Supporting mainstreaming and elevating health and well-being in the United Nations Sustainable Development Framework

GUIDANCE NOTE

ABSTRACT
This guidance note is a tool that can be used by UN agencies and development partners that have a role and an interest in health, development and humanitarian support to support mainstreaming and elevating health and well-being into the United Nations Sustainable Development Framework process. It details evidence, explains the reasons why we should prioritize and invest and health and well-being, and outlines what the specific health priorities are and how partners can collaborate better.

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FOREWORD

Good health is not only an outcome of sustainable development but also the fundamental ingredient upon which inclusive, resilient, equitable societies and economies are built. The COVID-19 pandemic has underlined that the attainment of good health and well-being requires enhanced international cooperation and joint action across multiple sectors and settings. This guidance note for the United Nations Sustainable Development Cooperation Framework (UNSDCF) explains how United Nations agencies that have a role and an interest in health, development and humanitarian support can work together to provide collective support to countries to help them to achieve the health-related Sustainable Development Goals (SDGs) and close health gaps across Europe and central Asia.

In 2021 the Issue-based Coalition on Health and Well-being (IBC-Health) adjusted its terms of reference, shifting gear to become a group united for health, streamlining joint United Nations health and well-being action and support across the Region. Responding to country needs is at the centre of the IBC-Health's objectives, and this guidance note is a result of the closer collaboration.

The guidance note is intended for United Nations country teams, resident coordinators and other key development stakeholders. It provides the "why, what and how" to elevate health in the United Nations sustainable development context. It offers evidence, explains the reasons why we should prioritize and invest in health and well-being, and outlines what the specific health priorities are and how partners can collaborate better. Such efforts to elevate health and well-being issues in the UNSDCF process are fundamental to achieving the health-related SDG targets and implementing the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe". The United Nations Regional Collaborative Platform and the 53 Member States of the WHO European Region endorsed and continue to support action to deliver the European Programme of Work.

The UNSDCF instrument is critically important for a country. This framework sets a country's development priorities, supports implementation of the 2030 Agenda for Sustainable Development and can provide the foundation that enables an equitable and resilient recovery from COVID-19. It is critical that health and well-being issues are discussed in the UNSDCF and are prioritized within the document to drive country impact in response to and recovery from COVID-19 and to achieve better and more equitable sustainable development and health for all at all ages.

I want to thank the IBC-Health members for developing this UNSDCF guidance note and engaging with United Nations system stakeholders and partners in the process. The IBC-Health, with support from United Nations agencies, is ready to work with Member States to strengthen health and well-being outcomes and to achieve the health-related SDGs in the Region.

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ABBREVIATIONS

2030 Agenda	2030 Agenda for Sustainable Development
IBC-Health	Issue-based Coalition on Health and Well-being
EPW	European Programme of Work, 2020–2025 – "United Action for Better Health in Europe"
FCTC	Framework Convention on Tobacco Control
GAP	Global Action Plan for Healthy Lives and Well-being for All
NCD	noncommunicable disease
SDG	Sustainable Development Goal
UHC	universal health coverage
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNCT	United Nations country team

INTRODUCTION

Health and well-being can no longer be understood separately from the health of the planet, as economic growth alone does not guarantee improvement in population health or environmental sustainability. The role that health and well-being plays in achieving sustainable development is crucial.

The 2030 Agenda for Sustainable Development (2030 Agenda) is guided by global solidarity and partnership aimed to mobilize the necessary resources to lift the poorest and most vulnerable out of poverty and promote health and well-being for all. In 1987 the United Nations Brundtland Commission defined sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" *(1)*. Health and well-being are essential elements in all dimensions of sustainable development – social, economic and environmental – and support interactions across dimensions *(2)*. The 2030 Agenda contains 17 Sustainable Development Goals (SDGs), with SDG 3 specifically related to health (ensure healthy lives and promote well-being for all at all ages). However the SDGs are interdependent and all 13 targets of SDG 3 depend on and mutually reinforce the achievement of other SDGs. SDG 3 targets benefit from action and progress across all sectors and settings. Investment in health and well-being drives (directly through the health sector) and enables (indirectly through other sectors) sustainable development, empowering people to achieve the highest attainable standard of health for all *(3)*.

Elevating and prioritizing health and well-being within a country and ensuring sustainable and equitable investment is essential to achieving the outcomes outlined in the WHO European Programme of Work 2020–2025 – "United Action for Better Health in Europe" (EPW) and overall achieving better, more equitable and sustainable health and well-being for all at all ages *(4)*. The EPW shapes the WHO European Region's contribution to WHO's Thirteenth General Programme of Work 2019–2023 and aligns the work of the WHO Regional Office for Europe with the Programme's Triple Billion Targets *(5)*:

- one billion more people benefiting from universal health coverage (UHC)

- one billion more people better protected from health emergencies

- one billion more people enjoying better health and well-being.

The Targets are the centre of the health sector's contribution to the SDGs globally. Overall, the EPW calls for greater investment in public services, social protection, health systems, education, water, sanitation, digital connectivity and planetary health.

PURPOSE AND AUDIENCE

This guidance note is designed to support mainstreaming health and well-being in the 2030 Agenda into the United Nations Sustainable Development Cooperation Framework (UNSDCF) process. The primary audience includes United Nations country teams (UNCT), resident coordinators, WHO country offices and WHO representatives. The guidance note can also be used by members of the Issue-based Coalition on Health and Well-being (IBC-Health) and technical officers from the WHO Regional Office for Europe in their support through the UNSDCF process.

WHAT IS A UNSDCF AND WHY IS IT IMPORTANT TO ELEVATE HEALTH WITHIN IT?

The UNSDCF is the most important instrument for planning and implementation of the United Nations development activities at country level in support of the implementation of the 2030 Agenda. The UNSDCF guides the entire programme cycle, driving planning, implementation, monitoring, reporting and evaluation of collective United Nations support for achieving the 2030 Agenda. It determines and reflects United Nations contributions in the country and shapes the structures and arrangement mechanisms of the United Nations inside and outside the country. It serves as a good entry point for health and well-being issues to be included in various country programme documents of various United Nations agencies.

The UNSDCF is nationally owned and anchored in national development priorities, the 2030 Agenda and the principles of the United Nations Charter. Given that a UNSDCF document will guide a country's development priorities for almost a decade, it is crucial to ensure health and well-being issues and goals are well reflected in it.

WHY SHOULD WE PRIORITIZE AND INVEST IN HEALTH AND WELL-BEING?

The returns on investing in health and well-being

Health improvements stimulate economic development; in low- and middle-income countries health improvements have led to approximately 11% of economic growth *(6)*. Between 2000 and 2011 about 24% of growth in full income in low- and middle-income countries resulted from health improvements and the value of additional life-years gained *(6)*.[1] In the same period, the value of the annual increases in life expectancy has been the same as a 1.8% annual increase in gross domestic product in those countries *(6)*.

Even in high-income countries, effective public health policies and investment in the health-care system provide long-term benefits. Specifically, local and national public health interventions are highly cost-saving, showing a return of 14.3 for each unit invested *(7)*. For example, in the United Kingdom, it is forecast that an effective public health policy could save over £30 billion a year for the National Health Service by 2022–2023 *(3)*.

The economic value of health improvements provides a strong rationale for improved resource allocation across sectors *(6)*. There are positive outcomes from improved health on labour productivity, education, access to natural resources and the ratio of workers to dependants.

Moving towards UHC to achieve better health and financial protection

The COVID-19 pandemic has shown us the importance of good health and well-being for people, society and the economy. Furthermore, it has shown the vital role public spending plays in securing good health. Specifically, compulsory and prepaid financing helps countries to make progress towards UHC. Low levels of public spending on health are associated with weak financial protection and high levels of unmet need for health services, particularly among poorer households and vulnerable populations *(8)*.

Many countries across the WHO European Region responded to the COVID-19 pandemic by allocating exceptional budgets to the health sector. Significant and increased public investment in health needs to continue to address the backlog created by widespread disruption to health services; to mitigate the negative health effects of foregone care, unemployment and poverty; and to ensure that health systems are prepared for future shocks *(8)*.

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1 The value of health investments over a time period is given by the growth in a country's full income, which is the income growth measured in national income accounts plus the value of additional life-years gained in that period.

Health systems are also vulnerable to shocks if public spending on health relies heavily on employment (social health insurance schemes), with entitlement to health services linked to health insurance status *(8)*. Removing the linkage of entitlement from payment of contributions so that people can access health care regardless of health insurance status will reduce financial barriers to access *(8)*. Spending on health is a political choice and all governments have choices about how much of the government budget to allocate to health (Box 1 and Fig. 1) even though some countries may have fewer budgetary options.

Progress towards UHC requires constant efforts to ensure that everyone can access the quality health services they need without experiencing financial hardship. There is evidence of a strong positive relationship between the incidence of catastrophic health spending and the out-of-pocket payment share of current spending on health. The higher the share of out-of-pocket payments, the higher the incidence of catastrophic spending (Box 2 and Fig 2 and 3). Out-of-pocket payments can create a financial barrier to access, resulting in unmet need for health care and may lead to financial hardship for people using health services *(10)*. Weak financial protection may force some people to choose between health care and other basic needs such as food and housing. It can lead to or deepen poverty, deteriorate health and widen inequalities *(10)*.

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Box 1. Spending on health is a political choice

Although fiscal capacity is more limited in middle-income countries, governments in countries in all income groups have choices about how much of the government budget to allocate to health. Giving greater priority to health in middle-income countries would narrow the gap with high-income Member States in the WHO European Region. Although there is no universally accepted standard of what share of the government budget should be spent on health, 22 out of 52 countries in the Region allocated less than 12% of the government budget to health in 2019 (Fig. 1) *(9)*.

Fig. 1. Public spending on health as a share of government spending in the WHO European Region, 2019
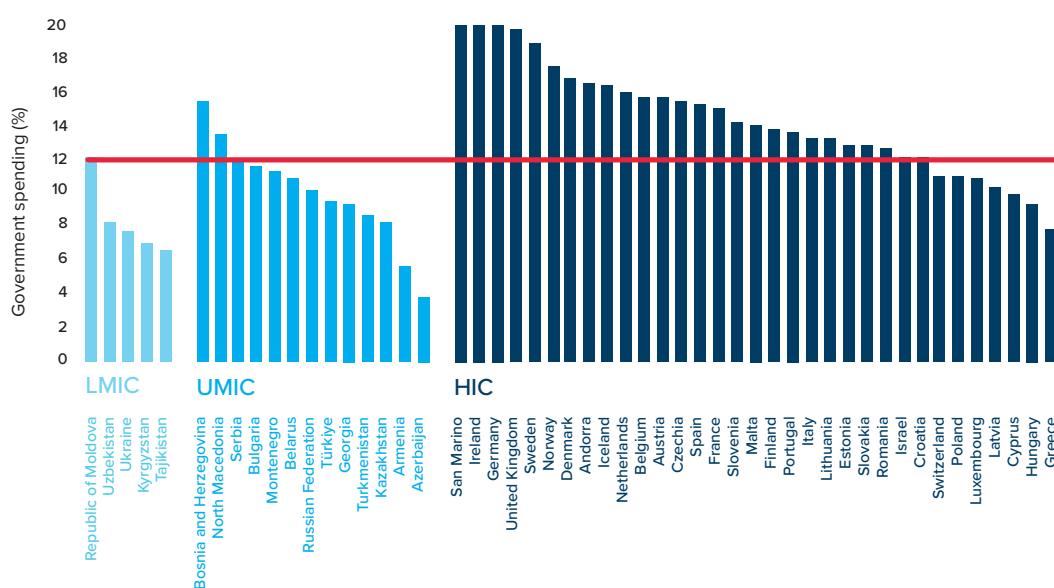
Notes: HIC: high-income countries; LMIC: lower-middle-income countries; UMIC: upper-middle-income countries; Tajikistan (a low-income country) is included in the LMIC group; the red line indicates public spending on health at 12% of the government budget; data for Albania are missing.

Source: WHO, 2020 *(9)*.

Box 2. High out-of-pocket spending weakens financial protection

The higher the share of out-of-pocket payments, the higher the incidence of catastrophic spending. When out-of-pocket payments exceed 15% of current health spending, it is difficult to maintain strong financial protection (Fig. 2) *(9)*. In 2018 the out-of-pocket payment share was over 15% in 39 out of 52 Member States in the WHO European Region, and in six it constituted more than half of all spending on health (Fig. 3) *(9)*.

Fig. 2. Incidence of catastrophic health spending and out-of-pocket payments as a share of current spending on health, latest year available
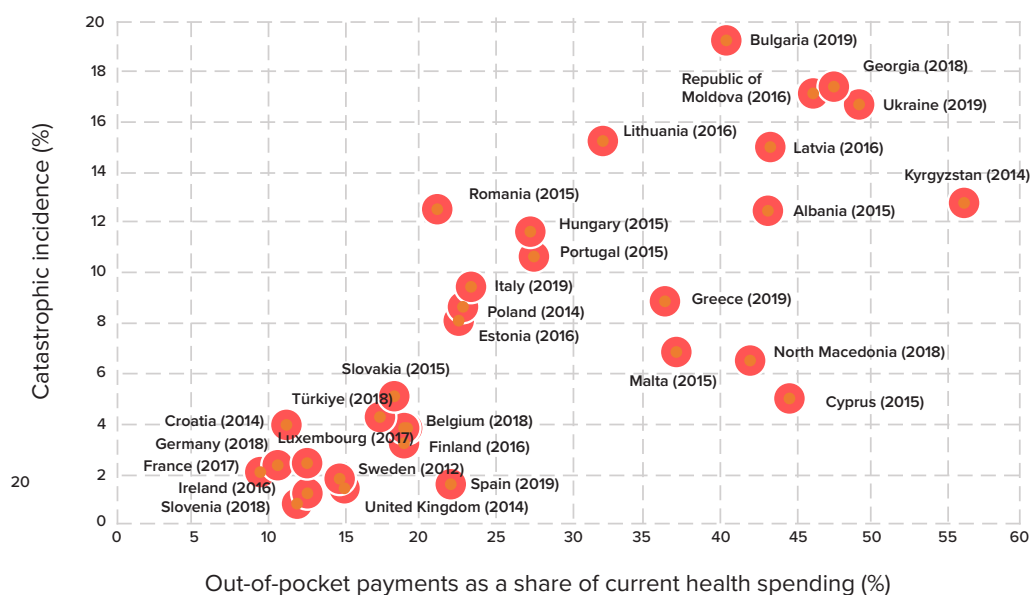
Note: data on out-of-pocket payments are for the same year as those for catastrophic spending.
Sources: WHO, 2020 *(9)*; WHO Regional Office for Europe, 2019 *(10)*.

Box 2 (contd)

Fig. 3. Out-of-pocket payments as a share of current spending on health in the WHO European Region, 2019
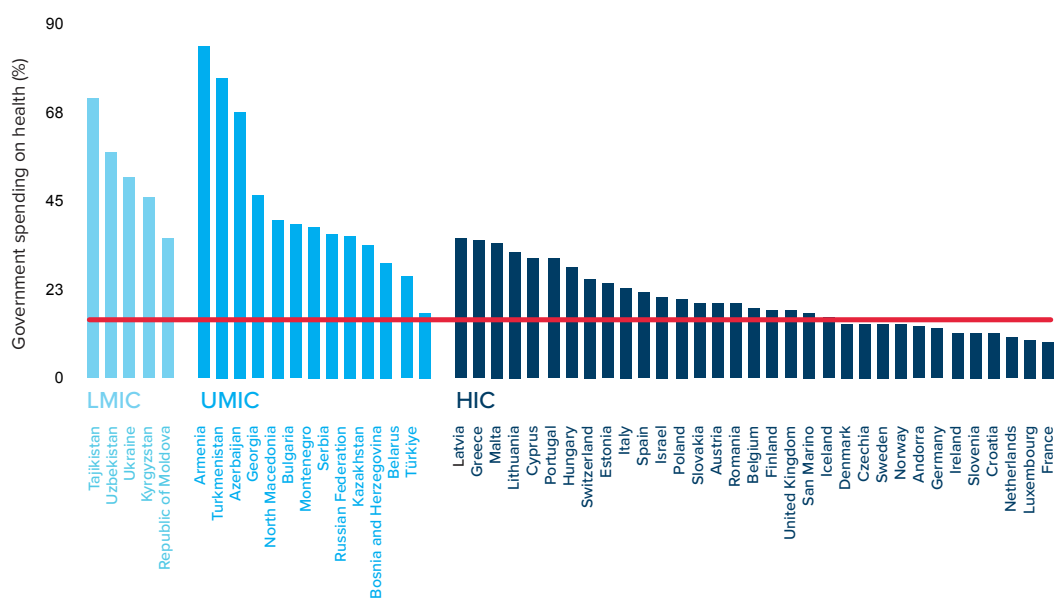
Notes: HIC: high-income countries; LMIC: lower-middle-income countries; UMIC: upper-middle-income countries; Tajikistan (a low-income country) is included in the LMIC group; the red line indicates out-of-pocket spending at 15% of current spending on health; data for Albania are missing.
Source: WHO, 2020 *(9)*.

Better protection against health emergencies

The COVID-19 crisis has demonstrated how disruptive emergencies can be. Investing in global health security and emergency preparedness is essential to safeguard lives, reduce inequalities, strengthen resilience and emergency preparedness, prevent health emergencies from escalating and respond effectively to emergencies.

The direct and indirect health impacts of climate change in the WHO European Region also contribute to the global burden of disease. Actions across sectors and settings both to mitigate the effects of climate change and to promote adaptation and resilience to these changes are necessary to protect people and the planet (Box 3) *(11)*.

Box 3. Impact of efforts to provide better protection against health emergencies

The WHO Regional Office for Europe has provided support to Ukraine in the implementation of the contact-tracing programme for SARS-CoV-2 infections. WHO provided support, equipment and staff training to the state-run Oblast Centre for Disease Control and Prevention of the Ministry of Health of Ukraine in Chernivtsi and Odessa through a pilot project that could be expanded and rolled out in other areas of the country.

What were the outcomes?

- ✔ Improved surveillance (contact tracing) capacity and capabilities
- ✔ Improve data collection and analysis
- ✔ Reduction in incidence and mortality associated with COVID-19.

Prioritizing efforts and investment in health and well-being will more likely lead to the possibility of the so-called grand convergence in health – that is the closure of the gap in infectious diseases and maternal and child mortality between high and low-to-middle income countries *(6)*. Achievement of convergence is estimated to prevent 10 million deaths in 2035 across low- and middle-income countries relative to a situation of stagnant investments and no improvements in technology *(6)*. Using the concept of value of additional life-years to estimate the economic benefits over the period 2015–2035, these benefits would exceed costs by a factor of between 9 and 20 *(6)*. The grand convergence in health could be achieved through enhanced investments to scale up and improve health technologies and systems, research and development of new drugs, vaccines and improved diagnostics (Box 4).

Box 4. Impact of closing the gap in maternal and child mortality in Ukraine

There have been substantial improvements in child and maternal health in Ukraine since 2000 as the result of implementation of policies that have expanded immunization programmes and access to neonatal and infant care. For example, through the cooperation and support of United Nations agencies and development partners, Ukraine has centralized its procurement of vaccination-related goods and switched to a multiyear vaccine procurement and delivery cycle to predictably meet its vaccination demands from health-care facilities.

What were the outcomes?

- Improvements in child and maternal health (reduction in under-5 mortality rate and neonatal mortality rate, reduction in maternal mortality ratio)

- Improved access to neonatal and infant care

- Reduction in extreme poverty

- Reduction in severe malnutrition.

Secure a better life in an economy of well-being

Noncommunicable diseases (NCDs) represent a major challenge for public health in the WHO European Region, where they cause 90% of all deaths. Over half of the premature mortality (deaths occurring between the ages of 30 and 69 years) result from the four main NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory disease), which account for 68% of all deaths in this age group in the Region. The leading causes of the main NCDs are known and involve a few common behavioural risk factors, principally tobacco use, alcohol consumption, unhealthy diet and insufficient physical activity.

Reducing the NCD-linked premature mortality is a key objective for improving healthy lives in the Region (Box 5).

Burden of deaths from NCDs and injuries (another major cause) in high and low-to-middle income countries can be reduced through inexpensive population-based and clinical interventions, which WHO have called the "best buys". One of the best buys is reduction of tobacco use (Box 6). Fiscal policies, for example tax on tobacco or alcohol products, are another policy lever that can be implemented to reduce the burden of NCDs.

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Box 5. Impact of a health prevention and control programme in Albania

In 2015 Albania introduced the Health Check-up Programme for citizens aged 40–65 years, which was expanded to ages 35–70 years in 2016. Approximately 1.2 million Albanian citizens benefit from this programme on an annual basis. The Programme screens for a number of chronic conditions, including cardiovascular diseases, diabetes, chronic respiratory disease and some types of cancer.[2] Additionally, the programme aims to assess and provide counselling about the control and prevention of a range of risk factors, including smoking, harmful alcohol consumption, unhealthy dietary habits and sedentary lifestyle. As part of the Health Check-up Programme, practitioners have been trained and provided with clinical guidelines and protocols, and primary care centres have been renovated and provided with necessary modern equipment. The use of primary care services has increased since the introduction of this Programme, with 244 420 check-ups performed in 2015 and 482 716 in 2019.

What were the outcomes?

- Reduced health inequities and inequalities in general
- Higher-quality health services
- Timely access to affordable health services
- Reduced waiting times
- Progress towards UHC
- Strengthened primary health-care services
- Ensured financial protection for health
- Reduced financial hardship and unmet need for health services.

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2   This information originated from an internal technical report produced by the WHO Country Office in Albania in 2015.

Box 6. Impact of addressing risk factors: example of tobacco control

The United Nations Development Programme and WHO have worked together extensively through conducting investment cases globally that aim to strengthen a whole-of-government approach to tobacco and its development consequences *(12)*. Both organizations have worked with the Secretariat of the Framework Convention on Tobacco Control (FCTC) in the FCTC 2030 project to create investment cases for tobacco control in countries to reduce the social, economic and environment burdens of tobacco *(12)*. Investing in tobacco control is a stated priority of the Government of Armenia and the investment case for Armenia analysed the health and economic costs of tobacco use and the potential outcomes and impacts from scaling up implementation of the WHO FCTC measures *(13)*. It measured the costs and benefits in health and economic terms of implementing seven priority tobacco control measures.

1. Increase cigarette taxation to reduce the affordability of tobacco products (WHO FCTC Article 6)

2. Enforce bans on smoking in all public places to protect people from tobacco smoke (WHO FCTC Article 8)

3. Mandate that large graphic health warnings cover at least 50% of tobacco packaging (WHO FCTC Article 11)

4. Implement plain packaging (WHO FCTC Article 11 (Guidelines for implementation) and Article 13)

5. Promote and strengthen public awareness about tobacco control issues and the harms of tobacco use through mass media information campaigns (WHO FCTC Article 12)

6. Enforce a comprehensive ban on all forms of tobacco advertising, promotion and sponsorship (WHO FCTC Article 13)

7. Support reducing tobacco dependence and cessation by training health professionals to provide brief advice to quit smoking (WHO FCTC Article 14).

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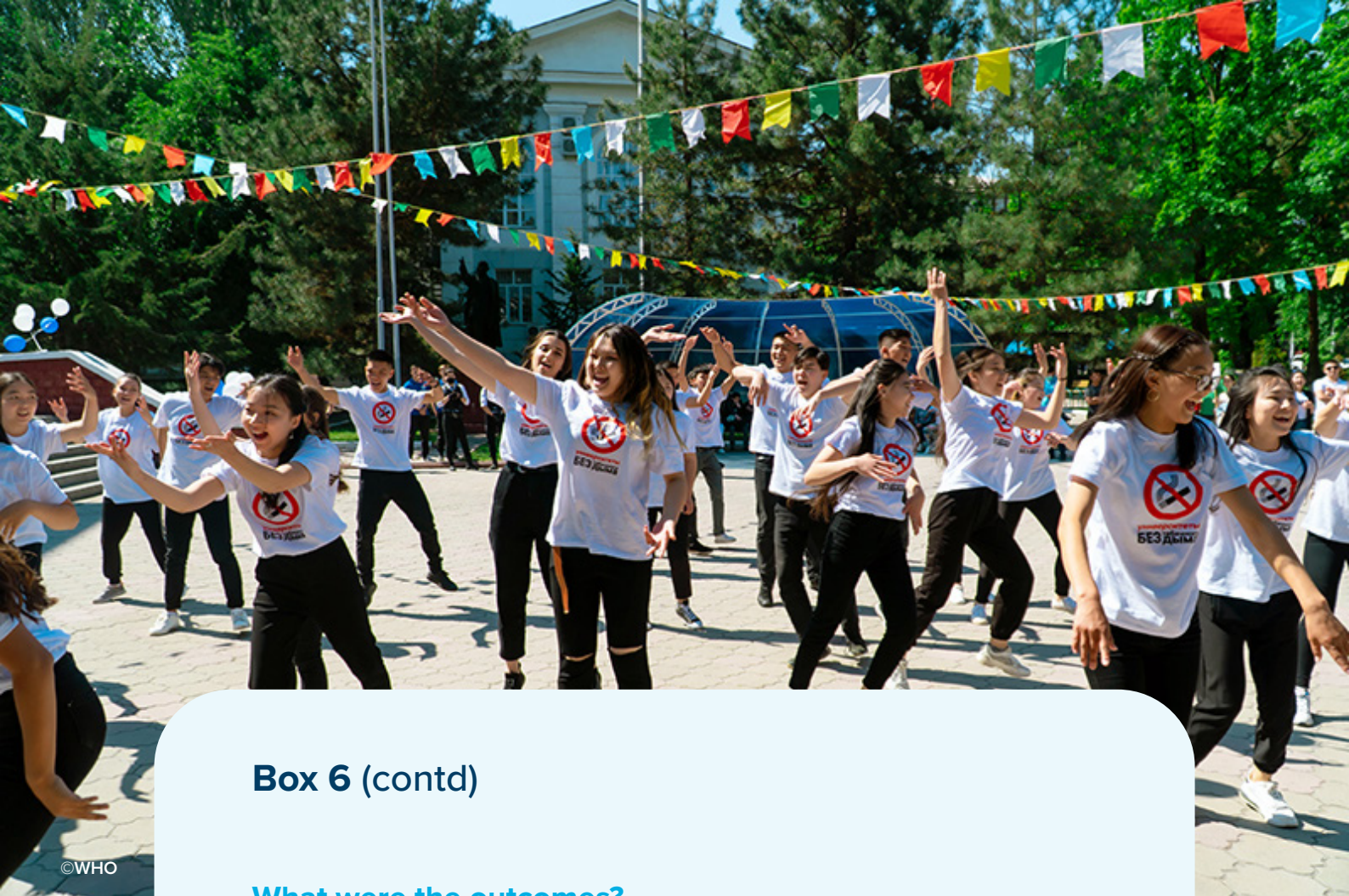
Box 6 (contd)

What were the outcomes?

The investment case findings demonstrate that enacting and enforcing these seven proven FCTC tobacco control measures would, over the 15 years from 2020, have the following outcomes.

- ✓ Lower the prevalence of tobacco use by over 48% from the 2020 level. As tobacco use is a key risk factor driving NCD incidence, it is estimated that this would prevent 7800 premature deaths in Armenia from the four main NCDs over the period 2020 to 2030.

- ✓ Reduce economic costs due to tobacco use by Armenian dram (AMD) 664 billion, including saving AMD 184 billion in health-care expenditure.

- ✓ Create savings of AMD 184 billion, which would significantly outweigh the costs of implementing the measures (AMD 8.5 billion), with an overall return on investment of 78 to 1.

Air pollution is the largest single environment risk to health, causing approximately 556 000 premature deaths annually in the WHO European Region *(14)*. Initiatives to reduce traffic deaths, improve air quality, promote physical activity and to save lives from disasters are all essential for better health and well-being.

WHAT ARE THE PRIORITIES FOR HEALTH IN EUROPE AND CENTRAL ASIA AND HOW CAN THE UNITED NATIONS FAMILY AND ITS MEMBER STATES WORK TOWARDS ACHIEVING THEM?

Countries of Europe and central Asia have agreed to work on the three core health and well-being priorities by unanimously adopting the EPW *(4)*:

- achieve UHC

- protect people better against health emergencies

- ensure healthy lives and well-being for all at all ages.

The EPW reflects the health and well-being priorities and commitments of Member States of the WHO European Region to achieve the SDGs and sets a vision of how the WHO Regional Office for Europe and its United Nations partners can support health authorities in this endeavour. UNCTs and United Nations agencies have a role in ensuring the priorities in UNSDCFs are coherent and reflect the EPW's core priorities.

UHC

There cannot be sustainable societies without resilient, universally accessible and high-quality health and social systems. Countries should aim to secure the right to UHC, where individuals have universal access to quality care without financial hardship. The UNSDCF should detail how the UNCT will support its Member State

in building robust, resilient, innovative and evidence-informed health and social systems that enable the sustainable delivery of high-quality primary health care and community services that are effectively linked to secondary and tertiary health-care services (Box 7).

Box 7. What areas should be considered for UHC when developing the UNSDCF

- Ensuring well-coordinated, rights-based and people-centred care and services.

- Ensuring and enhancing financial protection by:

  - increasing public spending on health through giving higher priority to health in the government budget;

  - removing any linkage between access to health services and health insurance status;

  - reducing out-of-pocket payments; and

  - reviewing the benefit package and redesigning co-payment policies to protect people at risk of poverty or social exclusion and people with chronic conditions.

- Ensuring that essential health services and access to treatment, including in the areas of NCDs, mental health and psychosocial support, communicable diseases, immunization, sexual and reproductive health care, health promotion and disease prevention, continue to reach people most in need

- Strengthening primary health care and the referral system linkage to secondary and tertiary care.

- Developing, implementing, revising and strengthening national mental health action plans, strategies and policies.

- Developing and strengthening community mental health services.

- Ensuring health systems and the health workforce are adequately resourced.

- Responding to health workforce capacity and capability challenges.

- Guaranteeing equitable access to quality medicines, vaccines and health products.

- Promoting the update of and access to digital technologies.

The UNSDCF should detail how the United Nations system will support a country to strengthen its capacity to prevent, detect, prepare for, respond to and recover from health emergencies and other threats to health, including risks associated with climate change, zoonotic diseases and antimicrobial resistance, through intersectoral and multisectoral approaches and in accordance with the International Health Regulations (2005) (Box 8).

Box 8. What areas should be considered for protecting against health emergencies when developing the UNSDCF?

- Establishing or strengthening early warning systems and building infrastructure that provides rapid, effective responses to emerging health threats, including ensuring there is epidemiological and laboratory capacity.

- Supporting capacity for prompt mobilization of strategic information and intelligence.

- Ensuring that essential health services and access to treatment continue to reach people most in need, for example for NCDs, mental health and psychosocial support; communicable diseases such as tuberculosis, HIV and hepatitis C; immunization; sexual and reproductive health care; health promotion; and disease prevention.

- Establishing guidance material and tools that are critical to managing health emergencies and crises.

- Supporting country efforts to increase the resilience of health-care facilities to climate change and natural disasters, while improving the environmental and social sustainability of their operations.

Promoting health and well-being

Building safe and supportive communities, where the social and physical environment favours physical, psychological and social health, is essential for ensuring healthy lives and well-being for all. The UNSDCF should include how the United Nations system will support the country in tackling the main drivers of disease burden, including NCDs and mental illness, increasing antimicrobial resistance and re-emerging infectious diseases. There needs to be a balance of health promotion, disease prevention and treatment solutions throughout the life course that address the determinants of health and well-being, and that are tailored to the Member State at national and subnational levels.

Many of our most pressing health and well-being problems and challenges cannot be solved without addressing their underlying determinants. Many determinants require engagement with sectors beyond health. As recognized in the 2030 Agenda and in Health 2020, engaging sectors beyond health requires new and improved approaches to governance for health and well-being. Specifically, a focus on whole system approaches, such as whole-of-government, whole-of-society, Health in All Policies and other multisectoral and intersectoral approaches (Box 9).

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Box 9. What areas should be considered for promoting health and well-being when developing the UNSDCF?

- Building safe, resilient and supportive cities and local environments, including sustainable waste disposal and management.
- Preventing, eliminating and reducing pollution and mitigating the impact of climate change.
- Promoting and providing access to healthy food options.
- Creating healthy food and drink environments.
- Reducing alcohol consumption.
- Promoting the gains of a healthy diet throughout the life course, especially for the most vulnerable.
- Reinforcing health systems to promote healthy diets.
- Strengthening the prevention and treatment of substance abuse and tobacco control.
- Making One Health a priority.
- Working towards reducing inequalities, ensuring vulnerable populations have access to quality health care.
- Ensuring affordable and safe housing.
- Instituting social protection measures.
- Ensuring affordable access to health care.
- Ensuring access to quality education.
- Ensuring universal access to clean drinking-water and sanitation.
- Promoting mental health and well-being and supporting de-stigmatization processes linked to mental health.
- Encouraging health education and health promotion in schools that support the promotion of mental health, healthy eating, sports and physical activity.

ONE HEALTH APPROACH

Building a healthier and greener world requires a multisectoral approach that recognizes the interconnection between people, animals, plants and their shared environment. This is known as the One Health approach and involves efforts to achieve better health and well-being outcomes in areas such as food safety, environment, control of zoonoses and combating antimicrobial resistance. Through the UNSDCF, UNCTs can explore the interconnections between human, animal and environmental health and bring together knowledge, insights and technical capacities of partners in these areas to respond to and develop solutions to these problems.

The Pan-European Commission on Health and Sustainable Development (Monti Commission) calls for the full implementation of the concept of One Health in all settings where health and well-being policies are developed, and to step up investments and reforms in health and social care systems *(15)*.

JOINT ACTION IN IMMUNIZATION

Strengthening joint action in immunization also remains a key issue for the Region. Vaccines are one of the most successful and cost-effective medical interventions and are a critical tool to reduce health inequality, ensure protection of health and well-being and promote peaceful and inclusive societies *(16)*. Equitable expansion and uptake of vaccines would substantially reduce mortality and morbidity from vaccine-preventable diseases and help to prevent epidemics and pandemics. For example, more than five million deaths globally were prevented annually between 2010 and 2015 through vaccinations *(16)*.

An increased number of outbreaks of vaccine-preventable diseases, with large vulnerable groups remaining unprotected, calls for greater attention and tailored approaches to ensure that they are included in the response. The roll-out of the COVID-19 vaccine globally has highlighted the immunization system challenges, including ensuring equitable access to vaccinations, addressing regulatory and financial issues, lack of trained health-care workers to deliver vaccinations, limited capacity and infrastructure to transport and store vaccines, lack of data to track and manage progress for immunization, vaccine supply chain and logistical challenges, and issues of corruption *(16)*. Therefore, action across multiple sectors and settings that goes beyond the health sector needs to be implemented to deliver and scale-up new vaccines and to ensure and improve immunization coverage and equity in the Region.

The UNSDCF could detail how the United Nations system supports Member States in strengthening partnerships to support immunization programmes and systems.

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What else should be considered?

HEALTH LEADERSHIP, INTERSECTORAL ACTION AND LEAVING NO ONE BEHIND

Health is a public good and should be a shared social and political objective for all sectors and government. Political commitment to health and well-being is required at the highest levels of government and should be supported through parliamentary processes and decision-making at different levels of national and subnational governments.

The COVID-19 pandemic has further impacted the most vulnerable in societies and has exacerbated pre-existing inequalities. For certain vulnerable populations, targeted approaches are needed as access to care often relies on more than one ministry and/or more than one country; this requires greater coordination in care provision and in shared information systems with full integration in public health. Among these vulnerable groups are people deprived of liberty, people living in places of detention and

refugees, migrants and asylum seekers. The EPW places a strong emphasis on leaving no one behind and reinforces the need for leadership capabilities in health authorities at national and subnational levels. The achievement of SDG 3 and the health-related SDGs requires equity, inclusivity and social justice.

The UNSDCF should reflect how the United Nations system is working with a Member State towards implementing the priorities as stated in their national health and well-being policies. The United Nations system should also focus on supporting and strengthening capacities for effective health leadership and engagement with other sectors, so that health authorities in Member States can meet the expectations of the populations they serve and build trust with the public. Furthermore, they need to build awareness of the importance of the determinants of health, health equity and governance for health and well-being among national leaders, politicians, policy-makers and the public (Box 10).

Box 10. What areas should be considered to support health leadership and intersectoral action to promote health and well-being in the UNSDCF?

- ✓ Fostering policy coordination and coherence, particularly with respect to fiscal policies, regulatory responses and investments, towards better health and well-being for all at all ages. This work should be guided by national and sectoral visions and priorities, and through the appropriate policy mechanisms.

- ✓ Exploring and establishing dialogue, using the United Nations' convening power, on joint policy issues for health and well-being.

- ✓ Supporting a country to develop portfolios of action on environment, climate, health legal and regulatory frameworks, information, communication and engagement strategies for better health and well-being.

- ✓ Advocating for appropriate and evidence-informed investments for health and well-being, especially if a period of deep economic contraction is forecast.

UNSDCF OUTCOMES AND OUTPUTS: WHERE DOES HEALTH AND WELL-BEING FIT?

Activities in the UNSDCF are often broken up into the three dimensions of social, environmental and economic, with the inclusion of governance, gender equality and human rights overarching. How health and well-being priorities could be incorporated across these dimensions within a UNSDCF is explored in Fig. 4.

Fig. 4. UNSDCF results framework with examples of output options that maximize co-benefits for health and sustainable development

SOCIAL

Affordable and safe housing

Social protection measures

Universal access to quality education

Support capacity for prompt mobilization of strategic information and intelligence during health emergencies

Protect against health emergencies by ensuring that essential health services (including for communicable diseases, NCDs, mental health, immunization, sexual and reproductive health, health promotion and disease prevention) continue to reach people most in need

Access to quality medicines, vaccines, health products

Reduce inequalities and leave no one behind (including vulnerable populations)

Well-coordinated and people-centred care and services

Health literacy

Integrity in health

WHO best buys

Promote and provide access to healthy food options

Protect children and young people from exposure to unhealthy products online

Ensure UHC with high-quality, inclusive, equitable, gender-sensitive, age-appropriate health services that protect patient rights, are available and utilized by all

Provide affordable access to health care through increased public health spending, reduced out-of-pocket payments, thus reducing financial hardship and unmet need for health services

Ensure adequate resources for health systems and health workforce

ENVIRONMENTAL

Universal access to clean drinking-water and sanitation

Prevent, reduce and eliminate pollution

Adapt to and mitigate the impact of climate change

Support measures for One Health

Build safe, resilient, supportive cities and local environments

Establish guidance material and tools to managing health emergencies and crises

Improve environmental management and resilience to hazards and disasters

Support country efforts to increase resilience of health-care facilities to climate change and natural disasters, while improving the environmental sustainability of their operations

Establish or strengthen early warning systems and build infrastructure that provides rapid, effective responses to emerging health threats, including epidemiological and laboratory capacity

ECONOMIC

Support sustainable health financing (increase public financing and exploring public–private partnerships)

Encourage green, sustainable and inclusive economic growth, covering economic opportunities for sustainable livelihoods and sustainable management of ecosystems (including circular economy)

Explore how health sector promotes inclusive and sustainable economic growth

People, communities and regions benefit from equitable economic opportunities, decent work and sustainable livelihoods, enabled through competitiveness and inclusive green growth

Leverage private–public partnerships and financing for SDGs

GOVERNANCE

Strengthen capacities and capabilities for effective health leadership and engagement with other sectors outside the health domain (including justice sector)

Foster policy coherence among sectors to promote the social determinants of health and advance Health in All Policies approaches

Establish interministerial, multisectoral and intersectoral mechanisms that promote integration of health and well-being issues throughout government and all of society (transcending borders)

Encourage more-inclusive, effective, efficient, accountable and transparent public administration, parliament and electoral institutions to safeguard human rights and uphold the rule of law

Enhance institutional capacities for transparent, evidence-informed and and gender-responsive policy formulation and implementation

Support formation of trusted, efficient and effective judiciary and human rights institutions

Strengthen public administration that ensures effective, quality and people-centred services for all

Strengthen data capacities and full integration of all systems into public health

Support implementation of international standards, norms, laws and regulations related to health and well-being (Annex 1)

GENDER EQUALITY AND HUMAN RIGHTS

All people benefit from gender equality and equal opportunities to realize their human rights, fulfil their economic, legal, political and social potential and contribute to the sustainable development of the country

All women, men, girls and boys, especially those from marginalized and vulnerable groups and/or living with a disability, should be able to exercise their entitlements to equitable and inclusive access to quality, resilient and gender-sensitive services that are delivered in accordance with international human rights standards

Better protection from gender-based and domestic violence and discrimination

Increased representation and participation of women in decision-making

State institutions at all levels effectively design and implement gender-sensitive, human rights and evidence based public policies
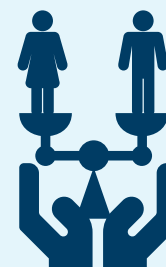
HOW CAN UNITED NATIONS AGENCIES AND PARTNERS BETTER COLLABORATE FOR IMPROVED HEALTH AND WELL-BEING AND SUSTAINABLE DEVELOPMENT?

External development assistance remains a vital source of technical knowledge and financing for programme countries and is crucial to leaving no one behind. However, coordination of donor assistance can be disorganized and ineffective when it does not align with national priorities.

In order to improve support for countries to accelerate progress for health and well-being and deliver on the health and health-related SDGs and the 2030 Agenda, WHO leads the Global Action Plan for Healthy Lives and Well-being for All (GAP) in collaboration with multilateral organizations *(17)*. The GAP aims to reduce duplication and maximize impact for healthy lives and well-being for all *(17)*.[3] It has been successfully launched in Albania, Kyrgyzstan, Tajikistan and Turkmenistan. In the coming years, more countries are expected to benefit from this coordination mechanism.

Collaboration can be strengthened by using the E4As transformative approach: engage, assess, align, accelerate and account (Fig. 5).

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3   There are currently 13 members of GAP: Gavi, the Global Alliance; the Global Financing Facility; the Global Fund to fight AIDS, Tuberculosis and Malaria; the International Labour Organization; Unitaid; United Nations Children's Fund; United Nations Development Programme; United Nations Population Fund; United Nations Programme on HIV/AIDS; UN Women; WHO; World Bank Group; and the World Food Programme.

Fig. 5. The E4As transformative approach

Engage to assess

- Assess progress towards the SDGs
- Assess SDG integration
- Understand the development landscape

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

Assess

Align

Engage

Account

Accelerate

Engage to account

- Elements of accountability
- Use and improve data

Engage to accelerate

- Define priorities
- Identify accelerators and interventions
- Identify common bottlenecks and solutions

Source: Menne et al., 2020 *(18)*.

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** refers to the systematic and meaningful engagement and coordination with both health and health-related stakeholders across all sectors and levels of government. Engagement cuts across all stages of the E4A approach. It should be purposeful, meaningful, inclusive, transformative and proactive, and it should build trust with interested stakeholders.

- **Assess** refers to the stage where a situational analysis is undertaken to provide a clear snapshot of the current health and well-being situation. The analysis should identify the gaps, bottlenecks and barriers to progress, and the future priorities and opportunities that could be implemented to realize the health and health-related SDGs. The health situation analysis findings and recommendations would feed into and complement the common country analysis. Therefore, the situational analysis should be completed prior to, or simultaneously with, the common country analysis.

- **Align** refers to the harmonization of policies, strategies, plans and processes, including financial, legal and regulatory mechanisms, to ensure coherence within and between sectors and national and subnational levels of government. Alignment also includes harmonizing priorities and long-term objectives with human and financial resource allocation.

- **Accelerate** refers to use of catalytic elements that can trigger positive multiplier effects across the SDGs and targets in specific contexts. The GAP identifies seven accelerator themes and an overarching commitment to gender equality that cuts across GAP partner obligations and commitments. It identifies where collective efforts could be made to accelerate progress across the health and health-related SDG targets; these are

  - primary health care;
  - sustainable financing for health;
  - community and civil society engagement;
  - determinants of health;
  - innovative programming in fragile and vulnerable settings and for disease outbreak responses;
  - research and development, innovation and access; and
  - data and digital health.

- **Account** recognizes the shared responsibilities of rights holders and duty bearers for implementing the 2030 Agenda and fulfilling commitments. It involves evaluating progress made and gaps that remain for achieving the health and health-related SDGs. It encourages collection, monitoring and reporting on health and well-being data, using interoperable systems and sharing this information openly to ensure commitments are achieved.

Development and donor cooperation should also be aligned with national policies. Multilateral organizations, including UNCTs, play different roles in how they plan, finance, deliver and evaluate health and well-being and more broadly development policies and activities in countries, for example through the UNSDCF and GAP processes.

Overall, the GAP process can be used to inform the UNSDCF process. The UNSDCF is the central framework for joint monitoring, reviewing, reporting and evaluating of the United Nations development system's impact

in a country in achieving the 2030 Agenda. Agreeing on measures of progress can be challenging at the country level because relevant, up-to-date, quantitative and qualitative data may be limited or not available; there may also be weak monitoring and evaluation processes and mechanisms in place for tracking progress, poor analytical capacity and capability, and poor investment in technology and information systems. To respond to these challenges, it is important that measures of progress remain flexible and can be changed depending on circumstances.

CONDUCTING A HEALTH AND WELL-BEING ASSESSMENT

A comprehensive health and well-being assessment should be commenced approximately a year before the UNSDCF process would begin. The assessment could be conducted as part of the GAP or separately. The assessment can take approximately six to nine months and includes the following.

- A desktop review of relevant literature and data to

  - analyse national and subnational policies, strategies, plans and evaluations of relevance to health and sustainable development, for example national development strategy, national health strategy, voluntary national reviews;

  - conduct rapid integrated assessments;

  - evaluate institutional mechanisms agreed to implement the 2030 Agenda in the country (interministerial working group, interagency working group);

  - review available global and national SDG indicators and consider disaggregation *(19)*; and

  - evaluate information on financing (budgets and fiscal space issues).

- Engagement with relevant health and well-being stakeholders, including United Nations and development partners, high-level government representatives, health partners, national counterparts, civil society organizations, academia and the media. Engagement would involve discussing the health and well-being situation and the challenges, opportunities and priorities in the Member State with regards to SDG attainment. Engagement could be conducted through missions, focus group sessions, interviews or surveys.

- Partner with the European Observatory on Health Systems and Policies to review the country health profiles. Information from the profiles could inform the findings from the health assessment.

Overall, findings from the health and well-being assessment should then inform the common country analysis.

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WHAT IS THE ROLE OF THE IBC-HEALTH, WHO AND THE UNCT IN ADDRESSING HEALTH AND WELL-BEING IN THE UNSDCF PROCESS?

The UNSDCF process runs on a cycle of three to five years. The process is flexible to allow for alignment to national cycles and ensure a responsive framework in changing country contexts. Fig. 6 provides a high-level view of the UNSDCF process, as well as key moments where the IBC-Health, WHO responsible officers, the WHO country office and the UNCT addressing health and well-being can combine their diverse and complementary mandates, expertise and technical contributions to ensure the priorities in UNSDCF are coherent and reflect the national health and well-being priorities, as well as the SDGs, international treaties and WHO EPW core priorities.

Fig. 6. UNSDCF process and proposed input by IBC-Health, WHO responsible officers, WHO country office and the UNCT
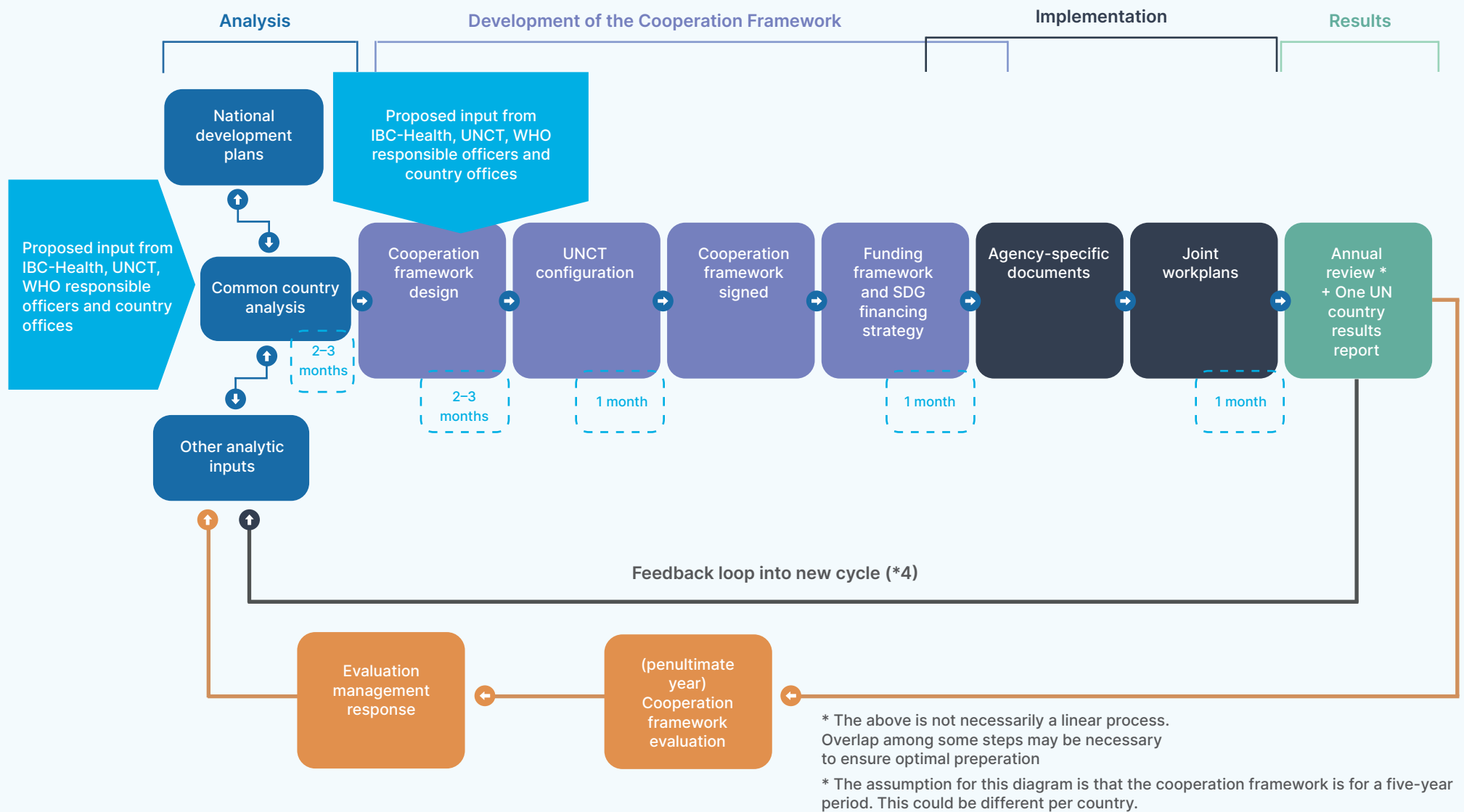
Source: adapted from the United Nations Sustainable Development Group, 2019 *(20)*.

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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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