acute and chronic, communicable and noncommunicable.

The work of the WHO Regional Office for Europe on UHC is focused on five areas:

- supporting Member States' efforts to put people at the centre of services;
- ensuring and enhancing financial protection;
- facing health workforce challenges post-COVID-19 recovery; and
- ensuring access for all to medicines, vaccines and health products
- improving governance and stewardship.

#### **Core priority 2: protecting against health emergencies**

The COVID-19 crisis has dominated public conversation as few health issues have done before. The commitment of communities and individuals to the collective



#### Box 3 contd

response has proved essential. It has confirmed a widespread social consensus on the responsibility of health authorities for ensuring protection against health emergencies. Learning from this experience is relevant for post-COVID-19 crisis recovery and for tackling the public health challenges of its aftermath. It will also guide efforts by the Regional Office to build capacity to support countries in preventing, detecting and responding to a range of health emergencies as well as to the risks associated with climate change, zoonotic diseases and antimicrobial resistance. The focus will be on:

- learning lessons and expanding the ongoing in-action review of the COVID-19 crisis into a formal review of the Region's response to recent health emergencies;
- supporting country preparedness and response capacity; and
- reinforcing regional preparedness and capacity to respond, producing the public goods required to manage crises.

#### **Core priority 3: promoting health and well-being**

People place great value on living in safe and supportive communities where the social and physical environment favours physical, psychological and social health and well-being. Actions for prevention of ill health and for promotion of health and well-being require programmes with a visible commitment to dedicated and specific public health efforts. The European Programme of Work emphasizes the importance given to this priority by pooling efforts in five workstreams:


- supporting local living environments that enable health and well-being;
- promoting safer, healthier and better lives;
- improving patient safety and tackling antimicrobial resistance;
- developing strategic intelligence on levels and inequalities of health and well-being; and
- reviewing major well-established programmes within the Regional Office's technical portfolio, assessing their need for improved efficiency through innovation in terms of digitalization, technology and organization.

These WHO measures alone will not be enough. Work must be stepped up with the highest levels of government to ensure that health is placed firmly on political agendas. WHO must work to strengthen leadership in the areas where it adds most value and streamline the way business is done to work smarter and for faster results. We also need to ensure that the disruption



caused by COVID-19 and the economic downturn does not affect the hard-earned health gains, including investments.

Achieving the goals in WHO's Thirteenth General Programme of Work, the European Programme of Work and the SDGs will require unfailing political and financial commitment, from Member States and donors, and continued and expanded collaboration with non-State actors, such as academia, civil society and other members of the United Nations family. To respond to this challenge, 13 global health, development and humanitarian agencies have united under the Global Action Plan for Healthy Lives and Well-being for All (19) to support countries to accelerate progress towards the health-related SDG targets. The agencies bring significant experience in health financing, normative and policy guidance, technical cooperation, market shaping, and convening stakeholder and humanitarian responses in order to better support countries to accelerate progress towards the health-related SDGs.


**Toolbox 6.** Global and European political instruments to support implementation of the 2030 Agenda 







# The E4As approach: a transformative approach to implementing the 2030 Agenda

## In this section:

Understanding transformation 

What needs to happen to enable transformation 

The E4As approach 

## Understanding transformation

The SDGs and its targets are indivisible and should be implemented in an integrated manner. As such, the 2030 Agenda calls for governments to transform themselves and change the way they make and deliver policies and relate to people. For the health sector, this transformation presents an opportunity to translate the universal nature of the 2030 Agenda into focused health and well-being priorities and targets and to build inclusive national and subnational mechanisms to plan, implement, monitor and review implementation continuously.

Transformation requires radical change and addressing the root causes that generate and reproduce problems and inequities ([Box 4](#)).

### Box 4. Understanding transformation for sustainable development



Transformative change refers to long-term processes that help to achieve greater equality, sustainability and empowerment across the economic, environmental and social dimensions of sustainable development (20).



Box 4 contd


It requires changes in all three dimensions of the 2030 Agenda:

- changes in our economic structures, for example by promoting inclusive economic models that ensure macroeconomic stability and policy space;
- changes in how we see and interact with the environment, requiring profound changes in production and consumption patterns and energy use through legislation, regulation and public policies to ensure environmental sustainability; and
- changes in our social structures and relations, including addressing the growing economic and political power inequities and patterns of stratification related to class, gender, ethnicity, religion or location that can lock people (including future generations) into disadvantage and constrain their choices and agency.

It also means changing norms and institutions, both formal and informal, that shape the behaviour of people and organizations in the social, economic, environmental and political spheres.

## What needs to happen to enable transformation

From the perspective of sustainable development, the key question is how to catalyse processes of change that result in transformation. Transformative change is a long-term and complex process that requires both individual agency and collective action by societies. Ministers in charge of health and public health institutions have key roles to play in catalysing transformative change by their participation in setting agendas, providing evidence and recommending policies. Health stakeholders play a key role in aligning thematic policies and action plans within and beyond the health sector to support the achievement of the SDGs.

**Toolbox 7. Tools and resources for a transformative approach to implementing the 2030 Agenda** 







## The E4As approach

Developed through a two-year, multistage process of intensive theoretical and empirical work, the E4As approach (engage, assess, align, accelerate and account) aims to support health stakeholders catalyse transformative change and renew the commitment to achieve sustainable development.

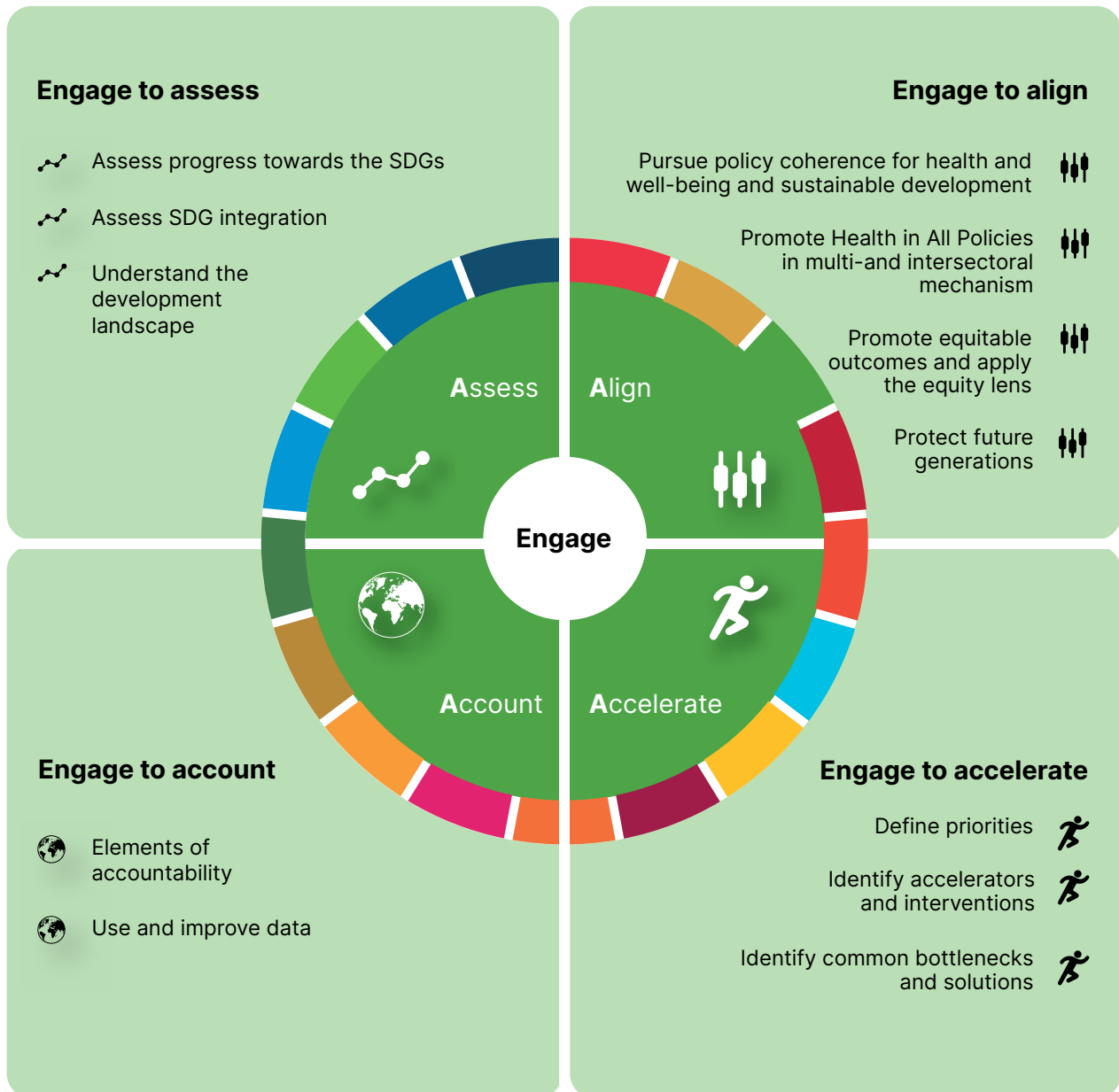
Building on insights from change management in public health (21) and dynamic approaches to development policy implementation (22), the E4As approach integrates societal transformative change with policy implementation at the systems level (4). In the E4As approach, engage is the pacemaker that drives action; the 4As are the building blocks and their elements can be used in a continuous and synchronized way (23):

- **engage** will occur with stakeholders across sectors, promoting and protecting health, and can occur as part of each of the 4As;
- **assess** refers to the process of understanding what needs to be done to achieve the health-related SDG targets and the context, opportunities and challenges for achieving them;
- **align** refers to harmonization of policies and processes across sectors for the health-related SDG targets to encourage cooperation and interlinked activities;
- **accelerate** refers to use of catalytic elements that can trigger positive multiplier effects across the SDGs and targets in specific contexts; and
- **account** recognizes the shared responsibilities of rights holders and duty bearers for implementing the 2030 Agenda and fulfilling commitments.

While each of the E4As building blocks should be considered during implementation, they may be used in any order and at any stage of implementation, and some of the building blocks may be relied on more than others, depending on the needs and priorities of the context (Fig. 6). The E4As approach can include elements of experimentation, such as new political structures and innovative policy instruments to strengthen collaboration, joint dialogue, new forms of partnership, and co-creation.



Fig. 6. The E4As approach to achieve the health-related SDG targets





Source: Menne et al. 2020 (4).




# Engage

## In this section:

Communicate to advocate, enable and mediate for better health and well-being 

Promote meaningful participation 

Build on existing multi- and inter-sectoral mechanisms 

Engage with local and regional stakeholders for localization of the SDGs 

The 2030 Agenda recognizes that health cannot be ensured by the health sector alone. It demands engagement and coordinated action by all concerned: governments, health and other social and economic sectors, civil society, local authorities, private sector and communities ([Box 5](#)).

### Box 5. Who are the health stakeholders?



Health stakeholders include, but are not limited to, national, subnational and municipal governments; academics and universities; public and private development donors and partners; CSOs; private sector actors including companies, community- and faith-based organizations; interest groups such as professional groups; as well as individuals and families.

Engagement is not a single-faceted activity; it must be effective in many areas if it is to support transformation ([Box 6](#)) (24). Leadership that is normative, impartial, inclusive, accountable, multidimensional, participatory and transformative is critical to fostering meaningful engagement that strengthens governance, improves policies and results in better health and well-being for all at all ages (25).



## Box 6. Six dimensions of effective engagement for assessing and planning SDG implementation




The International Association for Public Participation outlined the following aspects for effective engagement in SDG implementation (24):

- **purposeful**, with clearly articulated objectives, methodologies, dedicated resources and feedback mechanisms;
- **inclusive**, which includes reducing systemic and behavioural barriers and managing power imbalances to create safe spaces for participation, promoting stakeholder mapping, and analysing and using methods that enable the integration of multiple perspectives including of those often left behind;
- **transformative**, encouraging contributions from stakeholders across all sectors of government and throughout society and using methodologies that mainstream the economic, social and environmental dimensions of sustainable development;
- **proactive**, integrating engagement planning into implementation strategies, consulting stakeholders on how they would like to contribute, and prioritizing their preferences when possible, and providing information in a way that is timely and accessible;
- **trust-building**, through adherence to global norms and standards, including human rights, reliable and responsible participation, technical competence and a demonstrated commitment to transparency and eliminating inequities; and
- **sustainable**, with consistent communication and attention to national ownership and intergenerational fairness.

## Communicate to advocate, enable and mediate for better health and well-being

The SDGs have a strong brand and there is a rich opportunity to communicate about them. Communication activities should aim to generate awareness and support for the SDGs, persistently advocate to put health on the agenda of other sectors and at all levels of governance and mediate between differing interests in society for the pursuit of health and well-being for all at all ages (Case study 3) (26,27).

Case study 3. Communication and awareness raising in the implementation of the SDGs 





Effective communication requires integrated lines of communication, with mechanisms in place to capture feedback from stakeholders through all stages of the implementation process. These feedback loops are intended to monitor efficiency and effectiveness of current policies and interventions and serve as a way of identifying when a change of course may be needed. For feedback to be meaningful it must be useful; health stakeholders must ensure that it is considered in future policy development and implementation.

Good communication requires clarity regarding the outcome or change that is looked for as a result of communicating. This requires carefully defining the purpose, identifying the target audience and choosing the mechanisms and products that will best convey the message for different audiences (28). Understanding the target audience is key to effective engagement and involves, among other aspects, assessing how the target audience perceives a particular topic. A message that is consistent with the values of the target audience tends to be more convincing, and the means of conveying the message should be appropriate to the context (Box 7) (29).

### Box 7. Steps to assess the context and plan for advocacy




The WHO Collaborating Centre on Investment for Health and Well-being at Public Health Wales has provided a useful resource on the steps needed when making the case for sustainable investments in health and well-being (29)

- Who decides: administrators, managers, chief nursing or medical officers, legislators, heads of state, appointed officials, policy-makers, judges, ministers or advisory boards?
- What is decided: work plans, laws, policies, priorities, regulations, services, programmes, institutions, budgets, statements, party platforms or appointments?
- How are decisions made: accessibility of citizens to information and the decision-making process, extent and mechanisms of consultation with various stakeholders, accountability and responsiveness of decision-makers to citizens and other stakeholders?
- How are decisions enforced, implemented and evaluated: accountability so that decisions are put into action and laws enforced equitably?




The development of a VNR is a good example of an opportunity to engage a broad range of stakeholders with the implementation of the 2030 Agenda. Health stakeholders can use this opportunity to communicate commitment to achieve the SDGs; promote participatory techniques for SDG data collection and analysis; raise awareness, motivate and effectively channel participation and action; support behaviour change; and bridge gaps in understanding between decision-makers, implementers, governments and citizens.

[Case study 4](#) is an example of the use of multiple participatory approaches to supplement more formal quantitative methods to bridge barriers between policies and communities (30).

**Case study 4. Using individual stories to strengthen policy recommendations** 



**Toolbox 8. Communicate to advocate, enable and mediate for better health and well-being** 



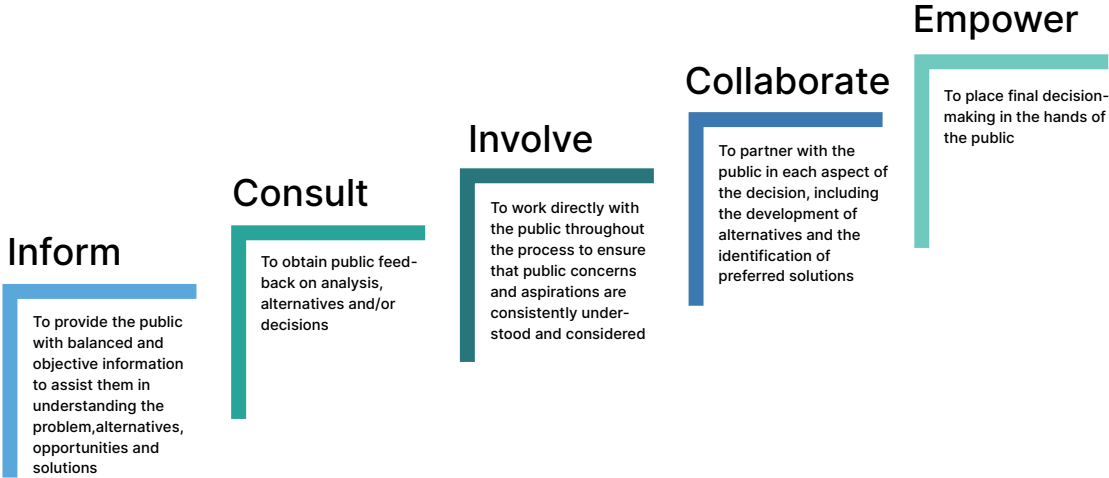
## Promote meaningful participation

Participation increases ownership and inclusion in policy implementation (24). Participation is meaningful when health actors take part as equals in conversations related to decision-making that affects them; they may disagree, but their views need to be taken seriously within the confines of their mandate and should be evaluated objectively (Fig. 7) (31). The negotiations to agree on the 2030 Agenda and the SDGs were a positive step forward in this sense: an unprecedented consultative process that brought together the views of millions of people from around the world.

Stakeholder engagement plans are a key tool to enable inclusive and participatory approaches to engagement. Depending on the power and interests of health stakeholders and other key actors in relation to health and well-being, engagements can be strategically planned to raise awareness, empower, advocate or promote collaboration (Fig. 8).

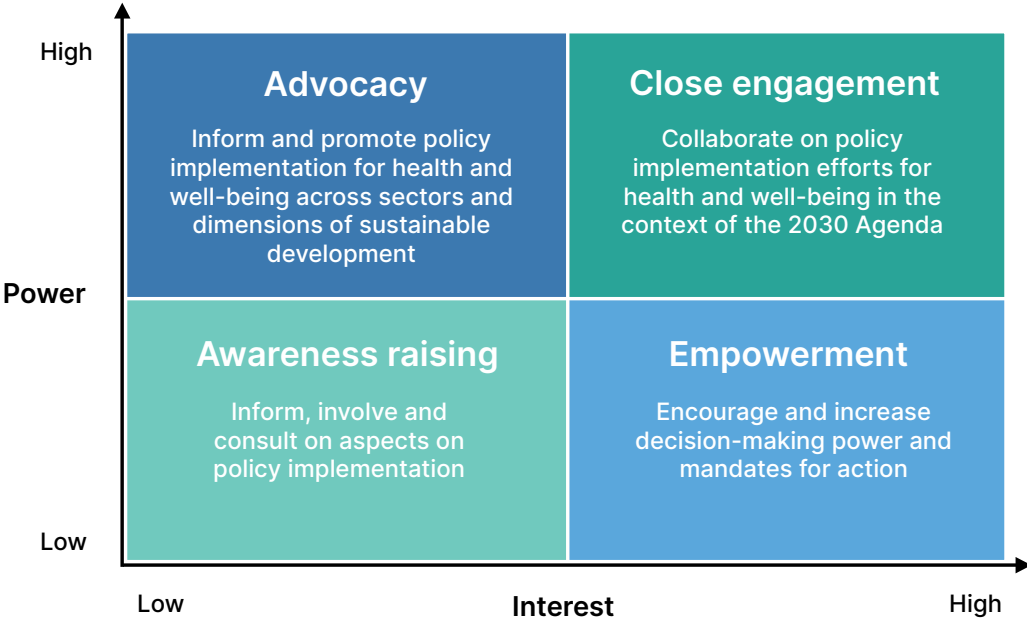


Fig. 7. Spectrum of participation: public participation goals



Source: International Association for Public Participation, 2018 (24).


Fig. 8. Strategically planned engagement of stakeholders at all stages of the process



Note: power refers to the power of the stakeholder in the process or country; interest refers to the interest of the stakeholder in the matter or in the process.



Within countries, stakeholder engagement can take many forms, including face-to-face workshops, policy dialogues, online platforms, written comments, focus groups, citizens' juries, public meetings, user panels and crowd-sourcing comments on proposed policies or legislation ([Case study 5](#)) (32). Consultations provide opportunities for diverse voices to be heard – especially marginalized and vulnerable groups – allowing people to become active stakeholders to advance SDG implementation, for example young people ([Case study 6](#)) (33).

**Case study 5.** Procedures for public participation in Latvia 



**Case study 6.** The Kyrgyz Republic's SDG Youth Ambassadors 

Consultations can also offer new perspectives, information and ideas on implementing the SDGs to result in policies and services that are better designed, more practical and relevant, and more efficiently and effectively delivered. Consultation can also strengthen the legitimacy of decision-making and build national ownership of the SDGs. Indeed, public consultations can be undertaken at any point during implementation and may serve as an entry point for institutionalizing participatory engagement ([Box 8](#)). A population consultation can be undertaken by many players, for example CSOs and NGOs; community leaders and community institutions; foundations; government departments and ministries across sectors; members of parliament; independent research institutions and think tanks; market research institutions; the media; and political parties.

Population consultations also serve to raise awareness of the current health situation and proposed reforms, enlarge the information base for health policy-making; strengthen monitoring and evaluation; and improve efficiency, accountability and transparency. In many Member States, population consultations on the SDGs have been carried out during the development of the VNRs ([Case study 7](#)) (34).







## Box 8. Public consultations as a formal process to capture feedback



Public consultations are formal processes through which members of the polity and stakeholders can give their feedback and views on policies, plans, proposals, laws and other options presented by the government. They can take place at various stages of policy development, from exploring ideas set out in proposals or policy papers through to reviewing drafts of legislation, policies, strategies, plans or reports. Inclusive, regular and meaningful consultation between national governments and stakeholders – including civil society – is essential for SDG implementation and accountability. Consultation provides opportunities for diverse voices to be heard on issues that matter to citizens, allowing people to share their knowledge, insight and experience to advance implementation and offer new perspectives on the SDGs. Consultation provides opportunities for diverse voices to be heard on issues that matter to citizens, allowing people to share their knowledge, insight and experience to advance SDG implementation. It can also offer new perspectives, information and ideas on implementing the SDGs that result in policies and services that are better designed, more practical and relevant, and more efficiently and effectively delivered. Consultation can also strengthen the legitimacy of decision-making and build national ownership of policies, plans and strategies.

Case study 7. Collaborative preparation of a VNR in Belgium 




Toolbox 9. Promote meaningful participation 



## Build on existing multi- and intersectoral mechanisms

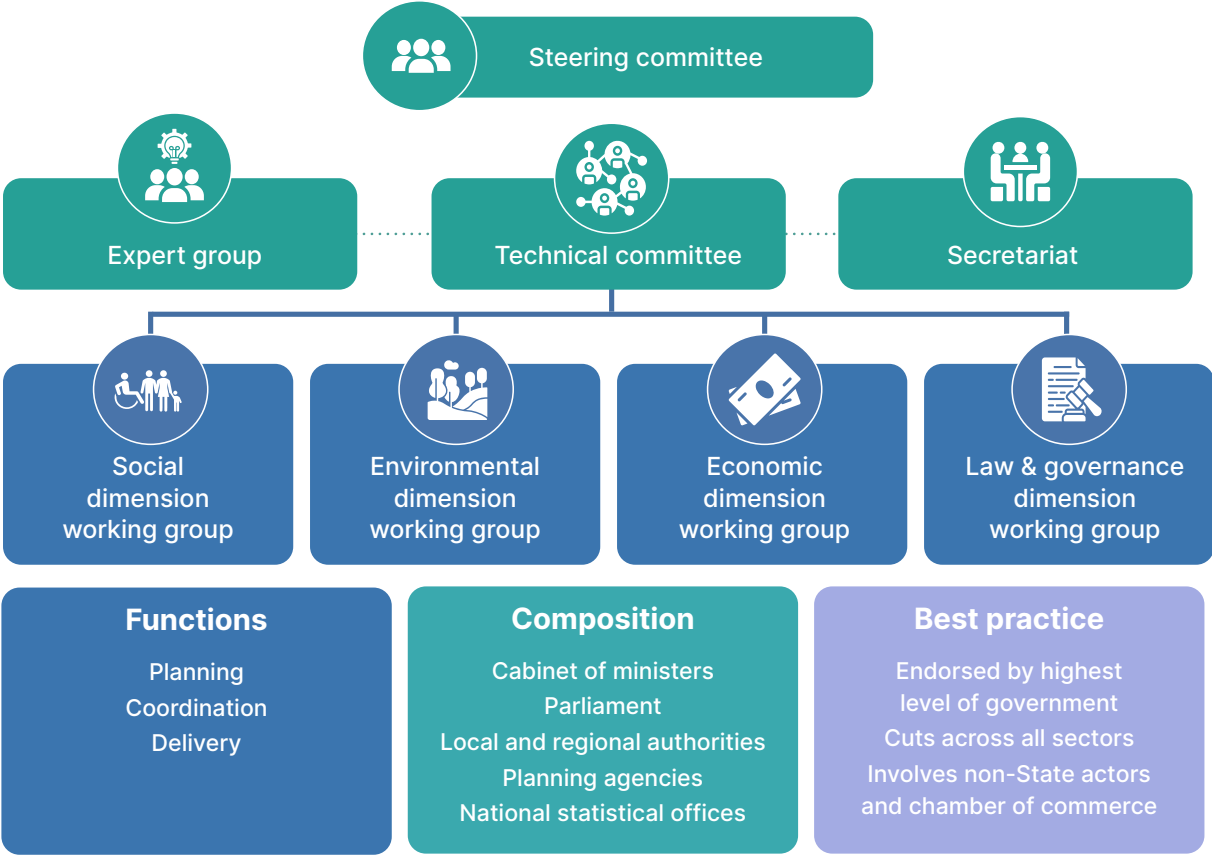
Engagement across and between sectors throughout the whole of government and society is required to implement transformative Health in All Policies. Countries have been encouraged to create or adapt institutional coordination to break down organizational and sectoral silos, promote coherence, improve efficiency and resolve dysfunctions in existing

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structures (35). Some of these structures will have a role in promoting holistic and innovative thinking to better support and sustain SDG implementation efforts for health and well-being (Fig. 9).


Fig. 9. Example of an intersectoral coordination mechanism




In the WHO European Region, many Member States have established multi- and intersectoral coordination and advisory mechanisms for implementation of the 2030 Agenda (Case study 8, Case study 9, Case study 10, Case study 11), with strong participation of the health sector (36,37,38,39,40) and with non-State actors (Case study 12) (34).


The engagement of the health stakeholder in these coordination and advisory arrangements should aim to strengthen leadership for health and its determinants and promote the integration of these into the work of other sectors and wider government policies and plans at all levels (41).





**Case study 8.** Examples of intersectoral structures and mechanisms for implementation of the 2030 Agenda in Finland 



**Case study 9.** Guiding and overseeing implementation of the SDGs in Iceland and Sweden 

**Case study 10.** Kazakhstan's 5Ps working groups 

**Case study 11.** An intersectoral approach to health and sustainable development at the subnational level in the Pomurje Region, Slovenia 

**Case study 12.** Engaging with non-state actors in the Federal Council for Sustainable Development, Belgium 

The principles of indivisibility and integration of the SDGs provide new impetus to reach out across sectors of government and society to promote health equity and build accountability for health into policies in other sectors: a Health in All Policies or a Health in All SDGs approach. The Adelaide Statement II outlines how Health in All Policies works best: with joined-up government, cross-sectoral interactions and processes, and mediation to take into account all interests, including those of stakeholders outside government. Accountability, transparency and participatory processes are needed to ensure effective partnerships and trust ([Box 9](#)) (13).

New competencies of a health sector in support of a Health in All SDGs will need to include:

- understanding the political agendas and administrative imperatives of other sectors;
- building the knowledge and evidence base of policy options and strategies;
- assessing comparative health consequences of options during the policy development process;
- creating regular platforms for dialogue and problem-solving with other sectors;
- evaluating the effectiveness of intersectoral work and integrated policy-making;



- building capacity through better mechanisms, resources, agency support and skilled and dedicated staff;
- working with other arms of government to achieve their goals; and
- in so doing, advance health and well-being.

### Box 9. Examples of joined-up government action



The Adelaide Statement II identifies the following interrelationships between specific sectors or issues with health and well-being issues (13).

#### **Economy and employment**

Economic resilience and growth is stimulated by a healthy population. Healthier people are more productive at work, can adapt more easily to work changes and can remain working for longer, thus increasing their household income. Work and stable employment opportunities improve health for all people across different social groups.

#### **Security and justice**

Rates of violence, ill health and injury increase in populations where access to food, water, housing, work opportunities and a fair justice system is poorer. Justice systems have then to deal with the consequences of poor access to these basic needs. The prevalence of drug and alcohol problems in a society is associated with violence, crime and imprisonment.

#### **Education and early life**

Poor health of children or family members impedes educational attainment and reduces educational potential, the ability to solve life challenges and the pursuit of opportunities in life. Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society.

#### **Agriculture and food**

Food security and safety are enhanced by consideration of health in food production, manufacturing, marketing and distribution, through promoting consumer confidence and ensuring more sustainable agricultural practices. Healthy food is critical to people's health, and good food and security practices help to reduce animal-to-human disease transmission and are supportive of farming practices with positive impacts on the health of farm workers and rural communities.



Box 9 contd

### **Infrastructure, planning and transport**

Optimal planning for roads, transport and housing requires the consideration of health impacts as this can reduce environmentally costly emissions and improve the capacity of transport networks and their efficiency for moving people, goods and services. Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities, reduce environmental degradation and enhance health.

### **Environments and sustainability**

Optimizing the use of natural resources and promoting sustainability can be best achieved through policies that influence population consumption patterns, which can also enhance human health. Globally, a quarter of all preventable illnesses are the result of the environmental conditions in which people live.

### **Housing and community services**

Housing design and infrastructure planning that take account of health and well-being (e.g. insulation, ventilation, public spaces and refuse removal) and involve the community can improve social cohesion and support for development projects. Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities.

### **Land and culture**

Improved access to land can support improvements in health and well-being for indigenous peoples as their health and well-being is spiritually and culturally bound to a profound sense of belonging to land and country. Improvements in the health of indigenous people can strengthen communities and cultural identity, improve citizen participation and support the maintenance of biodiversity.

**Box 10** outlines the policy priorities for the WHO European Region to address environmental determinants of health through multisectoral action (42). It shows links between environment and health as one example of determinants of health for which the interventions lie in another sector.



## Box 10. Addressing environmental determinants of health through multisectoral action



The major health impacts of environmental determinants in the WHO European Region are related to NCDs, disabilities and unintentional injuries, with growing concern about the impact of climate change and biodiversity loss on changing patterns of existing and emerging communicable diseases and on adverse reproductive outcomes. Overall, the unmitigated exploitation of natural resources and the promotion of consumption habits that are detrimental to health need focused attention.


Addressing these challenges requires engagement across sectors, as envisaged in the following main policy priorities for the WHO European Region.

### **Decrease the burden of diseases caused by environmental factors for current and the future generations and to promote synergies between the sectors involved.**

The Ostrava Declaration from the Sixth Ministerial Conference on Environment and Health (42) identified specific action points: improving indoor and outdoor air quality; ensuring universal, equitable and sustainable access to safe drinking-water; minimizing the adverse effects of chemicals on human health; preventing and eliminating adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites; strengthening adaptive capacities and resilience to health risks related to climate change and supporting measures to mitigate climate change; supporting the efforts of European cities and regions to become healthier and more inclusive; and building environmental sustainability of health systems to address the risk factors for NCDs, emergencies, communicable diseases and antimicrobial resistance.

### **Implementing and strengthening legal and regulatory frameworks, public policies and strategies in non-health sectors to tackle shared risk factors.**

Health and well-being issues require a comprehensive and integrated approach across multiple sectors, for example exposure to air pollution has a health impact, as do unhealthy commodities such as alcohol, drugs and tobacco, but these are in the remit of non-health sectors (43). Enhancing health literacy can create consumer environments that support healthy choices and empower citizens to make more informed choices about their health and the health of their families.


**Toolbox 10. Build on existing multi- and intersectoral mechanisms to advance Health in All Policies** 





## Engage with local and regional stakeholders for localization of the SDGs

It has been estimated that as much as 65% of the 2030 Agenda cannot be achieved without the involvement of regional and local actors (44). As such, institutional development, in terms of decentralization, the establishment of adequate multilevel governance mechanisms and the availability of adequate means of implementation, must enable the local transformative action that stems from the local and regional governments (LRGs). European local governments typically account for a significant share of public revenue and expenditure (25% on average but up to 52% in northern Member States) and play a crucial role in public investment (40%) (45). As the entities closer to the people, LRGs can lead in producing health and well-being plans when the adequate mechanisms are in place, for example those developed in Ireland (Case study 13) (46,47).

**Case study 13. Actions by local authorities to address local and community development in Ireland** 



LRGs can transform delivery on public services to promote more inclusive, prosperous and environmentally sustainable communities through:

- transforming service delivery, by supporting PHC and partnerships between social and health services;
- taking the lead with respect to the preservation and restoration of ecosystems and improving access to green spaces;
- taking action towards clean and affordable energy;
- improving the housing and construction sector;
- making efforts to develop cleaner and more inclusive mobility systems;
- promoting safe waste disposal, clean water and good sanitation; and
- mainstreaming disaster risk prevention.

The term localization is used by Member States of the WHO European Region to refer to initiating action from the bottom up (41). Localization facilitates participation, empowerment, collaboration and enforcement of laws and regulations. Collaboration with stakeholders at local levels facilitates

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integrating health with other sectors and non-State actors, implementing measures for UHC and allowing successful monitoring of the SDGs.

For localization to be successful there is a need to set the appropriate coordination arrangements (vertical and horizontal), or what is referred to as multilevel governance arrangements. Multilevel governance arrangements should allow for participation of LRGs in decision-making and consensus building and, by these means, reduce misalignment, promote the adaptation of strategies at the local level and foster innovation and experimentation.

As already emphasized, many governments have created or adapted national coordination mechanisms for the SDGs (e.g. SDG committees or councils) with participation in these bodies varying from country to country. While the WHO European Region is one of the regions where LRG participation or consultation in national coordination mechanisms is more advanced, it is still limited to just 54% of Member States. As such, involvement of LRGs needs to be strengthened and capacity for implementation of the SDGs at the local level also needs to be developed.

At the international level, local governments will play a vital role in the achievement of all 17 SDGs. For example, LRGs play a vital role in directly or indirectly engaging in the development of VNRs and their presentation at the HLPF. LRGs can also engage with the work of the Global Taskforce of Local and Regional Governments (48). The Taskforce is a coordination mechanism that brings together the major international networks of local governments to undertake joint advocacy relating to international policy processes, particularly the 2030 Agenda and its SDGs, the Paris Agreement on climate change and the New Urban Agenda.

Moreover, engagement in regional networks and platforms, such as the WHO Healthy Cities Network (49) and Regions for Health Network (50) (Box 11), can support learning and communication exchange between peers by bringing together interdisciplinary stakeholders. Such networks also help to create synergies and strengthen cooperation/collaboration between subnational





stakeholders, no matter where they are located, and can promote leadership of subnational and local authorities in how they contribute to national and international policy-making processes. Overall, these types of network help in developing capacities of regional and local health systems.

### Box 11. Networks to support interactions with local levels to support health and well-being



#### The Healthy Cities Network

Currently in phase VII, the Healthy Cities Network recognizes that local action and the decisions of local governments can strongly influence the achievement of the health-related SDG targets. In this regard, the approach promoted by sustainable development councils and networks supports cities in acting as vehicles for implementation of the 2030 Agenda, with health and well-being at the centre (49).

#### Regions for Health Network

The Regions for Health Network has worked since 1993 to help regions to accelerate the delivery of improved population health. The forum works to create synergy between regions and stakeholders in the field of health issues (mutual learning); strengthen cooperation/collaboration between regional and local actors and the international institutions for health; promote the contribution of regions, local authorities and health authorities to the international policy-making process; and increase the understanding of regional and local health systems (exchange of experiences) (50).


### Toolbox 11. Engage with local and regional stakeholders to localize the SDGs






# Assess

## In this section:

Engage to assess 

Assess progress towards the SDGs 

Assess SDG integration 

Understand the development landscape 

Assess refers to the process of understanding the outstanding gap for achieving the health and health-related SDG targets, as well as the context, opportunities and challenges to achieving them. Assessments aim to provide an evidence-informed foundation against which policies and interventions can be formulated and introduced. The objective is to obtain a realistic picture of the current health and well-being situation; identify priorities, bottlenecks and barriers to progress; assess policy alignment with the SDGs; and analyse readiness for and the current level of SDG implementation.

Assessment could include an SDG diagnostic, an SDG readiness analysis, investigating interactions between the SDGs and their targets and understanding health governance in the context of the 2030 Agenda.

### **Assess progress towards the SDGs**

Measurement of current trends of health-related indicators and the distance to achieving the health-related SDG targets data should, whenever possible, utilize data disaggregated by gender, age and geographical location as well as by vulnerable groups. This stage includes identifying relevant targets and indicators, analysing trends and estimating the distance still to be covered in attaining the SDGs.

### **Assess SDG integration**

This assessment evaluates the alignment of existing policies and measures



with the SDGs, and the potential bottlenecks and barriers to making progress. The results can support a better balance across the three dimensions of sustainable development, improve policy coherence and reduce monitoring burden (by identifying cross-cutting indicators).

### **Understand the development landscape**

This refers to understanding a country's overall development process and identifying the development priorities and needs, processes, institutions, actors, resources and other factors that influence effective implementation of the SDGs. All have implications for planning for and achieving the SDGs.

## **Engage to assess**

There are multiple opportunities for broad stakeholder engagement during the Assess phase. A situation analysis is a method of assessing where a country, sector, region or city stands with regard to achieving the health-related SDGs and the context, opportunities and challenges to achieving them. While a situation analysis is a very technical piece of work, the results and conclusions are relevant for the whole population. Communicating the results of the assessment process in an effective manner is a prerequisite to ensure further engagement and ownership of the implementation process.

Consultations provide opportunities for diverse voices to be heard – especially marginalized and vulnerable groups – and allow people to become active stakeholders to advance SDG implementation. They can also offer new perspectives, information and ideas on implementing the SDGs to create policies and services that are better designed, more practical and relevant, and more efficiently and effectively delivered.

Engagement with different stakeholder groups is also relevant to identifying and prioritizing the SDG targets and indicators according to the context, as well as to defining methodologies and criteria to perform the assessment and judge progress.




## Assess progress towards the SDGs

### Identify relevant targets and indicators

The breadth and complexity of the SDGs present challenges for data collection. With 169 targets and 232 indicators (51), collecting the data required to implement and monitor the 2030 Agenda is challenging even for countries with robust statistical capacities.

Mapping of national targets and indicators to the health-related SDG targets and indicators is recommended to determine availability of national data and gaps in data collection for monitoring the official health-related SDG indicators. A subsequent rapid scoping exercise can help to create a picture of the state of the health-related SDG indicators (Case study 14) (52). Often, in the process of nationalizing the SDGs, countries might need to adapt and modify the SDG targets and indicators to be suitable for their particular country context.

**Case study 14. Target and indicator identification in Latvia** 



### Methodologies to assess progress towards the SDGs

After carefully selecting the relevant indicators for a specific context, a trend assessment helps to determine progress towards the SDGs. There are different methodologies to assess progress, and selecting the right methodology is a balance between availability of empirical data, priority needs, complexity of the indicators and other context-specific considerations. This is why the engagement of relevant stakeholders is a prerequisite for a comprehensive, applicable and useful trend assessment.

Standard methodologies commonly used and seen in different SDG reports are data aggregations, trend analysis, projections and thresholds classifications. These use traditional epidemiological methods, such as time series analysis, and expert judgement to inform whether or not changes are on track to achieve the health-related SDG targets (53).



- Level assessment measures the distance between the current level and the target at the global and regional level. The current level refers to the latest available data.
- Trend assessment measures the progress from a baseline year (usually around 2015, or around 2010 if there is not sufficient empirical data around 2015). This assessment should also consider that in the SDG framework there are indicators without an explicit numerical target and indicators with an explicit numerical target to be achieved.
- Indexes are composite indicators that aggregate data from multiple indicators (often called tracer indicators) into a single measure representative of the individual data points. Indexes support assessing a group's position between the worst and the best outcome or target: for example the UHC index has a range of 0–100 (Box 12). Indexes are often used to summarize the current performance and trends on the 17 SDGs or a group of indicators. Indicators, data and methodology vary from index to index, which is why having a concrete understanding of the tracer indicators aggregated to form the index is so important. Reviewing the underlying metadata for both the index and each tracer indicator will enable data analysts and policy-makers alike to have a robust understanding of how the index and data can be used best for evidence-informed policy-making.
- Time series analysis enables us to extract meaningful statistics and trends in data that are repeatedly measured over time.
- Forecasting is the use of mathematical modelling to predict future values based on previously observed values. Three factors determine a forecast: the amount of data, the clarity of the observed patterns and whether or not the forecast can alter the pattern. Backcasting, forecasting and indexing are all methods used to assess progress (Box 13). It is important to understand the analysis of the data before starting to forecast.



## Box 12. Tracking UHC



To measure progress toward the triple billion target of one billion more people benefiting from UHC without financial hardship, WHO combined two key components to develop an index to measure UHC: coverage of essential health services (SDG 3.8.1) and financial hardship (SDG 3.8.2) (54).

Coverage of essential health services (known as average service coverage) is made up of 14 indicators: antenatal care; child pneumonia; family planning; immunization; diabetes mellitus; hypertension; tobacco usage; HIV; malaria; tuberculosis; water, sanitation and hygiene; hospital beds, health workforce and compliance with the International Health Regulations (IHR).

The 2017 estimated service coverage index for the countries of the WHO European Region was 75.53 out of a possible 100 (SDG 3.8.1). The current index shows that, while there has been progress across the years and the gap between the countries with the lowest and highest index values is narrowing, access to quality essential health-care services remains a goal for the Region.

## Box 13. Backcasting, forecasting and indexing as methods to assess progress



**Backcasting** is a method that illuminates past trends in progress towards the health-related SDGs. While the health-related SDGs and corresponding indicators were established in 2015, data for many of these indicators has been available for some time. Backcasting makes use of these data by depicting progress towards attainment of the health-related SDG targets and indicators over time (53).

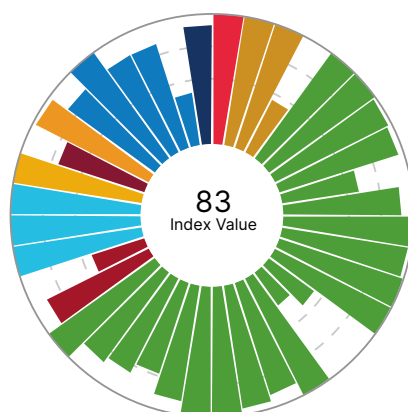
**Forecasting** is used to predict the most likely future scenario, projected forward over a specific time horizon, mainly based on trend extrapolation and projections informed by backcasting.

Backcasting and forecasting complement health, social, economic and environmental impact assessments to support the formulation of policy recommendations and accompanying interventions to accelerate and sustain progress towards achieving the health-related SDG targets ([Case study 15](#)) (55).

**Box 13 contd**

The **SDG Index and Dashboards**, which are published annually as global, continental and subnational reports, and the health-related SDG data visualization by the Institute for Health Metrics and Evaluation are examples of tools that provide information on the current status and future projections for the attainment of health-related SDG targets (56). These tools are useful for comparisons between countries and contexts through the use of indexes and aggregates of complex data (e.g. the health-related index for all indicators (Fig. 10) (57); however, they are limited for supporting policy-making at a country level. These tools support assessment by allowing comparisons between countries and contexts through the use of indexes and aggregates of complex data.

**Fig. 10. Health-related index for all indicators, Sweden 2017**



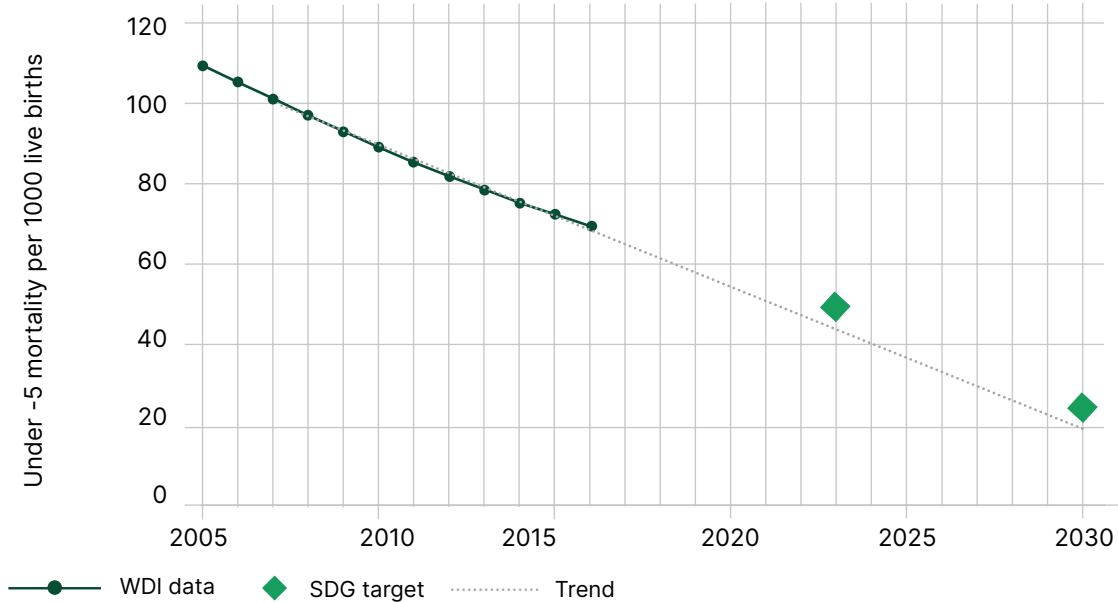
Source: Institute for Health Metrics and Evaluation, 2021 (57).

**Case study 15. Forecasting health trends in the Netherlands**

Building on the trend analysis and the results of the back- and forecasting, it is possible to estimate the distance to the achievement of the health-related SDG targets and determine whether a country is on track to attain them (Fig. 11 and Fig. 12). This analysis also supports identification of targets that require accelerated efforts if they are to be achieved.

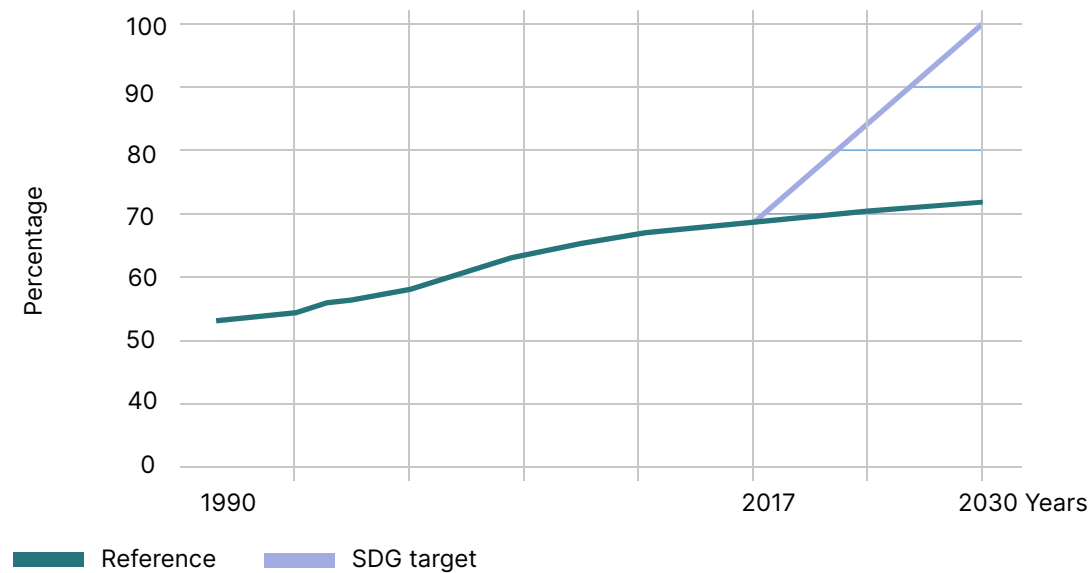


Fig. 11. Estimates to achieve reduction in under-5 mortality by 2030



Note: WDI: World Development Indicators  
 Source: WHO Regional Office for Europe, 2020 (58).

Fig. 12. Estimates to achieve UHC by 2030



Source: WHO, 2018 (19).

Toolbox 12. Assess progress towards the SDGs





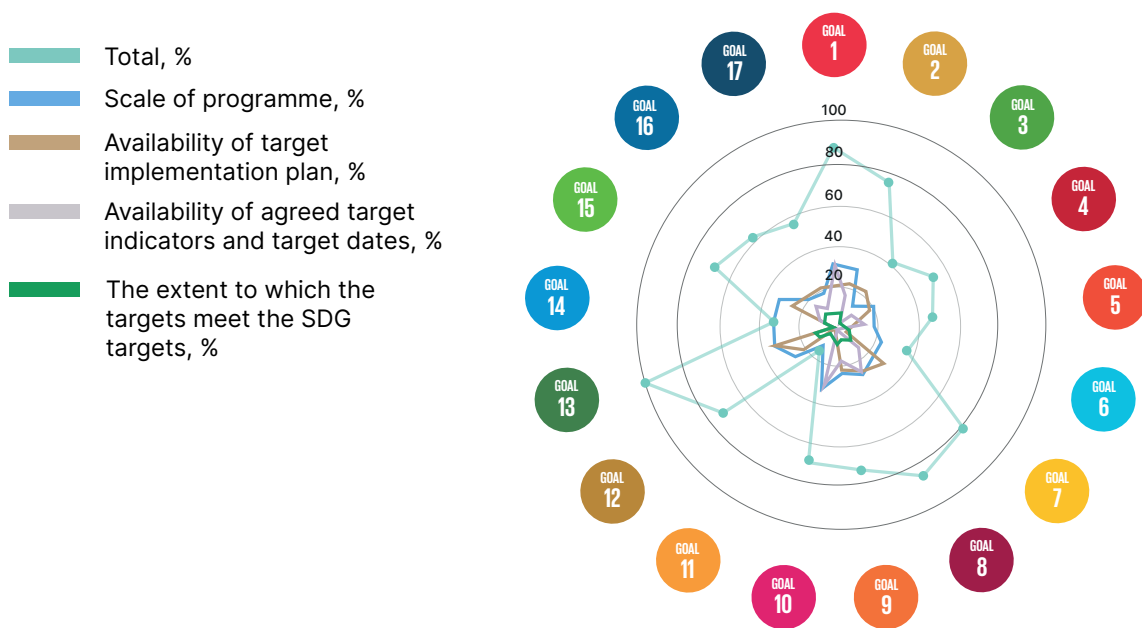
## Assess SDG integration

Assessment of SDG integration involves determining national and subnational development priorities and how they relate to the SDG targets. This includes examining (and revising) national vision documents, national development plans and NSDS; health policies; other relevant sectoral policies, strategies, plans and programmes; relevant legislation and regulations; and local government and subnational development plans. The results of these assessments can support a better balance across the three dimensions of sustainable development, improve policy coherence and reduce monitoring burden (by identifying cross-cutting indicators).

The rapid integrated assessment (RIA) is an SDG-specific tool developed by the United Nations Development Programme (UNDP) to support countries in mainstreaming the SDGs into national and subnational planning (Fig. 13) (59).

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Fig. 13. Ukrainian RIA showing incorporation of SDG targets into strategic policy papers in all areas



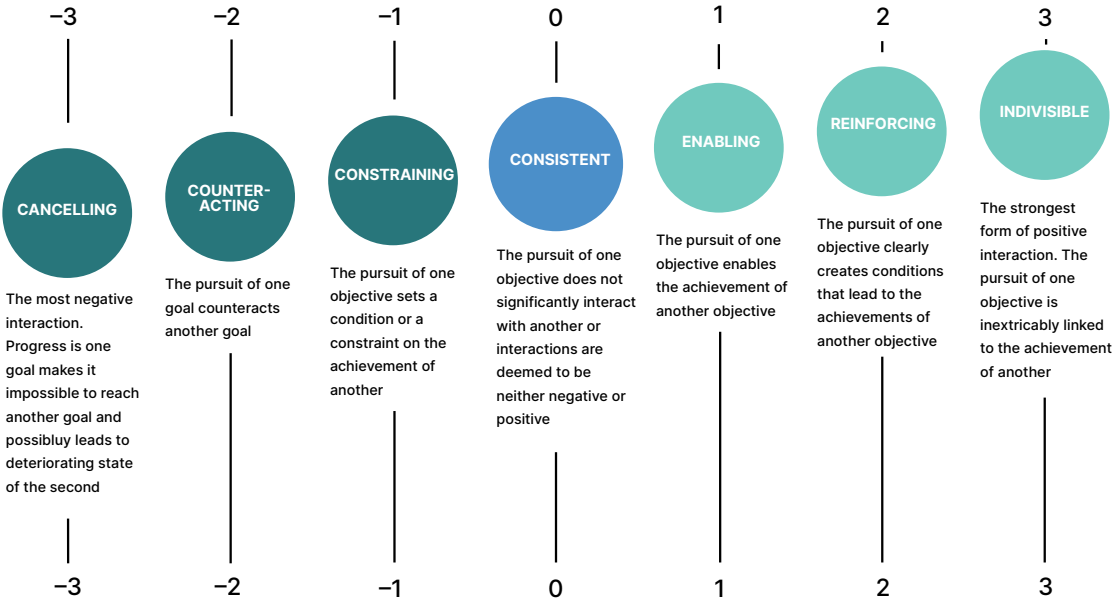
Source: UNDP, 2017 (60).



The tool outlines clear steps and provides templates for policy-makers to conduct an integrated assessment of the extent to which the health-related SDGs are already being promoted in policies, strategies and plans across sectors. This analysis can include participatory approaches and is complementary of a sound understanding of the current processes, institutions, actors, policies, mandates and other factors that may affect implementation of the health-related SDGs.

The methodology of the RIA considers the interlinkages that exist between targets and SDGs and helps to identify synergies, trade-offs and potential conflicts. Such methodology was proposed by the International Council for Science (Fig. 14) (61).

Fig. 14. Goal interaction scoring



Source: Nilsson et al., 2016 (61).

Toolbox 13. Assess SDG integration  



## Understand the development landscape


Understanding the overall development landscape in a given context is a key aspect of an assessment as it allows health stakeholders to identify opportunities to promote SDG integration and better advocate for health and well-being.

A development landscape and trajectory can be obtained by assessing demographic, economic and political contexts. Main sources of information include national and subnational health and development planning frameworks, main committal documents, existing laws and regulations, and official reports (such as VNRs). There is also a need to understand the multi- and intersectoral coordination mechanisms set to advance the SDGs. The aim is to gain an understanding of a country's overall direction, priorities, planning or policy cycle – all of which may have an impact on when and how integration of the SDGs happens and what opportunities are available for advocacy for action for health and well-being in other sectors.

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### NSDS

Many countries launched their NSDS in response to the United Nations Conference on Environment and Development and its outcome, Agenda 21 (62). NSDS set the overall direction for all sectors of government and are developed through systematic processes with interactions across sectors – often mediated – and with accountability, transparency and participatory mechanisms in place to ensure implementation. Consequently, they provide a key opportunity for health stakeholders to advocate for multi- and intersectoral action for health and well-being. Other opportunities lie in specific engagement with policies in other sectors, such as poverty reduction strategies, international development agreements and financial strategies. Many countries have renewed their NSDS based on the 2030 Agenda in recent years.

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### Planning and public financial cycles

Assessing planning and public financial cycles requires gaining an understanding of the public financial system – the institutions, policies



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and processes – that govern the use of public resources, including laws, regulations, expenditure frameworks and ongoing reforms. Results from a survey about implementation of the 2030 Agenda in Member States of the WHO European Region showed that, in most cases, Member States have predefined evaluation and review processes that influence when plans and strategies are revised, evaluated, updated or developed (41). These instances are opportunities to assess and promote integration of the SDGs in a coherent way. Furthermore, there is a need to understand the multi- and intersectoral coordination mechanisms that are set to advance the SDGs.


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## Align

### In this section:

Engage to align 

Pursue policy coherence for health and well-being and sustainable development 

Promote Health in All Policies in multi- and intersectoral mechanisms 

Promote equitable outcomes and apply the equity lens 

Protect future generations 

Alignment refers to the harmonization of policies and processes to ensure coherence within and between sectors and levels of governance across the three domains of sustainable development (social, economic and environmental) across SDGs, across geographical boundaries and, crucially, across generations. The aim of pursuing alignment is to manage policy conflicts, minimize trade-offs and potentiate synergies. More importantly, it aims at ensuring that no one is left behind.

Alignment of all sector policies, strategies, plans and interventions is not a simple task. Alignment starts with considering the information derived from the assessments described above in order to engage stakeholders in the development of a joint vision and determine coordinated actions. It requires an understanding, with due respect, of sectoral mandates and interests of different stakeholders with the aim to identify opportunities.

Alignment can harmonize financial, legal and regulatory mechanisms and can promote the co-benefits of health and well-being across all SDGs. Alignment also includes harmonizing priorities with resource allocation. This supports mobilizing resources and ensuring funds and resources are used effectively throughout implementation.



Some opportunities to promote alignment for better health and well-being include:

- development of NSDS and promotion of the integration of health and well-being and their determinants in these;
- development of roadmaps for the achievement of the health-related SDGs;
- engagement in national institutional coordination processes and mechanisms;
- inclusive and transparent participatory mechanisms in ministries in charge of health to steer implementation (e.g. by identifying focal points); and
- monitoring, review and evaluation processes.

Some of the tools to advocate for alignment include the obligations under international human rights laws and health treaties (e.g. the IHR and the Framework Convention on Tobacco Control); global and regional health and human rights commitments; and ministerial declarations and resolutions endorsed by United Nations General Assembly, World Health Assembly or other multilateral committees (e.g. the Paris Agreement on climate change and the TRIPS Agreement on Trade-Related Aspects of Intellectual Property Rights).

To promote alignment there is a need to pursue policy coherence, promote strong intersectoral collaboration, connect governance mechanisms with long-term objectives, improve capacities and strengthen public health institutions. An approach to promote alignment is by promoting, where possible, more local autonomy.

## Engage to align

There is no alignment without proactive and meaningful engagement. The process of creating a joint vision should facilitate the alignment of norms, values, principles and technical standards; for example Vision 2050 in Flanders, Belgium, is a long-term strategy for well-being ([Case study 16](#)) (63). Such initiatives are opportunities to find common ground, clarify and communicate expectations and build trust between implementing partners,



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as well as to increase the quality of the planning process and the conformity of the planning results with the needs and interests of present and future generations ([Case study 17](#); see also [Case study 5](#)) (63,64,65). Joint visions can also help to align development assistance with national and subnational goals and in this way complement domestic resource mobilization (66).

**Case study 16.** Vision 2050, a long-term strategy for Flanders, Belgium 



**Case study 17.** Promoting healthy, resilient, cohesive and sustainable communities in Wales (United Kingdom) 

**Toolbox 14.** Engage to align 





## Pursue policy coherence for health and well-being and sustainable development

Lack of coherence across government policies can lead to unwanted trade-offs: one part of government working to improve health while other parts promote initiatives that might be harmful to health, in some cases with particularly strong impacts on health equity and vulnerable groups. For example, tobacco use is linked to NCDs and health services work to reduce this while financial sectors control taxation of tobacco and other sectors control the promotion of tobacco and smoking. Lack of coherence across government policies can also lead to inefficiencies, resulting in suboptimal progress and missed opportunities to join efforts in ways that are mutually beneficial and positively reinforcing.

SDG 17.14 calls for all countries to ensure that mechanisms are in place to enhance policy coherence for sustainable development, which is defined as "an approach ... to systematically integrate the economic, social, environmental dimensions of sustainable development at all stages of domestic and international policy making" (67). This is achieved by working

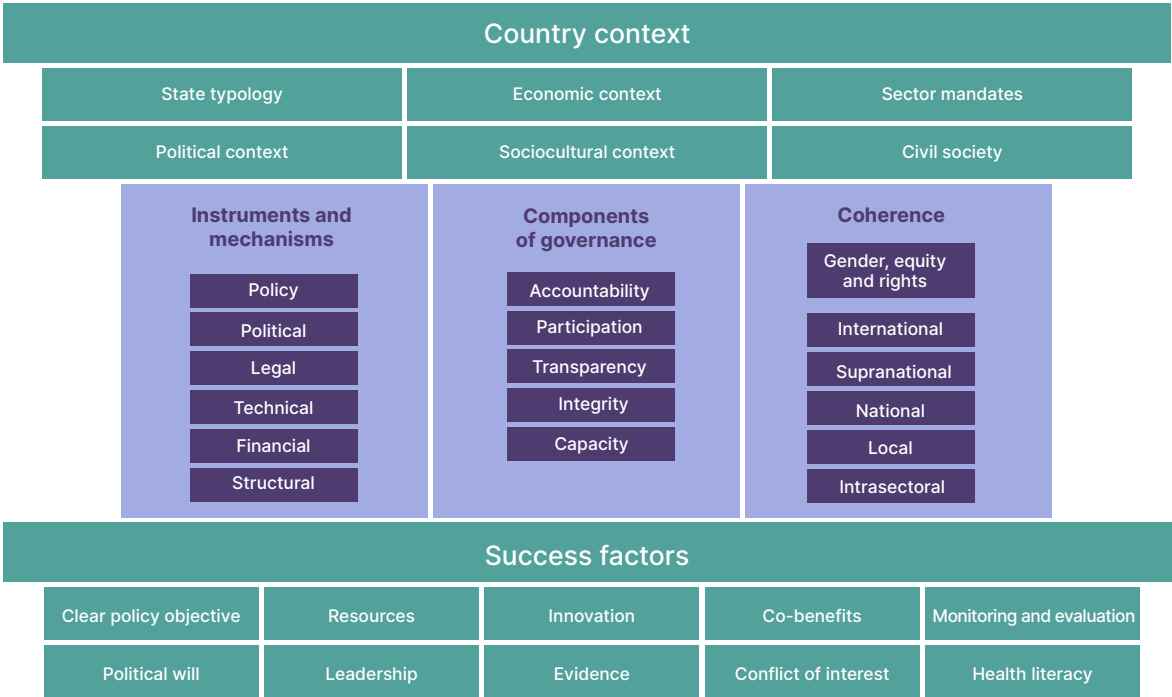


horizontally across sectors and vertically across all levels from local to international in order to plan, develop and implement health and well-being and SDGs policies, strategies and plans (Case study 18) (68).

**Case study 18. National health plan for sustainable health 2021–2030, from all to all, in Portugal**  

For health, how governments interact with stakeholders, how they relate to citizens and how decisions are made are key factors in effectively addressing the determinants of health. In a conceptual model proposed by the WHO Regional Office for Europe (Fig. 15), governing instruments and mechanisms (e.g. policy, political, legal, technical, financial and structural) constitute the tools and processes to steer communities, whole countries or even groups of countries in the pursuit of health as integral to sustainable development. Such mechanisms can be used when there is high-level coordination for health and well-being (coherence). This model is aligned with the framework proposed in the Roadmap for a Sustainable Financial System, an initiative by UN Environment and the World Bank Group (69).



**Fig. 15. Analytical framework for governance for health and well-being**



Source: WHO Regional Office for Europe, 2018 (70).

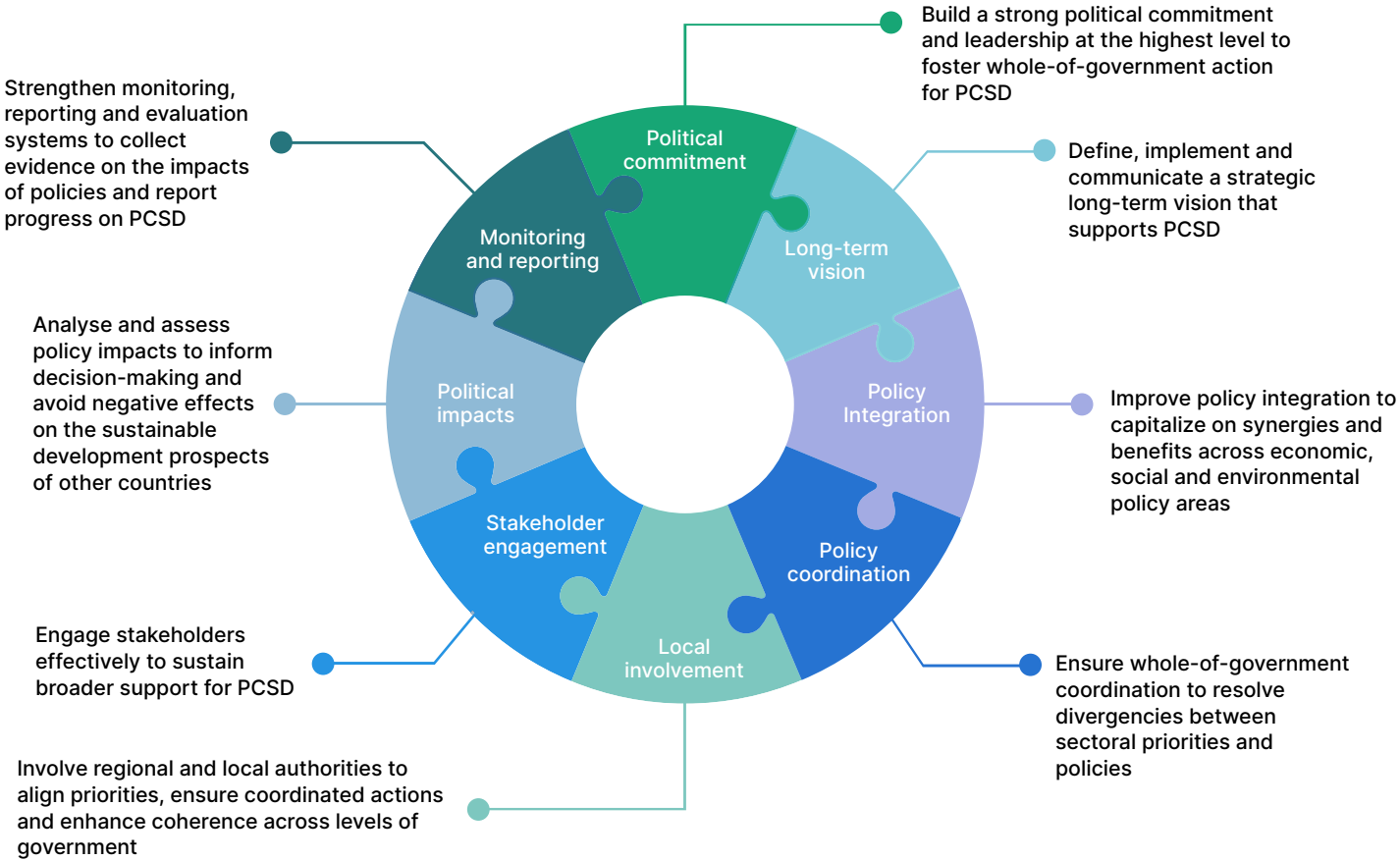




**Toolbox 15. Pursue policy coherence for health and well-being**  

The Organisation for Economic Co-operation and Development's Policy Coherence for Sustainable Development Framework (Fig. 16) proposes a framework and methodologies to support identifying, understanding and managing interactions among highly interconnected SDGs, and for addressing the potential transboundary and intergenerational policy effects of domestic and international action, starting from ensuring political commitment and leadership at the highest level of government.

**Fig. 16. The eight building blocks of policy coherence for sustainable development**



Note: PCSD: policy coherence for sustainable development  
 Source: Organisation for Economic Co-operation and Development, 2018 (67).

The next sections will exemplify policy and financial instruments and mechanisms, as well as ways to increase coherence by enhancing coordination between different levels of government.



## Policy instruments and mechanisms

Policy, strategies and plans are useful instruments and mechanisms to define the means of achieving the SDGs. Their development is a complex and dynamic process that will vary from country to country according to the prevailing political, historical and socioeconomic situation. Policy, strategies and plans provide a framework in almost every country for dealing with the complex range of issues needed to improve health and development outcomes, representing a more balanced and coherent approach to improve the use of resources and move towards long-term sustainable improvements.

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The process of development of policy, strategies and plans brings actors together and actions flowing from their mutual engagement and deliberations. These exercises are relevant for health stakeholders across political and bureaucratic levels of policy-making and across sectors, as they can help to manage agreements to frame policies in a particular manner for health, steer decisions to adopt particular policies or plans and use particular policy instruments to effect implementation, among others. Some examples of policy processes relevant for health stakeholders to engage in are:

- developing NSDS and plans focused on health and well-being ([Box 14](#));
- developing national health policies, strategies and plans;
- developing national financing frameworks ([Box 15](#)); and
- addressing social, environmental and economic determinants of health and tackling public health priorities and challenges.

### Box 14. Hallmarks of effective NSDS and plans



There is no one single blueprint for the development of an effective NSDS. However, there are a range of elements and qualities commonly found in effective strategies:

- integrate economic, social and environmental objectives through mutually supportive policies and practices and the management of trade-offs across sectors, territories and generations;
- link national and local levels, including supporting devolution, in all stages of strategy development and implementation;
- formulate the strategy or plan using broad participation and effective

**Box 14 contd**

partnerships to open up debate on needs, identify relevant information and solutions and build consensus and political support;

- build on existing strategies and processes, thus enabling convergence and coherence;
- include comprehensive reviews of current situations and past and future trends based on empirical analysis;
- present clear budgetary priorities that are targeted to reach the most vulnerable;
- feed into the strategy or plan continuous monitoring and evaluation mechanisms based on clear indicators to track and steer progress;
- centre the strategy or plan on people, with a long-term vision and a focus on outcomes and means of implementation, leaving no one behind; and
- strengthen and build on existing capacity, public, civil society and private.

**Box 15. Financing frameworks for sustainable development**

The United Nations Inter-agency Task Force on Financing for Development recommends all countries consider the development of financing frameworks as a way to support their national development strategies (71). These frameworks aim to help countries to manage a complex financial landscape, align financing with long-term priorities, strengthen the coherence of financing policies, overcome silos and translate priorities into strategic action. In general, a strong public financial management system can ensure higher and more predictable budget allocations, reduced fragmentation in revenue streams and funding flows, timely budget execution, and better financial accountability and transparency. Improvements in public financial management are typically beneficial to the health sector.

The Task Force has identified four building blocks for the design and operationalization of financing frameworks (Fig. 17) (71).

**Assessment and diagnostics.** This can be considered to cover four main areas: (i) assessment of financing and resource needs, (ii) assessment of flows to create a baseline understanding of the financing gap, (iii) assessment of risks and (iv) diagnostics to identify policy, institutional and capacity binding constraints.

**Financing strategy.** The financing strategy brings together priority financing policy actions. Experience shows that this needs to be comprehensive in scope, going



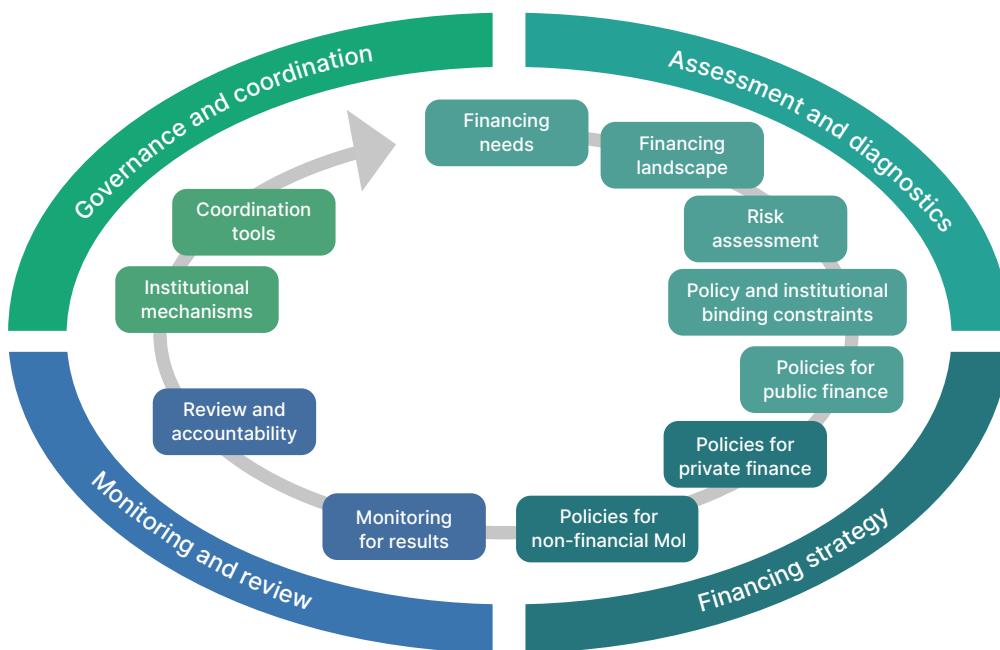
Box 15 contd

beyond public finance and budgets to cover the full range of action areas across the Addis Ababa Action Agenda (72). At the same time, the strategy needs to be focused and carefully sequenced, taking capacity constraints into account, based on the assessment and diagnostic exercise.

**Mechanisms for monitoring, review and accountability.** Monitoring the impact of different financing flows and policies provides the basis for informed policy-making, facilitates learning and adaptation of instruments and policies to enhance their impact, and can help to mitigate risks.


**Governance and coordination frameworks.** Integrated financing frameworks need to have strong political backing and broad ownership. This emerges consistently from experiences with sustainable development strategies and financing policy reform efforts. It calls for high-level government coordination mechanisms and engagement of all stakeholders.

Fig. 17. Four building blocks for the design and operationalization of financing frameworks



Note: MOI: means of implementation.

Source: Inter-agency Task Force on Financing for Development, 2020 (71).

**Toolbox 16. Policy instruments and mechanisms** 

## Financial instruments and mechanisms

The pursue of UHC and other health-related SDG targets will depend on the ability of health stakeholders to direct funds to where interventions and services are needed, ensure equity, find novel ways of financing interventions and create incentives for efficiency and quality. Ensuring enough financing to achieve the health-related SDG targets depends on increasing effectiveness and efficiency of policy interventions, mobilizing domestic and donor resources, and ensuring optimal utilization of fiscal space, financial instruments and partnerships to support implementation. Estimates of the amount needed to finance the 2030 Agenda are in the range of trillions of dollars (73). Countries need to be more resourceful and increase their ability to mobilize resources, financial and non-financial (public, private, domestic and international finance, technology and capacity-building), and to sequence and make effective use of resources. Independently of the sources of financing, domestic resources, especially public domestic resources, are already the most important source of finance to achieve the SDGs (Box 16). Other examples of financing instruments (e.g. blended finance, short-term capital, fiscal flows) and how to best make use of them are available in the *Financing for sustainable development report 2019* (71).

Given that resources are naturally constrained, improving efficiency by making better use of available resources is a means to get more in terms of attaining the health and well-being objectives. One of the common barriers for effective implementation encountered is that public financial management systems do not always align with the health financing objectives in many cases, because public financial management systems and health financing systems are designed and operated in parallel (75). A working paper by WHO and the Results for Development Institute outlines areas where the public financial management system and public financial management rules are crucial for the effective implementation of health financing policy in support of UHC and offers guidance for improving alignment (Fig. 18) (75). The



paper also outlines other causes of misalignments and proposes general improvements in the implementation of public financial management reforms.

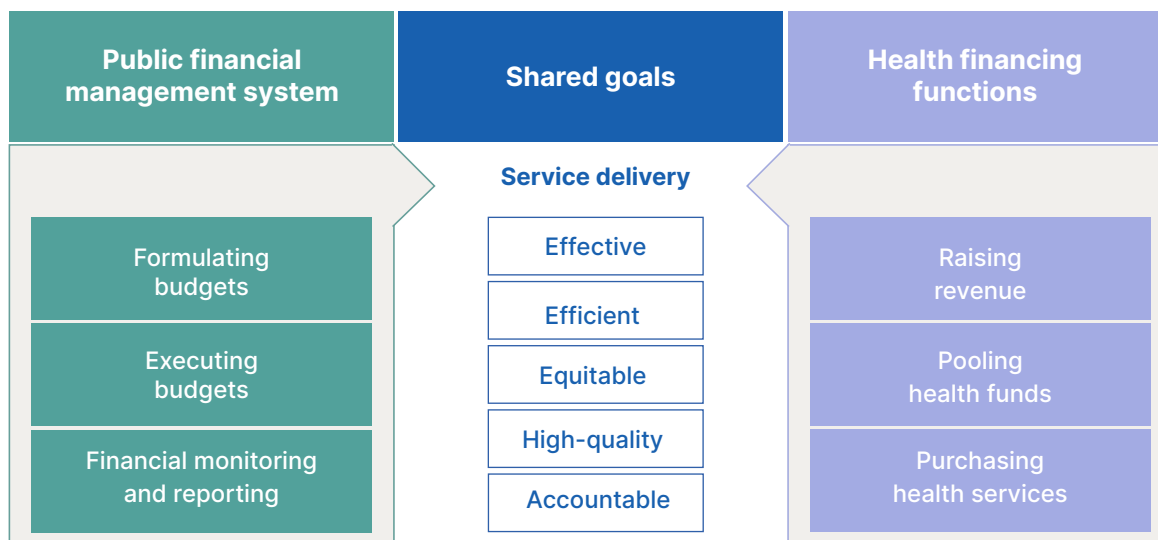
### Box 16. Mobilization of domestic resources



Public domestic resources are more likely than external resources to trigger transformative structural change in the economy and redistribution of resources through changes to taxation and other social contributions. This can lead to better equality, inclusion and social protection. Domestic resources are already the most important source of development finance, exceeding private flows as well as international aid. Reforms at the international level are needed to increase vertical coherence between global regimes and national efforts to expand fiscal space (71,74), for example:

- incentives for more sustainable consumption and production patterns
- environmental taxes
- taxes on harmful activities
- mineral rents while diversifying away from mineral dependence.

Fig. 18. Functions and objectives of public financial management and health financing systems



Source: Cashin et al., 2017 (75).

Moreover, given that health and well-being are shaped by the conditions in which people are born, grow, live, work and age, and these conditions are shaped in turn by structural, economic, political, cultural, environmental and



other factors, investing in health and well-being requires investments far beyond the health sector. The integrated and interdependent nature of the SDGs provides a powerful framework for aligning collective action, policy and financing mechanisms.

An approach to be considered to promote multi- and intersectoral action through finances is co-financing. In this approach, two or more sectors or budget holders, each with different development objectives, align funds to support an intervention or broader investment area, which advances their respective objectives simultaneously (Box 17) (76,77,78).

### Box 17. Co-financing for health and development



Co-financing requires government sectors to move beyond silos and to plan and work together, including through effective cross-sectoral governance, planning and financing mechanisms using interinstitutional and coordination mechanisms (Fig. 19). Public financial management and reform are notoriously challenging where institutional structures are rigid and resistant to change. Sectors can be subject to discrete regulatory and financial structures, some of which may be inflexible, making cross-sectoral co-financing difficult to establish – hence the importance of good governance.

The co-financing rationale depends on two main assumptions: first that the objective of budget holders is to maximize their sectoral outcomes and, secondly, that budget holders are solely constrained by their budget when making decisions about the interventions in which to invest. However, in practice, there can be numerous barriers, particularly with respect to institutional feasibility and the incentives/disincentives for different sectors to engage. For example, policy may be driven by a desire to increase the budgetary amount under a sector's control rather than a desire to maximize efficiency and results (76). Equally, government departments/district authorities are often restricted by budgeting guidelines and mandates that set boundaries for investment (77).

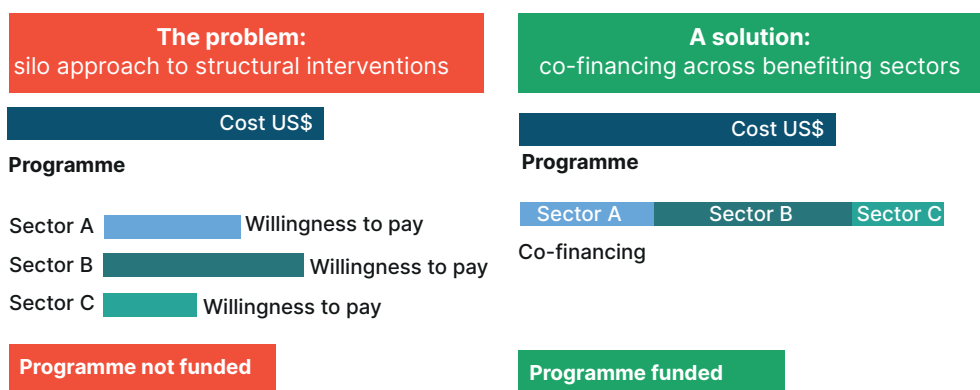
Furthermore, continued focus on sectoral inputs, rather than outcomes, may lead to resistance to co-financing. Moving away from input-based budgeting towards programme/output-based budgeting may help to address this barrier (78). Clearly outlining the economic costs and benefits of enhanced intersectoral working may



## Box 17 contd

help to build support for co-financing initiatives from health and other sectors. For example, in the case of a school health promotion activity, this would involve estimating the costs to teachers and other staff, for both training and delivering the activity, as well as any positive impacts on educational outcomes such as academic performance or classroom disruption.

Fig. 19. Silo approach to financing structural interventions versus co-financing across benefiting sectors



Source: Inter-agency Task Force on Financing for Development, 2020 (71).

### Toolbox 17. Financial instruments and mechanisms



Engagement of other levels of governance, such as the local level, is essential for vertical policy coherence for health and well-being as it can bring local knowledge and needs into national processes. A whole-of-systems approach would prioritize coherence also within each level of governance.

To achieve coherence at different levels of governance, there is a need to set the appropriate coordination arrangements (vertical and horizontal), or what is referred to as multilevel governance arrangements. Multilevel governance arrangements should allow for participation of local and regional governments in decision-making and consensus-building, and by these means, reduce






misalignment and promote the adaptation of strategies at different levels, while fostering innovation and experimentation (see [Case study 13](#)).

### Action at local level

Achieving the health-related SDG targets will depend on local action. It has been estimated that as much as 65% of the SDG agenda cannot be achieved without the involvement of regional and local actors (44). Localization, in its broad sense, refers to governments (central or local) adopting context-specific approaches for achievement of the SDGs.

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Across Member States of the WHO European Region, the scope of competences between national, regional and local levels varies; consequently, coordination and policy mechanisms to allow for localization may be more complex in some Member States than others. Northern and western Member States have the highest levels of decentralization, while in most Eurasian Member States, several reforms since the end of the Soviet Union have either strengthened or reduced LRGs' autonomy (based on the Autonomy Index, which assesses levels of legal and administrative autonomy). The level of decentralization varies from highly centralized systems in Belarus and central Asian Member States (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) to relatively autonomous local self-government in Armenia and Georgia (at the municipal or district level), and a two-tiered system of local self-government in the Russian Federation. In other Member States, such as Azerbaijan and Ukraine, local self-government bodies coexist alongside the decentralized bodies of central government. While LRGs have quite substantial budgets and investment capacities (41.9% of public investment, on average), in practice, they have rather limited control over their expenditure policy.

The multilevel governance approach (45), or what is referred to as "taking a territorial approach to SDG implementation" by the European Commission (79), allows the allocation of competences and responsibilities of government both vertically and horizontally in accordance with the principle of subsidiarity, respecting local autonomy. Such an approach recognizes that



there is no optimal level of decentralization and that implementation and competences are strongly context-specific ([Box 18](#)).

### Box 18. Key pillars to localization



Localization is the term used to refer to initiating action from the bottom up, involving LRGs. There are six key aspects to this.

1. Ensure continuity in political commitment to the SDGs. This is steered by political commitment at the highest level of government, with clear policy objectives and targets.
2. Empower LRGs. This will promote devolution of powers and resources, ensure subsidiarity and local self-government and make LRGs more accountable and responsible. Recognition of decentralization within a country's constitution is important, though not a guarantee of success. Factors that empower LRGs include being able to hold regular elections, having functions and responsibilities clearly designated, and having adequate human and financial resources. They will also make them more accountable to their communities.
3. Create an enabling legal and institutional environment for LRGs. This will allow LRGs to fulfil their responsibilities, innovate and capitalize on their resources.
4. Ensure adequate financing. Providing a pathway and regularized, predictable processes for LRGs to access long-term finance can have an enormous impact on advancing investments in sustainable infrastructure. Approaches to ensure adequate finance could include improving the structuring of intergovernmental transfers between national and local governments, strengthening systems for generating own-source revenues, localizing development assistance and supporting access to innovative financing mechanisms.
5. Set appropriate monitoring and review processes for implementation that support the participation of all stakeholders.

Specific examples of actions at local, national, regional and global levels are given in [Case study 19](#), [Case study 20](#) and [Case study 21](#) (36,41,80).




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
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**Case study 19.** Multilevel governance for tackling and preventing NCDs 



**Case study 20.** Development of voluntary local reviews in Finland 

**Case study 21.** Towards more physical activity in cities 

**Toolbox 18.** Coherence with local level 



### Align development cooperation with national priorities

Achieving sustainable development is, by its own nature, a global challenge because no country can be on a long-term sustainable path alone given the interconnectedness of problems such as climate change, communicable diseases and biodiversity loss.

Multilateral organizations have different roles in the implementation of the 2030 Agenda in countries (Box 19) (41). In those countries where there is a United Nations presence, United Nations country teams partner with governments and other stakeholders as they plan, finance, deliver and evaluate the collective United Nations support to countries in achieving the SDGs, typically over a five-year cycle through the United Nations Sustainable Development Cooperation Frameworks (UNSDCF). Under national leadership, UNSDCFs serve as a vehicle for identifying development solutions through inclusive dialogue (81). Case study 22 gives examples of Member States with different levels of collaboration with multilateral organizations.

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Similar to the process proposed by this guide, the process of designing and preparing a UNSDCF is directly derived from the analysis of the country's priorities, needs and financial commitments by the United Nations (i.e. national planning and budgetary frameworks) and from other analytical inputs at the national and subnational levels.



## Box 19. The Global Action Plan for Healthy Lives and Well-being for All



Thirteen of the leading global health and development organizations (Gavi, the Global Alliance; the Global Financing Facility; the Global Fund to fight AIDS, Tuberculosis and Malaria; the International Labour Organization; UNDP; Unitaid (a global health initiative that works to prevent, diagnose and treat major diseases in low- and middle-income countries); United Nations Children's Fund; United Nations Population Fund; United Nations Programme on HIV/AIDS; UN Women; World Bank Group; World Food Programme and WHO) have aligned under this joint vision and commitment to work together more efficiently and effectively to accelerate impact towards the health-related targets of the 2030 Agenda (19).

These 13 organizations are translating this commitment into practice through a set of concrete, collective actions at global, regional and country level and have proposed seven accelerator areas: (i) PHC; (ii) sustainable financing for health; (iii) community and civil society engagement; (iv) determinants of health; (v) innovative programming in fragile and vulnerable settings and for disease outbreak response; (vi) research and development, innovation and access; and (vii) data and digital health.

As a result, interested countries will be able to draw from these offers of joined-up support when developing and implementing their own country-specific approaches to accelerating progress towards the health-related SDG targets.

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## Case study 22. Examples of roles of multilateral organizations in the implementation of the 2030 Agenda




Based on the joint assessment and shared understanding of the opportunities, risks and bottlenecks in the country and the inequalities that persist, the United Nations' development system agrees on the development results that it can contribute to through both individual organizations and partnerships. The joint assessment also identifies areas of comparative advantage to ensure that the United Nations agencies can make the best collective contribution. To ensure alignment with the SDGs, the Cooperation Framework outcome and output indicators should, by default, be linked to





national SDG indicator frameworks, which should ideally be linked to the regional and global SDG indicator frameworks. This enables standardization and aggregation to better measure and report on development results against the 2030 Agenda at regional and global levels.

Official international assistance plays a key role in financing for sustainable development. Though relatively small when compared with domestic public resources or private flows, these flows play an essential role since they frequently function as "seed funds" or catalysers of additional resource mobilization in sectors or projects where other funding options are limited, or where investors are reluctant to participate. The importance of official flows is highlighted in the 2030 Agenda in 11 targets, including sector-specific official support to agriculture, health, water and sanitation, clean energy, biodiversity and others. However, the issue is not simply one of increasing the quantity of official development assistance, it is also about its quality and effectiveness. Too often, a proliferation of multiple donor programmes has imposed high transaction and administrative costs on countries. Equally, external flows have sometimes been substituted for domestic resources in ways that have done little to encourage increased capacity for health financing or domestic resource mobilization in a coordinated way. In line with the Paris Declaration on Aid Effectiveness (2005), the Accra Agenda for Action (2008) and the Busan Partnership Agreement (2011) (82), official development assistance needs to be better aligned with national goals, more equitably allocated and support domestic resource mobilization and transformative partnerships (Case study 23) (83). Ideally, countries will be able to transition from being a recipient of foreign aid, to becoming independent of it and finally to becoming a donor (Case study 24) (36).

**Case study 23.** Aligning international assistance with national priorities in Serbia 



**Case study 24.** Donor coordination in Azerbaijan 

**Toolbox 19.** Align development cooperation with national priorities 





## Promote Health in All Policies in multi- and intersectoral mechanisms

Health is a political choice, and all decisions across the economic, social and ecological domains impact health and well-being. Holistic and comprehensive approaches toward SDG implementation involve reaching out across different sectors of government and society to promote a Health in All Policies approach, where health equity and accountability for health is built into policies in all sectors (35). Member States of the WHO European Region are also working together to promote intersectoral actions for health (Box 20).

! Read more in A renewed commitment to sustainable development and Assess 

### Box 20. The European Environment and Health Process

The European Environment and Health Process is an example of the application of a Health in All Policies approach (84). Led by the WHO Regional Office for Europe, the Process aims to bring together the environment and health sectors, shape policies and actions on environment and health in the Region and promote joint solutions to eliminate the most significant environmental threats to human health. Progress towards these goals is driven by a series of ministerial conferences, which are held every five years. The Sixth Ministerial Conference on Environment and Health took place in Ostrava, Czechia, in 2018 (42). The Ostrava Declaration summarized the priorities in this area for the WHO European Region; provided tools to Member States to develop national portfolios of action, which they committed to develop by the end of 2018; and introduced new institutional arrangements for the European Environment and Health Process.

All Member States in the Region have strengthened the integration of the determinants of health into wider government policies and plans through multisectoral working groups and committees at all levels, from local to national. In many Member States, governance structures have been established for multi- and intersectoral action. Nevertheless, additional multisectoral action is required to implement whole-of-government, whole-of-society and Health in All Policies approaches. For example, it is particularly important to address the social determinants of health by paying due attention to national, regional and local government policies with health



and equity impacts, including those designed to reduce poverty; increase social cohesion; reduce vulnerability and promote inclusive and sustainable development; decrease the burden of diseases caused by environmental factors; address the risk factors for NCDs, emergencies, communicable diseases and antimicrobial resistance; and empower citizens by enhancing health literacy.


Health impact assessments are one tool to promote Health in All Policies. They can be used to determine the potential effects of a proposed policy, plan, programme or project related to population health and the distribution of these effects within the population. A health impact assessment can use quantitative, qualitative and/or participatory techniques and has a number of useful outcomes:

- enables the systematic identification of potential trade-offs for health of policies, plans and projects in diverse sectors and their inequitable impact on vulnerable populations;
- provides decision-makers with the necessary information to guide them in choosing optimal measures to prevent disease and injury and promote health;
- helps to raise awareness in non-health sectors and facilitates intersectoral collaboration; and
- allows for greater transparency and accountability in relation to public policies.

Experience from implementation of a health impact assessment in Andalucía ([Case study 25](#)) (85) identified some key elements of successful implementation:

- strong political leadership, which requires both substantial negotiating skills and the ability to find allies and strategic partners;
- solid technical leadership, enabling the provision of the guidelines and criteria required for performing the assessment; and
- the availability of financial, human and capacity-building resources, which are essential to defining the scope of the projects correctly.

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**Case study 25. Applying a Health in All Policies approach through a health impact assessment of the air quality strategy in Andalucía, Spain** 



For a health impact assessment to generate action for health, it must be integrated into relevant existing mechanisms, such as the multi- and intersectoral mechanisms to advance the implementation of the 2030 Agenda, and its use must be streamlined through administrative, regulatory and legal instruments (see the example of intersectoral action at a subnational level in Slovenia, described in [Case study 11](#)).

In devising a health impact assessment, several factors need to be considered and the right choices made to balance the objectives with the resources available:

- the legal character of the assessment (mandatory or voluntary; binding or nonbinding);
- the scope of the assessment (fixed or screening; public or private activities; sectors considered relevant);
- the procedure (total/partial integration or a stand-alone document); and
- stakeholder involvement/roles.

**Toolbox 20. Promote Health in All Policies** 



## Promote equitable outcomes and apply the equity lens

The importance of reducing inequalities within and among countries has been explicitly recognized as a goal in itself (SDG 10) but applies to all other SDGs including SDG 3 on health and well-being for all. Reducing inequalities in income, wealth, gender, education, health-care services and access to health care are some of the most effective ways to improve health and well-being for all. Member States of the WHO European Region confirmed commitment to accelerate action on health equity by adopting the WHO Regional Committee





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
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for Europe resolution EUR/RC69/R5 on accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region (86).


Leaving no one behind contributes to reducing health inequities by addressing all health determinants, taking life-course, gender-responsive and rights-based approaches to health and acting on universally progressive policies, legislation and empowerment. Not only does acting to reduce health inequities build, sustain and enhance social and human capital, but it also brings quantifiable economic growth.

SDG 10.3 calls for equal opportunities and reduction of inequalities of outcome and SDG 10.4 for adopting policies, especially fiscal, wage and social protection policies, to progressively achieving greater equality. Together these represent important targets for building back better and fairer societies after the COVID-19 pandemic.

The Health Equity Policy Tool is a framework to track policies for increasing health equity that the WHO Regional Office for Europe published as part of a set of tools and resources in the Health Equity Status Report initiative (87). Along with the online WHO Health Equity dataset (6), the Tool represents an important resource for assessing the current situation and progress and can support planning and prioritizing investments to improve health and well-being for all. In the context of the COVID-19 pandemic, additional tools and resources have been developed to assess the impact on health and health equity and support countries in recovery planning (Case study 26) (88).

**Case study 26.** Assessing the social and economic impact of COVID-19 and its containment measures on health equity in North Macedonia 



**Toolbox 21.** Promote equitable outcomes and apply equity lens 






## Protect future generations


The intergenerational nature of the SDGs calls for a long-term perspective that supports the needs of present and future generations (2). This involves taking precautionary decisions and mechanisms to maintain commitment over time.

Policy, legislation, regulatory frameworks, financing and technical standards and norms are supporting tools that enable governance to promote health and well-being for present and future generations. An example is the Well-being of Future Generations (Wales) Act 2015 (64), which was the result of consultations with nongovernmental actors, stakeholders and the public (65) to support the Welsh Government's determination to make sustainable development the central organizing principle of public services (Case study 27; see also Case study 17) (89).

**Case study 27.** Legislation to protect future generations in Wales (United Kingdom) 



A shift from relying predominantly on national government to spearhead sustainable development towards mobilizing new agents of change in businesses, cities, communities and civil society will support this movement.


**Toolbox 22.** Protect future generations 








# Accelerate


## In this section:


Engage to accelerate 

Define priorities 

Identify accelerators and interventions 

Identify common bottlenecks and solutions 

Example 1: strengthening PHC 

Example 2: strengthening health literacy 

The breadth of the 2030 Agenda and its SDGs requires moving beyond traditional silo approaches and adopting an integrated approach to policy and implementation, one that will trigger positive multiplier effects across the SDGs and targets, increase the pace of progress and support uptake of innovation at all levels (3).

Accelerate seeks to promote selected policy and/or programme areas that are systemic multipliers and highlights the importance of virtuous cycles as potential catalysts.

Acceleration is context-specific, highlighting the importance of tailoring SDG implementation to a system's characteristics and to the institutional conditions and specific health needs of national and subnational environments. The identification of accelerators relies on participatory methodologies that start with the assessment results, where national priorities have been identified, as well as the distance to achieving the SDGs, gaps, potential bottlenecks and barriers, potential interventions and areas of opportunity. Identifying accelerators requires thinking through the connections and synergies across the goals and highlighting how action in one area draws dividends in others and what are the trade-offs. The Global Action Plan for Healthy Lives and

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Well-being for All (19) identified seven accelerator areas where actions can increase the rate of progress towards achieving the 2030 Agenda (Box 21) (90).

### Box 21. Seven accelerators proposed in the Global Action Plan for Healthy Lives and Well-being for All



The Global Action Plan for Healthy Lives and Well-being for All outlined seven areas where actions could accelerate achievement of SDG 3 (90).

**Accelerator 1: sustainable financing.** One of the most effective ways to reach the SDG 3 targets is to rapidly improve the generation, allocation and use of funds for health. Business as usual will not achieve UHC or the broader set of SDG 3 targets. The global health agencies will work together to assist countries in building their capacity to raise adequate and sustainable revenue through pro-poor and pro-health fiscal policies, give more priority to health, improve the efficiency and equity of health spending and ensure that critical public goods such as epidemic and pandemic preparedness are adequately funded.

**Accelerator 2: frontline health systems/PHC.** Reaching SDG 3 will require health services to be accessible, used, affordable and of sufficient quality. Moreover, sectors other than health need to be engaged and citizens and communities empowered to both produce health at home and demand good services. Including, and starting from, marginalized communities (e.g. rural remote; urban poor; refugees, migrants and displaced people; and minority populations), the PHC accelerator will assist governments to identify bottlenecks and strengthen rate-limiting system levers to build and expand service delivery models that include the most vulnerable groups.

**Accelerator 3: community and civil society engagement.** CSOs and communities have historically fulfilled unique roles in improving health equity, yet they often face a range of barriers that limit their effectiveness and impact, such as lack of resources, capacity and support or challenging legal, social and policy environments. In addition, the lack of mechanisms/platforms/opportunities to convene CSOs and community groups working on different aspects of health at global and country levels enables continued siloed working and restricts efforts to catalyse synergies and fulfil their potential. A more harmonized approach across global health organizations could improve the unique role and leverage

**Box 21 contd**

of communities and CSOs, from policy formulation to service delivery and accountability.

**Accelerator 4: determinants of health.** The right to health and the responsibility for advancing people's well-being extends far beyond the health sector and requires multistakeholder and multisectoral responses that are grounded in human rights and gender equality. Yet the present governance, finance and architecture of the global health approach are not fully suited for adequately addressing the social, political, commercial and environmental determinants of health. This jeopardizes progress on SDG 3, related SDGs and the pledge to leave no one behind. The Global Action Plan offers a unique opportunity to advance a new paradigm that explicitly addresses the determinants of health that are currently receiving inadequate attention and, through collective action and policy coherence, can result in better health outcomes for all.

**Accelerator 5: research and development, innovation and access.** There is a lack of coordination of stakeholders in global health research; national research priorities do not drive the agenda, and promising innovations often are not scaled up and do not reach those who need them most. Evidence is needed to identify factors that could catalyse successful scaling up of innovations, improve alignment within the global research system, increase national research priorities and transfer lessons learned in one area to other areas.

**Accelerator 6: data and digital health.** Sharing and using information improves health system performance by giving health professionals and communities the evidence they need to make healthy and health-enabling choices. Many efforts are underway to put information in the hands of people who need it, but it will be a struggle to achieve SDG 3 targets globally without adequate alignment and coordination at subnational and national levels. Technological innovation can help to mitigate problems in collecting, storing, processing, analysing and using data at all levels of the health system. Digital technologies and improved data capacity provide promising avenues for acceleration and innovation in achieving and monitoring the SDG 3 targets, while building more resilient systems.

**Accelerator 7: innovative programming in fragile and vulnerable states and for disease outbreak responses.** More than 50% of unmet needs for key SDG target areas such as maternal and child mortality occur in 30 countries that have fragile settings. More than 80% of epidemics occur in such settings. In fragile settings,

**Box 21 contd**

health systems are disrupted and access to essential health services is undermined. This accelerator will consider more coherent actions between development and humanitarian partners and for innovative programming adapted to each specific context based on predictable processes while committing to humanitarian principles.

## Engage to accelerate

In the accelerate phase of the E4As, engagement aims to identify collectively the criteria to define priorities and interventions. The participation of a multitude of actors, including citizens, political, legal, economic and social institutions, the private sector and experts in the field, can aid in the identification and validation of accelerators, their associated challenges and the drivers that enable progress on these accelerators.

Defining priorities and accelerators requires participation of political institutions from different levels of government as well as stakeholders in civil society and the private sector. In fostering a social dialogue, it is important to consider not only traditional actors but also the entire range of stakeholders, particularly those traditionally underrepresented or marginalized in decision-making processes. Dialogue should include stakeholders with implementation roles and also those with influence and/or interest in a given action, with the appropriate mechanisms to safeguard due diligence.

The effective engagement dimensions in **Engage** (see [Box 6](#)) can be used to facilitate participation in the identification of accelerators and interventions, for example by collectively defining criteria to make priorities and select interventions. Other consultation mechanisms include social dialogues, public consultations, face-to-face forums, online platforms and engagement with media.



## Define priorities

The process of defining priorities is inherently political, which means that it is a process where societal values and goals are important, and resulting priorities reflect a compromise among stakeholders. Defining priorities is a shared responsibility between governments and health authorities, but it should be led by the people, those who are the beneficiaries of the interventions, and the entire health stakeholder community. There are a range of criteria and approaches available for setting priorities to address the most important health and development needs and match the available resources.

The discussion of SDG integration identifies the priorities that are often already defined in a country's planning frameworks. Where priorities need to be defined, this is carried out using multifaceted processes, informed by the assessments and evidence-informed criteria set by all stakeholders ([Box 22](#)).

! Read more  
in [Assess](#)



### Box 22. Criteria for supporting the definition of priorities



*Strategizing national health in the 21st century, a handbook* proposes five key criteria for setting priorities in the health sector (91):

- burden of the disease
- effectiveness of the intervention
- cost of the intervention
- acceptability of the intervention
- fairness, leaving no one behind.

This list is not comprehensive and other criteria, particularly linked to transformational approaches, have been provided, for example from the United Nations Development Group Working Group on Programming Issues (92):

- most pressing and critical development priorities and gaps, and related bottlenecks and entry points;
- priorities that adhere to national development plans or strategies;
- availability of mandates, technical capacities and other resources;
- availability of strategic catalytic solutions; and
- complementarity with other sector priorities or stakeholders' priorities

The choice of, and weight given to, the criteria themselves will be a product of debate and deliberation by society, stakeholders and policy-makers.



## Identify accelerators and interventions

Member States can use several sources of information to identify accelerators and interventions that will drive progress. Possible sources of information include national development plans and vision documents, sector plans, SDG reports, surveys, databases and diagnostic reports, unofficial data and other performance metrics. Data availability is key to determining the level of detail and complexity of the analysis. The availability of disaggregated data by geographical area and other socioeconomic indicators is critical to conducting the analysis.

Possible starting points to identifying accelerators are in areas that are lagging behind (e.g. access to health services, access to sanitation or social protection) or from consideration of the needs of those who have been traditionally left behind. When identifying accelerators, there is a need to ensure that these are sufficiently specific. If the accelerator is too broad, an endless list of interventions would make it hard to prioritize. For example, a specific accelerator might be "improve the provision of health services in rural areas". An accelerator should be:

- focused;
- context-specific;
- an enabler of change;
- coherent with system characteristics and institutional mechanisms;
- supportive of collective and cross-cutting sectoral and whole-of-society engagement;
- relevant and time-bound; and
- measurable, particularly with respect to people-centred impact.

Methodology to identify accelerators can be found in the SDG accelerator and bottleneck assessment tool from the UNDP (93).

Fig. 20 illustrates how an accelerator and possible interventions can be identified with a simple mapping exercise. Possible intervention areas for health equity and leaving no one behind are mapped against the SDGs.





Fig. 20. How reducing health inequities impacts other SDG targets

Health services	Income security	Work and employment	SDG Target	SDG
	✓		1.1	SDG 1
	✓		1.2	
✓	✓		1.3	
	✓		1.4	
	✓		1.5	SDG 2
✓	✓		2.1	
		✓	2.2	
		✓	2.4	
✓			3.1	SDG 3
✓			3.2	
✓			3.3	
✓			3.4	
✓	✓	✓	3.5	
✓	✓		3.7	
✓	✓		3.8	
✓		✓	3.9	
✓		✓	3.a	
✓		✓	3.b	
✓	✓		3.c	
			3.d	SDG 4
			4.1	
			4.2	
		✓	4.3	
		✓	4.4	
✓	✓	✓	4.a	SDG 5
✓	✓	✓	5.1	
✓	✓	✓	5.2	
✓	✓	✓	5.3	
✓	✓	✓	5.4	
		✓	5.5	
			5.c	SDG 6
			6.1	
			6.2	
			6.3	
			6.a	
	✓		6.b	SDG 7
			7.1	
			7.b	SDG 8
✓			8.1	
✓			8.2	
✓		✓	8.3	
		✓	8.5	
		✓	8.6	
		✓	8.7	
✓	✓	✓	8.8	
	✓	✓	8.b	SDG 9
			9.1	
			9.c	
✓	✓	✓	10.1	SDG 10
✓	✓	✓	10.2	
✓	✓	✓	10.3	
✓	✓	✓	10.4	
✓	✓	✓	10.7	
			11.1	SDG 11
			11.2	
✓	✓		11.5	
			11.6	
✓	✓		11.b	
		✓	12.4	SDG 12
			12.5	SDG 13
✓	✓		13.1	SDG 16
✓	✓	✓	16.1	
✓	✓	✓	16.2	
✓	✓	✓	16.3	
✓		✓	17.9	
✓		✓	17.16	
✓		✓	17.17	



The intervention area enables or reinforces the achievement of the SDG target.

Note:  
Figure for illustrative purposes only. It does not represent a comprehensive analysis of the interventions areas for health equity and its impact on the SDGs.



Evidence indicates that, unless policies are developed to ensure a more equitable distribution of income and other social services, inequalities are likely to weaken economic growth, adversely affect income and increase poverty levels, with a consequent effect on health and well-being (94). As the mapping shows, reducing health inequities and leaving no one behind are vital not only to achieving better health and well-being for all but also for ending poverty (SDG 1) and promoting inclusive economies (SDG 10) in particular.

Engagement of the government and relevant stakeholders is key to identifying and validating the accelerators. Engagement may be in the form of expert working groups, with participation of officials from relevant government ministries, other national stakeholders and representatives from CSOs and the private sector. It is important for health stakeholders to develop the capacity to build consensus.

The seven accelerators identified in the Global Action Plan for Healthy Lives and Well-being for All (19) were based on evidence, agreed commitments and lessons learned (see [Box 21](#)) (90). For the WHO European Region, the Regional Office has identified four flagship initiatives as accelerators of change to complement the European Programme of Work ([Box 23](#)) (95).

### Box 23. Flagship initiatives to complement the European Programme of Work



The four flagship initiatives devised by the WHO Regional Office for Europe are intended as accelerators of change, mobilizing efforts around critical issues that feature prominently on the agendas of Member States and for which high-visibility, high-level political commitment can be transformative (95).

#### **The Mental Health Coalition**

Mental health conditions are highly prevalent and represent one of the leading causes of suffering and disability in the WHO European Region. The challenges posed by mental health conditions touch all ages and social groups. The Mental Health Coalition, launched by the WHO Regional Office for Europe in 2020, focuses on transforming attitudes about mental health, expediting mental health service reforms and accelerating progress towards UHC for people with mental health

**Box 23 contd**

conditions. The Coalition will work to eliminate stigma and discrimination by increasing mental health literacy among the public and the health workforce. It will mobilize commitments for investment in mental health and advocate for the service reforms that can bring mental health care in all Member States up to 21st-century standards, in line with the Region's values. The Coalition will help to change the way in which societies in the Region look at mental health, and it will also help Member States to improve how their health services work with individuals and communities to better mental health.

**Empowerment through digital health**

This initiative focuses on leveraging the use of digital technologies to improve the interface between people and health services; improve health system performance; and strengthen critical public health functions, including disease surveillance, early warning and risk assessment. It will also provide technical and policy guidance and expertise on the safety and efficacy of digital health solutions, preserving health equity, gender equality, equity and human rights as core values in their deployment.

**The European Immunization Agenda 2030**

Equitable expansion and uptake of vaccines would substantially reduce mortality and morbidity from vaccine-preventable diseases and help to prevent epidemics and pandemics. Promoted by Member States, the Immunization Agenda sets a new course to address inequalities in vaccination coverage between and within Member States. It does so by systematically tackling constraints in the supply and delivery of vaccines, including those related to community demand and acceptance, and the need to confront vaccine hesitancy and the spread of misinformation. This flagship initiative will remobilize political leaders at regional, subregional and country levels to ensure continued high-visibility commitment to high and equitable vaccination coverage within Member States. This initiative aims to lead to an upward convergence of vaccination coverage among Member States.

**Healthier behaviours: incorporating behavioural and cultural insights**

Individuals' behaviour can be adversely affected by factors often insufficiently taken into account in the design and implementation of policies, the organization of services or the behaviour of health workers. These can range from a lack of health literacy; conflicting belief systems; feelings of fear, mistrust or uncertainty; mis-processed information; feelings of inconvenience; or an experience of disrespect or discrimination. Often these barriers to optimal health can be avoided or corrected by building a better understanding of these social, behavioural and cultural factors. This initiative will promote the use of insights into these social, behavioural

**Box 23 contd**

and cultural factors to improve health literacy and the design, procedures and provider behaviour at the interface between citizens and their health and social care services. It will foster new scientific understanding on how these factors and the design of policies and service delivery processes interact in order to support Member States in optimizing uptake of services, adherence to treatment, self-care and individual and collective ways of living healthily. This has been emphasized by the social adaptations required in response to the COVID-19 pandemic. By engaging disciplines beyond the biomedical sphere, including the social sciences and the medical humanities, this initiative will help health authorities to improve the way their services respond to their citizens' expectations for respectful and people-centred care.

## Identify common bottlenecks and solutions

Acceleration can only be achieved by addressing bottlenecks that impede progress and identifying solutions. Bottlenecks are identified at the level of interventions and can be geographical, economic, sociocultural, political and/or environmental in nature, and they can be the result of legal, policy, institutional and/or capacity issues (93). As bottlenecks occur at different stages of the policy-making and policy implementation process, the approach to identifying them should use a methodology that elicits the experiences of the participants to identify bottlenecks and solutions in the context of the local culture of decision-making.

Once bottlenecks have been prioritized, solutions will need to be identified. A bottleneck solution is defined as an action that resolves an intervention bottleneck to produce a quick and significant impact. Solutions attempt to ensure successful implementation of interventions. [Box 24](#) illustrates examples of areas where bottlenecks are commonly found.

More information on the methodology to identify bottlenecks and solutions can be found in the SDG Accelerator and Bottleneck Assessment Tool (93). The following text outlines two examples of accelerators that will drive progress for sustainable development: strengthening PHC and strengthening health literacy.



### Box 24. Examples of common barriers and bottlenecks to progress on achieving the SDGs



- Policy and planning, in the form of lack of political will and concerned interests
- Legislation and enforcement thereof
- Institutional capacities and human resources
- Budget and financing, including resource mobilization, allocation and expenditure
- Service delivery and supply, in terms of both geography and demography
- Quality, equity, and inclusivity in service provision
- Empowerment and self-efficacy of people to utilize services, including acceptability, accessibility, and affordability
- Engagement and advocacy
- Coordination and alignment
- Accountability and transparency
- Communication

### Toolbox 23. Tools and resources for acceleration



#### Example 1: strengthening PHC

PHC is the predominant entry point into the health system and the foundation and cornerstone of UHC. PHC addresses the majority of a person's health needs throughout the life course, which includes physical, mental and social well-being. PHC is centred on people rather than diseases and has a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. A PHC approach includes three components:



- meeting people's health needs throughout their lives;
- addressing the broader determinants of health through multisectoral policy and action; and
- empowering individuals, families and communities to take charge of their own health.



Strengthening PHC and health systems for UHC not only leads to better health but also has multiple benefits for the SDGs as a whole. PHC is a catalyst for socioeconomic development and a key contributor to social and gender equity, social justice, human rights and inclusive economic growth (Fig. 21). Equally, many SDG targets influence PHC; for example, education (SDG 4) is required to train health-care workers; peace (SDG 16) is required to maintain infrastructure (SDG 9) and the function of a PHC system; and partnerships (SDG 17) may be required in those countries that have fewer national resources (Case study 28). The extent to which an SDG target may influence PHC and health system strengthening as an accelerator (or any other accelerator) depends primarily on the country context.

**Fig. 21.** SDGs influenced by PHC and health system strengthening



**Case study 28.** Iceland's commitment towards global sexual and reproductive health and rights  

**What are the possible interventions?**

Key components of a well-functioning health system are service delivery, human resources for health, leadership and governance, health financing, a



health information system and essential medical products and technologies. Possible interventions will be those that can contribute to the key components, which are specific for each country and context (96).

Countries can identify them through the root cause analysis of their current challenges (Table 1) (97).


**Table 1. Proposed interventions to accelerate PHC and health systems strengthening for UHC**

Type of intervention	Examples of interventions
<b>Legal and policy</b>	<ul style="list-style-type: none"><li>• Create a national and subnational PHC strategy and ensure their implementation</li><li>• Ensure good and timely access to health services for all by addressing economic, geographical, administrative and cultural barriers</li><li>• Implement the IHR</li><li>• Implement a One Health strategy to prevent antimicrobial resistance</li><li>• Enforce patient rights and quality assessments</li><li>• Promote integrated person-centred service delivery at PHC</li></ul>
<b>System issues</b>	<ul style="list-style-type: none"><li>• Create sound systems of procurement and supply of medicines and health technologies</li><li>• Ensure there is a well-functioning health information system with a set of outcome-focused indicators</li><li>• Identify opportunities to increase the efficiency of the health system (e.g. inappropriate use of medicines, inefficient organization of work, managerial accountability, process innovation)</li><li>• Introduce strategic purchasing to increase efficiency of health spending</li><li>• Ensure adequate human resources for health</li></ul>



Table 1 contd

Type of intervention	Examples of interventions
<b>Improve services and institutional mechanisms</b>	<ul style="list-style-type: none"> <li>• Invest in expanding the basket of quality services delivered at PHC, especially preventive services</li> <li>• Establish institution for quality improvement of health services and patient safety</li> <li>• Invest in sufficient number of skilled health workers and promote multiprofile teams</li> <li>• Ensure decent working conditions for health workers and possibilities for further professional development</li> <li>• Promote partnerships with social services and NGOs within communities to identify and protect vulnerable populations/individuals</li> </ul>
<b>Behavioural</b>	<ul style="list-style-type: none"> <li>• Strengthen the health-promoting role of PHC</li> <li>• Promote appropriate health-care-seeking behaviour</li> </ul>
<b>Innovative</b>	<ul style="list-style-type: none"> <li>• Apply innovative health technologies to improve quality and cost-effectiveness of PHC</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Identify basic health service and PHC packages and ensure their financial support</li> <li>• Expand pooling arrangements from compulsory funding sources to improve financial protection for all</li> <li>• Mobilize resources through progressive taxation and prioritize health within a sustainable macroeconomic framework</li> </ul>

Toolbox 24. Strengthening PHC and health systems for UHC 



## Example 2: strengthening health literacy

The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development highlighted health literacy as an important pillar of health promotion and declared health literacy a critical determinant of health





(98). In the WHO European Region, health literacy has been on the health agenda since the early 2000s, resulting in widespread activities related to policy, research and practice.

Efforts to increase health literacy will be crucial to ensure that the social, economic and environmental ambitions of the 2030 Agenda are fully realized. Increased health literacy gained through health education and various forms of communication, as well as actions taken through health systems and other policies, have the potential to support achievement of targets related to SDG 3 on health while advancing a wide range of other SDGs (Fig. 22) (99). Notably, the Roadmap to implement the 2030 Agenda from the WHO Regional Office for Europe cites health literacy as one of four enabling measures to advance the implementation of the 2030 Agenda (1).

Fig. 22. SDGs influenced by strengthening health literacy



Health literacy is considered to be a social determinant of health (99). It describes people's knowledge, motivation and competencies to access, understand, appraise and apply information to form judgements and make decisions in everyday life concerning health care, disease prevention and health promotion in order to maintain and improve their quality of life over



the life-course and use support from professionals and systems. It has been defined, broadly, as the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" for themselves, their families and their communities (100).

While different definitions are used and health literacy is an evolving concept, there is agreement that health literacy means more than simply being able to "read pamphlets", "make appointments", "understand food labels" or "comply with prescribed actions" from a doctor.

Health literacy is also not simply a personal resource; higher levels of health literacy within populations yield social benefits too, for example by mobilizing communities to address the social, economic and environmental determinants of health. This understanding, in part, fuels the growing calls to ensure that health literacy is not framed as the sole responsibility of individuals but that equal attention is given to health literate organizations (101).

The European Health Literacy Study from 2011 found that 47.6% of the adult population in the eight participating Member States (Austria, Bulgaria, Germany (North Rhine-Westphalia), Greece, Ireland, the Netherlands, Poland and Spain) had a level of general health literacy that was inadequate or problematic, and that this was linked to lower levels of self-rated health, higher rates of chronic long-term health conditions, more adverse lifestyle choices (e.g. regarding exercise, overweight/obesity or alcohol use) and a higher use of health services (102). This population evidence combined with an increased understanding of the relationship between health literacy and health outcomes has placed health literacy on the Region's public policy agenda.

### What are the possible interventions?

The European Health Literacy Project accelerated the European health literacy agenda and stimulated wider actions in terms of policy development and strategic thinking, such as national action plans; health literacy capacity-building through education and professional development; implementation of



health literacy interventions in communities and settings; and wider research in specific target groups. The economic case for health literacy in the WHO European Region is currently insufficiently explored. Table 2 lists possible interventions.

**Table 2. Proposed interventions to use health literacy to accelerate achieving the SDGs**

Type of intervention	Examples of interventions
<b>Legal and policy</b>	<ul style="list-style-type: none"> <li>Integrate health literacy into policies and strategic planning at national, regional and local levels, either through stand-alone initiatives or by integrating health literacy with other topics where appropriate</li> </ul>
<b>Improve services and institutional mechanisms</b>	<ul style="list-style-type: none"> <li>Invest in health literate organizations, services and systems by adopting health literacy friendly attitudes and approaches</li> <li>Facilitate capacity-building of staff and ensure upgrading of procedures to improve the health literacy responses</li> <li>Make service design more people-centred</li> </ul>
<b>Behavioural</b>	<ul style="list-style-type: none"> <li>Adopt behavioural insights as a mechanism for informing health literacy interventions</li> </ul>
<b>Innovative</b>	<ul style="list-style-type: none"> <li>Encourage new technology and innovations that enhance the health literacy at individual as well as societal levels</li> <li>Increase digital health literacy as a fundamental part of equity in health in the future</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>Support the economic case for health literacy by developing a monitoring system that generates data on health literacy and relevant indicators to showcase the outcome of the health literacy-related investments</li> <li>Allocate additional resources to support the improvement of health literacy through targeted programmes and investments for all population groups, leaving no-one behind</li> </ul>



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Case study 29 gives examples of health literacy interventions from across the Region (103,104,105,106,107,108,109,110,111,112). Case study 30 and Case study 31 describe two interventions, in Denmark (110) and Sweden (108,113), in more detail.

Case study 29. Examples of health literacy interventions in countries in the WHO European Region



Case study 30. Heart Skills Project for health literacy in Denmark

Case study 31. The MILSA education platform in Sweden


Toolbox 25. Strengthening health literacy 






# Account

## In this section:

Engage to account 

Elements of accountability 

Use and improve data 

Account recognizes that the achievement of the SDGs is a shared responsibility. It can be defined as a process that identifies what works and what does not work so actions can be revised (114). In the process of accountability, communities have a role to play in understanding how the duty bearer (e.g. government) has discharged its obligations and it provides an opportunity for the duty bearer to explain what has been done and why. Overall, accountability helps to ensure that commitments are fulfilled and that health information and statistics are considered nonpolitical and participatory for communities.

Accountability is based on three essential principles (115):

- responsibility: all actors should have clearly defined duties and performance standards against which they are assessed objectively and transparently;
- answerability: all actors are obliged to inform, explain and justify decisions and actions taken, which involves both formal and informal monitoring mechanisms; and
- enforceability: oversight by multiple branches of government and/or by independent agents, who must have the capacity to monitor the actions of duty bearers and the capability to correct the course of the processes and impose sanctions on those who violate and/or fail to uphold their duties.

Accountability can be enhanced through the transformation of institutions and processes in ways that distributes political and economic powers to promote health and sustainable development (116). It may involve constraining



adversarial interests and empowering those who are often marginalized or silenced.

## Engage to account


Effective implementation of the 2030 Agenda requires a multistakeholder approach to review and follow-up, with knowledgeable agents and actors holding each other accountable. Enhancing participation through follow-up and review processes legitimizes government actions, enables citizens to own the process and motivates other actors to strengthen collaboration with government actors.

Participation by multiple actors can emerge when there is genuine interest in engagement, space for collective work and the co-creation of knowledge (31). The negotiation around the SDGs was an unprecedented participative process that encompassed the views of millions of people from all around the world.

The aim of engaging to account is to foster a common understanding between rights holders and duty bearers, as well as to overcome excessively hierarchical structures, inadequate planning, weak institutions, lack of social cohesion and perverse incentives (31), all of which create obstacles to transparency, commitment and equal representation in the implementation of the 2030 Agenda.

Engagement to account requires effective coordination. The scope and mechanism for engagement may differ from context to context and from stakeholder group to group.

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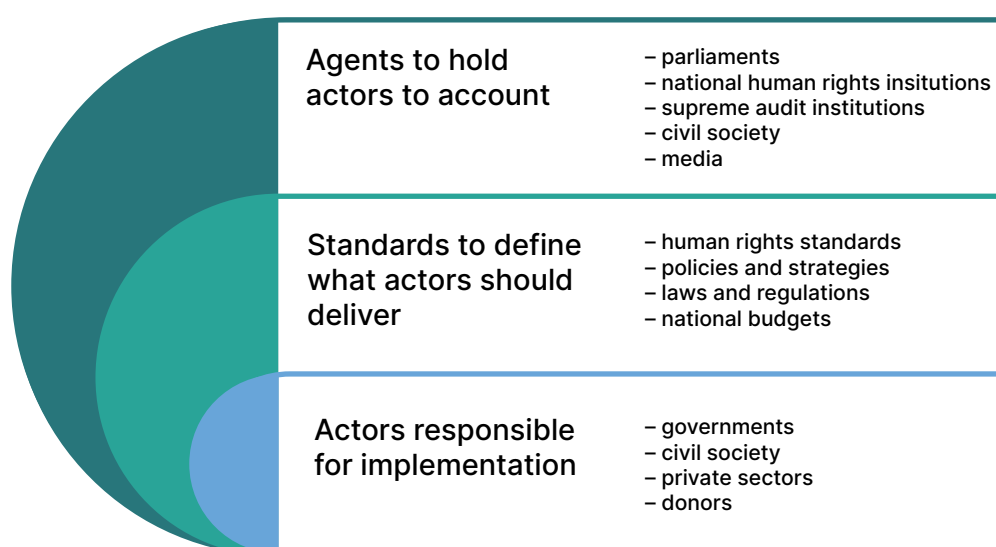
## Elements of accountability

Accountability is the product of complex and dynamic relationships between actors, forums and functions. In order to study accountability in a more systematic and empirical manner, the different elements of accountability can be disaggregated (Fig. 23) (116,117):



- actors responsible for implementation, the duty bearers;
- norms and standards, which define the responsibilities of both rights holders and duty bearers;
- agents responsible for upholding norms and standards and discharging rights-based obligations; and
- mechanisms through which accountability processes are conducted.

Fig. 23. The components of accountability



These components form an accountability system that has the capacity to enable and incentivize actors to fulfil and transparently discharge their rights-based duties and obligations and to deliver on their commitments to sustainable development (legally binding and otherwise).

### Actors responsible for implementation: duty bearers

Each country has the primary responsibility for its own sustainable development and achievement of the SDGs. Governments, parliaments, CSOs and private sectors have diverse responsibilities in the implementation of the 2030 Agenda.

#### Governments

Governments are responsible for fulfilling their international commitments, mainstreaming the global goals in their own health and development



agendas, allocating the public sector resources for the achievement of their development goals and deciding how to assign corresponding roles and responsibilities to key actors.

Governments oversee coordination of SDG implementation and also review, monitor and evaluate progress. Governments are also responsible for the generation, processing, analysis and dissemination of information in a transparent and enabling manner, which is essential to accountability.

Governments also frame the context in which whole-of-government and whole-of-society approaches take place, and they should aim to create an environment in which acts for implementation are synchronized to create positive and mutually reinforcing benefits for the attainment of health and sustainable development. In the WHO European Region, all Member States have established such coordination and oversight mechanisms to support implementation of the 2030 Agenda (118). The mechanisms may take different forms in different countries, ranging from interministerial commissions to ministries of sustainable development. While these entities coordinate and oversee implementation, line ministries, national institutions or agencies are to a great extent responsible for actual implementation. These coordination arrangements support accountability by ensuring that national SDG implementation plans include specific timeframes, clearly defined responsibilities for government actors and institutions, and transparent deliverables that are subject to regular reporting. In some cases, these bodies may also serve as a platform for multistakeholder engagement.

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### Parliaments

Parliamentarians have a responsibility as agents to hold actors to account and as duty bearers (Fig. 24).

The 2030 Agenda acknowledges the "essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments" (2).





ENGAGE

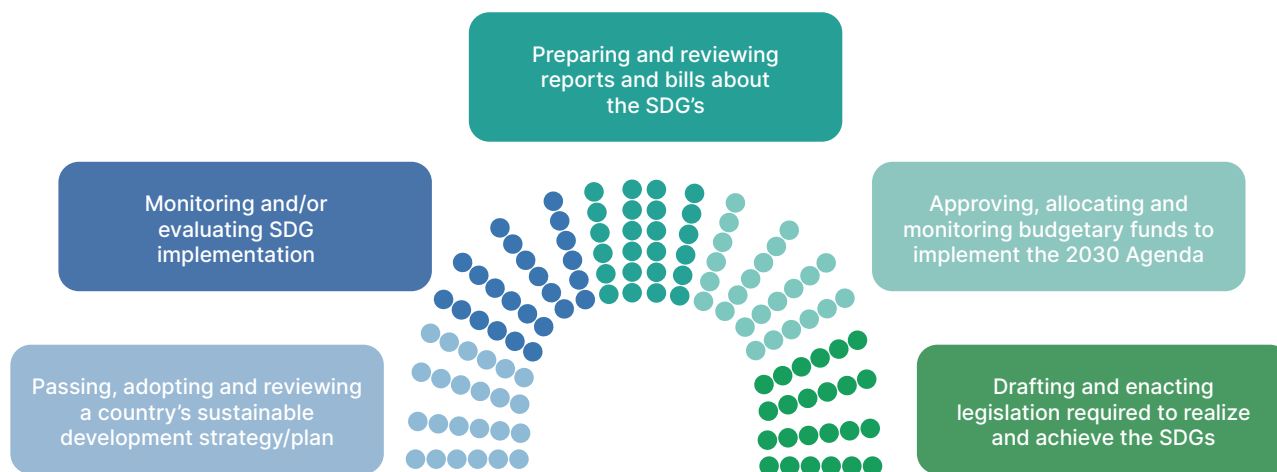
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**Fig. 24.** Roles of parliaments in guiding and implementing the 2030 Agenda



Source: WHO Regional Office for Europe, 2020 (36).

Members of parliament have the duty to act as an interface between the people, state institutions and CSOs, and they can promote and adopt people-centred policies and legislation to ensure that no one is left behind (119). Within their legislative functions, parliaments can promote an enabling environment for health-related SDG implementation and can prioritize legal reforms and draft legislation in support of health and sustainable development. In their role of overseeing budgets and expenditure, parliaments can help to ensure adequate financial support and alignment of these instruments with the SDGs. The role parliamentarians play in representing their constituents' interests is vital to SDG accountability, especially for vulnerable or marginalized groups who may have few avenues through which to raise their concerns.

### Civil society

In addition to their role as agents to hold actors to account, CSOs have duties to perform as actors. How and to whom CSOs are held accountable varies according to context (114).



The most important aspect is perhaps that each CSO respects human and labour rights and maintains good business practices (ethical, environmental, anti-corruption and anti-fraud).

Governments and other actors are encouraged to engage with non-State actors; however, such engagement should be under a robust framework that supports the identification of risks, conflicts of interest and undue or improper influence (especially in setting of policies, norms and standards).

### Private sector

Business coalitions and private sector leaders have had a prominent voice in the 2030 Agenda; they also have a responsibility to operate sustainably and have unique opportunities to make a positive impact (120). For example, some companies have announced SDG alignment processes; private lenders have created SDG bonds; and corporate reporting on the SDGs has become more common. As expectations of the private sector evolve in the era of the SDGs, businesses need to be held accountable and should work to maximize positive and sustainable developmental outcomes. Both the 2030 Agenda and the Addis Ababa Action Agenda on financing for development (72) urge businesses to embrace a model that takes into account not only the financial and economic impacts but also the environmental, social and governance impacts of their operations on sustainable development, and that values long-term investments in line with SDG 12 (ensure sustainable consumption and production patterns).

Given the cross-cutting nature and ambition of the 2030 Agenda, SDG attainment requires increased public and private investment across countries as well as new partnerships. Consequently, there is a need to leverage public and private financing to support achievement of the SDGs (121). Public-private partnerships are long-term contracts for provision of a public asset or service in which the private party bears significant risk and management responsibility and remuneration is linked to performance (122). These can be a tool to bring greater efficiency and sustainability to the provision of public services when they are well designed and implemented within an



enabling regulatory framework (122). However, public–private partnerships also come with unique kinds of risk, and governments need to develop strong institutions, strengthen data collection and monitoring systems, build capacity, promote transparency and encourage engagement with all relevant stakeholders to avoid conflicts of interest and undue or improper influence, particularly on policies, norms and standard setting.

### Donors and development partners

Donors and development partners, as outsiders, can play a supportive role in progressive change. Acknowledging that development challenges are complex, donors and different parties working on aid and development need to be politically informed, use this information effectively and rely on local actors to own, negotiate and deliver the priorities and intervention (123). As defined in the Paris Declaration on Aid Effectiveness, there should be a shared responsibility among donors and recipient countries for the effectiveness and quality of development cooperation, which is essential to build up trust and partnership around shared agendas (124). This mutual accountability works by encouraging changes in the policies and actions needed to meet commitments rather than on imposing sanctions for non-compliance. Aside from shared objectives, this mutual accountability requires a certain degree of symmetry in the relationship, which is not easy to observe because the donor–recipient relationship involves an inherent power imbalance; hence, these processes should be supported by strong monitoring of national and global accountability mechanisms.

## Standards to define what actors should deliver

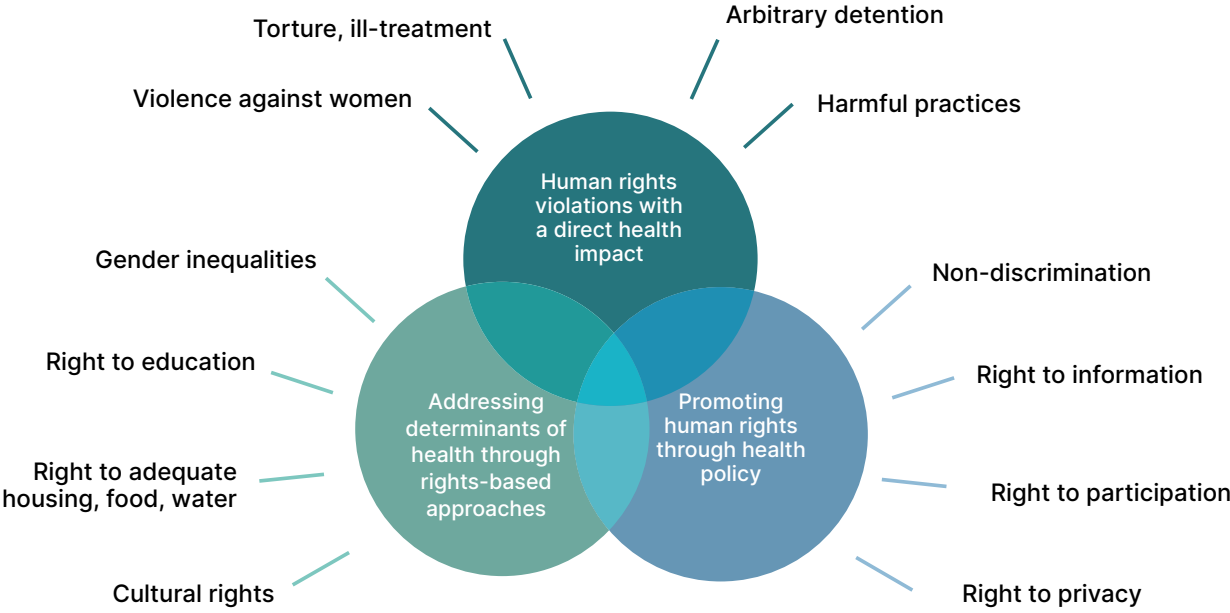
### Human rights standards

More than 90% of the 169 SDG targets reflect core international human rights standards (125). Unlike the SDGs, these international standards are legally binding, which implies that those who have signed the international human rights treaties are accountable to the national and international community for their implementation. Legal commitments to health-related rights and relevant standards and processes are enshrined in state constitutions and in the international and regional human rights treaties they ratify. Like other human



rights, health-related rights are grounded in the human rights principles of participation, accountability, transparency, non-discrimination, empowerment and equity (Fig. 25).

**Fig. 25. Health and human rights**



Source: adapted from the Office of the United Nations High Commissioner for Human Rights, 2008 (126).

The right to health is a universal right of people, as defined broadly in Article 12 of the United Nations International Covenant on Economic, Social and Cultural Rights, which "recognize[s] the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (127). The WHO Constitution adopted in 1946 recognizes that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (128). Other examples of international treaties relevant to health are the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities (129,130,131). Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable and affordable health care of appropriate quality as well as to provide for the underlying determinants of health, such as



safe and potable water, sanitation, food, housing, health-related information and education, and gender equality. A human rights-based approach to health provides a set of clear principles for setting and evaluating health policy and service delivery and for targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes (132). In pursuing a rights-based approach, accountability includes checking health policy, strategies and programmes as to whether they are appropriately designed to improve the enjoyment by all people of the right to health, with a focus on those most vulnerable.

There are a range of international human rights mechanisms that can be used to promote accountability for the SDGs, including human rights treaty bodies, such as the Universal Periodic Review and the Human Rights Council's Special Procedures (114).

[! Read more in Laws and regulations](#)



### Policies and strategies

Policies, strategies and plans outline objectives and desired results. Among other characteristics, an effective policy, strategy or plan is targeted, with clear budgetary priorities; considers the establishment of continuous monitoring and evaluation systems based on clear indicators to track and steer progress; is people-centred; has a long-term vision; and is focused on outcomes and means of implementation (133). Therefore, the vision, outcomes and budgetary priorities can serve as the standards against which actors can be measured. In this regard, monitoring, evaluation and review are essential functions to ensure that priority health actions outlined in the policies, strategies and plans are implemented as intended against stated objectives and desired results.

The methodology to assess policy and strategies objectives should be defined during the process of development. Core indicators and targets can be based on international data standards, such as the SDG indicator framework, and should be informed by considerations of scientific soundness, relevance, usefulness for decision-making, responsiveness to change and data availability. The challenge is to ensure a balanced parsimonious set of



core indicators with well-defined baseline and targets. The core indicator set should be responsive to the information needs for monitoring progress and performance towards the main objectives of the policies and strategies, and there should be an appropriate balance across the logical framework (i.e. covering inputs, outputs, outcomes and impact) and across major programme areas. It is important to keep in mind that quantitative indicators are intended to be indicative of reality: that is, they are tracer indicators and they are not intended to describe the totality of what is happening.

### Laws and regulations

While legislation is rarely the complete policy response necessary to tackle a problem, it is often a critical first step in ensuring an enabling environment conducive to action. Law contributes to accountability by mandating clear standards and legal duties that must be met by duty holders; requirements for effective accountability relationships; legal requirements for transparency and information disclosure; legal and formal institutions and mechanisms to hold duty holders to account; and legally established and effective sanctions for those who are not accountable (134).

Legal empowerment enables people to know, use and shape the law. Legal empowerment is about strengthening the capacity of all people to exercise their rights – either as individuals or as members of a group or community – and ensuring that the law is available and meaningful to people. Legislation and strategic litigation are two means through which accountability can be promoted throughout SDG implementation. [Box 25](#) outlines the key international standards related to accountability at regional and international levels and [Box 26](#) gives more details of one of these legal instruments with a mandate at the international level: the IHR (2005) (135).



## Box 25. Key standards



The following are key agreements that stakeholders, particularly government and parliamentarians, should familiarize themselves with. They should be used during follow-up and review processes to ensure accountability at the regional and national level.

- ☑ [Universal Declaration of Human Rights](#)
- ☑ [International Covenant on Economic, Social and Cultural Rights](#)
- ☑ [International Health Regulations \(2005\) third edition](#)
- ☑ [Addis Ababa Action Agenda of the Third International Conference on Financing for Development \(resolution A/RES/69/313 of the United Nations General Assembly\)](#)
- ☑ [Political Declaration on HIV and AIDS: on the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030 \(resolution A/RES/70/266 of the United Nations General Assembly\)](#)
- ☑ [Prevention and Control of Non-communicable Diseases \(resolution A/RES/64/265 of the United Nations General Assembly\)](#)
- ☑ [Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases \(resolution A/RES/66/2 of the United Nations General Assembly\)](#)
- ☑ [Political Declaration of the High-level Meeting of the General Assembly on the Fight against Tuberculosis \(resolution A/73/3 of the United Nations General Assembly\)](#)
- ☑ [Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance \(resolution A/71/L.2 of the United Nations General Assembly\)](#)
- ☑ [Global Health and Foreign Policy \(resolution A/RES/67/81 of the United Nations General Assembly\)](#)
- ☑ [The Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes](#)
- ☑ [WHO Framework Convention on Tobacco Control](#)
- ☑ [Protocol to Eliminate Illicit Trade in Tobacco Products](#)
- ☑ [WHO Constitution](#)
- ☑ [International Aid Transparency Initiative](#)
- ☑ [The European Environment and Health Process](#)
- ☑ [Transport, Health and Environment Pan-European Programme \(THE PEP\)](#)




## Box 26. The IHR



The IHR is binding on all Member States of WHO and provides an international legal framework to ensure global public health security. The IHR defines the rights and obligations of countries to report public health events and it establishes procedures that WHO must follow in its work to ensure global public health security.

The IHR entered into force on 15 June 2007 with the purpose and scope of "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (135). By not limiting the application of the IHR to specific diseases, it was intended that relevance and applicability would be maintained over subsequent years even in the face of the continued evolution of diseases and of the factors determining their emergence and transmission. The IHR also require states to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings. A series of health documents was introduced, including ship sanitation certificates and an international certificate of vaccination or prophylaxis for travellers.

[Case study 32](#) gives an example of the use of changes in laws and regulations in development of policy on health services in Malta to protect a vulnerable group and leave no one behind (136).

**Case study 32. Leaving no one behind: development of policy on health services for transgender people, Malta** 







### National budgets or other standards defined in public finance systems

The budget is the government's most powerful economic tool to meet the needs of its people. Regardless of the SDG, the most well-intentioned public policy has little impact on that goal until it is matched with sufficient public resources to ensure its effective implementation.

The government budget is a financial statement presenting the government's proposed revenues and spending for a specific period of time, which is often passed by the legislature, approved by the head of government and presented by the finance minister to the nation. Throughout the budget cycle – budget formulation, budget consideration and approval, oversight of budget implementation and budget audit – the decisions made in government budgets, and how those decisions are implemented on the ground, have a direct and transformative impact on people's lives (119). The best way to manage public funds efficiently and equitably is through budget systems that are transparent and inclusive, and that are monitored through strong, independent oversight institutions.

The operational basis for financial accountability begins with internal agency financial systems that follow uniform accounting rules and standards. Funding agencies are an important set of actors in health system accountability; in addition to finance ministries, they may, in some situations, include planning ministries to exercise oversight and control functions regarding line ministries and other executing agencies. In health systems that pay providers for predetermined packages of basic services, insurance fund agencies play a key role in financial accountability. While the most obvious accountability role carried out by insurance funds relates to financial control, these funds can strongly influence accountability for quality of care, other standards (assurance purposes) and performance through the design and implementation of provider payment systems (134).



## Agents to hold actors accountable

Multiple actors can participate in upholding norms and standards and rights-based obligations when there is genuine interest for engagement, space for collective work and the co-creation of knowledge.

### Parliaments

Parliaments are the institutions formally in charge of making governments accountable for their commitments. As agents in charge of holding actors to account, they can make or amend laws to ensure consistency with the 2030 Agenda; they can monitor the actions of the government and its agencies in implementing the SDGs; they may scrutinize ministers, civil servants and other government actors through questions, holding inquiries and hearings to receive expert evidence; and can gain access to official documents and information (114). Parliaments can support accountability by making the SDGs a priority and coordinating efforts with oversight institutions, national statistics bodies and international and regional bodies coordinating the implementation of the 2030 Agenda. They can assess overall progress on the SDGs through periodic reports tabled in parliament. They can evaluate budgets and ensure an adequate allocation of financial resources to achieve the SDGs. They can also hold public hearings and inquiries on issues relevant to the SDGs, stimulating public debate in relation to policies to attain the SDGs and providing opportunities for experts and citizens to offer their views on what is or is not working on the ground (119). The role parliamentarians play in representing their constituents' interests is vital to SDG accountability, especially for vulnerable or marginalized groups who may have few avenues in which to raise their concerns.

### National human rights institutions

National human rights institutions are independent state bodies with a constitutional or legislative mandate to protect and promote human rights (114). They may include human rights commissions, human rights institutes or ombudspersons. While the specific mandate may vary from country to country, the general functions of human rights institutions in relation to human rights typically include to monitoring and measuring the national human rights



situation against international human rights standards (137). Many human rights institutions have a strong focus on discrimination and inequalities and monitor the situation of vulnerable and marginalized groups and particular rights holders. Internationally, national human rights institutions prepare "shadow reports" for the Human Rights Council's Universal Periodic Review and treaty bodies. National human rights institutions can play an important role in promoting accountability for the 2030 Agenda by using their existing mandate. The Mérida Declaration recognizes these institutions as "uniquely placed to play a bridging role between stakeholders and promote transparent, participatory, and inclusive national processes of implementation and monitoring" of the 2030 Agenda (138).

### Supreme audit institutions

Supreme audit institutions are independent national oversight bodies, largely responsible for auditing a government's revenue and spending, helping to ensure full transparency and accountability and even auditing the performance of government bodies and ministries in using public funds efficiently and effectively (114). Structures, mandates and reporting relationships vary; consequently, these institutions can have different roles in different countries. As a key player in ensuring transparency and accountability of any government's budgets and programmes, a supreme audit institution can have a very important role in assessing progress on the implementation of the SDGs and the 2030 Agenda through independent performance audits of a government's SDG implementation efforts. Supreme audit institutions can provide checks on a government's budget allocation and expenditures, ensure compliance of a government's programmes with existing laws and regulations, and assess the readiness of a national government to implement the SDGs and its ability to report on them (139).

### Health councils

Health councils as advisory and oversight bodies are found more often in health system governance and accountability systems. They are often the product of decentralization strategies and efforts to increase responsiveness of health facilities and policy coherence at different levels



of government. Although the specifics vary by health system, councils and boards are constituted as statutory bodies with distinct legal identities. Councils, whether at district, provincial, country or municipal level, tend to have supervisory authority over boards and, thus, become links in the accountability chain upwards to health ministries/departments and to legislature (134).

### Civil society

CSOs have a strong role to play in holding actors to account; they include civil society coalitions and networks; activist, protest and campaigning organizations; social movements; voluntary bodies; charities; faith-based groups; trade unions; and philanthropic foundations. When CSOs combine in-depth knowledge of a policy issue, such as health or education, with solid knowledge of budgets and effective advocacy, they can positively influence policy decisions and hold actors to account for their responsibilities (114). CSOs can ensure a diverse range of perspectives are reflected and respected, ensure transparency in operations and strategy, and stimulate commitment to openness on successes and failures in implementing the 2030 Agenda.

### The media

Any thriving society is built on citizens' participation in order to hold governments accountable and exert influence over decisions that affect the lives of people. Providing citizens with access to information is an essential requirement. The media – referring to the collective entities and individuals responsible for producing news, information, education and/or entertainment that reach or influence people – can be a powerful means to create awareness about the SDG agenda and promote accountability in relation to government actors (114). An independent and pluralist media enables citizens to have access to information and supports the creation of well-informed, critical and resilient citizens who are empowered to shape their own development and to participate, advocate and monitor for just and democratic societies. The media can help to complement data and numbers by highlighting the human story behind them and can increase pressure on governments to take action to implement the SDGs.



A free and independent media can inform and influence public opinion about government policy, monitor the performance of public institutions, expose misconduct and advocate for change.

### Toolbox 26. Elements of accountability



## Accountability mechanisms

Negotiations on the 2030 Agenda and the SDGs have resulted in a universal, state-led, voluntary, participatory and multilevel implementation process. The 2030 Agenda encourages all Member States to conduct regular reviews of progress at national and subnational levels. Ideally, these reviews should be participatory and should involve both national parliaments and stakeholders.

Reviews are an opportunity to determine which implementation processes and interventions are working and which require attention and improvement to attain the health-related SDG targets by 2030. Mechanisms for review build capacity, support the exchange of knowledge and experiences, and increase the information available on best practices for implementation and partnerships. The results of reviews also serve as the basis for regular national, regional and global reviews, which are well placed to highlight the ways in which actions in one country can affect sustainable development in another and to promote accountability beyond national boundaries.

Review and follow-up mechanisms build on and go beyond quantitative data collection to include qualitative and analytical assessment with the aim of fostering inclusive, progressive realization of the health-related SDG targets through learning and experimentation.

## Public consultations and strategic litigation

Public consultations are a formal process through which citizens and stakeholders give their feedback and views on policies, plans, proposals, laws and other options presented by the government. It can take place at various stages of policy development, from exploring ideas set out in proposals or



policy papers through to reviewing drafts of legislation, policies, strategies, plans or reports (see [Case study 5](#)). Although public consultation typically involves citizens and stakeholders responding to something presented to them by the government, in the case of the SDGs it should also involve regular dialogue between decision-makers, citizens and other stakeholders on progress, challenges, gaps and next steps in implementing, monitoring and reviewing the SDGs.

There are a range of techniques and methods to consult citizens and stakeholders, including face-to-face workshops, policy dialogues, online platforms, written comments, focus groups, citizens' juries, public meetings, user panels and crowd-sourcing comments on proposed policies or legislation. Inclusive, regular and meaningful consultation between national governments and stakeholders – including civil society – is essential for SDG implementation and accountability. Consultation provides opportunities for diverse voices to be heard on issues that matter to citizens, allowing people to share their knowledge, insight and experience to advance SDG implementation. It can offer new perspectives, information and ideas on implementing the SDGs to result in policies and services that are better designed, more practical and relevant, and more efficiently and effectively delivered. Consultation can also strengthen the legitimacy of decision-making and build national ownership of the SDGs.

Strategic litigation refers to public interest litigation that seeks to bring about a significant change in the law (e.g. clarifying, amending or extending the law in support of an overarching law reform objective) by taking an individual case to court. Strategic litigation may be used to promote accountability for the SDGs or to hold a government accountable for the implementation, or lack thereof, of laws themselves. For example, where the government's actions undermine access to basic services or disproportionately harm individuals or groups, strategic litigation may result in the government having to justify its actions, take a certain course of action or establish an oversight mechanism that furthers accountability. Often, the people involved in strategic litigation are the victims of human rights violations by the actors.



### Public expenditure and financial accountability

Many countries can make better use of public funds for health and reduce inefficiencies by improving their public financial management systems, including the underlying budget processes and financing objectives. Better information and analysis can lead to improvements in transparency and accountability, better resource allocation and efficiency in the health sector, and greater trust in public services. Helpful public financial management tools and analytical approaches include fiscal sustainability reporting, demographic projections and integrated investment and operational planning (140). Public expenditure reviews have been widely used to scrutinize public spending in order to identify sources of inefficiency, ineffective spending patterns or potential new sources of revenue.

A transparent platform for dialogue on health financing policy – such as a cross-sector working group – can promote common understanding between actors and agents.

### VNRs

Many countries have existing mechanisms or platforms for monitoring and accountability for global or national commitments in one or more thematic areas (e.g. development, health, nutrition or education). Existing review mechanisms can be strengthened by ensuring that they are inclusive, participatory and have adequate capacity, and by integrating the best available data to support monitoring and evaluation.

! Read more  
in [A renewed  
commitment  
to sustainable  
development](#)

VNRs are an essential part of the formal follow-up and review architecture of the 2030 Agenda. VNRs are presented every year at the HLPF during its three-day ministerial segment in July, and they are undertaken by both developed and developing countries. VNRs typically consist of four broad phases: initial preparation and organization; preparation of the VNR report; presentation at the HLPF; and follow-up after the HLPF. Stakeholder engagement may occur throughout all these phases. The main guidance for countries preparing for VNRs is the Handbook for the Preparation of Voluntary



National Reviews, which is regularly updated and provides a framework for the common elements for the reviews (141). VNRs provide the opportunity for countries to share their individual experiences, including successes, challenges and lessons learned, with a view to accelerating SDG implementation.

VNRs are a key tool for accountability for the SDGs at both the national and global level. As the main mechanism for tracking progress on the SDGs at the national level and reporting on it at the global level, VNRs provide an important opportunity for countries to answer to people with respect to their implementation of the SDGs. VNRs are expected to show what steps a country has taken to implement the 2030 Agenda and provide an assessment of the results, including successes, challenges, gaps in implementation, possible solutions and emerging issues. As a tool for accountability, the VNR process can strengthen national ownership of the SDGs, promote transparency, inclusiveness and participation in reporting on the SDGs, and support more effective implementation of the 2030 Agenda (Case study 33; see also Case study 7) (34,41).

### Case study 33. SDG implementation with cross-society participation in Poland

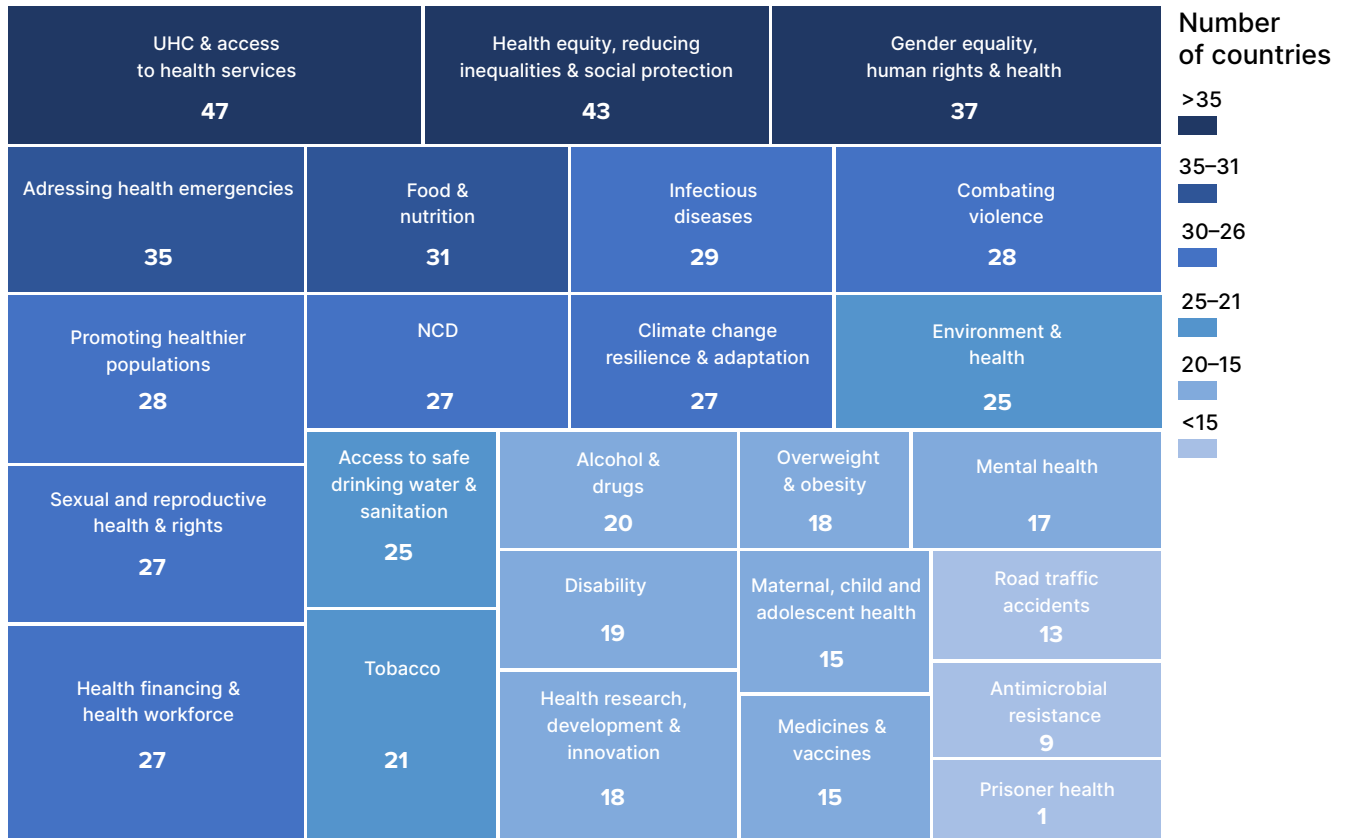


While VNRs are not mandatory, the United Nations Secretary-General has recommended that all countries conduct at least two VNRs during the 15-year period of the SDGs. For health, VNRs are an opportunity to promote leadership for health and well-being and to put health issues high on the development agenda. Between 2016 and the end of 2020, 60 VNRs had been submitted by 52 Member States of the WHO European Region (all but San Marino). An analysis by the WHO Regional Office for Europe found that alignment of the national development strategy with the 2030 Agenda was widely reported (36). Health and well-being were always addressed, but in differing degrees of detail. Fig. 26 shows the health aspects most frequently covered in VNRs and NSDS from Member States across the WHO European Region (118).





**Fig. 26.** Number of Member States (out of 52) in the WHO European Region that reported on the health and well-being priority themes in their VNRs



Source: WHO Regional Office for Europe, 2020 (36).

The United Cities and Local Governments umbrella organization has also been promoting the use of local versions of the VNR, primarily as an SDG monitoring tool but also seen as an instrument of political relevance. Voluntary local reviews are seen as having the potential to stimulate civic mobilization and participatory planning, while also fostering partnerships and investment towards the achievement of the global goals.

Engaging in voluntary local review exercises provides opportunities for stronger multilevel governance mechanisms, especially when such reviews are successfully integrated with a country's VNR processes (see [Case study 20](#)) (142).



### Health and sustainable development forums

A number of health and sustainability forums support accountability in the implementation of the 2030 Agenda. In the WHO European Region, the WHO Regional Committee for Europe is WHO's primary decision-making body, with representatives from each Member State in the Region. The Committee meets for four days in September each year when the WHO Secretariat can report on the implementation of regional policies, strategies and plans as agreed in previous years, including reviewing the budget and resources used to implement these activities. New priorities, strategies and future budgets are discussed and endorsed. Every five years, the Regional Committee nominates the Regional Director for Europe and its decision is sent to the WHO Executive Board for endorsement.

At the global level, the World Health Assembly is the decision-making body of WHO. It meets annually in Geneva, Switzerland, and is attended by delegations from all WHO Member States. Each year the focus is on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the global policies of WHO, considering the needs and priorities of all regions; to supervise financial policies; and to review and approve the proposed programme budget. During the World Health Assembly, Member States request the WHO Secretariat to report on the work done in order to hold WHO accountable to its commitments and to its Member States.

Across the wider United Nations system, the Regional Forum on Sustainable Development is a valuable multistakeholder platform for SDG solutions, organized by the United Nations Economic Commission for Europe in close cooperation with the United Nations Regional System. The Forum follows up on and reviews the implementation of the 2030 Agenda and its SDGs in the 56 Member States in Europe, North America and Asia that form the United Nations Economic Commission for Europe Region. The focus is on practical value-added and peer learning, creating a regional space to share policy solutions, best practices and challenges in SDG implementation and helping to identify major regional and subregional trends. The Forum is open to all



relevant stakeholders, including international and regional organizations, civil society, academia and the private sector.

At the global level, the HLPF was launched in July 2013 to provide political leadership and guidance, to work towards a global transformation for sustainable development and to play a central role in overseeing a network of different review processes. Formal follow-up and review arrangements have centred on the adoption of an official set of indicators to monitor progress towards the goals and targets (51).

### Toolbox 27. Accountability mechanisms



## Use and improve data

The adoption of the 2030 Agenda, 17 SDGs and the monitoring framework calls for an unprecedented amount of data to ensure progress against 232 global SDG indicators and other nationally identified indicators. The availability of robust, reliable and high-quality data is critical to monitoring progress on the SDGs. Making these data accessible ensures that people know what governments and other implementing partners are doing and allows them to assess whether or not these actors are fulfilling their duties in line with their commitments. Member States are responsible for the generation, processing, analysis and dissemination of data and information on SDG implementation in a transparent and enabling manner to strengthen accountability.

Monitoring progress towards achievement of the health-related SDG targets is a challenging task that requires collecting and analysing quantitative and qualitative data, and the disaggregation of quantitative data by income, gender, age and social status in order to monitor the status and impact of implementation measures on the most vulnerable (Fig. 27).

Data from official sources are generally produced by national statistical offices and include data gathered from formal government processes



such as censuses or household surveys. Where official data on the SDGs are generated in a participatory manner, they can empower and support a people-centred approach to accountability by ensuring that people themselves are engaged in reporting on implementation to achieve the health-related SDG targets.

**Fig. 27.** Four major challenges to monitoring and reporting on health and well-being information and the SDGs

### Availability of data

Relevant, up-to-date, quantitative and qualitative data can be limited or not available. Data are essential for planning, decision-making, monitoring and reviewing economic and social programmes and policies that impact on development and, more specifically, health and well-being outcomes. Furthermore, there is a lack of disaggregated data, especially disaggregated health data, which are important for identifying and monitoring the pathways from social and economic factors to unequal health risks and outcomes.

### Weak monitoring and evaluation

Monitoring and evaluation processes and mechanisms for tracking progress remains weak at the subnational level.

### Poor analytical capacity and capability

There is limited investment in analytical capacity and capability, including scarcity of human resources with a high level of expertise to understand, monitor and review data and statistical information.

### Poor investment in technology and systems

Data technologies and statistical systems are slow and out date, and they cannot integrate and process multiple sources of information and a high volume of data.

Source: WHO Regional Office for Europe, 2020 (36).



Information can also be provided by nongovernmental actors such as research institutions, academia, the private sector, CSOs or citizens themselves (see [Case study 4](#)). Such sources can be particularly important as they can offer a more complex and accurate picture of progress at all levels. Such data can complement official sources of data, fill gaps in data and/or supplement official reporting. Utilizing information from these non-official sources can also improve two-way communication and foster trust between various levels of government and society.

The collection of non-traditional data through participatory monitoring methods (e.g. through focus groups, community score cards or off- and online surveys), particularly at the local level, has been shown to open channels and spaces where people, such as marginalized groups, can be involved in tracking progress on targets within the SDGs. These sources provide qualitative information on issues and on the perceptions, ideas and lived experience of the population regarding whether the SDGs are achieving their desired results.

As accountability should go beyond monitoring and data collection, Member States need to strengthen their analytical capacities to determine the reasons for their successes and failures in attainment of the health-related SDG targets, to evaluate measures and to identify the tools needed to further improve attainment in the future. Recognizing this challenge, the Lancet Global Health Commission has called on global, regional and national donors to invest in national institutions to produce evidence on health system quality and support development of health system quality measures; to build human capacity and improve numeracy at local levels; and to improve data management capacity at subnational levels (117).

Good health information from strong national health information systems can help Member States to identify areas for action to address the health and sustainable development priorities and evaluate the effects of the related policies and interventions. The WHO Regional Office for Europe has



developed the *Support tool to assess health information systems and develop and strengthen health information strategies* (143). This tool is based on existing tools developed by WHO's Health Metrics Network and covers all the phases related to health information strategy development: from assessment of the current state of health information systems, through strategy development and implementation to evaluation. Moreover, it addresses all the different elements of health information systems, such as governance, databases and resources. The tool is also flexible, allowing Member States to identify specific phases or elements that require attention or have priority in their national contexts (Box 27).

### Box 27. Establishing governance mechanisms for health information systems in the WHO European Region



The WHO Regional Office for Europe has provided advice and assistance to 10 Member States in establishing governance mechanisms for health information systems and electronic health (e-health) and in developing, assessing and evaluating strategies and policies to support these. As part of this process, health information is usually captured by automated systems and personal tracking devices but also by clinical systems such as electronic health records, which make patients' information available instantly and securely to authorized users.

Of the 53 Member States in the WHO European Region, 31 (59%) have a national electronic health record system and 21 of these (69%) have legislation on its use. Electronic health records provide clinical decision support in the format of alerts and reminders to improve care. In general, clinical information is collected using standard terms, such as those used by WHO's International Classification of Diseases, to facilitate analysis and grouping. However, unstructured data are also collected in progress notes, and about 80% of the information in electronic health records is available as free text. In addition, capturing health data from non-traditional sources is essential to have a holistic view of the population, for example demographics, genetics, social and family history, lifestyle, socioeconomic status or environment. When integrated with traditional data, these types of data source can provide significant insights into behaviour.

### Toolbox 28. Using and improving data





## Concluding remarks

Fewer than 10 years remain to achieve the SDGs. Efforts for better health and well-being are mutually reinforcing with efforts toward sustainable development. Despite the negative impacts of the COVID-19 pandemic on our lives, livelihoods and freedoms, achieving the SDGs remain a priority for all countries and communities. In the aftermath, countries need to reevaluate their policies and plans and will face difficult trade-offs.

How can we ensure that health remains a political priority and that policies and strategies are more coherent?

For health, Member States have agreed that the focus for the next five years is to move towards UHC in order to better protect people and communities from health emergencies and to address all determinants of health for better health and well-being for all. This intrinsically requires collaboration between and across sectors, guided by effective leadership.

Although the resources and examples in this guide are not exhaustive, they represent the collective knowledge and experience of our networks, platforms, action plans, organizations, sectors, communities and countries. The resources and tools, based on the E4As approach, illustrate how to work towards the needed transformation, and the case studies from actors across the WHO European Region show how this can be done. We hope that this resource will provide a useful and applicable framework for driving the 2030 Agenda forward.

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# Annex 1

VNR and NSDS status in Member States  
of the WHO European Region



## Annex 1. VNR and NSDS status in Member States of the WHO European Region

Country	Year VNR presented	NSDS in place
Albania	2018	Yes
Andorra	2018	Yes
Armenia	2018, 2020	Yes
Azerbaijan	2017, 2019	Yes
Belarus	2017	Yes
Belgium	2017	Yes
Bosnia and Herzegovina	2019	Yes
Bulgaria	2020	Yes
Croatia	2019	Yes
Cyprus	2017	No
Czechia	2017	Yes
Denmark	2017	Yes
Estonia	2016	Yes
Finland	2016, 2020	Yes
France	2016	Yes
Georgia	2016	Yes
Germany	2016	Yes
Greece	2018	Yes
Hungary	2018	Yes
Iceland	2019	Yes
Ireland	2018	Yes
Israel	2019	Yes
Italy	2017	Yes

## Annex 1 contd

Country	Year VNR presented	NSDS in place
Kazakhstan	2019	Yes
Latvia	2018	Yes
Lithuania	2018	Yes
Luxembourg	2017	Yes
Monaco	2017	No
Montenegro	2016	Yes
Netherlands	2017	Yes
Norway	2016	Yes
Poland	2018	Yes
Portugal	2017	No
Republic of Moldova	2020	Yes
Romania	2018	Yes
Serbia	2019	Yes
Slovakia	2018	Yes
Slovenia	2017, 2020	Yes
Spain	2018	No
Sweden	2017	No
Switzerland	2016, 2018	Yes
Tajikistan	2017	Yes
Turkey	2016, 2019	Yes
Turkmenistan	2019	Yes
Ukraine	2020	Yes
United Kingdom	2019	Yes

# Annex 2

Toolboxes




## Toolbox 1. Tools and background documents on the 2030 Agenda and the SDGs




### Resources


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Transforming our world:  
the 2030 Agenda for   
Sustainable Development

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The future we want  
(outcome document) 


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Youth: The future is ours!  


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Make the SDGs a reality  


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Return 

### How will it help you?

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This document lists the 17 SDGs and 169 targets. Stakeholders could use this resource as a reference.

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This resource is a declaration about sustainable development and a green economy, adopted by Member States at the United Nations Conference on Sustainable Development in 2012 in Rio. It lists and describes broad sustainable development objectives committed to by Member States. Member States could refer to this when developing their SDG strategic priorities and actions.

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This brochure is intended to inspire youth and highlight the overall importance of health and well-being for achieving the 2030 Agenda. It focuses on health-related issues that most probably concern youth and provides options for addressing these. The information is provided in a format intended to stimulate curiosity and empower advocates for health and well-being.

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This comprehensive platform provides information and resources about the SDGs, including news, events, useful databases and analytical tools; it also details partnerships and commitments. Policy-makers and planners could access this useful resource prior to starting the process of planning and implementing sustainable development policies and actions.

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## Toolbox 2. Health and well-being for all at all ages



### Resources


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Frequently asked questions about the SDGs 


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

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Fact sheets on the Sustainable Development Goals (SDGs): health targets 

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Policy briefs on health and the sustainable development goals 

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### How will it help you?

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This resource lists frequently asked questions about the SDGs with links to further resources and more detailed information. It is a good starting point for individuals wanting to learn more about the SDGs.

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The report analyses progress towards achievement of the health-related SDGs and implementation of the roadmap in Member States, by the WHO Regional Office for Europe and by its partners.

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The factsheets present key facts and figures, progress and challenges, ongoing commitments, guidance on action and guidance on how to monitor progress on the SDG health targets, all in the context of the WHO European Region. They provide advice to health-related stakeholders about the SDG health targets, which could inform their work on the 2030 Agenda. Most are available in English and Russian.


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Developed by WHO, each policy brief develops around one SDG and the interlinkages with SDG 3. The briefs present key facts, issues and figures, the connections, and list potential actions to make progress in the context of the WHO European Region. Additionally, they provide examples about how the WHO Regional Office for Europe supports its Member States in achieving better health and well-being for all.

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## Toolbox 2 contd

Information from the policy briefs could also assist stakeholders in their work towards achieving the 2030 Agenda, including when developing accelerator interventions. Most policy briefs are available in English and Russian.

Return 


## Toolbox 3. Factsheets on the SDGs and health topics





Access to essential medicines, vaccines and health technologies (2017) 

Air quality and health (2018) 

Alcohol consumption and sustainable development (2020) 

Antimicrobial resistance (2017) 

Child and adolescent health (2017) 

Climate change (2017) 

Disability (2019) 

Financial protection and the Sustainable Development Goals (2020) 

HIV (2017) 

Hazardous chemicals (2017) 

Toolbox 3 contd

Health emergency risk management (2019)

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Health workforce (2018)



Immunization systems strengthening (2017)



Malaria (2017)



Maternal health (2017)



Measles and rubella (2017)



Mental health (2018)



Migration and health (2017)



Noncommunicable diseases (2017)



Physical activity (2019)



Poliomyelitis (2017)



Rehabilitation (2019)



Road safety (2017)



Sexual and reproductive health (2017)



Tobacco control (2019)



Tuberculosis (2017)




Violence, health and sustainable development (2020)



Viral hepatitis (2017)



Return 

## Toolbox 4. Policy briefs on health and the SDGs



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SDG 5: health and gender equality (2019)



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SDG 6: water, sanitation, hygiene and health (2020)



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SDG 8: health, decent work and the economy (2019)



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SDG 10: health and reduced inequalities (2019)



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SDG 13: health and climate action (2019)



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SDG 14: health, the global ocean and marine resources (2019)



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SDG 15: health and terrestrial ecosystems (2019)



Return

## Toolbox 5. Opportunities for action



### Resources

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Health and well-being and the 2030 Agenda for Sustainable Development in the WHO European Region: an analysis of policy development and implementation


### How will it help you?

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This report is the first survey to assess Member States' activities in relation to the WHO European Region roadmap to implement the 2030 Agenda. It presents an analysis of policy, governance and implementation arrangements to achieve health and well-being for all at all ages and the SDGs in Member States of the WHO European Region. The analysis was based on a survey in 2019 that was completed by 29 Member States.

## Toolbox 5 contd

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**National sustainable development strategies: the global picture** 

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This briefing provides background information about the global national sustainable development strategies map. It may be useful for Member States to familiarize themselves with the map as it summarizes useful information about what a national sustainable development strategy is and describes different types. It lists the international and regional commitments made to national sustainable development strategies and describes the progress made towards these commitments, providing a snapshot of sustainable development progress across global regions. This information may be useful for Member States when developing their own national sustainable development strategy.


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**Progressing the Sustainable Development Goals through Health in All Policies: case studies from around the world** 

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This resource documents experiences and elements of Health in All Policies practice through analysing established and emerging models. It could help stakeholders who want to learn more about how to implement Health in All Policies and how to use these to advance the SDGs.

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**Health diplomacy: European perspectives** 

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This publication includes health diplomacy case studies specific to the European context, emphasizing intersectoral, whole-of-society and Health in All Policies approaches. It also includes a chapter about the Swedish sustainable development landscape.

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**Health and well-being in the voluntary national reviews of the 2030 Agenda for Sustainable**

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This report analyses the 60 VNRs submitted by 52 Member States in the WHO European Region between 2016 and 2020, examining how they incorporated and reported health and well-being

## Toolbox 5 contd

**Development in the WHO  
European Region 2016–  
2020** 

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issues. It identifies similarities and differences between Member States in their efforts to implement the 2030 Agenda and how they are working towards achieving better, more equitable and sustainable health and well-being for all at all ages.

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**Words into action  
guidelines: build back  
better in recovery,  
rehabilitation and  
reconstruction  
(consultative version)**

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This consultative version of the guidelines is the product of literature reviews, discussions and contributions from diverse stakeholders and experts nominated by the United Nations Office for Disaster Risk Reduction specifically for the development of the document. While the guidelines focus on disaster-impacted countries and communities, the principles of being much better equipped to build back better during the extended period of recovery, rehabilitation and reconstruction apply to the current COVID-19 crisis. As the literature grows, this space will be updated.


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**Recovery toolkit:  
supporting countries to  
achieve health service  
resilience – a library  
of tools and resources  
available during the  
recovery period of a  
public health emergency**

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This toolkit contains resources to support countries in the reactivation of health services that may have been adversely affected by a disaster or emergency. The toolkit can be used to gather evidence when developing policies to achieve a functioning national health system following a disaster.

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**Return** 


## Toolbox 6. Global and European political instruments to support implementation of the 2030 Agenda



### Resources

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The WHO Thirteenth General Programme of Work, 2019–2023 

European Programme of Work: "United Action for Better Health in Europe" (2020–2025) 

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

### How will it help you?

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This describes the strategic priorities set and adopted by Member States in May 2018 that aim to ensure healthy lives and well-being for all. The priorities (the triple billion targets) are linked to the SDGs and aim to accelerate progress toward achieving the 2030 Agenda. The resource could be used by Member States and other stakeholders as a reference when developing their own sustainable development priorities, strategies, policies and actions.

This sets out a vision of how the WHO Regional Office for Europe can support its Member States to better meet citizens' expectations about health. It is not an exhaustive list of all the actions and health areas that WHO covers but rather describes a new way of working to close the gaps in health outcomes throughout the Region. It aligns the work of the WHO Regional Office for Europe with WHO's triple billion targets, while supporting countries in their commitments to implement the 2030 Agenda and the Global Action Plan for Healthy Lives and Well-Being for All.

The Roadmap provides guidance for WHO European Member States and is a useful background document for policy-makers and planners prior to starting the process of planning and implementing sustainable development policies and actions.

## Toolbox 6 contd

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Stronger collaboration, better health. Global action plan for healthy lives and well-being for all



The Global Action Plan describes how collaboration among and joint action by 13 global organizations engaged in health, development and humanitarian responses (Gavi, Global Financing Facility, Global Fund to fight AIDS, Tuberculosis and Malaria, International Labour Organization, Unitaid, United Nations Children's Fund, UNDP, United Nations Programme on HIV/AIDS, UN Women, WHO, World Bank and World Food Programme) will be strengthened to accelerate country progress on the health-related SDGs. Although strategic, the plan provides some operational details to guide implementation. The resource could be used by Member States and health and health-related stakeholders as a reference when developing their own priorities, strategies, policies and actions towards accelerating progress towards the health-related SDGs.

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Return 

## Toolbox 7. Tools and resources for a transformative approach to implementing the 2030 Agenda



### Resources

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Policy innovations for transformative change: implementing the 2030 Agenda for Sustainable Development 

### How will it help you?

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This resource analyses the policies and approaches likely to contribute to the achievement of the SDGs and explores ways to foster the policy coherence and democratic and participatory policy processes and institutions that are required for this. It includes




## Toolbox 7 contd

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descriptions of innovations (policies, institutional, social, technological and conceptual) that can be harnessed to realize the 2030 Agenda. Stakeholders could use this resource when developing SDG plans, strategies and policies, and when establishing, implementing and promoting institutional and intersectoral mechanisms and institutions that are required to achieve the 2030 Agenda.

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**The Sustainable  
Development Goals report  
2019** 

This report summarizes global progress made towards achieving the 2030 Agenda, identifies challenges and areas that need urgent action, and lists and describes areas that can assist progress across all 17 SDGs. Information presented in the report is based on available data (in May 2019). Member States could use information presented in the report to inform future SDG policy priorities and decisions.

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**Strengthening resilience:  
a priority shared by  
Health 2020 and the  
Sustainable Development  
Goals** 


This resource provides information about the importance of strengthening resilience and developing supportive environments for health and well-being. It is useful for policy-makers at the national, regional and local levels, or stakeholders working in community NGOs and groups who are responsible for planning for social and economic stressors (e.g. poverty, natural disasters or isolation). It may also be useful when rebuilding community capacity and resilience after a disaster or difficult experience.

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## Toolbox 7 contd

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### Capacity development

tools 


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This United Nations platform allows stakeholders to search for capacity development tools and resources, including available online training materials.

Stakeholders can select from a range of tools and resources that may assist them to strengthen their individual, organization or community capacity to perform and deliver on the 2030 Agenda.

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Tools for building capacity: noncommunicable diseases and mental health 

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This website lists tools and resources to strengthen the capacity of staff working in NCDs and pharmaceutical/medical products departments in charge of improving access to essential medicines and health technologies.

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Planning, monitoring and evaluation. Framework for research capacity strengthening (revision 2016) 


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Stakeholders could use the framework to improve coordination among funders of research capacity strengthening. The framework includes a matrix with key indicators that could be used to set and measure capacity-building goals and initiatives.

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FAO capacity development.


Practical tools 

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This website could be accessed by stakeholders who design and implement programmes at the country level, providing practical tools and information about capacity development. These resources could strengthen individual or organizational level capacity to perform and deliver for the 2030 Agenda.

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Return 

## Toolbox 8. Communicate to advocate, enable and mediate for better health and well-being



### Resources

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Global goals for sustainable development: resources 

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Emergency risk communication training



How to make the case for sustainable investment in well-being and health equity: a practical guide



Commitments and challenges: stakeholder participation in follow up and review of the Sustainable Development Goals, 2019 

### How will it help you?

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This platform provides free-to-download SDG media content and graphical assets for communicating the SDGs. These can be used when developing educational and public awareness campaigns, for example when designing websites.

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This course is intended to provide WHO Member States with an introductory set of self-use learning materials on risk communication for epidemics, pandemics and other health emergencies.

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This guide outlines the step-by-step process of how to synthesize, translate and communicate public health and health economics evidence into policy and practice, making the case for sustainable investment in well-being and health equity. It is intended to help key stakeholders, advocates for health and equity, civil servants and other health and non-health professionals who have a role in informing, influencing or shaping national and subnational policy and practice.

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This provides the results of a survey undertaken about stakeholder engagement in national review and implementation of the SDGs. It provides recommendations about how VNRs can promote meaningful progress in implementation; how stakeholders could engage in the review process;

## Toolbox 8 contd

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Handbook for the preparation of voluntary national reviews: the 2020 edition 


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and gives best practice examples of inclusive, participatory review and implementation processes.

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This handbook provides practical information and guidance about the steps countries may take when preparing their VNR.

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Return 

## Toolbox 9. Promote meaningful participation



### Resources

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Model for network analysis - for a bigger and stronger local prevention network 


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### How will it help you?

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This resource allows you to identify relevant stakeholders in your municipality or region for your project and map the quality and quantity of interactions with them. It would be useful when planning and managing a project and network.


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Strategizing national health in the 21st century: a handbook. Chapter 2: population consultation on needs and expectations 

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This resource describes the purpose and aims of a population consultation, its contribution to national health planning and how to undertake a consultation.

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Framework of engagement with non-State actors 


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The framework identifies how engagement could be strengthened between WHO and its non-State actors (e.g. NGOs, private sector entities, philanthropic foundations and academic institutions) by describing when and why engagement between them may be

## Toolbox 9 contd

required. Additionally, it guides WHO in identifying potential risks, balanced against expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

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Toolkit on social participation 

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This resource outlines methods and techniques for ensuring the social participation of Roma populations and other social groups in the design, implementation, monitoring and evaluation of policies and programmes to improve their health.

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Return 

## Toolbox 10. Build on existing multi- and intersectoral mechanisms to advance Health in All Policies



### Resources

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Institutional and coordination mechanisms: guidance note on facilitating integration and coherence for SDG implementation 

### How will it help you?


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This resource provides information about how responsibility could be allocated among various levels of government (national, subnational and local) to ensure coherent implementation and review of the 2030 Agenda. It also provides key information that a country should consider when establishing a new institutional framework or adapting an existing one. Experts and practitioners from multilateral and bilateral agencies, NGOs and civil society may find this resource useful when developing plans to implement and monitor the SDGs while supporting government partners.

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## Toolbox 10 contd

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**Compendium of national institutional arrangements for implementing the 2030 Agenda for Sustainable Development** 

This resource includes a global collection of institutional mechanisms and arrangements related to the implementation of the 2030 Agenda. It provides examples of lessons learned and evidence-informed case studies of how working in partnership and across sectors can enable complex health problems to be solved. This information is beneficial for Member States when establishing or reforming institutional mechanisms and arrangements that are required to achieve the 2030 Agenda.


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**Strategizing national health in the 21st century: a handbook. Chapter 12: intersectoral planning for health and health equity**



This resource provides information about intersectoral planning for health and health equity, including what it is, why we need it, who should be involved and how stakeholders should plan for and implement it. It also contains case studies and examples of best practice. It could guide stakeholders who are developing SDG plans, strategies and policies to ensure intersectoral action is promoted and implemented.

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**Promoting Health in All Policies and intersectoral action capacities** 

This website contains useful resources, information about events and training around Health in All Policies and links to global and trainer networks. The resource could assist countries who are adopting or already working towards integrating Health in All Policies as it provides innovative solutions and ideas to help to achieve this. It provides information about novel structures, mechanisms and instruments that will assist them to build channels for dialogue and decision-making that work across traditional government policy silos.

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## Toolbox 10 contd

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**Advocating intersectoral action for health equity and well-being: the importance of adapting communication to concept and audience** 

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This report describes the content and topics discussed during the WHO Regional Office for Europe two-day Summer School about the importance of communication: advocacy and translation of evidence for different audiences on intersectoral action for health, equity and well-being. Specifically, it provides different perspectives and utilizes case studies throughout the report to highlight the specific role intersectoral solutions have in improving public health and achieving the SDGs. It covers three areas: translating evidence for policy decision-making, communicating health information and data (including data profiling and social marketing campaigns supporting health equity and poverty reduction strategies), and health and risk communication.

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**Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being** 

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This meeting report summarizes the key information discussed in a high-level conference and presents case studies and outcomes from the meeting. Specific topics discussed include social determinants of health; universal social protection and the links to better health and well-being; education and health; strengthening intersectoral policy; building a labour market for human capital and sustainable development; good governance for the health and well-being of all children and adolescents; innovation and evidence for action; and a transformative partnership among the health, education and social sectors to achieve the 2030 Agenda. Member States and their relevant stakeholders and partners could use evidence from this resource when establishing and developing policies and programmes that require

## Toolbox 10 contd

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### Civil society and health: contributions and potential

intersectoral and interagency action for health and well-being.

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This resource describes the functions and contributions by civil society to health policy and service delivery. It is intended to highlight not only the important role civil society has in the development of health policy but also the challenges faced when it is involved. It includes case studies that can help governments, civil society organizations, other organizations and institutions and individuals to build effective and sustainable partnerships with civil society in order to work together towards achieving health and well-being goals.

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Return 

## Toolbox 11. Engage with local and regional stakeholders to localize the SDGs



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### Resources

WHO European Healthy Cities Network 

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### How will it help you?

The website provides information about the Network, including links to news, events, activities and publications. The Network supports cities to implement the 2030 Agenda. Health and health-related stakeholders may refer to this website when considering approaches to delivering the SDGs at the local level and when aligning local health and well-being goals with regional, national and global goals.

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Toolbox 11 contd


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**Regions for Health**

**Network (RHN)** 


This website provides information about the RHN, including links to news, events, activities, videos, newsletters and publications. Health and health-related stakeholders may refer to this website when considering approaches for delivering the SDGs at the regional level and when aligning local health and well-being goals with regional, national and global goals.

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**Regions and cities making the SDGs happen** 


The website provides information about the European Union Committee of the Regions. Stakeholders may refer to this website when considering approaches to delivering the SDGs at the regional level and when aligning regional SDGs with local health and well-being goals.

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**Getting started with the SDGs in cities: a guide for local stakeholders** 


This is a useful guide for local stakeholders as it provides suggestions on how to use the SDGs to guide local planning and development. It also includes case examples about how best to approach SDG implementation at the local level.

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**Matrix for an integral preventive health policy** 

This resource is a variation of the health matrix tool, which allows health and health-related stakeholders to work together to design an integrated approach to local health-related actions, projects and policies.

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**Return** 

## Toolbox 12. Assess progress towards the SDGs





### Resources

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Global indicator framework for the SDGs and targets of the 2030 Agenda for Sustainable Development 

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GPW 13 triple billion dashboard 

2018 global reference list of 100 core health indicators (plus health-related SDGs) 

### How will it help you?

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Stakeholders should use this framework when assessing and monitoring SDG progress. It lists the SDG commitments (i.e. SDG goals, targets and indicators) agreed by Member States.

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The dashboard is an essential tool for regions, countries and partners to accurately track and improve progress towards the triple billion targets and outcome indicators. It utilizes dynamic visualizations and interactive tools to engage users with information that is both accessible and practical for informing national health policies and interventions. Data visualizations and tools can be disaggregated by country and can be used to estimate a country's contributions to the triple billion targets by inputting their own national data values and projections.

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A global reference list of 100 core health and SDG-related indicators prioritized by the global community to provide concise information on the health and SDG situation and trends, including responses at national and global levels. The list is useful for Member States and their partner stakeholders to guide the selection of priority indicators for the national health sector and programme-specific plans and strategies; guide monitoring of health priorities and targets at national and subnational levels; facilitate harmonized domestic and external investments in country data

## Toolbox 12 contd

systems and analytical capacity; and provide a basis for the rationalization and alignment of reporting requirements on results by global partners. The list may contribute to a reduction of reporting requirements and promote greater alignment with, and investment in, a single country-led health sector platform for results and accountability that can form the basis for both country and global/regional reporting.

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### European Health for All explorer database

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This database allows users to access integrated health data and resources for the 53 Member States in the WHO European Region. Member States could collect and analyse relevant health information that would help to inform health and well-being policy priorities and decisions.

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### Health equity dataset

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This interactive platform from the WHO European Health Equity Status Report Initiative (HESRI) enables the monitoring and analysis of within-country inequities in (i) health indicators and (ii) indicators of essential underlying conditions and policies falling under five policy action areas. It includes indicators disaggregated by sex, age, socioeconomic status and geographical region. The dataset allows compilation of country health equity profiles.

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### Health-related SDGs: country index scores


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This database from the Institute for Health Metrics and Evaluation allows users to explore, monitor and visualize health-related SDG data. Member States could use the database to monitor their SDG performance, specifically health-related targets, and data could inform policy priorities and decisions.

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## Toolbox 12 contd


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**Human development reports: the Human Development Index and its components** 

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This Index assesses and ranks the development of a country based on a range of criteria, such as life expectancy at birth or expected years of schooling. Member States could use the Index as one reference to assess a country's socioeconomic development; examine and interrogate national policy choices; determine government policy priorities; or measure human development achievements. It should be noted that the Index only captures key dimensions of human development and should not be used alone to determine policy decisions and/or actions.


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**The Subnational Human Development Index: moving beyond country-level averages** 

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This Index shows within-country variation in human development using a range of criteria, including life expectancy at birth and expected years of schooling. Stakeholders at national and subnational levels could use the Index as one reference to assess the variation in human development among geographical regions within countries when examining and interrogating national and subnational policy choices, priorities and achievements towards human development. It should be noted that the Index only captures key dimensions of human development and should not be used alone to determine policy decisions and/or actions.

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**Global health data exchange: life expectancy, all-cause mortality, and cause-specific mortality forecasts 2016–2040** 

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This database from the Institute for Health Metrics and Evaluation will assist countries to predict future health events or situations, including the demand for health-care services and needs. This information is important when determining health priorities and developing policies and plans.

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## Toolbox 12 contd

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### COVID-19 socioeconomic impact on health equity dashboard (forthcoming)

This dashboard will help countries as well as health and health-related stakeholders to monitor inequitable outcomes from COVID-19 related to health and well-being and to ensure that mitigation measures appropriately reach those experiencing vulnerability and acute insecurity. Using available indicators, the dashboard brings together disaggregated data by age; sex; socioeconomic status, such as education level and economic status/ income level; urban/peri-urban/rural status; level of regional development; and key dimensions of additional vulnerability, such as migrant status. The dashboard's indicators are also aligned with the pillars of the United Nations' COVID-19 socioeconomic response plan to support assessment and monitoring efforts throughout recovery and transition.

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Return 

## Toolbox 13. Assess SDG integration



### Resources

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Rapid integrated assessment (RIA): to facilitate mainstreaming of SDGs into national and local plans 

### How will it help you?


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This tool contains instructions and templates that policy-makers can use to conduct a comprehensive RIA of the SDGs to determine their relevance to the country context at national and subnational levels, and to identify interlinkages across targets. It would be useful to undertake an RIA of the SDGs when developing a roadmap, strategy or plan to achieve the

## Toolbox 13 contd

SDGs and in supporting government partners. The tool contains templates that allow policy-makers to explore the alignment between existing national and subnational frameworks, policies and strategies and the SDGs.


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**A guide to SDG interactions: from science to implementation** 

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This guide explores the interlinkages between the SDGs, including synergies, interdependencies, trade-offs and conflicts. It will assist countries to manage their approaches to the SDGs more effectively. Specifically, it can support more coherent and effective decision-making, strengthen cooperation and coordination between different sectors and organizations and facilitate improved follow-up and monitoring of progress towards achieving the SDGs.


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**A draft framework for understanding SDG interactions** 

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This framework explores the interlinkages across the SDGs. Scientists, policy-makers and practitioners are encouraged to use the tool to explore how the SDG puzzle fits together and how it could be implemented. The tool allows development pathways to be tested to minimize negative interactions and enhance positive ones, building an evidence base for SDG decision-making.

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**Sustainable development strategies: a resource book** 

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This resource provides guidance on how to develop, implement and assess national sustainable development strategies. It includes information about methods of analysis; engagement in the development of the strategy; strategic decision-making and linkages; the financial basis for strategies; monitoring and evaluation systems; and communications and education. This resource is useful for Member

Toolbox 13 contd

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**Aligning public financial management and health financing** 


States when developing their national sustainable development strategy.

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This paper, commissioned by WHO, outlines areas where the public financial management system and rules are crucial for the effective implementation of health financing policy in support of UHC and offers guidance for improving alignment. Many of the steps toward improving alignment between the public financial management and health financing policy are considered good management practices in general. However, specific measures may be called for to address the particular needs of health budgeting. The main objective is to support productive dialogue between health and finance authorities to better harmonize the public financial management with health financing policy and thereby achieve UHC according to principles of good public sector management.

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**Tool for mapping governance for health and well-being: the organigraph method** 

Developed by the WHO Regional Office for Europe and expert academic partners, this organigraph tool for mapping governance structures and accountability mechanisms within governance systems aims to help countries and relevant stakeholders to identify which areas need strengthening in order to ensure that systems facilitate improved health and well-being for all. It provides background information on the organigraph method as well as a practical guide to using it, including example organigraphs.


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**Guidance note: institutional and**

The resource provides information about institutional and context analysis and the rationale for conducting


## Toolbox 13 contd

**context analysis for the Sustainable Development Goals** 

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the analysis at country level. It provides guidance about how to undertake an analysis and information about the practical requirements for this.

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**Data ecosystems for sustainable development: an assessment of six pilot countries** 

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Member States should use this report for insights based on the experiences of six pilot countries that undertook an assessment of their data and statistical ecosystems. The assessment included legal and policy frameworks and capacities for official statistics; entry points for action; obstacles for multistakeholder engagement on data for SDG implementation and monitoring; innovation and new technologies for dealing with data gaps; and the infrastructure requirements for improved collection, dissemination and use of data. This is helpful information for Member States when developing their national frameworks for monitoring and accountability of SDG delivery and for establishing or reforming national structures and mechanisms for coordination for improved tracking of SDG targets and indicators.

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**Return** 

## Toolbox 14. Engage to align



### Resources

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**EVIPNet Europe: policy dialogue preparation and facilitation checklist** 

### How will it help you?

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The aim of this 2016 document is to guide facilitators and their teams in leading a policy dialogue process that will effectively and strategically input into policy-making. The document can be used for preparation



## Toolbox 14 contd

for an individual or a team and for implementation and follow-up of a policy dialogue. It can serve as a refresher of policy dialogue-related concepts, tools and things to do, or it can be used as a handy reference in providing individual/group training.

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Return 

## Toolbox 15. Pursue policy coherence for health and well-being




### Resources

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Concept note: assessment tool for governance for health and well-being 

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Policy coherence for sustainable development toolkit 

### How will it help you?

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The tool is useful to assess the existing level of governance for health and well-being. The tool could be used to assess the capacity of countries to design, coordinate and implement different governance approaches for improved health and well-being. It could also be used to support countries in developing national development strategies focused on health and well-being; developing national health policies, strategies and plans; strengthening health systems performance; strengthening public health services and functions; addressing social determinants of health; and tackling public health priorities and challenges.


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This toolkit includes a self-assessment checklist, examples of good practices and tools for countries to analyse, enhance and track progress on policy coherence in SDG implementation. It is useful for

## Toolbox 15 contd

stakeholders when designing policy-coherent strategies and implementing recommendations on policy coherence for sustainable development within their national context.

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Return 

## Toolbox 16. Policy instruments and mechanisms




### Resources

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Strategizing national health in the 21st century: a handbook 

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Strengthening health system governance: better policies, stronger performance 

### How will it help you?

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This handbook provides up-to-date practical guidance on national health planning and strategizing for health, including examples of best practice. Stakeholders could use this resource as a guide to support the development of strategic plans for health and well-being and sustainable development. The handbook also includes advice about financing of the SDGs and the governance and leadership required for health in the SDG era.


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This resource describes a framework for five categories of governance: transparency, accountability, participation, integrity and capacity (TAPIC). The TAPIC framework is tested and presented through eight case studies that countries and stakeholders could refer to when planning for and implementing health system reform. It assists countries to identify, analyse and address health system governance problems and potential solutions.

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## Toolbox 16 contd


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The DAC guidelines:  
strategies for sustainable  
development 

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The resource provides policy guidance on good practice in developing and implementing strategies for sustainable development, with a focus on the experience of developing countries. Member States could refer to this when planning for and implementing strategies for sustainable development.


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Perspectives on global  
development 2019:  
rethinking development  
strategies 

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This resource provides examples of development strategies and draws lessons from them. It also describes the impact that shifting wealth has had, not only on the economic outcomes of a country but also on overall well-being. Member States could refer to this when planning for future development pathways and when implementing strategies for sustainable development.

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Return 

## Toolbox 17. Financial instruments and mechanisms



### Resources

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Financing for sustainable  
development report 2019



### How will it help you?

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This report described in detail how integrated financing frameworks can look like. An integrated financing frameworks align is country-owned planning and delivery tool that provides a framework for financing sustainable development Bringing together the full range of financing sources (public finance and tax, aid, borrowing and private investments), these frameworks align existing financing policies and approaches and lay out a strategy to increase

## Toolbox 17 contd

investment, manage risks and achieve sustainable development. In short, they help countries to operationalize the Addis Ababa Action Agenda.

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### Addis Ababa Action Agenda

Adopted at the Third International Conference on Financing for Development (Addis Ababa, Ethiopia, 13–16 July 2015) and endorsed by the United Nations General Assembly in resolution 69/313 of 27 July 2015, the Agenda provides a comprehensive set of policy actions for Member States, with a package of over 100 concrete measures to finance sustainable development, transform the global economy and achieve the SDGs.

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### Financing across sectors for sustainable development: guidance note

This resource provides guidance about an innovative approach, co-financing, that aims to support efficient resource allocation for integrated planning and programming for the SDGs. The approach offers a new way to budget for interventions that deliver benefits across multiple sectors, SDGs and SDG targets simultaneously. This resource also provides examples of real-world applications where variations of co-financing have been used. This information is important for stakeholders when developing sustainable development policies, strategies, plans and budgets.

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### Financing solutions for sustainable development

This platform provides a database of financing solutions for stakeholders to achieve the SDGs. It assists stakeholders to choose and design appropriate financing solutions, strategies and policies that will help them to achieve the SDGs.

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## Toolbox 17 contd


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**Financing for SDGs:  
breaking the bottlenecks  
of investment from policy  
to impact** 

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This toolbox of best practice and other health financing initiatives aims to assist stakeholders to boost the private financing of SDGs, as well as cooperate with public sector entities. This information is important for stakeholders when developing SDG plans, strategies and budgets.


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**Aligning public financial  
management and health  
financing** 

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This paper, commissioned by WHO, outlines areas where the public financial management system and rules are crucial for the effective implementation of health financing policy in support of UHC and offers guidance for improving alignment. Many of the steps toward improving alignment between the public financial management and health financing policy are considered good management practices in general. However, specific measures may be called for to address the particular needs of health budgeting. The main objective is to support productive dialogue between health and finance authorities to better harmonize the public financial management with health financing policy and thereby achieve UHC according to principles of good public sector management.


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**eLearning course on  
health financing policy for  
universal health coverage  
(UHC)** 

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This training course is delivered online and covers the core functions of health financial policy, including UHC, revenue raising, pooling of funds and purchasing of services. Stakeholders involved in health financing, health systems planning and strengthening, and improving health systems performance may be interested in participating in this training.

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**Return** 

## Toolbox 18. Coherence with local level



### Resources

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WHO European Healthy  
Cities Network 

### How will it help you?

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The website provides information about the Network, including links to news, events, activities and publications. The Network supports cities to implement the 2030 Agenda. Health and health-related stakeholders may refer to this website when considering approaches to delivering the SDGs at the local level and when aligning local health and well-being goals with regional, national and global goals.

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Regions for Health  
Network (RHN) 

This website provides information about the RHN, including links to news, events, activities, videos, newsletters and publications. Health and health-related stakeholders may refer to this website when considering approaches for delivering the SDGs at the regional level and when aligning local health and well-being goals with regional, national and global goals.

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Place standard tool 

The tool provides a simple framework to structure conversations about place and allows stakeholders to think about the physical aspects (e.g. building, spaces or transport links) and the social aspects (whether people feel they have a say in decision-making). The tool also includes a place standard assessment. This resource is useful for health and health-related stakeholders and policy-makers when engaging in dialogue with local stakeholders about policies and actions for establishing healthy places, settings and resilient communities.

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## Toolbox 18 contd

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**Getting started with the SDGs in cities: a guide for local stakeholders** 

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This is a useful guide for local stakeholders as it provides suggestions on how to use the SDGs to guide local planning and development. It also includes case examples about how best to approach SDG implementation at the local level.

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**Global Observatory on Local Democracy and Decentralization** 

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This platform, developed by the United Cities and Local Governments (UCLG) group, aims to share information on local democracy and decentralization throughout the world and evaluate progress and setbacks. It is intended to raise the international profile of UCLG members and contribute their perspective to global debates and to promote dialogue and partnership between local authorities and national governments, international institutions, academia, the private sector and local stakeholders.

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**Governance assessment framework: for metropolitan, territorial and regional management (GAF-MTR)** 

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This document introduces a qualitative tool for assessing and improving territorial governance at metropolitan and regional levels. It includes the assessment templates for applying the framework as well as a series of case studies to illustrate the concepts and policy recommendations.

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**Matrix for an integral preventive health policy** 

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This resource, currently only available in Dutch, is a variation of the health matrix tool, which allows health and health-related stakeholders to work together to design an integrated approach to local health-related actions, projects and policies.

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**Return** 

## Toolbox 19. Align development cooperation with national priorities



### Resources

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The Global Partnership 

### How will it help you?

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The Global Partnership for Effective Development Co-operation is the primary multistakeholder vehicle for driving development effectiveness, to "maximize the effectiveness of all forms of co-operation for development for the shared benefits of people, planet, prosperity and peace". It brings together governments, bilateral and multilateral organizations, civil society, the private sector and representatives from parliaments and trade unions among others, who are committed to strengthening the effectiveness of their partnerships for development and the 2030 Agenda.

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United Nations  
sustainable development  
cooperation framework



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This guidance document will support United Nations country teams to produce updated sustainable development assistance frameworks that reflect the 2030 Agenda and that positions them to provide effective and quality support to Member States. The cooperation framework requires country teams to partner with governments and other stakeholders as they plan, finance, deliver and evaluate progress made towards achieving the SDGs. The framework is also a vehicle for identifying development solutions through inclusive dialogue. SDG targets and indicators are the default monitoring framework and will be monitored and tracked over time. This document will be useful for United Nations country teams, Member States and their partners to guide



## Toolbox 19 contd


them in their work to deliver across mandates, sectors and institutional boundaries; assist them to practise more coherent and integrated system-wide strategic planning, implementation and reporting; and assist them to align cooperation framework outcome and output indicators with regional, national and global SDG indicator frameworks.

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### Addis Ababa Action Agenda

Adopted at the Third International Conference on Financing for Development (Addis Ababa, Ethiopia, 13–16 July 2015) and endorsed by the United Nations General Assembly in resolution 69/313 of 27 July 2015, the Agenda provides a comprehensive set of policy actions for Member States, with a package of over 100 concrete measures to finance sustainable development, transform the global economy and achieve the SDGs.

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Return 

## Toolbox 20. Promote Health in All Policies



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### Resources

Health and development governance: Health in All Policies 

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### How will it help you?

This website contains useful resources, information about events and training around Health in All Policies and links to global and trainer networks. The resource could assist countries who are adopting or already working towards the integration of Health in All Policies as it provides them with innovative solutions and ideas to achieve this. It provides information

about novel structures, mechanisms and instruments that will assist them to build channels for dialogue and decision-making that work across traditional government policy silos.


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**Progressing the Sustainable Development Goals through Health in All Policies: case studies from around the world** 

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This resource documents experiences, and elements of Health in All Policies practice through analysing established and emerging models. It could help stakeholders who want to learn more about how to implement Health in All Policies and how to use these to advance the SDGs.


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**Governance for health sector briefs: multi- and intersectoral action for better health and well-being** 

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A series of briefs that provide examples of whole-of-government and whole-of-society approaches to strengthen health and well-being for all. For example, one brief examines intersectoral action between health, social protection and labour market policy. These examples could be used by stakeholders as a reference when planning to integrate economic, social, environmental and governance components of sustainable development into policy-making.

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**Evidence and resources to act on health inequities, social determinants and meet the SDGs** 

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This resource provides evidence on the key social determinants of health and can assist stakeholders to ensure health is integrated across the SDGs and that it is promoted by Member States as being a contributing sector towards the attainment of the 2030 Agenda. Evidence from this resource could help to frame national discussions about positioning health as a central theme in national SDG localization processes, joint action and intersectoral policies.

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## Toolbox 20 contd

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### European environment and health process (EHP)



This website contains useful resources and event information about environment and health in the WHO European Region. Member States could use this resource to learn about environment and health issues in their region, and it could provide ideas about how they could implement actions that would accelerate progress towards achieving health and environment outcomes.

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### WHO HiAP Trainers Network



This online platform provides training and resources for Health in All Policies. Policy-makers could enrol and complete this training to assist them in their work towards integrating Health in All Policies across government.

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### Health in All Policies training manual



This manual is a training resource that could be used by stakeholders to increase understanding about the Health in All Policies approach. The training would assist stakeholders to build capacity to promote, implement and evaluate Health in All Policies and allow them to effectively engage and collaborate across sectors.

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### Return



## Toolbox 21. Promote equitable outcomes and apply equity lens



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### Resources

Accelerating progress towards healthy,


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### How will it help you?


Resolution EUR/RC69/R5 of the WHO Regional Committee for Europe provides practical and political

## Toolbox 21 contd


prosperous lives for all,  
increasing equity in health  
and leaving no one behind  
in the WHO European

Region 


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Health equity policy tool:  
a framework to track  
policies for increasing  
health equity in the WHO  
European Region 

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Health equity dataset 

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Return 

steps to reduce health inequities within Member States and accelerate action across all levels of government and communities of practice to advance solutions for health equity.

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The WHO Health Equity Policy Tool has been developed to support WHO Member States and partners to act as enablers in promoting and monitoring the goals of reducing barriers to health equity, tackling vulnerability and increasing solidarity for health. These goals are reflected in the high-level commitments and strategies of Member States in the Region through (i) creating equal opportunities for health across the life course, (ii) reducing unequal exposure to avoidable health risks, and (iii) mitigating the consequences of accumulated social, economic and health disadvantages.

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This interactive platform from the WHO European Health Equity Status Report Initiative (HESRI) enables the monitoring and analysis of within-country inequities in (i) health indicators and (ii) indicators of essential underlying conditions and policies falling under five policy action areas. It includes indicators disaggregated by sex, age, socioeconomic status and geographical region. The dataset allows compilation of country health equity profiles.


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## Toolbox 22. Protect future generations



### Resources

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Compendium of case studies. Partnership for the health and well-being of our young and future generations 

### How will it help you?

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This resource includes a global collection of institutional mechanisms and arrangements related to the implementation of the 2030 Agenda. Member States could use this document as it provides examples of lessons learned and evidence-informed case examples of how working in partnership and across sectors can enable complex health problems to be solved. This information is beneficial for Member States when establishing or reforming their own institutional mechanisms and arrangements.

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## Toolbox 23. Tools and resources for acceleration



### Resources

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SDG accelerator and bottleneck assessment 


### How will it help you?

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This tool supports countries to identify catalytic policy and/or programme areas (accelerators) that can trigger positive multiplier effects across the SDGs and targets. The tool could assist stakeholders to identify solutions to bottlenecks that impede interventions to enable the identified accelerators. Specifically, the process allows stakeholders to identify accelerators and drivers that enable progress across the SDGs; identify and prioritize interventions that drive progress on the accelerator; identify

and prioritize bottlenecks to acceleration; identify and prioritize bottleneck solutions; and prepare an implementation and monitoring plan for bottleneck solutions.


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**Strategizing national health in the 21st century: a handbook. Chapter 4: priority-setting for national health policies, strategies and plans** 

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This handbook provides up-to-date practical guidance on national health planning and strategizing for health, including examples of best practice. Stakeholders could use this resource as a guide to support the development of strategic plans for health and well-being and sustainable development. It covers priority-setting exercises in particular contexts such as decentralized and highly centralized settings, fragile states and an aid-dependent environment.


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**Results-based management handbook** 

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This handbook, developed by the United Nations Development Group's Working Group on Programming Issues, aims to facilitate consistency and harmonization through commonly agreed results-based programme management concepts and approaches in the United Nations system. It is intended to support national programme planning, implementation monitoring and reporting based on best practices in the results-based management field.

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**European Programme of Work: flagship initiatives** 

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The WHO Regional Office for Europe has identified four flagship initiatives to complement the European Programme of Work 2020–2025, which sets out health priorities for the 5-year period. These flagship initiatives are intended as accelerators of change, mobilizing around critical issues that feature prominently on the agendas of Member States and for

Toolbox 23 contd


which high-visibility, high-level political commitment can be transformative.


Return 

## Toolbox 24. Strengthening PHC and health systems for UHC



### Resources

Healthy systems for universal health coverage: a joint vision for healthy lives 

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery 


### How will it help you?

This resource provides information for policy-makers and planners about how to improve health system performance through three health system policy areas: service delivery, financing and governance. It describes entry points of action that promote UHC through health systems strengthening. It would be useful for policy-makers and planners when they are investigating policies and approaches to strengthen health systems.

This action framework describes how to transform the delivery of health services in the WHO European Region in order to respond effectively to the health challenges of the 21st century. It anchors action towards principles of PHC for a people-centred health system. The framework for action is aligned to global and Region commitments, values, principles and strategies. Priority areas of action include populations and individuals, service delivery processes, system enablers and change management. This framework is

useful for policy-makers responsible for transforming service delivery in the health sector as it provides them with information about how to identify common challenges in transforming service delivery and describes areas of action required to transform service delivery.


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**Universal health coverage:  
financial protection  
country reviews** 

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This website contains a collection of financial protection reviews for several WHO European Member States. Specifically, each review assesses the impact of out-of-pocket payments on household living standards. It identifies those factors that strengthen and those that undermine leaving no one behind for financial protection; highlights implications for policy; and draws attention to areas that require further analysis. These reviews are useful for policy-makers and planners as they provide robust, context-specific and actionable evidence that could be used in working towards achieving UHC.

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**Can people afford to pay  
for health care? New  
evidence on financial  
protection in Europe** 

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This resource includes an evaluation of financial protection in the WHO European Region, provides information and advice about how to make progress towards UHC and describes how countries can reduce out-of-pocket payments for people most in need of protection. It identifies gaps in health coverage that need to be addressed to reduce financial hardship. Policy-makers and planners in the WHO European Region could use these good practice examples when developing policies and actions that aim for financial protection and to achieve UHC.

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## Toolbox 24 contd

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**Leading health system transformation to the next level: expert meeting** 

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This resource summarizes lessons learned in the implementation of health system reforms at the macro level. Specifically, it would be useful for policy-makers when planning for and implementing health system reforms as it provides advice about how to initiate reforms and how to accelerate or improve implementation. It identifies barriers and constraints in implementation and offers a structured approach to assessing readiness for change and implementation.

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**Global strategy on human resources for health: workforce 2030** 

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This resource provides information about the global strategy on human resources for health, including describing the global objectives for human health resources. It is useful for policy-makers and planners and health stakeholders who are responsible for developing policies, strategies and actions to improve and respond to human resource challenges.

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**Towards a sustainable health workforce in the WHO European Region: framework for action** 

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This resource provides a framework for action towards a sustainable health workforce in the WHO European Region. It is useful for policy-makers, planners and health stakeholders who are responsible for developing policies, strategies and actions to improve and respond to human resource challenges.

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**The toolkit for a sustainable health workforce in the WHO European Region** 


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This toolkit includes information and links to practical resources and publications, including human resources for health assessment, policy and planning tools, and case studies that will assist stakeholders to strengthen human resources for health in a sustainable way. The toolkit is framed around four strategic objectives: education and performance; planning and investment; capacity-building; and analysis and monitoring.

## Toolbox 24 contd

Stakeholders could use this toolkit when developing policies, strategies and actions to improve and respond to human resource challenges.

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**e-Learning Course on Health Financing Policy for universal health coverage (UHC)** 

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This training course is delivered online and covers the core functions of health financial policy, including UHC, revenue raising, pooling of funds and purchasing of services. Stakeholders involved in health financing, health system planning and strengthening, and improving health system performance may be interested in participating in this training, particularly if the country has set the target of achieving UHC.

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**Return** 

## Toolbox 25. Strengthening health literacy



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### Resources

**MILSA: national education platform for civic and health communication** 

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### How will it help you?

The Support Platform for Migration and Health (MILSA) is a research-based support platform project for migration and health that encourages cross-sectoral dialogue on migrant health in Sweden and stimulates community integration and mobilization at the local level. It aims to increase health literacy among migrant populations so that they are provided with important health information to improve their health and well-being. Health and health-related stakeholders could use the recommendations from the project to inform the development of health policy specifically aimed at creating equitable, sustainable

and people-centred health systems that adapt to the health needs of all.

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**Health literacy tool shed**



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This global database has more than 100 tools to measure health literacy. It contains information about tools, a description of health literacy and recommended resources. Policy-makers could use this database when wishing to identify an appropriate tool to measure an individual's health literacy.

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**Draft WHO European  
roadmap for  
implementation of health  
literacy initiatives through  
the life course**



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This resource is useful for Member States when enhancing and strengthening health literacy development over the life course as it provides guidance about the ways to achieve more closely integrated, purpose-oriented and evidence-informed health literacy action. This resource would help to guide and support policy-makers and implementers when developing and implementing national and subnational, stand-alone or integrated health literacy policies or strategies.

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**M-POHL: WHO Action  
Network on Measuring  
Population and  
Organizational Health  
Literacy**



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This platform includes comparative surveys of population health literacy across the WHO European Region, collects data about organizational health literacy and provides data to support evidence-informed policy decisions to improve health literacy, in line with the Health 2030 initiative and other policy frameworks in the Region, including the Shanghai Declaration on promoting health in the 2030 Agenda. This information is useful for policy-makers to inform policy decisions that aim to improve health literacy.

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**Return**




## Toolbox 26. Elements of accountability



### Resources

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SDG accountability handbook: a practical guide for civil society 

### How will it help you?

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This is a capacity development resource to support national-level civil society when holding their government accountable for 2030 Agenda and SDG promises. It is intended to improve understanding of specific approaches and guide them through the practical steps they can take to improve accountability for the 2030 Agenda in their country. It features a variety of distinct approaches civil society can use to monitor and follow up on SDG implementation, as well as country-specific case studies and key resources and tips.


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The Lancet–University of Oslo Commission on Global Governance for Health 

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This report examines power disparities and dynamics across a range of policy areas that affect health and that require improved global governance: economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration and violent conflict.

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The whole of society approach: levels of engagement and meaningful participation of different stakeholders in the review process of the 2030 Agenda. Discussion paper 

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This paper discusses levels of engagement and how participation can be meaningful.

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## Toolbox 26 contd

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Accreditation by the  
Global Alliance of National  
Human Rights Institutions:  
accreditation as of 27  
November 2019 

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This resource provides a list of accredited national human rights institutions.

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Parliament's role in  
implementing the  
Sustainable Development  
Goals: a parliamentary  
handbook 

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Produced jointly by the United Nations Development Programme, the Global Organization of Parliamentarians Against Corruption and the Islamic Development Bank, this handbook is designed to be an easy-to-use resource that can help parliamentarians and parliamentary staff members to play an effective role in implementing the SDGs. It introduces the 2030 Agenda and lists good practices and tools from around the world that can be adapted, as needed, depending on the national context. Parliamentarians are invited to use this handbook as a practical tool to promote engagement on the SDGs.

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Sustainable Development  
Goals: SDGs 

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The International Organization of Supreme Audit Institutions operates as an umbrella organization for the external government audit community. It is an NGO with special consultative status with the Economic and Social Council of the United Nations. Their SDG website provides information on the approaches in which supreme audit institutions can carry audits and reviews with regard to the SDGs.

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Human rights in follow-up  
and review of the 2030  
Agenda for Sustainable  
Development 

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This paper from the Danish Institute for Human Rights gives an overview on the institutional arrangements and ideas that have emerged since the adoption of the 2030 Agenda, and combines this with the

extensive experience and lessons learned from human rights monitoring.

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**Summary reflection guide on a human rights-based approach to health. Guide for health policy makers**



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This quick reference guide is intended to contribute to the efforts of health policy-makers to effectively and meaningfully implement a human rights-based approach to sexual and reproductive health, maternal health and under-5 child health. It complements other tools and builds on two technical guidance documents from the Office of the United Nations High Commissioner for Human Rights that cover human rights-based approaches to the reduction of preventable maternal mortality and morbidity and under-5 mortality and morbidity.

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**Accountability and health systems: overview, framework, and strategies**




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This paper elaborates a definition of accountability in terms of answerability and sanctions; it distinguishes three types of accountability: financial, performance and political/democratic. The role of health sector actors in accountability is reviewed. An accountability-mapping tool is proposed that identifies linkages among health sector actors and assesses capacity to demand and supply information. The paper describes three accountability-enhancing strategies: reducing abuse, assuring compliance with procedures and standards, and improving performance/learning. Using an accountability lens can help to generate a system-wide perspective on health sector reform and identify connections among individual improvement interventions. These results can support synergistic outcomes, enhance system performance and contribute to sustainability.

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## Toolbox 26 contd

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**Blueprint for business leadership on the SDGs: a principles-based approach** 

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A framework for any businesses aiming for SDG leadership. The tool uses a principles-based approach to lead business action to support and contribute towards the achievement of the SDGs. The blueprint illustrates how the five leadership qualities of intentionality, ambition, consistency, collaboration and accountability can be applied to a business strategy, business model, products, supply chain, partnerships and operations to raise the bar and create impact at scale.

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## Toolbox 27. Accountability mechanisms



### Resources

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**Framework for assessing public financial management: improving public financial management. Supporting sustainable development** 

### How will it help you?

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Developed by the Public Expenditure and Financial Accountability programme, this framework has been developed to reflect the changing landscape of public financial management reforms and the evolution of good practices. It identifies seven pillars of performance in an open and orderly public financial management system that are essential to achieve these objectives; it defines the key elements of the system and reflects what is desirable and feasible for measurement.

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**Handbook for the preparation of voluntary national reviews: the 2020 edition** 

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This handbook provides practical information and guidance about the steps countries may take when preparing their VNR.

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## Toolbox 27 contd

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### Voluntary local reviews



This website provides examples of submitted local voluntary reviews, as well as guidance on how to submit one to the HLPF.

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### European handbook for SDG voluntary local reviews



This publication is a Science for Policy Report by the Joint Research Centre, the European Commission's science and knowledge service. It aims to provide evidence-based scientific support to the European policy-making process.

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### Guidelines for voluntary local reviews. Volume 1. A comparative analysis of existing VLRs



This first volume of the series Guidelines for Voluntary Local Reviews provides overview and analysis of all the documents that local governments have issued to review and assess their implementation performance, looking for common traits, comparable variables and the thread binding the voluntary local reviews together.

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### High-level Political Forum on Sustainable Development



The platform provides information about the Forum, its timeline, a link to the VNR database and links to key resolutions and further resources and information.

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### Voluntary national reviews database




The platform provides information about the VNR process, preparatory workshops, links to key documents and a collection of all information from countries participating in the VNRs. Member States can access historic VNRs and, thus, collect experiences and insights from other Member States about how they are adopting the 2030 Agenda to their country context.


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## Toolbox 27 contd

Partners for review.  
Releases analysis of the  
2019 VNRs 

This analysis identifies similarities and differences in the VNRs of Member States submitted to the HLPF in 2019. This information is useful for Member States to understand how others are adopting the 2030 Agenda and could inspire them and provide ideas about how they could implement the 2030 Agenda within their specific context.

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## Toolbox 28. Using and improving data




### Resources

Global indicator  
framework for the  
Sustainable Development  
Goals and targets of  
the 2030 Agenda for  
Sustainable Development 

### How will it help you?

This website contains the most up-to-date global indicator framework, refined annually and reviewed comprehensively by the Statistical Commission. This occurred at its fifty-first session in March 2020 and will also occur at its fifty-sixth session in 2025.


Strengthening civil  
registration and vital  
statistics for births,  
deaths and causes of  
death: resource kit 

For countries with weak civil registration and vital statistics systems, this resource provides key guidance about how they could develop and successfully implement improvement strategies for their systems.

Support tool to assess  
health information  
systems and develop

This tool covers all phases related to health information strategy development. It could be used by Member States to assess the current national


## Toolbox 28 contd

and strengthen health  
information strategies 

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and subnational state of health information systems in their country, with information gained from this assessment used to inform future priority setting and planning. The tool could assist Member States when developing, implementing and evaluating information health systems strategies.


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GATHER: guidelines for  
accurate and transparent  
health estimates reporting 

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These guidelines promote best practices when reporting health estimates. The guidelines could be used by Member States when new global estimates are published to help to ensure data and methods of data collection are appropriately documented.


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Knowledge hub on  
statistics for SDGs 

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This online platform is designed to help countries to develop and communicate statistics and formulate and evaluate evidence-informed policies to implement the SDGs. This hub is useful for Member States to access when evaluating policies and to ensure data and methods of data collection are appropriately reported.

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Guidance note: data  
for implementation and  
monitoring of the 2030  
Agenda for Sustainable  
Development 


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This guidance note contains policy advice, directions and indicative activities for country offices to provide coherent and coordinated support for data and statistics for sustainable development. It explores options for aligning the follow-up and review of the 2030 Agenda with national monitoring and evaluation frameworks, prioritizing SDG indicators for national monitoring, strengthening national statistical capacities and healthy information systems, and leveraging partnerships and innovations.

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Toolbox 28 contd


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Data ecosystems for sustainable development: an assessment of six pilot countries 

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Member States should use this report to gather insights and experiences from six pilot countries that undertook an assessment of the data and statistical ecosystems within their countries. This is helpful information for Member States when developing their national frameworks for monitoring and accountability of SDG delivery and for establishing or reforming national structures and mechanisms for coordination for improved tracking of SDG targets and indicators.


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Counting on the world to act: a roadmap for governments to achieve modern data systems for sustainable development 

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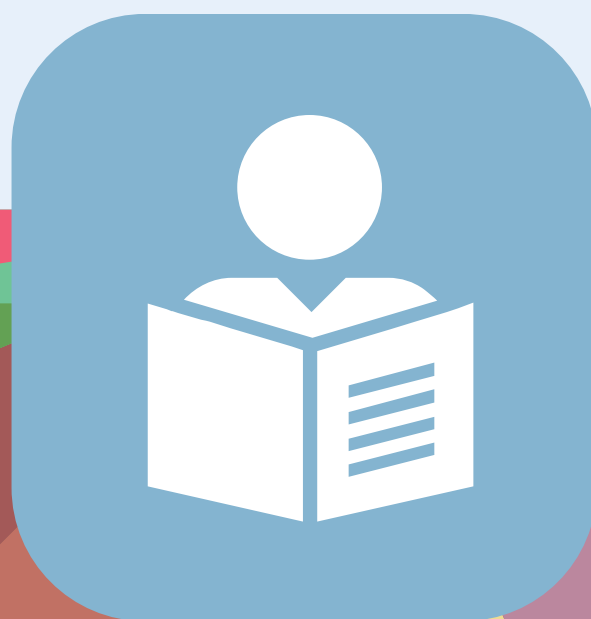
This action plan provides recommendations that are specifically aimed to empower government actors (including data scientists, planning ministers and statisticians) to advocate for, build and lead a new data ecosystem.

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# Annex 3

Case studies



## Case study 1. G7 health ministers meeting and declaration, an example of leadership for health and SDG achievement



The G7 is an organization made up of the world's seven most advanced economies: Canada, France, Germany, Italy, Japan, the United Kingdom and the United States. At the 45th summit in May 2019, a meeting of health ministers resulted in a declaration for inclusive, evidence-informed and sustainable action in global health (14). Health Ministers attending the meeting committed to improving access to health care for all as well as to strengthening PHC. The joint Declaration adopted addressed three goals.

- **Combating unequal access to health care.** PHC should be strengthened to address the needs of individuals in terms of prevention, screening and treatment. Priority-setting included gender equality, particular with regard to women's health.
- **Stepping up the fight against the three major pandemics, AIDS, malaria and tuberculosis.** A series of conferences would be organized to raise new funding to fight AIDS, tuberculosis and malaria, leading to their elimination by 2030, in accordance with the 2030 Agenda.
- **Improving the effectiveness of health systems.** A knowledge-sharing platform would be created with the help of five international organizations. The platform will foster innovation from civil society and promote dialogue supporting PHC.

### Results and impact

The Declaration demonstrates that global health issues remain a high priority on the political agenda and is a commitment to support the achievement of UHC as well as the SDGs. The Declaration was also taken into consideration at other international events in 2019 including the Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations General Assembly; the World Health Assembly and the G20 Health Ministers' Meeting.

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## Case study 2. Global health and the SDGs in the health agendas of major international country groups



The Group of Seven (G7), the Group of Twenty (G20) and the BRICS nations (Brazil, the Russian Federation, India, China and South Africa) are informal governance groups that hold annual summits of heads of state to discuss issues of global importance. The G20 health ministers first met in 2017 to discuss global health and discuss the various priorities that they had set. The BRICS and G7 summits also discuss these priorities and make global health commitments. Members of these groups have considerable political and economic influence and can provide development assistance for health. Through a combination of hard and soft power, health agendas and priorities can be influenced in both member countries and among other global actors. The health agendas and priorities set at these summits can impact global health agendas and the health priorities of member countries, other countries and actors.

### Analysis strategy

A study analysed the health ministers' communiqués from the G7, G20 and the BRICS after the adoption of the SDGs in 2015 (15). It looked closely at the inclusion of health in these global summits and the motivation for inclusion; agenda setting in global health governance; and compliance with the summit commitments.

The different health priorities stated by each summit were compared between summits and against targets in SDG 3 (health and well-being). The content of the communiqués was coded based on the nine health targets, four means-of-implementation targets and seven principles and ways of working, as detailed by SDG 3. A traffic light system was used to assess the quality of the commitments, where green indicated a direct reference or commitment to one of the targets for SDG 3 in a least one of the communications, amber showed a weak or indirect reference and red showed no references.

## Case study 2 contd

### Results and impact

The SDG 3 targets often overlapped with the priorities set by the BRICS, G7 and G20, particularly focusing on emergency preparedness, antimicrobial resistance and UHC; however, areas such as environmental pollution, mental health and maternal and child health strategies differed among the groups. Some health issues, including substance abuse, road traffic injuries, sexual health and health issues associated with burdens of disease, were often lacking in the health agendas. Although all political groups expressed their commitment to the 2030 Agenda, the methods of working on human rights, equity and engagement with non-State actors varied. Considering the economic nature of the three political groups, all did address health issues. The relatively narrow focus on the potential impact of ill health primarily in relation to the economy and trade may not be enough to achieve the 2030 Agenda. To address gaps in the BRICS, G7 and G20 health agendas, the focus would need to expand to examine the other more neglected targets within SDG 3. In addition, supporting a greater commitment to not leaving anyone behind, promoting equity, placing a greater emphasis on health determinants, adopting explicit commitments to human rights and making higher quality commitments would help to cover more of the SDG 3 targets.

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## Case study 3. Communication and awareness raising in the implementation of the SDGs



Communication with all involved actors is essential for implementation of the SDGs. The communication and awareness-raising strategies are primarily national initiatives such as national sustainable development strategies, sustainable development and policy committees, ministries and government working groups (26). Many countries recognize that a proactive information policy is important to successfully implement sustainable development in all levels of society and government. Engagement in SDG communication at the national and subnational level is essential and helps to reach both stakeholders and civil society.

## Case study 3 contd

### **Switzerland's Internet-based strategies**

The Swiss communication strategy involves many different actions and tools. A website dedicated to the 2030 Agenda and the SDGs is available and is regularly updated. The use of an information portal helps to promote transparency about the implementation of the national Sustainable Development Strategy. Vertical policy integration is very important and central to the Swiss strategy. Through the exchange and networking it provides at different levels of government, the Sustainable Development Forum provides a platform to help in vertical integration of policy. It fosters both regional and local sustainability projects and processes and provides technical and logistic support, including a suggested range of activities to connect concerned actors. This promotes dialogue regarding the SDGs and involves civil society, stakeholders and organizations in the process.

However, in Switzerland, there have been challenges in raising awareness through the media, including newspapers, radio stations and television, particularly regarding SDG 3. The difficulties in engaging the media with the 2030 Agenda and the SDGs lie in the complexity of having different agencies linked to specific SDGs depending on their activities. Using press communications for issues regarding health is important for raising public awareness but the public in Switzerland does not have enough knowledge or interest in the SDGs for the media to pass the information on and, consequently, the public remains uninformed. Media outlets need to connect their users with the SDGs so that the idea of the SDGs becomes integrated into everyday life.

### **Estonia's educational plan**

In Estonia, the Environmental Board organized a seven-year educational plan to increase awareness related to sustainable development. The programme includes seminars for teachers in academic and vocational schools to introduce them to the SDGs and support them in integrating these into school programmes.



## Case study 3 contd

### **Social media and videos**

Other educational activities, such as the UNICEF Smurf video, also target children and introduce the concept of the SDGs in a way that is easier to understand and relate to without providing an overwhelming amount of detail. The use of videos can help to make the SDGs more applicable and can help to contextualize them.

Social media is an effective way to increase the public's exposure to, and awareness of, the SDGs in a significant way in a short time period and can keep people informed about what is going on in relation to the SDGs. The social media campaigns in Finland were able to reach over 300 000 contacts using primarily Twitter and Facebook. The social media toolbox included videos, visual material, messages, photographs and examples of how to take part in the implementation of the SDGs. Other tools such as articles, newsletters and smartphone applications allow a fast flow of information and are efficient as a means of keeping track of what is happening. The use of a wider range of tools helps to appeal to different audiences, which is necessary to achieve the SDGs.

### **Lessons learned**

These communication tools aim to promote public awareness of the 2030 Agenda and the SDGs. Some of the main challenges relate to the extensive nature of the 2030 Agenda and its 17 SDGs, which makes it hard for people to connect with it. It is important to integrate the country context into the communication strategy in order to find the best tool or activity to disseminate information. To successfully communicate and increase awareness regarding the SDGs, they need to become relevant to everyday life for the majority of the population.

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## Case study 4. Using individual stories to strengthen policy recommendations



Qualitative data and information derived from participatory approaches have the potential to illustrate and strengthen the policy recommendations in ways that quantitative public health reports may not achieve alone. This might be particularly relevant at the local level where quantitative data are often more limited than on regional or national levels. Qualitative approaches may describe the living circumstances, health and health-related behaviours of citizens and offer opportunities to make connections, including with real-life stories, to relate public health issues closer to communities.



In 2018 the Director of Public Health for Cardiff and the Vale of Glamorgan (Wales, United Kingdom) reported on the barriers people of all ages can face when trying to become more active and used individual stories to bring alive some of these challenges and how organizations can help and support them (30). These stories plus data, infographics and evidence from scientific studies were the basis for comprehensive policy recommendations that also took more upstream measures into account. The Association of Directors of Public Health recognized this report as one of the three best annual public health reports in the United Kingdom.

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## Case study 5. Procedures for public participation in Latvia



A regulation of the Cabinet of Ministers in Latvia in 2009 set out procedures for public participation in the development planning process (32). The rules are binding to the Parliament, the Cabinet of Ministers, state institutions, planning regions and local governments. The purpose of the regulation was to promote efficient, open, inclusive, timely and responsible public participation in the development planning process, thus increasing the quality of the planning process and the conformity of the planning results with the public needs and interests. Public participation would be implemented through formal (e.g. associations, foundations, trade unions, employers' organizations or religious organizations) and informal (e.g. unregistered initiative groups, interest associations) public groups, as well as with individual people (public representatives).

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## Case study 6. The Kyrgyz Republic's SDG Youth Ambassadors



The SDG Youth Ambassadors programme was established to raise awareness of the SDGs and increase the participation of young people in the national implementation of the 2030 Agenda. Currently, 34 young people are a part of the programme and contribute to engagement between young people, civil society, the private sector and government agencies (33). The programme also created a platform for young people to engage with these stakeholders and to talk about national priorities under the 2030 Agenda.

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## Case study 7. Collaborative preparation of a VNR in Belgium



Belgium has provided an in-depth account of their preparation of a VNR and how horizontal collaboration was achieved (34).

In order to prepare this first Voluntary National Review (VNR), a political steering committee, chaired by the Prime Minister was set up. ... Through this committee, a clear division of tasks regarding data collection was established. The Inter-Ministerial Conference for Sustainable Development was responsible for collecting data regarding implementation within the country, the federal Foreign Ministry regarding external action, and the Inter-Federal Statistical Institute regarding statistical data.

Two pen holders within the federal Foreign Ministry were assisted by a close-knit network of focal points, ensuring gathering of additional inputs for the report text and easy contacts with the administrations and policy units within all respective federal and federated government bodies. At various points in time, the contributing administrations as well as the political steering committee were invited to share their insights about the successive drafts of the report. The Belgian VNR report was also discussed in the federal parliament during a joint session of its Committees on Foreign Relations, Environment and Health.

Civil society involvement was ensured at different stages through the Federal Council for Sustainable Development.

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## Case study 8. Examples of intersectoral structures and mechanisms for implementation of the 2030 Agenda in Finland



Finland has instituted mechanisms across sectors to support SDG implementation (40).

**Local authorities.** The regions and municipalities play a key role in implementation of the 2030 Agenda, with two representatives from each region, city and municipal administration sitting on the National Commission on Sustainable Development.

**Parliament.** The Finnish Parliament plays a key role in the national and global implementation of the 2030 Agenda. The National Commission on Sustainable Development and the Development Policy Committee arrange joint events with Members of Parliament to clarify the Parliament's role in activities such as monitoring and assessing implementation.

**Civil society and the private sector.** The National Commission on Sustainable Development and the Development Policy Committee include representatives from key civil society and private sectors.

**National Indicator Network.** Monitoring and review are the responsibility of the National Indicator Network, which examines indicators over the long term and supports monitoring and assessment of sustainable development. The Network is also responsible for supporting international monitoring of SDG indicators.

**Budget.** In its national plan for the implementation of 2030 Agenda, the Finnish Government aims to identify short- and medium-term objectives that are sufficiently tangible for inclusion in budget planning among Finland's various administrative branches. Each administrative branch should incorporate these objectives in its budget proposals, which form the basis for the preparation of the national budget. In the public sector, implementation of the 2030 Agenda will also require budgeting related to objectives across administrative branches, particularly in the priority areas being scheduled for implementation.

## Case study 8 contd

**Auditing.** The Supreme Audit Institution has included in its analytical portal a dedicated space for SDGs. The portal allows citizens to access all past audits related to the SDGs, including verifying their findings and recommendations. Information about all future SDG-related audits will also be captured through the portal. The Institution is currently conducting a performance audit about Government's preparedness to implement the SDGs.


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## Case study 9. Guiding and overseeing implementation of the SDGs in Iceland and Sweden



### Iceland

An interministerial working group guides and oversees the work of the Icelandic Government towards implementing the SDGs. It has mapped Iceland's position for all 169 targets and specified 65 priority targets that will guide implementation of the goals (37). The working group contains representations from the Prime Minister's Office, specific ministries (Ministry for the Environment and Natural Resources, Ministry of Finance and Economic Affairs, Ministry for Foreign Affairs and Ministry of Welfare) and Statistics Iceland, plus the Association of Local Authorities in Iceland. There are also observers from the Youth Council for the SDGs and the UN Association in Iceland. The working group manages the analysis, implementation and promotion of the SDGs, as well as international cooperation on the goals and has overseen the preparation of its first VNR.

[Read further](#) 

### Sweden

Two Ministers in Sweden share primary responsibility for leading and coordinating implementation of the SDGs. The Minister for Public Administration is responsible for coordinating and promoting the implementation of the SDGs nationally, while

### Case study 9 contd

the Minister for International Development Cooperation and Climate coordinates Sweden's international contributions through the 2016 Policy for Global Development and Swedish development cooperation (38). All ministries, however, participate in activities related to the SDGs through Sweden's Inter-ministerial Working Group for the 2030 Agenda. In addition, a consultation group for the 2030 Agenda that includes representation from state secretaries of the Ministry of Enterprise and Innovation, Ministry of the Environment and Energy, Ministry of Finance and Ministry for Foreign Affairs is responsible for reporting feedback to ministers responsible for SDG implementation. The Government has appointed a committee, the 2030 Agenda Delegation, to support Sweden's implementation of the SDGs and encourage dialogue between various stakeholders. The Delegation proposed a draft action plan for the 2030 Agenda in June 2017. Every Ministry has produced action plans for the implementation of the SDGs.

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### Case study 10. Kazakhstan's 5Ps working groups



Kazakhstan established five working groups to support monitoring and implementation of the 2030 Agenda, described as the 5Ps: people, planet, prosperity, peace and partnership. The working groups are cross-sectoral and include representatives from all government agencies, the private sector, civil society, international organizations and independent experts (36).

- People working group is responsible for analysing the issues of poverty eradication, gender equality and ensuring good health and education.
  - Planet working group deals with issues of sustainable use of terrestrial and water ecosystems and climate change.
- Prosperity working group deals with the issues of inclusive growth and economic transformation.

#### Case study 10 contd

- Peace working group considers the targets related to building safe and peaceful societies, strong institutions and justice.
- Partnership working group is responsible for issues related to the implementation of the SDGs, including global partnership issues, resource mobilization, capacity-building and trade.

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### Case study 11. An intersectoral approach to health and sustainable development at the subnational level in the Pomurje Region, Slovenia



Slovenia has experienced significant improvements in terms of economic development as well as population health. The Pomurje Region is the least developed in Slovenia and has the most unfavourable health indicators in the country. Programme Mura was developed in 2002 and piloted in Pomurje as the first national intersectoral programme to reduce health inequity between Slovene regions (39). With a focus on Health 2020, the programme aimed to use local and regional action to promote the 2030 Agenda.

#### Action taken

A programme council was created that included representatives of important stakeholders across all sectors within the Region, particularly those with the potential to have a high impact on inequity such as government sectors, relevant NGOs and CSOs. Key areas were identified where there was the most potential to develop the Region economically, socially and sustainably. Programme Mura focused on four main regional priority areas, which aligned with the SDGs. The actions to achieve them are being implemented through the Regional Development Programme for Pomurje (2014–2020) and an investment-for-health approach. The implementation of the regional programme contributed directly to SDG-related work and the target areas. The areas of focus included:



#### Case study 11 contd

- promoting healthy lifestyle (aligned with SDG 3);
- increasing healthy food production and distribution (aligned with SDGs 3 and 12);
- developing healthy tourism products and programmes (aligned with SDGs 3 and 12); and
- preserving natural and cultural heritage and reducing the ecological burden (aligned SDGs 3,11, 12 and 15).

Programme Mura brought about significant changes in the way that businesses, public institutions and local populations viewed health, promoting it as an investment as well as an opportunity for development.

#### **Challenges and enablers**

There are still many challenges, particularly regarding the cooperation among the different sectors of Government and the private sector in addressing population health and health equity. Institutions need to provide both human and financial resources within budgets and management plans when working to reduce regional health inequities. The development of legal framework for intersectoral action and collaboration could help to overcome these challenges. Intersectoral approaches can be presented in various ways, through strategies, action plans and long-term initiatives with permanent coordinating structures. Interministerial committees are an example of a primary mechanism through which intersectoral action and collaboration could be initiated and implemented.

#### **Lesson learned**

Through the experience in the region of Pomurje, it was found that building human and institutional capacity contributed to the sustainability of intersectoral cooperation for health. Investing in capacity-building is part of an ongoing process that remains open to innovation but is conservative regarding the prioritization of the SDGs. The region demonstrates the importance of advocacy and leadership capacity in promoting health and the SDGs.

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## Case study 12. Engaging with non-State actors in the Federal Council for Sustainable Development, Belgium



The first VNR in Belgium explained the country's "long tradition of involvement and consultation with civil society" and strong interactions with advisory councils (e.g. the Federal Council for Sustainable Development) in all federal and federated entities. These councils bring together different societal groups, including social partners (trade unions and employers' organizations) as well as environmental and development cooperation organizations, consumers, women, young people and academic organizations (34).

The advisory councils are often created by law and are responsible for:

- advising public authorities on various sustainable development policy measures and taking part in political dialogues with members of the Government;
- establishing a forum for the exchange of views on sustainable development, including the organization of stakeholder dialogues in preparation for sessions of statutory bodies, working groups and fora;
- informing and raising awareness with citizens, private sector and public bodies on the subject of sustainable development; and
- proposing research activities in all fields related to sustainable development.




Close collaboration with civil society also exists in terms of raising public awareness of the SDGs.

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### Case study 13. Actions by local authorities to address local and community development in Ireland



The Healthy Ireland strategy recognizes that the achievement of health goals depends on the participation of many sections of society. It proposes a shift towards a broader, more inclusive approach to governance for health that moves beyond the health service, across national and local authorities and involves all sectors of society and the people themselves. To this end, 19 out of 31 local authorities have produced health and well-being plans. Some examples are Healthy Wicklow 2018–2021 (46), coordinated by the Wicklow County Local Community Development Committee in partnership with representatives from Wicklow County Council, Wicklow Children's and Young People's Services Committee and Wicklow Local Sports Partnership among others, and the Healthy Waterford Strategic Plan 2018–2021 (47).

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## Case study 14. Target and indicator identification in Latvia



Latvia has integrated the SDGs into their national planning system and elaborated their SDG targets in Latvia 2030. The goals were then operationalized through the National Development Plan for 2014–2020 and sectoral policies and plans. Policy objectives were linked to the Government budget through a set of specific indicators. Mapping of the SDGs at the target level against Latvian policy was carried out with the support of all ministries, and biannual impact assessments have been carried out for the National Development Plan.

### Strategy

Latvia had a participatory process involving stakeholders in putting together the country's baseline for all SDGs, which was then approved by the Cabinet of Ministers. With the cooperation of experts and ministries, the SDGs were mainstreamed into Latvian policy and mapped according to existing policy documents, outcomes and corresponding performance indicators for the 169 SDG targets. The National Development Plan is a policy tool that includes policy outcome indicators. The mapping of the SDGs showed the place of the SDG goals and targets within Latvian policy hierarchy. It also provided a better understanding of policy coherence and coverage. Mapping of the SDGs against Latvian policy goals occurred in a number of steps.

1. Each of the 169 targets was linked to the performance indicators defined in Latvia 2030, the National Development Plan and other policy documents.
2. The SDG targets were evaluated to see if they were still relevant in Latvia.
3. All the relevant targets were categorized based on whether or not they were reflected in domestic policy, development cooperation or other external dimensions, including any combination of these.
4. The line ministry or other governmental institution responsible for the target, plus any co-responsible ministries or institutions, was identified.
5. International indicators for each of the 169 targets were mapped for

#### Case study 14 contd

comparison purposes. This included official indicators from the United Nations, the OECD pilot project and the Sustainable Development Network.

6. Information from ministries and institutions was collated on the relevance of the SDG targets to the future of Latvia.
7. Conclusions and documents were prepared and a conference organized to discuss the SDG framework in Latvian policy.
8. The conclusions were incorporated into the Latvian VNR.

The National Development Plan and Latvia 2030 have been examined to determine progress and the challenges in achieving Latvia's development goals as a reference for future development planning.

#### **Results and impact**

Information was prepared about each of the SDGs based on the mapping and assessment (52). The report described the significance of the SDGs in Latvia and the progress towards achieving the goals. A statistical analysis was also carried out looking at secondary data on the implementation of both development plans. It used strategic indicators from Latvia 2030 and the National Development Plan as well as other indicators used in the SDG descriptions. Indicators were grouped and trends were assessed using a 2010 baseline. The performance indicators have been used in policy planning, in the analysis process and in evaluating progress on the implementation of the SDGs. The Latvian SDG targets were compared with global indicators and other existing policy objectives and target indicators to help to identify gaps.

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## Case study 15. Forecasting health trends in the Netherlands



In the Netherlands, the National Institute for Public Health and the Environment is legally obliged to regularly report on any important public health development, current or proposed. As part of the reporting process, a public health foresight study has been performed every four years since 1997 under the auspices of the Ministry of Health, Welfare and Sport to help to inform public health policy. The studies have become part of the policy-making process and help to provide policy themes for the Netherlands National Health Policy Memorandum. The latest study was carried out in 2018 (54).

### Strategy

The public health foresight studies are used in the Netherlands as a way to examine how public health and health care would develop in the following 25 years should the current strategies continue to be used. In addition, the studies allow for new developments to be detected and provide options for dealing with major societal challenges that might arise. A multidisciplinary team including experts, stakeholders and citizens contribute to the various stages of the study.

The first part of the study is based on an approach that assumes past trends will continue if no new or reinforced policies are implemented. Using both quantitative and qualitative methods, a comprehensive image is created of the trend scenario and the thematic foresight studies. The trend scenario uses quantitative demographic and epidemiological projections in addition to an inventory of key drivers. The drivers are in relation to mediating factors that affect health care and public health. The thematic foresight studies in 2018 focused on three topics, which were selected based on scoping interviews: health-care demand, wider health determinants (e.g. living environments, labour and education) and technology. The second part of the study operationalizes the results using various options for action to address key challenges. Through a questionnaire given to a diverse panel, the key social challenges can be selected based on their perceived urgency; in 2018 these included cardiovascular diseases and cancer, older people living independently and mental pressures among teenagers and young adults (54).

### Case study 15 contd

The final stage is the options for action, which are developed based on the identified challenges.

#### **Results and impact**

The main findings from the study are synthesized in a concise and integrated form and published in a report; other elements of the study are made available on a dedicated website. The studies have taken on a formal role in the development of national and local health policy, with the Netherlands National Health Policy Memorandum 2020–2023 being based on the challenges identified by the 2018 study. The public health foresight studies have been used as tools to set strategic objectives and to support the integration of long-term thinking into the short-term policy-making process. However, it remains hard for policy-makers and society to see a concise set of challenges outlined for the future and, consequently, there is a need for promotion of intersectoral solutions to deal with complex public health challenges.

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### **Case study 16. Vision 2050, a long-term strategy for Flanders, Belgium**



In Flanders, Vision 2050 sets out a vision for "an inclusive, open, resilient and internationally connected region that creates prosperity and well-being for its citizens in a smart, innovative and sustainable manner" (63).

To inform the process of creating this vision, the Government of Flanders analysed the global and national megatrends and how Flanders related to them. This initial analysis recognized rising health inequalities as a major challenge. In addition to collection of data and identification of trends, an inclusive and participatory approach to the vision-setting exercise was supported by several stakeholder dialogues.

### Case study 16 contd

The well-being of citizens is part of the vision statement. To ensure this, a Health in All Policies approach was proposed as a means to building a "caring society that does not leave anyone behind", recognizing that a number of social, environmental and economic factors determine the health and well-being of citizens. The strategy called for adaptive governance practices to ensure a long-term perspective and to promote cooperation.

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### Case study 17. Promoting healthy, resilient, cohesive and sustainable communities in Wales (United Kingdom)



With the aim to improve social, environmental, economic and cultural well-being in Wales, an Act of the Welsh Government, the Well-being of Future Generations (Wales) 2015, committed the Welsh Government and all public bodies in Wales to take collective action to promote inclusive and cohesive communities and to strengthen resilience at all levels (64). The Act was based on the results of a year-long consultation, the Welsh Conversation, that allowed communities to have a central role in driving and in designing jointly owned policy solutions (65). The Conversation led to policy and legislative changes and increased empowerment, resilience and a greater sense of responsibility by enabling communities to do things for themselves. The Act relies on an integrated collaboration between services, people and communities, a whole-of-society approach, and involves different governmental sectors and levels, a whole-of-government approach.


When implementing similar interventions, it should be considered that the Act was intended to tackle persistent problems, such as health inequalities, climate change and an increasing proportion of older people in the population, through transparent, inclusive and democratic processes. In addition, although Wales is part of the United Kingdom, it has its own Government and a democratically elected Parliament that





### Case study 17 contd

can pass laws in Wales related to health, economic development, education, housing and the environment; this has made legislative and policy changes easier.

Because of the transformative approach adopted and the three dimensions of sustainable development addressed, the Act represents a global model of how SDGs are translated into action at the local and regional levels.

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## Case study 18. National health plan for sustainable health 2021–2030, from all to all, in Portugal



Portugal is, for the first time, drafting its national health plan with a focus on reducing inequalities, without compromising the future of the next generations, as a means to achieve the SDGs by 2030. The national health plan is based upon a logic population health planning model which:

- gives a solid technical foundation and is easily perceived and adopted by all stakeholders;
- allows and encourages intersectoral stakeholders to participate and engage during the building process for the national health plan and to commit to implementing specific actions derived from the strategies for sustainable health, selected jointly, between 2021 and 2030;
- engages the Portuguese mainland and the islands (Azores and Madeira);
- engages national and subnational levels (regional and local); and
- benefits from the advice of an independent intersectoral body, the National Health Council.

The draft strategy was presented and discussed at a public seminar (Health and Sustainable Development Goals: Challenges for a Decade) with more than 200 participants/stakeholders (68), at three workshops (Subnational Planning for Sustainable Health) with participation from all regional and local public health services, the Portuguese Islands focal points (129 participants), the technical and

### Case study 18 contd

scientific National Health Plan Consulting Council and the National Health Plan Stakeholders Commission.

The Commission was established early in the process to facilitate the engagement of key stakeholders, as well as their commitment in its implementation. This Commission involves all sectors, NGOs, independent citizen movements/ organizations (public participation platforms, patients' organizations) and also representatives from all of the Government's ministries.

At the subnational level, local health plans have allowed public health services to work together with municipalities, educational institutes, academia, the private sector, NGOs and community organizations, both within and beyond the health sector, identifying and prioritizing health needs and expectations, and implementing strategies for better sustainable health and well-being through social commitment. The workshops on the development of the strategy have also helped to build capacities for subnational population health planning and the integration of the SDGs.

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### Case study 19. Multilevel governance for tackling and preventing NCDs



Effectively managing NCDs requires a multilevel and multisector governance approach, ensuring coherence among all levels of governance (national, regional and local/city/municipal) and across sectors beyond the health sector.


National policies play a key role in enabling city and municipal governments to take action and implement policies to tackle and prevent NCDs. In a multilevel system, policy coherence is necessary to ensure effectiveness, impact, transferability and scalability during policy implementation. It is important that public health priority-

### Case study 19 contd

setting at regional and national levels is based on priorities identified at city and local levels to ensure that they are appropriately considered.

In contrast to national governments, which often deal with system-wide policies, local governments interact daily and intensively with populations and communities. As frontline implementation partners, municipal governments are key actors in mitigating NCD risk factors, including tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, and encouraging and enabling healthier lives. Local governments play a key role in partnering with health services for service delivery, addressing and tackling risk factors, regulating sales of products such as alcohol, creating smoke-free places, tackling wider determinants of health, mitigating factors that disrupt social cohesion, addressing exclusion and loneliness, providing adequate housing and addressing environmental determinants of health through healthy urban planning.

For example, cities can tackle physical inactivity through healthy urban planning and the provision of green spaces. Parks, playgrounds or vegetation in public and private places can help to ensure that urban residents have adequate opportunities for exposure to nature, that urban biodiversity is maintained and that the quality of urban living is enhanced. They also help to reduce environmental hazards such as air pollution or noise and mitigate the impacts of extreme weather events. All these will improve the health and well-being of residents.

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## Case study 20. Development of voluntary local reviews in Finland



The 2020 Finnish VNR outlined the role of some cities and municipalities in setting goals and measures for promoting the SDGs and implementing the 2030 Agenda at the local level. Cities such as Espoo, Helsinki and Turku have prepared voluntary local reviews, which describe the goals and initiatives being taken at the local level (36). These reviews allow a city to examine its operations in the context of sustainable development and identify areas for development related to its own specific issues, operations and activities.

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## Case study 21. Towards more physical activity in cities



Physical inactivity today accounts for an increasing proportion of deaths and disability worldwide and is associated with significant health-care costs and productivity losses. Across the WHO European Region, many people face barriers to being physically active. Challenges include the continuing dominance of car traffic on roads, with limited provision of integrated options for active transport; issues relating to the accessibility of green spaces and other public spaces for recreation, particularly in the poorer sections of our cities; and a lack of human scale in the design of public spaces that discourages use or makes physical activity impractical or uninviting.

Levels of physical activity are strongly determined by the physical environment. With more than 80% of the Region's population expected to live in urban areas by 2030, cities play a pivotal role in promoting and protecting health and well-being. However, the issue of physical inactivity represents only one of the many challenges facing cities worldwide. This is why there is a strong need for smart solutions that allow cities to simultaneously achieve multiple objectives, such as those relating

### Case study 21 contd

to sustainable transportation and equitable housing policies. Within the Region, there are great examples of cities that have taken the initiative to promote physical activity and to improve the built environment.

Cities in the WHO European Region vary greatly, not only in terms of factors such as size, structure, climate, geographical position, economic prosperity, transport systems and modal splits, but also in a range of more complex factors, including planning traditions; attention and approach to building; social norms and attitudes towards physical activity, cyclists and pedestrians; and legal frameworks.

In a joint publication, the WHO Regional Office for Europe and the Gehl Institute built on previous work and knowledge to set out guiding principles for promoting physical activity in European cities by focusing on different stages of the policy cycle: from government policy development to strategy implementation and design solutions (80). The publication highlights examples: Istanbul and its progress towards a more walkable city; Moscow's transition from large-scale planning for cars to planning for people; Ljubljana's reintroduction of cycling; and Barcelona's approach to reacquiring public spaces for the public. It also provides tools and resources to plan, implement and evaluate future changes in cities.

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### Case study 22. Examples of roles of multilateral organizations in the implementation of the 2030 Agenda



Multilateral organizations can have different roles in the implementation of the 2030 Agenda in countries. In a survey carried out by the WHO Regional Office for Europe in 2019 (41), the following examples of collaboration with international partners were provided.

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**Armenia:** the United Nations office in the country is part of the leadership for the SDG agenda.

**Czechia:** all stakeholders with the exception of international organizations were invited to an open public consultation on the SDGs.

**Latvia:** the national statistical body participates in the United Nations Statistical Commission, which develops and approves the global indicator framework for measuring progress towards the SDGs.

**Poland:** SDG policy implementation is reviewed in collaboration with WHO.

**Switzerland:** the Swiss Federal Department of Foreign Affairs plays a role in international cooperation and efforts by promoting Geneva as a centre of competence, including work on strengthening recognition of Switzerland at the international level and promoting establishment in Geneva of international institutions that are active in sustainable development.

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## Case study 23. Aligning international assistance with national priorities in Serbia



The strategic programming document of the Republic of Serbia, National Priorities for International Assistance 2014–2017 with Projections until 2020, provided a means for increasing the alignment of international assistance with national priorities so that targeted development partner interventions would support national budget spending on policy reforms and avoid duplication of development partner activities, thus increasing their cost–effectiveness (83). The document defines nine separate sectors (justice; home affairs; public administration reform; competitiveness; energy; environment and climate change; transport; human

### Case study 23 contd

resource and social development; and agriculture and rural development), three thematic areas (civil society, media and culture) and two cross-cutting issues (local/regional development and gender equality). This is the first external assistance planning document in Serbia to contain indicators and to set verifiable, annual and midterm targets that can be used for assessing the progress of reforms in each sector or thematic area.

Development work is coordinated by national and international development partners, including the European Union, international financial institutions and bilateral donors through sector working groups headed by the Ministry of European Union Integration of the Government of the Republic of Serbia.

Almost all sectors defined in the document are relevant directly or indirectly to health and well-being. Reforms in public administration, human resources and social development have improvements in the health status of the population as one of the main priorities. Reducing the prevalence of NCDs and strengthening health-care management capacities are some of the areas that have been prioritized to receive international assistance.

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### Case study 24. Donor coordination in Azerbaijan



The VNR from Azerbaijan in 2019 identified its support to the global community in development activities and that the country had transitioned over the previous decade from being a recipient of foreign aid to becoming a donor (36). Azerbaijan provides financial assistance towards capacity development, including in health and well-being, in least developed countries through the Azerbaijan International Development Agency. The Agency coordinates the aid in a goal-oriented manner and provides it within a common framework with relevant state agencies. The use of the Agency platform allows for effective coordination with other donors and for aid

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to be tailored to the priorities of recipient countries. Most international aid provided through the Agency is through multilateral platforms, which allows stakeholders to exchange experiences, build partnerships and ensure effective delivery of aid.

The Azerbaijan International Development Agency has joined the Global Partnership Initiatives, which contributes to the Global Partnerships for Effective Development Co-operation. This was described in the VNR as being important to Azerbaijan as it will build global awareness about their donor activities and expand their global partnership relations.

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## Case study 25. Applying a Health in All Policies approach through a health impact assessment of the air quality strategy in Andalucía, Spain



Andalucía is one of the 17 autonomous communities in Spain and is located at the most south-western point of mainland Europe. The Andalucía Health Plan passed in 2003 defines the actions to be taken by the different departments using the Health in All Policies approach (85). As regulated in the Andalucía Public Health Act (2011), a health impact assessment is a compulsory element of all sectoral plans and programmes approved by the regional Government, which included the draft Andalucía Strategy on Air Quality.

### Action taken

The health impact assessment for the proposed air quality strategy occurred in three phases and seven different stages. There is a strong need for participation throughout the strategy development process and the assessment can identify where actions are needed.

#### 1. Description phase

stage 1: description of activity

stage 2: description of affected population and environment.



## 2. Assessment phase

stage 3: identification of potential effects on determinants of health

stage 4: preliminary analysis (decision on depth of the analysis)

stage 5: relevance of impacts

stage 6: in-depth analysis.

## 3. Concluding phase

stage 7: presentation of the conclusions of the assessment.


The assessment demonstrated that the strategy would have a significant impact on the health of the Andalusian population, indicating the affected and vulnerable populations. Activities would need to focus on these populations and include increased public awareness of the relevance of the domestic, business and institutional sectors as sources of emissions.

### Challenges and enablers

There are many challenges related to using health impact assessment as a tool for implementing a Health in all Policies approach. These include administrative barriers, bureaucratic requirements, management overload, increase in expenses, restructuring of personnel, opposition from substantive bodies (environmental, urban and municipal) and a need for coordination of procedures among different administrations and for consistency in pronouncements.

### Lesson learned

The experience in Andalucía identified the essential elements required when a Health in all Policies approach is put into practice: strong political leadership with good negotiating skills and the ability to create strategic alliances; internal strategic planning; multilevel (both political and technical) administrative coordination; advocacy; and cooperation. The use of a health impact assessment allows for greater transparency and accountability when initiating public policies and helps to support implementation.

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## Case study 26. Assessing social and economic impact of COVID-19 and its containment measures on health equity in North Macedonia



To support countries in recovery and transition from COVID-19, the WHO Office for Investment for Health and Development in Venice, Italy, has developed a tool to assess the social and economic impact of COVID-19 and its containment measures on health and health equity (88). The tool is currently being piloted by North Macedonia, and a summary report of early findings in this country informed a dialogue on the investments for levelling-up in times of the COVID-19 crisis in North Macedonia in December 2020. As discussed during the dialogue, early results from the assessment have revealed the way in which COVID-19 has exacerbated pre-existing health inequities and has also contributed to generating new inequities. For example, the Shtip and Kumanovo regions of North Macedonia scored lower on the Human Development Index than other regions in the country before COVID-19, and they have experienced some of the highest incidence and mortality rates from COVID-19 in the country since its onset in spring 2020. These early findings in North Macedonia illustrate that investing in health and levelling up to build back better is critical not only to ensure better health outcomes but also to prevent uneven development and to strengthen social cohesion across countries.

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## Case study 27. Legislation to protect future generations in Wales (United Kingdom)



Wales (United Kingdom) is one of the first nations to have made a legal requirement for sustainable development (in 1998). There have been a number of successive schemes to promote sustainable development at both the national and local level. Through legislation and the dedication of both legal and policy resources, the Welsh Government pledged to make sustainable development the central organizing

## Case study 27 contd

principle of public services (89). Health and well-being is recognized as an important prerequisite for achieving economic growth, reducing poverty, supporting social capital and improving labour productivity. It is also recognized that public health issues require more sustainable solutions to address the complex health and social problems present in Wales.

### **Actions taken**

Wales developed its legislative proposals in alignment with the SDGs development process. The Well-being of future generations (Wales) Act 2015 (64) was based on a year-long consultation, the Welsh Conversation (65), which involved the public in the decision-making processes. This participatory approach achieved support from nongovernmental actors, stakeholders and the public to develop both national and regional policies (see [Case study 17](#)). The Act helped to strengthen efforts to tackle important intergenerational challenges and demonstrated the commitment in Wales to sustainable development.

The Act determined the changes that public bodies needed to make to adhere to sustainable development priorities, tackle complex health and societal problems and mobilize civil society to help, serve and sustain future generations. The Act provided a framework and new duties for public bodies and encouraged them to work in a different way. Since 2016 all public bodies in Wales have been working towards a legally binding common purpose and to achieve the seven well-being goals (prosperous, resilient, healthier, more equal Wales with global responsibility, cohesive communities, vibrant culture and thriving Welsh language) using the five ways of working approach to shape what they do, how they do it and how it is communicated: long-term objectives, prevention, integration, collaboration and involvement.

The Act specifies the duties of the Welsh Government to establish guidance and to provide future trends information, national indicators and milestones. The Act used an Early Adopters Programme to support the participating public bodies (e.g. local authorities and national parks) in the development of tools, training materials, resource packages and so on. Through the development of tools, the

## Case study 27 contd

programme helped local authorities to assess their progress in complying with the Act. The Early Adopters Programme fostered a dynamic environment of organizational and leadership change, promoting discussions and engagement at all levels.

As a key stakeholder, Public Health Wales recognized the unique opportunity the Act presented in working towards Health in All Policies and finding sustainable solutions for the complex poverty and health inequalities within Wales. A Health and Sustainability Hub was created to help organizations to meet the Act's requirements and to act as a change catalyst. The Hub provided a baseline assessment of change readiness for initiation of the Act and was also involved in the development of Public Health Wales' well-being objectives. Other resources, such as a Public Services Board, were also developed to facilitate and support the implementation of the Act.

Health impact assessments are often recommended by the Welsh Government and are obligatory under the Public Health (Wales) Act of 2017. A health impact assessment was carried out to ensure that short- and long-term impacts of policies and projects were considered in the implementation of the Act. The assessment supported progress towards the achievement of Health in All Policies and ensured that health is considered across a range of activities, including the development of policies, plans and projects outlined by public bodies.

### **Challenges and enablers**

The Act was developed based on widespread consultation with communities across Wales and a broad range of responses from public bodies. It enabled organizations to identify their contributions and the solutions in tackling complex issues while collaborating with others. However, transformative legislation on this scale requires organizations to make large-scale changes, which can present overwhelming challenges. In addition, the five ways of working defined by the Act are also complex and each has its associated challenges.

To deal with these challenges, organizations can use the Act to shape their thinking and action. The implementation of the Act relies on strong and transparent

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leadership at all levels and willingness on behalf of public bodies to engage and seize opportunities to shape their actions. The use of the five ways of working was essential in bringing the Act into practice, as they articulate the sustainable development principles and provide a means of identifying areas where change is needed. Although Wales is still undergoing a devolution process, there are clear factors that have contributed to the implementation of the legislation. Timing and opportunity were also essential to facilitating the alignment of Wales' policies on sustainable development. The support of key stakeholders and large-scale public involvement helped to shape the Act and has also enabled the implementation of Health in All Policies.

### Lessons learned

The Well-being of Future Generations Act in Wales provides the opportunity for organizations to think differently, work in new ways and help to contribute to the well-being of the population. The Act helps to facilitate a win-win strategy and creates a common language and purpose for intersectoral working at national, regional and local levels. The integrated approach used for policy and service planning provides an opportunity to identify how and where health supports other agendas and vice versa. The use of the five ways of working model and national indicators help to show how a wide range of public services need to develop and act. The Act promotes the use of a preventive approach, requiring all public bodies to demonstrate how they are preventing problems from occurring. The sustainable development principles are integrated into the remits of public bodies, which helps in the development of new approaches to their work.

Because the legislation supports the use of a Health in All Policies approach, a larger spectrum of health determinants can be addressed including issues such as inequality, violence and obesity. More positive outcomes in Wales are supported by informed decision-making and accountability mechanisms, collaboration among partners to develop shared approaches and the involvement of local communities.

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## Case study 28. Iceland's commitment towards global sexual and reproductive health and rights



Iceland's committed towards ensuring sexual and reproductive health and rights in low-income Member States is evidenced by the following actions in other countries, which were outlined in its VNR (36):

- tripling its core contribution to United Nations Population Fund, which is responsible for ensuring sexual and reproductive health and rights in low-income countries;
- supporting and leading projects aimed at eradicating poverty;
- providing ready access to contraception;
- supporting measures to reduce HIV transmission;
- ensuring safe birth delivery;
- ensuring mothers and children have equitable access to PHC; and
- investing in sexual and family education.


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## Case study 29. Examples of health literacy interventions in countries in the WHO European Region




### Legislation and policy

**Austria.** The Ministry of Health in Austria decided upon 10 new health targets in 2017 for the next 20 years (103). One of these targets includes strengthening health literacy in the population (Gesundheitskompetenz der Bevölkerung stärken) and more specific to empower patients and to design health information specific for target groups to improve health literacy.


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## Case study 29 contd

**Portugal.** To improve the ability of individuals to access, understand and use correct information to maintain good health, Portugal has initiated a Health Literacy Action Plan, which encourages the active participation of its citizens in health-care decisions (104). The Action Plan focuses on people-centred interventions, increasing health literacy levels among the Portuguese population in a sustainable way; enhancing the ability of people to navigate the Portuguese National Health Service within the context of their everyday lives; and improving self-care and disease management.


Read further 

**Scotland (United Kingdom).** NHS Scotland has developed two consecutive health literacy action plans. The latest builds on the evaluation of the first and aims to improve how services are designed and delivered in the future (105). It incorporates the perspective of realistic medicine to better support people's needs through shared decision-making.

Read further 

### Improvement of services

**WHO Regional Office for Europe.** M-POHL has been launched by the WHO Regional Office for Europe to bring value to national health literacy efforts by institutionalizing regular, national surveys on population health literacy and organizational health literacy (106). The evidence obtained can inform national and local policy-making and interventions.


Read further 

### WHO's Global Coordination Mechanism on the Prevention and Control of NCDs.


The National Health Literacy Demonstration Projects were launched to advance international health literacy practice and support accelerated progress in countries

## Case study 29 contd

towards realizing high-level commitments for the prevention and control of NCDs (107).


Read further 

**Sweden.** The MILSA platform is the national education platform for civic and health communication, with links to other relevant fora (108). It was developed by Partnership Skåne coordinated by the Skåne County Administrative Board as part of its Government mandate to support regional and national capacity in the reception of newly arrived refugees and migrants. The MILSA platform provides training for health educators working with refugees and migrants in local communities as well as courses for the refugees and migrants (see [Case study 31](#)). Health literacy forms the core of the training provided, and the MILSA project also conducts knowledge- and research-based development work to support sustainable approaches.


Read further 

### **Behavioural interventions**

PACCTS (proactive, call centre treatment support) intervention. This is based on several behavioural change theories, including patient-centred care and motivational interviewing, and uses tele-carers. The focus is on increasing patients' knowledge and understanding of diabetes and individual self-management elements (monitoring blood glycated haemoglobin, diet, exercise and medication adherence) as well as general self-care to enable and sustain good levels of control (109).

Read further 

**Heart skills.** A complex intervention in Denmark has targeted the development of specific health literacy interventions for staff of a cardiac rehabilitation unit and the patients attending the unit in order to improve patients' self-management for cardiac rehabilitation (see [Case study 30](#)) (110).


Read further 



Case study 29 contd

### Innovative approaches

**RheumaBuddy.** This digital app provides support for patients with arthritis (111). It helps to improve self-management and empowers patients to gain greater control of their arthritis. The app provides a better overview of disease patterns and helps patients to personally decide what can be done to influence the disease in a more positive direction. It also features a platform where patients can "buddy up" for social support.

Read further 

**Scotland (United Kingdom).** NHS Scotland increases the public awareness of health literacy issues through the use of the Health Literacy Place website and social media (112). It has become the main source of health literacy information by providing evidence, tools and good practice examples.

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### Case study 30. Heart Skills Project for health literacy in Denmark



The Heart Skills Project in Denmark aims to develop specific health literacy interventions targeting participation and health outcomes in people referred to a cardiac rehabilitation unit in a Danish municipality. Patients' understanding of their condition and its self-management and their ability to navigate the health system play central roles in recovery and in prevention of complications. These competences are dimensions of health literacy, and low health literacy is strongly associated with the prevalence of cardiac conditions and with cardiac risk behaviour. A needs assessment of the Heart Skills Project focused on both the health literacy of individuals and the health literacy responsiveness of the unit. The overview of the capacity for health literacy responsiveness of the unit was used

### Case study 30 contd

to initiate a transformation to the use of health literacy to guide future approaches in identifying and managing vulnerable patients. Patients, staff and managers participated in designing workshops where ideas could be generated for improving patients' participation and attendance. Based on these processes, the Heart Skills Project is moving on to test the best interventions in the rehabilitation unit focusing on patients' social support and support by health-care providers (110).

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### Case study 31. The MILSA education platform in Sweden



The MILSA education platform is a national project hosted by the counties in Sweden that aims to develop capacity for quality-assured civic orientation and health communication for newly arrived refugees and migrants (113). The project educates civic and health communicators while also supporting cooperation and joint knowledge development for actors working in related sectors. The intention is to increase support and knowledge for newly arrived migrants to help them to develop into knowledgeable, capable and democratic citizens with self-confidence and abilities to make their own informed choices. MILSA also supports the conviction that peaceful political and social change is possible and that everyone can be part of this change and help to develop Swedish democracy as an equal, inclusive, multicultural, peaceful, respectful and effective political community. The introduction programme for newly arrived refugees and migrants and their families encompasses different actors, such as municipalities, government institutions and civil society. It has 10 modules and uses a variety of methods to teach about human rights and fundamental democratic values, individual rights and responsibilities, the organization of the Swedish society and everyday life in a Swedish context.

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## Case study 32. Leaving no one behind: development of policy on health services for transgender people, Malta



In 2018 the Maltese Government took concrete steps to improve civil liberties and health services of lesbian, gay, bisexual, transgender, intersex, and questioning people. The LGBTIQ Action Plan 2015–2017 provided legislative details on how to fight orientation and gender discrimination. When the Action Plan came into force, harmful conversion practices were outlawed and gender change was legalized (136).

### Strategy

With a high level of political commitment and strong leadership from the Ministry of Health, a participatory approach was used involving Government ministries, multidisciplinary teams and the local lesbian, gay, bisexual, transgender, intersex, and questioning community. Policy formulation was inclusive and innovative as both policy-makers and users were involved in its creation. While scientific evidence formed the basis for the development of clinical services, the use of a participatory approach with stakeholder meetings and a commentary process ensured feedback from civil society and consensus.

The first step in the process was to ensure that legislative changes were made to include "gender identity and sex-characteristics-related conditions" as a statutory condition. This allowed for transgender people to access free hormone therapy. A Gender Well-being Clinic was set up that provided gender-affirmative health-care services, tailored to the needs of the users, with a multidisciplinary team. The change in Maltese policy and improving health services for the transgender population helps to address SDG 3 (health and well-being) and SDG 10 (reduced inequalities).

## Case study 32 contd

### Results and impact

It is still early to fully assess the impact of this policy change. However, initial results show positive user response to the inclusive approach and increased collaboration between the transgender community and the Health Policy Department. It has changed the trend in health service use among the community.



The Maltese example shows the importance of contextualizing policy and defining the parameters of the services being offered. The legislation was novel as it legalized gender change based on self-determination without the need for prior medical treatment. There has been a need for substantial legal input to ensure conformity in its implementation. The Government's commitment to providing care, health and well-being for all, as well as leaving no one behind, is illustrated in this example.

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## Case study 33. SDG implementation with cross-society participation in Poland



In Poland, the Coordination Committee for Development Policy is a central platform for monitoring the country's development management process. It designated a special team to review SDG implementation and the coherence of the Polish Strategy for Responsible Development with the 2030 Agenda (41). The team was wide ranging in its composition, including representatives from many areas: individual ministries and Statistics Poland; regional and local level government; socioeconomic partners, such as organizations of employees or employers, and youth organizations; academic institutions; and multilateral organizations such as United Nations agencies (including WHO). Public consultations were conducted at national and regional levels both electronically and by seeking the opinions of specific communities and stakeholder groups.

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## Corrigendum

**E4As guide for advancing health and sustainable development.  
Resources and tools for policy development and implementation.**

**ISBN: 978-92-890-5577-2**

Case study 18. National health plan for sustainable health 2021–2030, from all to all, in Portugal: the word ‘sexual’ has been corrected for ‘sustainable’ in the second bullet point.

These corrections have been incorporated into the electronic file on 10 September 2021.

## The WHO Regional Office for Europe

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

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**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

**Email:** [eurocontact@who.int](mailto:eurocontact@who.int)

**Website:** [www.euro.who.int](http://www.euro.who.int)

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