

# Terms of Reference

## IBC-Health

### **IBC-Health main aim & purpose**

The main aim of the Issue-based coalition on health and well-being (IBC-Health) is to be 'united for health'. Its purpose is to act as a pan-European enabling mechanism that influences and provides joint UN accelerated health and well-being action and support across the European and central Asian region. Specifically, it facilitates and promotes implementation of sustainable development goal (SDG) 3 and the health-related SDG targets, and leverages health and well-being activities of relevant UN funds, programmes and specialised agencies and other intergovernmental organizations and partners.

IBC-Health should function as an informal, agile, flexible and voluntary entity that provides joint strategic advice and support about politically sensitive, and at times cross border and/or multicountry, health and well-being issues. It should not be an operational or fundraising entity or be involved in resource mobilisation.

### **IBC-Health value proposition**

We support our United Nations Country Teams (UNCTs) and Resident Coordinators (RCs) by providing united action to current and critical health and well-being issues where UN collaboration makes a meaningful and significant impact.

### **IBC-Health objectives**

IBC-Health revised objectives include to:

- be country demand driven, with the work informed by the needs of countries, the regional UN system and UNCTs.
- provide coherent and timely analytical and advisory support on health-related issues at regional and country levels, including cross border and sub-regional analysis within respective 'support offer'.
- lead knowledge management of health and well-being issues, including creating, gathering, consolidating and sharing best practices and lessons learned within respective areas of expertise.
- support countries in the assessment, alignment, acceleration and accountability towards the achievement of SDG 3 and the health-related SDGs.

### **Membership**

Membership of IBC-Health consists of senior technical representatives of United Nations agencies and related entities that are nominated by their regional directors. UN agencies and related entities include WHO/Europe, Food and Agriculture Organisation (FAO), UN Children's Fund (UNICEF), UN Development Programme (UNDP), UN Environment Programme (UNEP), UN Population Fund (UNFPA), International Organization for Migration (IOM), and International Labour Organization (ILO). IBC-Health remains open to new members.

The IBC-Health may also coordinate or engage when appropriate with other UN entity partners on specific joint initiatives or specific content areas, including country level UN Thematic and Results groups, and the United Nations Economic Commission for Europe.

### **Governance**

The UN Regional Collaborative Platform in Europe and Central Asia (RCP-ECA) is the main collaboration platform for sustainable development among the entities of the regional UN

Development System (UNDS) in Europe and Central Asia. Established in December 2020, the RCP-ECA aims to foster regional cooperation among the entities of the regional UNDS, provide solutions to the common sustainable development challenges of the countries in the region and advance the achievement of the 2030 Agenda for Sustainable Development. The IBC-Health chairs will report to the RCP-ECA.

### **Chair**

IBC-Health is led by the WHO Regional Director for Europe and will be co-chaired with another UN agency. The role of chairs will be rotational, with the chair leading the IBC-Health over one year, in line with the annual work plan cycle. It is recommended that this is revised every two years.

The role of the IBC-Health chair is to:

- lead and advocate the work of the IBC-Health in the European and central Asian Region
- provide accountability and oversight of the work delivered by the IBC-Health
- work with the Secretariat in developing the agenda for each IBC-Health meeting in consultation with the IBC-Health members
- facilitate and manage the discussion at the IBC-Health meetings according to the agenda and summarise key action items and next steps
- represent and speak on behalf of the IBC-Health at the RCP meeting and other regional and country level fora.

### **Secretariat**

The Secretariat function will remain in the WHO Regional Office for Europe in the Resource Mobilisation and Strategic Partnerships Unit. The Secretariat ensures the smooth running of the IBC-Health and is responsible for sharing information and technical documents with IBC-Health members, organising technical and strategic meetings, contributing to high level events, liaising in other, reporting biannually on the joint work plan and leading IBC-Health communication events and activities, including writing the IBC-Health quarterly newsletter and promoting IBC-Health through various events and platforms.

With advice from the IBC-Health chairs, the Secretariat will be responsible for:

- preparing and coordinating IBC-Health meeting materials, including the agenda, updating the work plan and following up on any action items.
- coordinating the development of the annual work plan, including updating the Menu of Services and identifying the health and well-being issues prioritised.
- preparing annual and biannual reporting documents.

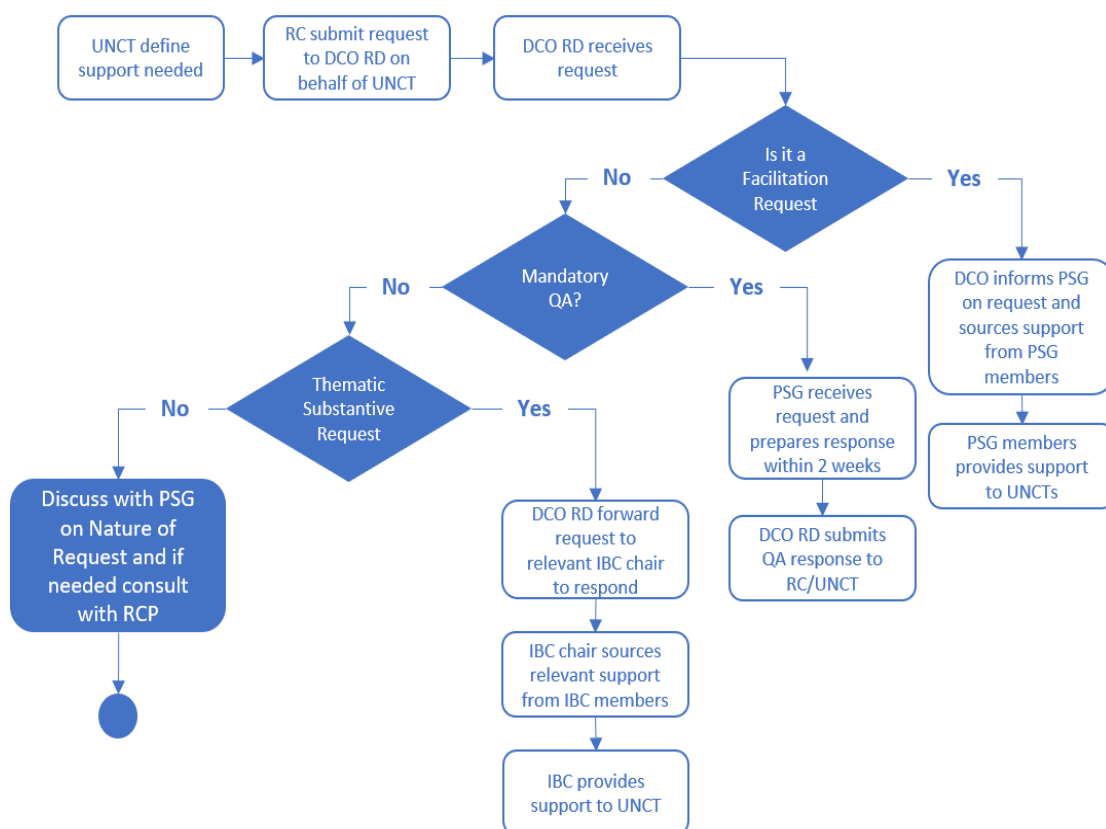
### **Clients**

The main clients of IBC-Health are regional entities, RCs, UNCTs, individual UNCT members and Member States.

### **Entry points for requesting IBC-Health support**

IBC-Health clients can request for IBC-Health support either through contacting the IBC-Health Secretariat directly or through the Regional Development Coordination Office (R-DCO) Secretariat (see Fig. 1).

**Figure 1. Request for IBC-Health support via R-DCO**



The R-DCO has become a strong entity in the European and Central Asian region and have received additional request from UNCTs and RCs. They direct requests to the peer support group (PSG) and the IBCs. A breakdown of the PSG, IBC and R-DCO roles and responsibilities is found at Table 1. IBC-Health will need the full support of the R-DCO so that they have visibility and influence on health and well-being issues in the region.

**Table 1. Roles and responsibilities of the PSG, IBCs and R-DCO**

PSG	IBCs
<p>Inter-agency mechanism under global TOR, chaired by DCO Regional Director with members appointed Regional Directors.</p> <ul style="list-style-type: none"> <li>Responsibility for quality assurance of CCA and UNSDCF against agreed quality criteria.</li> <li>Advisory support to process elements where requested, such as analytical, prioritization processes, results-based management and Theory of Change development.</li> </ul>	<p>Inter-agency mechanisms appointed by and reporting to the RCP-ECA with individual TORs, co-chaired by two or more UN entities.</p> <ul style="list-style-type: none"> <li>Analytical and advisory support, including cross border analysis (in particular for the CCA) within respective 'support offer' based on available IBC capacities and resources.</li> <li>Ensure access to relevant guidance and opportunities for training and capacity building.</li> <li>Capturing of good practices and challenges within respective areas to inform lessons learned.</li> </ul>

## DCO Regional Office

Responsibility to provide strategic and daily support to the Resident Coordinators and their offices (and by extension to the UN Country Teams) in the 18 programme countries in the region, in support of coherent and effective delivery of operational activities for sustainable development to implement the 2030 Agenda. DCO Regional Director is designated a PSG Chair by the UNSDG.

- Facilitate interaction and communication between the RC/UNCTs and different regional mechanism, to ensure more systematic, strategic and coordinated engagement with RCs and UNCTs.
- In capacity as PSG Chair, facilitate IBC engagement in UNSDCF processes and ensure complementarities between the IBC and the PSG support to CCA/UNSDCF development.
- Ensuring regularly communication on and RC/UNCT access to IBC support offers.

Additionally, at the joint planning retreat, R-DCO and RCs can also raise a request for IBC-Health support or the development of an activity or product that aligns to the key issues selected for that IBC-Health's work cycle.

### IBC-Health planning & services

The revised IBC-Health work plan will run on an annual cycle, with priority health and well-being issues, and the subsequent products and activities to be delivered, reviewed and selected every 12 months. There will be flexibility in the work plan with the possibility of extending priority health and well-being issues and their products and activities into the next annual work plan cycle.

Annually there will be an IBC-Health planning meeting organised, where IBC-Health Members will discuss and prioritise new issues and develop the annual work plan.

IBC-Health will annually develop their Menu of Services, which provides a clear overview of the types of services that IBC-Health has on offer to its clients.

### Delivery of IBC-Health knowledge activities and products

Small task forces or product teams will be established to deliver on activities and/or products. All IBC-Health activities and products will be regularly uploaded onto the UNECE website's UN Regional Knowledge Management Hub and the respective agencies websites. IBC-Health knowledge products will be disseminated to IBC-Health clients through the R-DCO.

All types of support services provided by the IBC to UNCTs are request based. The IBC does not engage in operational matters, or in mobilizing resources for programmes or projects, or in implementing them.

### Meetings

The IBC-Health will meet virtually four times a year, with one meeting dedicated to annual reporting and planning for the next work plan cycle. A face-to-face meeting is recommended every two years.

The IBC-Health chairs, RCs and UNCTs will meet annually to discuss priority areas for support and advice and sharing results from assessments undertaken.

The IBC-Health chairs will meet as necessary with all IBC chairs, RCs and UNCT leads to discuss priority issues and areas for support and advice, explore areas of further cooperation and cross-dimensions collaboration and to discuss the sharing of results of progress made against the work plan. This meeting will be facilitated by R-DCO. A joint planning retreat will be held annually with R-DCO, RCs and IBC chairs, to discuss evolving needs and priorities across UNCTs and to ensure that the current issues prioritised by IBC-Health, aligns with the evolving needs and priorities of the UNCTs.

## Monitoring and reporting mechanisms

An assessment of the IBC-Health performance and progress towards achieving their outcomes on the joint work plan will be reported by the IBC-Health chairs every two years to the WHO Regional Committee for Europe and annually to the RCP-ECA. The RCP-ECA is responsible for overseeing the quality and results of the IBC-Health and to ensure that their work is aligned to the UNDS reform process expectations.

## Financing of the IBC – Health

Financial contributions and funding of both **human resources** (ie. IBC-Health members) and the delivery on agreed IBC-Health **activities and products** must come from each UN agency.

There will be a need for:

- 1) An annual commitment from the WHO Regional Office for Europe to finance a Secretariat (this funding should come from non-programme resources).
- 2) Contributions from all UN agencies through the human resources they engage in the work of the IBC to development the products and activities delivered by the IBC-Health.

Funding for IBC-Health and the entry points to financing specific products and activities will be discussed at the next RCP meeting.

## Amendment, modification or variation of ToRs

The ToR may be amended or varied in writing after consultation and agreement by IBC-Health members, RCs and UNCTs. The IBC-Health ToRs will be reviewed every 2 years or if the utility and role of the coalition changes dramatically within that time period.

## Sunsetting clause

If any of the conditions listed below are met, then the IBC-Health will discuss the possibility of discontinuing the coalition at the next scheduled IBC-Health meeting:

- Insufficient engagement of IBC-Health Members over a year period (less than 50% of IBC-Health members attending set meetings).
- If the services provided by IBC-Health are taken over by another mechanism.
- If the work being performed by IBC-Health members is only being led by a small percentage of members (work consistently being led by less than 20% of members).

A final decision regarding the discontinuation of IBC-Health will be made by all IBC-Health members at the team meeting.