

IAU SDG 3 Cluster Workshop

Catalysing collaboration for an integrated approach to health, in support of equity and wellbeing worldwide

Whitepaper
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Universitat Oberta de Catalunya, Spain



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Executive Summary

The IAU SDG 3 Cluster held its first in-person meeting at the UOC Campus in Barcelona from 7 to 9 March 2023. This report summarises the meeting's key messages and calls to action.

- Research and practice show that the 2030 Agenda is starting to be integrated in higher education, on strategic and operational levels. It has permeated to the highest level of management and is referenced in universities' strategies. However, there is still a long way to go for the 2030 Agenda to become fully integrated and business as usual. Breaking silos and promoting an interdisciplinary approach to the SDGs are still major challenges. Funding dedicated specifically to the SDGs remains insufficient to promote change.
- Honing down to SDG3, a paradigm shift is required towards a salutogenic view of health, focused on factors that promote wellness. Such a shift will require transformational change – a mindset shift, a joint vision, and collaborative pathways.
- It is time to consider a redefinition of the concept of health towards an integrative approach that actively addresses the primary challenges of universal healthcare, wellbeing and their links with planetary health.
- An integrated and interdisciplinary approach to health is required to consider all factors that determine health outcomes. This means putting the individual at the centre of diagnostics and care, focusing on both prevention and treatment, and considering long-term mental and physical health. It also means carefully harnessing and integrating the power of technology as it develops, to ensure that it supports equity and wellbeing. See the summary video [What do we mean by an integrated approach to health?](#)
- It is time to redefine the role of communities. We need to encourage work 'by the community and for the community', starting by jointly defining health problems and co-creating solutions. Well-grounded approaches exist that can be replicated and built on.
- New organisational models also need to be developed to help facilitate access to products and services where there is patient need but no sustainable business model that ensures equitable access.
- Community, patient, and citizen voices need to be heard. Disciplines outside of healthcare can also greatly contribute to the sector.
- Sound change management approaches, putting people at their core, need to be put in place for a change to occur at all levels, i.e. vision, systems, processes, skills, knowledge, and culture. Convincing all stakeholders to tackle the barriers of fear and inertia will be key to success.
- Student involvement may be a key enabler that has not been sufficiently tapped into, as students are primary stakeholders and can be important ambassadors for a more sustainable future.
- Collaborative working is an essential vehicle to get there, while also being one of the sector's greatest challenges, starting from within. Interdisciplinary, interinstitutional,

and cross-sector forms of collaboration are necessary to tackle systemic problems and allow for a holistic approach to education and healthcare.

- Universities with a glocal approach, working towards locally relevant and appropriate solutions focused on local needs while sharing knowledge globally, can play a key role in this effort.
- As lifelong students, in schools, universities, or in our professions, we all have a role to play in closing the global equity gap in healthcare provision.

Will this be the generation that solves global health challenges?

Members renewed their commitment to work together as a “Higher education champion for an integrated approach to health, in support of equity and wellbeing worldwide”. They will continue to share information, advocate both internally and externally, and stimulate exchanges and internal and external collaboration to support this important and necessary paradigm shift in higher education and the global healthcare sector.

Introducing the SDG 3 Cluster

The IAU SDG 3 Cluster on Health and Wellbeing, Universities for Good Health is an open network composed of seven higher education institutions across five continents: [Western Sydney University](#) (Australia), [Makerere University](#) (Uganda), [Universidad de Caldas](#) (Colombia), [Universitas Gadjah Mada](#) (Indonesia), [Karolinska Institutet](#) (Sweden), [University College Dublin](#) (Ireland) and the [Universitat Oberta de Catalunya \(UOC\)](#) (Spain).

Spearheaded by the UOC's eHealth Center in Barcelona, and a part of the Global Cluster on Higher Education and Research for Sustainable Development (HESD) hosted by the International Association of Universities, the IAU SDG 3 Cluster is a higher education champion, promoting an integrated approach to health, in support of equity and wellbeing worldwide in line with the United Nations 2030 Agenda.

Cluster members

Rawlance Ndejjo , Assistant Lecturer in the Department of Disease Control and Environmental Health Rhoda Wanyenze , Dean of the Makerere University School of Public Health	Makerere University, Uganda
Fatwa Sari Tetra Dewi , Head of the Department of Health Behaviour, Environment and Social Medicine Hayu Qaimamunazzala , Lecturer in the Department of Health Behaviour, Environment and Social Medicine	Universitas Gadjah Mada, Indonesia
Nadia D'Alton , Director of Strategic Programmes	University College Dublin, Ireland
Claudia Patricia Jaramillo Ángel , Professor in the Public Health Department, Universidad de Caldas, Colombia Consuelo Vélez Álvarez , Professor in the Public Health Department, Universidad de Caldas, Universidad Autónoma de Manizales, Colombia	Universidad de Caldas Universidad Autónoma de Manizales, Colombia
Ulrika Widegren , (Interim) Head of Unit, Sustainable Development and Equal Opportunities Office	Karolinska Institutet, Sweden
Paul Breen , Professor of Biomedical & Human Technologies, the MARCS Institute for Brain, Behaviour and Development	Western Sydney University, Australia
Isabel Toman , Programme Officer for Sustainable Development Hilligje van't Land , Secretary General	International Association of Universities, France IAU Global Cluster Lead and Secretariat
Marta Aymerich , Director of the eHealth Center Carme Carrion , Associate Dean for Research at the Faculty of Health Sciences Imma Alberch Chamorro , Communications Officer at the eHealth Center Marc Graells , Management and Project Support Specialist at the eHealth Center, and SDG 3 Cluster Secretariat Coordinator Kathrine Raleigh , SDG 3 Cluster Consultant Liv Raphael , Head of the SDG 3 Cluster	Universitat Oberta de Catalunya, Spain IAU SDG 3 Cluster Lead and Secretariat



From left to right: Paul Breen (Western Sydney University), Marta Aymerich and Carme Carrion (Universitat Oberta de Catalunya - UOC), Hayu Qaimamunazzala (Universitas

Gadjah Mada), Rawlance Ndejjo (Makerere University), Claudia Patricia Jaramillo Ángel (Universidad de Caldas), Nadia D'Alton (University College Dublin), Consuelo Vélez Álvarez (Universidad de Caldas), Isabel Toman (International Association of Universities), Marc Graells and Liv Raphael (UOC)

The SDG 3 Cluster's journey so far

The cluster started its work in early 2019, culminating in a joint strategy document as a starting point for concrete and focused action on the ground. This journey was guided by the principles of systems thinking and collaboration and included several steps:

1. Initial contact and one-on-one calls with all member institutions
2. A landscape analysis to gain a sound understanding of the current context
3. Seeking alignment and co-creation of key strategic elements and a top-line action plan
4. Identification of key strategic areas
5. Preparation of a draft strategy and consultation

The IAU SDG 3 Cluster then landed this work with a strategy and concrete areas of activity, as summarised in [this infographic](#).

The IAU SDG 3 Cluster's **vision** is to **be a higher education champion for an integrated approach to health, in support of equity and wellbeing worldwide.**

This means:

- Consideration of both long-term mental and physical health
- The patient and their specific needs are at the centre of diagnostics and care
- Attaining full health potential, given all health determinants

The cluster has **five main priority areas**:

1. Helping to bridge the science/knowledge and policy gap
2. Encouraging the consideration of local needs and voices
3. Focusing on equity and integrated, patient-centred approaches to health in curricula
4. Harnessing the power of online working and e-health methodologies and tools
5. Fomenting collaboration and a systems approach

Our **activity areas** are:

1. Information sharing and learning
2. Joint communication and advocacy
3. Institutional exchanges
4. Cross-sector and cluster engagement

With these priorities in mind, the cluster coalesced around some actionable low-hanging fruit:

- The SDG3 cluster launched its [website](#) and [infographic](#) to help socialise its strategy and share knowledge, both internally and externally.
- The cluster delivered two webinars, "[Higher education under examination: are we ready to train the future healthcare workforce?](#)" (summarised in the "Rethinking healthcare workforce



education” paper in the [December 2021 issue of IAU Horizons](#) and in the communications piece “[Lessons from the pandemic to educate future healthcare professionals](#)”) and “[Exploring the nexus between health, equity, and gender](#)” (the key learnings of the webinar are summarised in this [infographic](#)).

- The members were encouraged to share knowledge through an internal cluster newsletter.
- An internal benchmarking of cluster activities was conducted.
- Bilateral activity and cooperation were stimulated through the information sharing process.
- Some members participated in the [2022 IAU HESD Survey](#) and shared their activities on the [IAU HESD Global Portal](#).
- The SDG 3 Cluster also adapted the survey to SDG 3 and related SDGs to gain a better understanding how its members are incorporating SDG 3 in their institutions, research, and teaching.



Exactly three years after the in-person meeting was initially scheduled and cancelled due to the COVID-19 pandemic, the UOC was very pleased to host the **IAU SDG 3 Cluster’s very first face-to-face workshop from March 7 to 9 2023**, entitled “*Catalysing collaboration for an integrated approach to health, in support of equity and wellbeing worldwide.*”

The aims of the meeting were to:

Provide a forum in which cluster members and their institutions could connect and get to know each other on a deeper level.

- Share knowledge on key cluster priority areas.
- Create a space for members to identify areas of collaboration and institutional exchanges.

An ambitious [agenda](#) was created in accordance with these aims.

Expected outputs and outcomes

- ✓ Information sharing, learning and relationship building between members, institutions, and guests.
- ✓ A better understanding of how members are currently incorporating SDG 3 and the SDGs more widely in their institutions and opportunities for potential collaboration.
- ✓ A white paper summarising the outputs of the conversations and roundtables.
- ✓ A summary of the ideas for future collaboration that have emerged (focused on the four SDG 3 cluster activity areas: information sharing and learning, joint communication and advocacy, institutional exchanges, and cross-cluster/sector engagement).

Summary of the three days

- On the first day, the members came together to introduce themselves and their institutions. In the afternoon, a session was dedicated to painting a picture of how universities are redefining the concept of health, taking a transdisciplinary and person-centred approach, and considering it within the wider context of planetary health. The members then shared practical examples around how they are actively co-creating with

communities in research, teaching and defining healthcare needs and solutions for delivery.

- The second day was about creating connections outside academia. The members were invited to meet external institutions doing interesting complementary work on SDGs, such as the WHO. The afternoon session explored the need and case for the enabling environment and challenges around cross-sector collaboration in the healthcare industry.
- The last day was dedicated to integration, defining key learnings and action areas moving forward.

Over the course of the three days, the members presented some inspiring examples of how their institutions are currently working towards an integrated approach to health, in support of health and equity worldwide.

See the immediate outputs: [news item](#), [video](#) and [photo gallery](#).



The key learnings, messages and calls for action emerging from the different sessions are summarised in this report.

Day 1: Setting the context: radically redefining the concept of health

Meeting Chair: Marta Aymerich, Vice Rector for Strategic Planning and Research, President of the Executive Board of the UOC eHealth Center, Universitat Oberta de Catalunya, Spain

Speakers: Carme Carrion, Associate Dean for Research at the Faculty of Health Sciences, Universitat Oberta de Catalunya, Spain
Cristina O'Callaghan, Professor at the Universitat Oberta de Catalunya and Director of the Master's Degree in Planetary Health, Associated Research Professor at the Barcelona Institute for Global Health (IS Global), Spain

Marta Aymerich opened the session and welcomed the participants. Carme Carrion introduced this session, setting the scene and looking at the current context, trends and drivers shaping the healthcare system, through a Spanish and European lens. She then considered the role that e-health might play in shaping the future of healthcare delivery, and more specifically, accelerators and challenges in its adoption and development. Finally, she presented the UOC's work in this area, through its eHealth Center and Faculty of Health Sciences.

Current context

The current health system is facing an incredibly challenging context. Demographic changes such as an ageing population, climate change, urbanisation, the rise of infectious and chronic disease and mental health issues are all increasing the demand for health services in Europe. This increase is paralleled with alarmingly rising rates of healthcare staff burn-out. At the same time, health costs, which already represent around 10% of GDP, are increasing. The price of drugs is creating an increasingly heavy burden on healthcare systems and limits their global availability.

The COVID-19 pandemic shone a light on existing trends and challenges. As mobility was restricted, digital healthcare solutions emerged and were rapidly rolled out. Deep inequities in access to healthcare were made painfully obvious. The pandemic clearly demonstrated the importance of prevention, fomenting universal healthcare coverage, data sharing and collaboration in the health space.

The current healthcare system requires a transformation and a deep paradigm shift towards more participatory, predictive, preventive, proactive, personalised, patient-centric and coordinated care. These ideas were echoed by all the members over the three days.

The role of e-health

E-health can be conceptualised as three overlapping domains. Digital health tools can serve to monitor, track and inform, facilitating communication between health stakeholders and the use of data to improve health and health services.¹ Digital health tools can help professionals in the healthcare sector do what they do better, faster and safer. This means in a more patient-centric way and in support of integrated health and wellness.

However, e-health is still nascent, with some important barriers to overcome. Governments still need to include it in their strategies. Additional studies demonstrating its clinical and cost effectiveness need to be conducted and standardised evaluation frameworks developed.

¹ Shaw T, McGregor D, Brunner M, et al. *What is eHealth (6)? Development of a Conceptual Model for eHealth: Qualitative Study with Key Informants. Journal of Medical Internet Research. 2017 Oct;19(10):e324. DOI: 10.2196/jmir.8106. PMID: 29066429; PMCID: PMC5676031.*

Healthcare systems are very heterogeneous, which makes standardisation a challenge. Finally, the integration of e-health requires significant changes in how organisations and professionals operate. Culture change, especially in more traditional organisations with very established cultures is difficult. Change management programmes will need to be put in place to ensure effective and sustainable implementation.

Further challenges include the ethical use of data and access and equity resulting from the digital gap. This points to the urgent need to address the digital skills gap of both the healthcare workforce and society at large.

Digitalisation could lead to more empowered citizens and fewer inequalities, more informed and responsive healthcare, more efficient and connected healthcare systems, integrating both health and wellness, and new and collaborative business models such as public/private partnerships. However, it is unclear if digitalisation will reach its full potential in healthcare. Today, inequities are rising across but also within countries. There is also a drive towards privatisation of the healthcare sector, and a more business-focused orientation. Some individuals may be more empowered by having greater access to data, but this relies on having digital skills. Will digital skills become a new determinant of health? ([The Lancet, 2022](#))

Is our world heading towards advancements in gene therapy, predictive medicine, increased reliance on data-driven decisions, and the development of more automated and efficient healthcare systems? How will AI contribute to supporting healthcare professionals? Might we see a shift of healthcare away from traditional hospital settings? Could there be a challenge of managing overwhelming amounts of data, with unclear transparency in how data and algorithms are utilised? Additionally, who is responsible for developing these algorithms and making decisions about data usage? These are all significant questions that are still awaiting answers.

2050 – where do we want to be?

Ideally, in 2050, the healthcare system would be sustainable, simultaneously fostering equality (equal access to support), equity (everyone receiving the support that they need), and global justice (the root causes of inequity are addressed). This would require a higher investment in health promotion and preventive health and a deep understanding of the social determinants of health.

It would mean a profound shift in the healthcare system, widening the role of the healthcare professional from a specialist to a coach. As a coach, the healthcare professional would support the individual in making data- and evidence-driven decisions for their own health, perhaps in their own home and providing personalised medicine. Artificial intelligence would support rather than replace healthcare workers and allow less time to be spent on administrative tasks. More focus would also be placed on ensuring a good quality of life.

With more information available, citizens would gain health literacy, and healthcare professionals, e-health literacy. This would enable participatory health and a shared decision-making process.

To promote this new paradigm, the UOC's Faculty of Health Sciences takes a holistic approach to its teaching and research and aims to understand, prevent and act in different areas. With its seven research groups, it looks at individual health (brain health, women's health and healthy ageing) and lifestyle and health determinants (food, physical activity, and

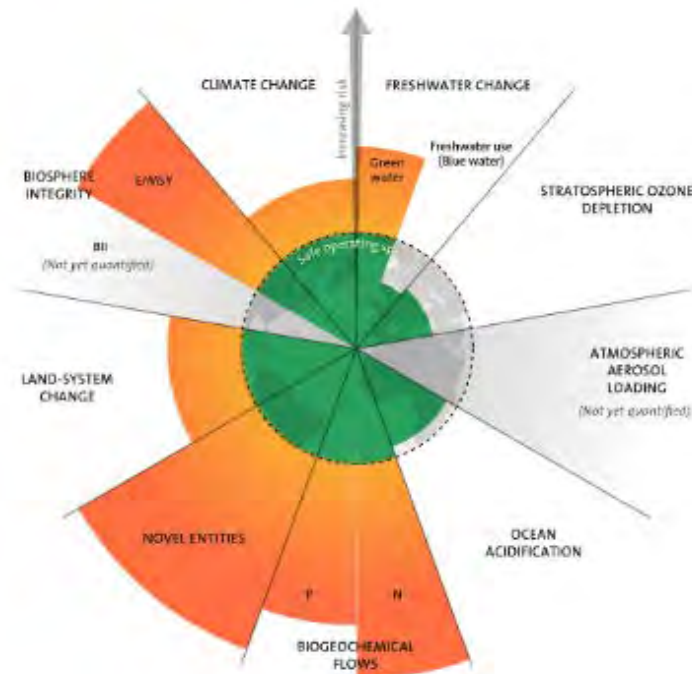
addiction) within a health environment (planetary health, epidemiological health, e-health and culture and society.) See [additional information](#) and [infographic](#).

Human health and planetary health

Having looked at human health, Cristina O’Callaghan then challenged the group to consider planetary health and its relationship with human health.

Context

Human health has improved in the last decades at the expense of planetary resources and essentially of future generations.² The environmental impact of healthcare currently represents up to 5% of the global environmental footprint, depending on the specific impact and country.³



The world has already exceeded several of the nine planetary limits that ensure that humanity can continue to develop sustainably, as shown in the figure. Health cannot continue to be improved at the expense of natural systems. (Figure from Azote for Stockholm Resilience Centre, based on analysis in Wang-Erlandsson et al. 2022).

Furthermore, the health of the planet directly affects human health. According to the World Health Organization, there were more than 6 million annual deaths due to air pollution between 2005 and 2015. The effects of climate change also directly and indirectly

affect human health and wellbeing through, for example, the impacts of extreme events (floods, droughts, intense storms, wildfires, and heat waves), changes in the incidence and distribution of both vector-borne and water-related diseases, reduction in food availability and quality, and socially mediated effects such as increased poverty, conflict, and population displacement.⁴

What is planetary health?

The current conceptualisation of health does not consider whether health improvements are obtained at the expense of the Earth’s natural systems or resources. The concept of planetary health seeks to address this limitation.

Planetary health is defined as “the achievement of the highest level of health, well-being and equity achieved worldwide while respecting the limits of the Earth’s natural systems in which humanity can thrive, through the integration of diverse human systems: political, economic, and social” (Whitmee et al., 2015).

² Source: *Our World in Data* (<https://ourworldindata.org>), Creative Commons, licence CC BY 4.0.9

³ Lenzen et al., *The Lancet Planetary Health*, volume 4, issue 7, e271-e279, July 2020

⁴ Frumkin H, Haines, A, *Annual Review of Public Health*. 2019; adapted from McMichael, A.J. *NEJM* 2013; 368:1335–43

It is a “*transdisciplinary field and a solutions-oriented social movement that focuses on analysing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth*” (Planetary Health Alliance).

The underlying hypothesis is that the health of humans and of the planet cannot be conceived as separate concepts. To move towards planetary health, the world needs to act with urgency, learn to deal with uncertainty and complexity, and embrace multidisciplinary and a systems approach.

In line with this philosophy, the UOC’s network on [planetary health](#) focuses on studying the effects on human health derived from anthropogenic alterations of the Earth's natural systems, and on proposing solutions to improve human health on a global scale within planetary boundaries. It uses an interdisciplinary approach to analyse not only the biological and environmental causes of disease, but also the social and economic causes that often drive changes in natural systems. Environmental equity and justice are cross-cutting themes in its research. The UOC, together with IS Global and Pompeu Fabra University have also launched a [Joint Master’s Degree in Planetary Health](#).

Having set the context, the next session was aimed at looking at how the members are working towards a paradigm shift in health and, more specifically, putting communities at the centre of healthcare and research.

Putting the community at the centre of healthcare and research

At the centre of integrated healthcare is person-centred healthcare. This requires a sound, shared understanding of patient and community needs, and how to work together in a co-creative way. As such, patients and communities need to be involved in healthcare research, prevention, and delivery, from inception to implementation. What are some examples of existing good practice? Members shared their experience and learnings working directly with communities or patient groups.

Universidad de Caldas: Interdisciplinarity meets technology

Consuelo Vélez Álvarez, Professor in the Public Health Department, Universidad de Caldas and Universidad Autónoma de Manizales, Colombia

Claudia Patricia Jaramillo Ángel, Professor in the Public Health Department, Universidad de Caldas, Colombia

Simulation centres

Universidad de Caldas presented an interesting initiative implementing community-centred, multi-disciplinary holistic “public health simulation centres” to strengthen public health knowledge and delivery in rural settings. The simulations are unique in several ways. They combine both health and social sciences and activities such as training, teamwork, and teaching in a wide range of interrelated areas. These areas include wellbeing, pharmacy, breastfeeding, home visits, body dynamics and physical activity, healthcare delivery and agricultural work.

Leveraging technology to facilitate and innovate in healthcare

Universidad de Caldas is leveraging technology to foment preventive health and to develop innovative diagnostics and delivery mechanisms for communities through artificial intelligence (AI), telehealth, mobile health, telemedicine, software development, virtual education and research. Some examples include:

- Virtual reality-based psychological care for the penitentiary community to help preserve their mental health
- A virtual reality experience for patients receiving psychological or psychiatric treatment to enable them to experience a change of scenery
- A device called Midoc to track vital signs and facilitate communication between healthcare staff in communities and cities
- A telehealth orientation programme for migrants in Bordeaux, France to accompany them in support of their mental health



Barcelona Aging coLLaboratory, Aging Living Lab

Marco Inzitari, Director of Integrated Care & Research at Parc Sanitari Pere Virgili and Associate Professor at UOC; Head of the REFIT research group at VHIR, Spain

Context

In 2050, one out of six people worldwide will be 65 years old and over and one out of three in Spain. At the same time, significant gaps exist in systems and policies, products and services targeted to the elderly, as was painfully demonstrated during the COVID-19 pandemic.

The elderly population are also often excluded from the medical research process and, more specifically, clinical trials, as catering to their specific needs may be more cumbersome or expensive for researchers. This then affects the relevance and adequacy of the healthcare solutions available to them.

It is important to involve older adults as producers rather than mere consumers of healthcare services and products. And the more involved they are in the production process, the more the services and products will be adequately catered to them.

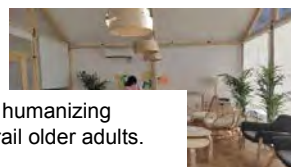
The Barcelona Aging coLLaboratory

The [Barcelona Aging coLLaboratory](http://www.ballaginglab.org) is a multistakeholder initiative and living lab that offers a space where ageing adults and their caregivers can work with a wide range of health and social care professionals and other relevant stakeholders to co-define the problems that they are facing and co-develop and test products, services and potential policies. Several concrete projects have been launched towards this aim. At the local level, a pilot project has been created to explore how to humanise robots by, for example, customising a robotic arm to help feed frailer older adults. At a more structural level, a pilot is in progress with the aim of integrating healthcare and social care services by developing meaningful indicators to measure the effectiveness of home care in Catalonia. A community of practice has also been developed to help co-define what a “good retirement” looks like.

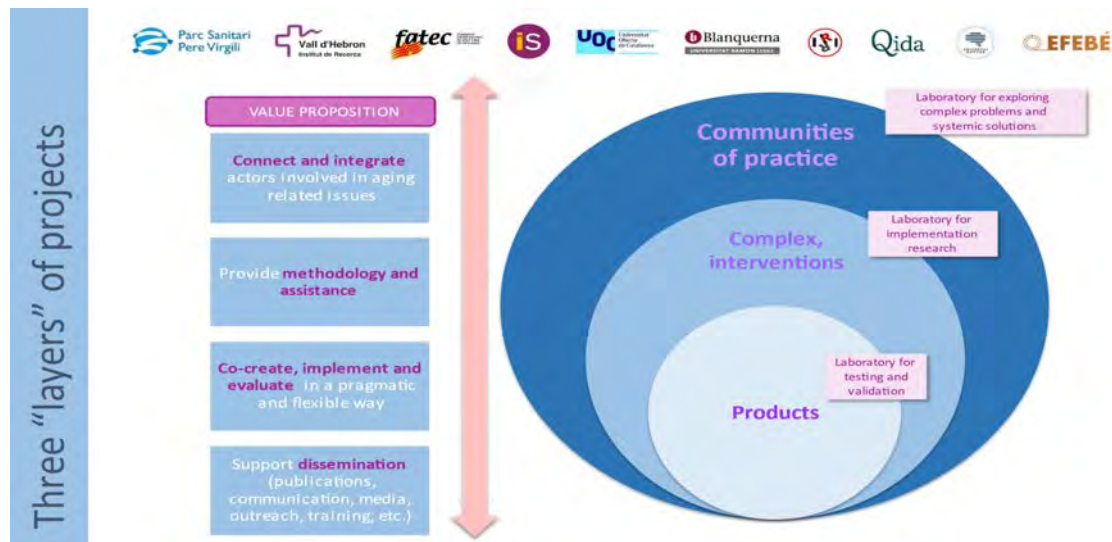
www.ballaginglab.org



AI-EAT project: humanizing robots to feed frail older adults.



The hub's living space, donated by Ikea.



Kuliah, Kerja, Nyata, Universitas Gadjah Mada

Hayu Qaimamunazzala, Lecturer in the Department of Health Behaviour, Environment and Social Medicine, Universitas Gadjah Mada, Indonesia

Context

In Indonesia, “Kuliah, Kerja, Nyata” means “real life work” or community service and is a mandatory part of the higher education curriculum. [Community service](#) is one of the three integrated pillars of Universitas Gadjah Mada (UGM), together with education and research.

To contribute to bridging the gap between community needs and university curriculum, students are encouraged to engage in internships, teach at schools, engage in independent study and entrepreneurship and finally, to actively engage with communities. Community service is central both to UGM and generally to all Indonesian universities. The skills learned are also very applicable to emergency response.

Kuliah, Kerja, Nyata

UGM has a community service programme in which students from different faculties are sent to live in local communities around the country to conduct needs assessments and develop projects with communities. These projects combine education, research, and community services in support of the SDGs and more specifically around food security, research, maritime issues, security and defence, social humanities, education, the arts, and culture. The programme is based on the principles of co-creation, co-funding, flexibility, research-based community services, accountability, and sustainability.

The programme aims to benefit all parties.

- It gives **students** real-life problem-solving experience and communication skills and enables them to work in multidisciplinary teams. They then come out with tangible programmes and research outputs.
- It empowers **communities** to work with students to co-develop solutions and take responsibility for solving the challenges in their communities. They receive appropriate technology, build partnerships with scientists, develop their village, and draw inspiration to pursue higher education.

- For **universities** it generates graduates with real-life skills, increases relationships and partnerships with communities and stimulates innovation.

Community-based education and research at Makerere University

Rawlance Ndejjo, Assistant Lecturer in the Department of Disease Control and Environmental Health at Makerere University, Uganda

Makerere University presented various case studies to illustrate the different ways in which it engages closely with the community in its institution, teaching, and research.

Case study 1: Multidisciplinary training at the community level

Makerere has a multidisciplinary “One Health Field Attachment Programme” in place in which groups of students from different health disciplines (such as Environmental Health, Nursing and Veterinary Medicine) come together and are attached to various community sites. With the community, they conduct a needs analysis, and implementable solutions over a 4-to-6-week period, aimed at improving the health of the community. In the past, this has included programmes around the prevention of schistosomiasis (bilharzia), using a One Health approach to the prevention of zoonotic diseases, outreach to schools and home visits to promote good hygiene practices.



Case study 2: Community-Based Education Research and Services (COBERS)

Community-based education research and services in rural areas are a compulsory part of the health professions curriculum at Makerere. This enables medical students to gain experience and exposure to the community, in research and project implementation programmes. Students work in villages near health facilities of attachment. Over a period of three years, they get acquainted with the community, and work and implement a project within it. Project areas have included health education and promotion, immunisation, family planning and counselling, community outreach, community diagnosis and health interventions. The programme is currently running in the three major medical schools in Uganda, including Makerere, Gulu and Mbarara Universities.

See a qualitative evaluation of the programme [here](#) and more specifically on malaria interventions [here](#).

Case study 3: Community-based participatory research using photovoice

Makerere University also actively conducts community-based participatory research in which communities are given lead roles in the research process. Participants also identify and reflect on issues relevant to their well-being, examining the context of their environment and their experiences. [In one example](#), community members used photovoice, a community-based research method that uses photos and voice. They were involved throughout the process, taking and displaying photos, participating in data analysis, and disseminating findings.



Areas of research have included examining community level barriers affecting maternal health, led by youths; [exploring gendered experiences](#); [ethics of community health workers \(CHWS\)](#), led by CHWs; and [exploring urban health risks in slum environments](#), led by slum inhabitants. This approach offers benefits to all parties: students, researchers, and the community. It fosters increased learning and reciprocity and fosters multidisciplinary and collaborative working. It also empowers communities and results in action in direct response to their needs.

Co-creation of an awareness campaign for the prevention of diabetes in the Samoan community, Western Sydney University

Paul Breen, Professor, Biomedical & Human Technologies, the MARCS Institute for Brain, Behaviour and Development, Western Sydney University, Australia

Western Sydney University also conducts community-based participatory research and presented a specific example of an [awareness campaign](#) it co-developed with and for the Samoan community to improve the health of Australian Samoans with diabetes in South Western Sydney. Several other examples are presented in Appendix 1.



Day 2: Exploring collaboration for an integrated approach to health

In recognition of the importance of a collaborative approach in achieving integrated health, the second day was aimed at creating connections outside academia. The members were invited to meet external institutions doing interesting complementary work on SDG 3. The afternoon session then explored the need and case for the enabling environment and challenges around cross-sector collaboration in the healthcare industry.

Opening: Visit to the Sant Pau Hospital Art Nouveau Site (Host and Moderator: Kathrine Raleigh, Head of Programmes and Content at the Sant Pau Hospital Foundation, Spain)
Jorge Alejandro García Ramírez, Medical Doctor, MSc Health Policy, Planning and Financing, Health Policy Analyst at the WHO Barcelona Office for Health Systems Financing, Barcelona, Spain
Ivan Hajdukovic, Researcher, Euromed Economists

The day started with a visit to the [Sant Pau Art Nouveau Site in Barcelona](#). This cultural site was selected due to its rich historical heritage and the key role that it has played in the healthcare sector in Catalonia. In hosting a variety of high social-impact organisations in pavilions that formerly housed the Sant Pau Hospital, the foundation has also created an environment conducive to cross-sector collaboration in relation to health, urban resilience, regional cooperation, sustainable development, and digital health innovation, among other priority work areas. Key references in this community include programme offices of international organisations, such as the World Health Organization, the European Forest Institute, and the Euro-Mediterranean Economists Association, as well as innovative centres such as the Barcelona Health Hub. Finally, Sant Pau's architect and architecture are the very embodiment of embracing multidisciplinarity, complexity, equity, social welfare, integrated health and sustainability.

The members were then welcomed to meet-and-greet sessions with the [WHO Barcelona Office for Health Systems Financing, Division of Country Health Policies and Systems Strengthening](#) and [Euro-Mediterranean Economists Association - EMEA \(euromed-economists.org\)](#) with a view to establishing exchanges.

Cross-sector partnerships and alliances in health – the why, what, and how

Moderators: Carme Carrion, Associate Dean for Research at the Faculty of Health Sciences and Liv Raphael, Head of the SDG 3 Cluster, Universitat Oberta de Catalunya, Spain

Panel Members: Paul Breen, Professor of Biomedical & Human Technologies, the MARCS Institute for Brain, Behaviour and Development, Western Sydney University, Australia; Albert Barberà, Director of Advanced Therapies Hub and Technological Platforms, Vall d'Hebron Institute of Research, Spain; Montse Daban, Director of Scientific Policy and Internationalisation at BIOCAT, Spain; and Ivan Zahinos, Project Director, Medicos Mundi, Spain

An integrated approach to health requires collaboration across disciplines, sectors and the value chain. This session looked specifically at collaboration in the health sector. Participants explored the enabling environment for collaboration to flourish, examples of good practice, key challenges and how they may be overcome.

To ignite the conversation and stimulate further discussion, the session opened with brief interventions from a panel of experts working in the healthcare industry. Member universities and guests were then invited to participate in breakout groups to discuss the reality in their specific context. The groups then fed back to plenary. The conclusions of the session are summarised below.

It was widely agreed that collaboration across sectors is important and widespread in the industry. There are many examples of public/private partnerships, and partnerships with NGOs, government, and across academic institutions. Ecosystem approaches bringing together all actors within a given value chain have been instrumental in stimulating joint strategic planning, more aligned research, collaborative problem-solving and implementation. The COVID-19 pandemic also greatly accelerated collaboration in the sector. A shared and global emergency stimulated collaboration by incentivising professionals and institutions to work towards a common goal.

The panel echoed that healthcare systems need to be transformed to adapt to the current context and to support an integrated and salutogenic approach to health. A common vision and language need to be co-created around what that paradigm shift looks like in practice, and the systems and processes need to be put in place to support it. It will require intentionality and a sound change management process to overcome institutional inertia.

There still needs to be more focus on prevention. The academic evidence is clear, but implementation and funding are still a challenge.

Clinicians need to be skilled to work with and in communities. This is mandatory in medical school curriculums in some areas of the world. Could it be replicated elsewhere?

Citizens and patients' voices need to be heard to breach the disconnect between knowledge creation and community needs. Increasing citizen and patient involvement, both in health research and innovation, would provide a very different and complementary perspective. Research topics need to be better aligned to the needs of the citizens. Including patient groups at initial scoping phases, or when developing country and regional research plans, can help ensure that research questions are more relevant to the population. Patients ask different questions than researchers or clinicians. They may also value different courses of treatments differently as they may put more value on different dimensions.

There is a certain perceived opaqueness in the system, making it difficult for stakeholders outside the system to engage. Those that do not work in the industry do not necessarily know how health systems and supply chains are structured and managed. If

health is considered a human right, then patients should be empowered with more information and transparency. Mass communication tools can offer support.

Health touches on many aspects of life. The industry would benefit from including knowledge outside health, from disciplines such as philosophy, sociology, or anthropology. Collaboration with the cultural and artistic sectors, for example, can support awareness raising around prevention. Medicus Mundi Mediterranea has successfully collaborated with the film industry in the creation of awareness-raising documentaries, such as the award-winning [A luta continua](#).

The lack of market demand or uptake for some products or services that would be beneficial to patients remains a challenge. In some cases, a clinical need is identified, a prototype is developed, and there simply isn't uptake for it from the public or private sector, even though the end user would benefit. What innovative public/private funding models or new types of organisations exist or need to be put in place to fill this gap?

Common collaboration challenges were also evoked such as bureaucratic hurdles, finding the right people to talk to, differing timelines between sectors, limited financial and time resources available for collaborative work, and challenges around power inequities.

And some questions were put on the table. How does the world move towards a salutogenic approach to health ? How do we reach a common vision of what is needed and build a coalition of the willing? What does "citizen empowerment" actually mean and imply in practice? Can the internationalisation of education, where students and professors learn from each other and what is being done in other settings, accelerate change?

Transformation and collaboration require a shared vision, a clear strategy and action areas to start working, considering mutual needs. All actors need to be open to collaborating and see the need for it. They also need to be able to explain the value of their work to others. Once the vision has been developed, follow-through is essential as initial interest wanes, and inertia can lead to the return of the status quo. Local, regional, and global associations, hubs and networks such as the International Association of Universities and BioCat can support the process. Effective change management and communication will be key to the transformation process.

Incorporating SDG 3 in our institutions, research, and teaching

Moderator: Isabel Toman, Programme Officer for Sustainable Development, IAU HESD Cluster Coordinator

Over the three days, the IAU and the members explored how higher education is incorporating the SDGs and SDG 3 in their institutions, research, and teaching. As input for the session, the IAU presented the conclusions of a global survey conducted together with partners, receiving 464 responses from higher education institutions from 120 countries. The findings were published in January 2023 in a report titled "[Accelerating Action for the SDGs in Higher Education](#)". For the expert meeting, the data zoomed in on SDG 3 and put it in relation to other SDGs and working areas covered by the global survey. The SDG 3 Cluster Lead also presented the results of a short survey conducted prior to the meeting, looking more specifically at SDG 3 cluster member institutions, and building on the work of the larger survey. A subset of members then presented a deep dive of their universities' approaches and work in this space.

Topline results from "Accelerating Action for the SDGs in Higher Education"

- Higher education institutions have identified the 2030 Agenda and the SDGs as a useful framework to work across disciplines and areas (research, teaching, etc.).
- Institutions engage with SDG 3, but to a lesser extent than with other SDGs. The level and type of engagement and specific challenges related to the SDGs tend to be context-specific.
- In general, leadership tends to oversee the strategy and implementation of the SDGs, but academic staff are the ones most involved.
- Ensuring a whole-institution approach and that SDGs are included in institutional strategies can still be improved.
- There remains a need to share specific examples of good practice and increase the visibility of higher education institution actions to policymakers.
- Specific funding is needed, mainly for staff and capacity development, and for research to fund work around the SDGs.
- Partnerships are crucial to accelerate action, and in particular South-North cooperation and training opportunities could be increased.



Many of these points were echoed in the results of the SDG 3 cluster members survey.

SDG 3 Cluster members survey: topline results

Liv Raphael, Head of the SDG 3 Cluster, Universitat Oberta de Catalunya, Spain

The main conclusions from the SDG 3 cluster member survey were that:

- Sustainability is seen as strategic to all member organisations and enjoys top-level commitment. All the members had included it in their strategic plans in some way.
- Overall, the SDGs are overseen by leadership with some institutional departments involved, such as the international or sustainability offices.
- The same is true for SDG 3, where mostly leadership and health-related departments were involved.
- Leadership and academic staff tended to be the most involved. In most cases, but not all, sustainability was not necessarily trickling down to or including students and administrative staff.
- Institutional engagement was present in all members at the strategic, teaching and research levels. It showed up quite strongly at the community level, especially in certain institutions, but less so in campus operations. Again, there were differences between universities operating in different contexts.
- The main challenges faced by members in incorporating the SDGs and SDG 3 in their institutions were siloed working and lack of specific funding or incentives. This was common across institutions.
- Members recognized the importance of transdisciplinary and systems/holistic thinking. However, the institutional and incentive structures did not always accompany each other. Related to this, the lack of a common language around SDG 3 and the SDGs, including at the leadership level, was a challenge.

- For a whole-institution approach to become a reality, institutions still need to increase awareness, integration and buy-in around SDG 3 and the SDGs across all faculties.
- Finally, a lack of training around SDGs and SDG 3 was identified as a gap.

“Due to resource and time commitments and the conflicting requirements of our staff, the SDGs are often pushed down the priority list.”

“Leadership for sustainability in higher education is a distinctive challenge which is about transformation, future thinking and transdisciplinarity.”

Finally, a [global scoping review](#) entitled *“Integrating the United Nations sustainable development goals into higher education globally”* that Makerere University and Karolinska Institutet participated in concluded that *“to advance the integration of the SDGs, lessons learned from universities globally should be shared broadly, equitable partnerships formed, and students engaged while simultaneously increasing funding for these processes.”*⁵

Member deep dives

Western Sydney University (WSU)

Paul Breen, Professor of Biomedical & Human Technologies, the MARCS Institute for Brain, Behaviour and Development
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WSU started setting the foundations for its sustainability journey in 2010 by commissioning a study entitled [“Turnaround Leadership for Sustainability in Higher Education”](#), together with other partner universities in Australia. One of the key findings of the study was that the key to progressing sustainability in higher education was to *“identify and systematically build viable leadership capabilities, competencies, support systems and pathways”* and that the focus needed to be *“transformative, rather than adaptive, moving towards an interdisciplinary approach.”* This would require clear top-level engagement, a change management plan at all levels and deep cultural change.

WSU began its journey by aligning its strategy and reporting mechanisms with its ambitions. This meant including sustainability as a priority in its strategic plan, linking it to principles of equity, transformation, and connectedness and undertaking annual sustainable reporting and mapping of its activities against the SDGs. WSU also developed a [decadal sustainability and resilience 2030 strategy](#), which honed in on why sustainability was important to them.

As an institution deeply embedded in the Greater Western Sydney region, WSU feels a responsibility to *“envision a more resilient, sustainable and prosperous future together with its stakeholders.”* The strategy is *“a call for action for community stakeholders to come together to re-vision a transition towards more sustainable ways of living that leave no one behind and recognizes the interdependencies of life.”* WSU also recognized that together with its deep ties with its region, it is strongly embedded in a regional and global context.

In line with this vision, WSU developed [nine interconnected priority statements](#), informed by the United Nations Sustainable Development Goals. It also launched a digital platform and promotional and engagement activities to socialise its strategy.

⁵ Ángela Amorós Molina, Daniel Helldén, Tobias Alfvén, Maria Niemi, Karin Leander, Helena Nordenstedt, Carita Rehn, Rawlance Ndejjo, Rhoda Wanyenze & Olivia Biermann (2023) Integrating the United Nations sustainable development goals into higher education globally: a scoping review, *Global Health Action*, 16:1, DOI: [10.1080/16549716.2023.2190649](https://doi.org/10.1080/16549716.2023.2190649)

Its labour has shown its fruits. WSU was ranked number 1 in the [Times Higher Education Impact Ranking in 2022](#) and again in 2023. Over the years, it has worked actively with the ranking to see how it could improve its impact. It has also done a lot of work around how to integrate SDGs and their targets at the institutional level, significantly guided by the Higher Education Impact Ranking metrics.

Institutional SDG mapping



Institutional SDG Mapping: the dashboard on the left is the individual tracking of the SDGs for WSU's annual report and includes a mix of metrics, including student and staff numbers, campus operations, research publications and programmes.

WSU also developed pilot projects across its strategic priorities with an aim of using holistic approaches in tackling complex problems. For example, the [Lithgow Transformation Hub](#), launched by WSU in a depressed regional area previously dominated by coal mining and transitioning to a low carbon economy. The hub was created to act as “a collaborative space for community, business, government, education, and industry to come together to explore and deliver on several priority areas.” These include:

1. **Gateway to Wiradjuri** – a space for local traditional owners and the Aboriginal community to yarn, learn, and share knowledge with the broader community.
2. **CHEERS** – a holistic health and wellbeing program including pop-up safe spaces.
3. **Activate: Incubate** – an activator and incubator for emerging and regenerative industries.
4. **Education for Life** – an education programme focusing on school students, the unemployed, and older residents.
5. **Lithgow Sprint** – an immediate, powerful recoding of Lithgow’s narratives through youth voices, building to an integrated programme of writing residencies, events, and mentorships.
6. **The Core** – the coordination and governance spine.

WSU has also worked on tackling sustainability education, which is conceptualised as three distinct areas including education about the SDGs, education that contributes to the SDGs, and education for sustainability.

1. **Education about the SDGs** is content-related, allowing students to recognise the 17 SDGs (or at least the ones specifically related to their discipline) and their larger global purpose and why it is important to envision a better future for all by 2030.
2. **Education that contributes to the SDGs (or a singular SDG):** specific programmes and learning activities (such as curiosity pods or outbound mobility experiences) or degree programmes that allow and equip students to acquire the knowledge and skills needed to promote sustainable development.
3. **Education for Sustainability**, a pedagogical underpinning that fosters sustainability competencies that need to be included explicitly as part of the curriculum to develop sustainability-literate graduates. A process which engages people in decision-making and action-taking for a more socially just, economically sound, and ecologically responsible future.

WSU’s approach and “Sustainability Graduate Attribute” incorporate sustainability competencies that focus on what a graduate can do as much as what they learn, and to develop students and graduates who can **critically envision better futures and take action towards them**. The [21C Curriculum initiative](#) aims to equip graduates with the transdisciplinary ‘hybrid’ capabilities needed for their success in a disrupted future of work and society. The 21C Transforming Curriculum stream is organised around four Curriculum Challenges: [Future Thinkers](#), [Global Citizens](#), [Innovative Entrepreneurs](#) and [Sustainability Advocates](#).

Each Challenge is led by Curriculum Champions who have shepherded a partnership team of colleagues – staff, students, and external partners – to co-create transdisciplinary Challenge Minors and Curiosity Pods, and now micro-credentials. New sustainability offerings are available for all students, including specialisations in global sustainability, climate justice, urban evolution, equitable technologies, water for life and eco-socially aware manufacturing.



See appendix 2 for a summary of WSU SDG-related projects.

Key learnings from the WSU journey

- Sustainability is an ethic, practice, and discourse. This means integrating different disciplinary interpretations and developing a common language.
- What is needed is transformation and not adaptation, focusing on the future and not the present and developing interdisciplinary and inter-portfolio connectivity.
- Change doesn't happen, it must be led. This means ensuring:
 - Institutional alignment
 - Developing the institutional culture
 - Bridging disciplinary silos and agendas
 - Considering specific context-related geopolitical circumstances.
 - Institutional investment and commitments are important.
 - Rankings submission
 - Professional development
 - Tracking and monitoring progress

Universitas Gadjah Mada (UGM)

Hayu Qaimamunazzala, Lecturer in the Department of Health Behaviour, Environment and Social Medicine, Universitas Gadjah Mada, Indonesia

Universitas Gadjah Mada is incorporating sustainability in its teaching, research, and institution in several ways.

In research and projection projects, the university asks for commitment to the SDGs according to area. Research funding applications need to demonstrate the ways in which their research aligns with the SDGs and publications are tracked and tagged in relation to the SDGs.

The university also has **various community-engagement programmes** around health and wellbeing. As part of every undergraduate programme, students are deployed all over the country to work with communities, often in relation to health and wellbeing.

Deep dive: The Health Promoting University

The institution has **green university and sustainability policies**, as well as policies on **health and healthy living**. The “**Health Promoting University**” flagship programme strives to protect the health and wellbeing of the university community by creating a healthy learning environment and organisational culture. Programme themes include physical activity, healthy diet, mental health, health literacy, zero tolerance for drugs, alcohol and tobacco, zero tolerance for violence, bullying or harassment, establishing a safe and healthy environment and reproductive health.

“The programme began with the creation of a working group and the formulation of policies at the faculty level. It was then followed by monitoring the health of students, staff and lecturers forming part of the academic and human resources department. It also included the development of campus facilities to support healthy living such as jogging tracks, routine aerobic activities, art and talent programmes and healthy canteens. It is a ‘programme’, a ‘network’ and a ‘campaign’ to create a healthier campus environment and culture at the university.” (Source: internal video.)

University College Dublin (UCD)

For UCD, sustainable development and climate change are two of the greatest challenges of our time and require attention and action from individuals, organisations, and governments. UCD recognises its role as a leader in these global challenges, not only in research and teaching, but also in the operations and development of its estate.

At the institutional level, UCD publishes a yearly [sustainability report](#) which looks at sustainability and UCD's response to the COVID-19 pandemic, governance and operations, education, research and impact, and partnership and engagement.

The university seeks the attainment of a sustainable, healthy, and living campus. As such, it endeavours to manage the campus in a way that considers energy and water usage, waste management, sustainable commuting, and biodiversity in all its activities, where relevant.

SDG 3 Awareness Week

In 2016, UCD launched its [SDG Awareness Week](#), recognising the launch of the SDGs and their importance to global health, and the university's responsibility in raising awareness around them, for staff and students. It is a week-long event sponsored by UCD's School of Medicine, bringing together experts from UCD's academic community who have been looking at SDGs and, more specifically, SDG 3. The aim was to encourage students to become global citizens that take care of their patients and to not consider patients "just patients under their care."

UCD has also worked on incorporating the SDGs in its curriculum. It undertook a mapping exercise of SDGs of its undergraduate and postgraduate programmes (with specific recommendations on how the university's curriculum and any curriculum development can best meet the UN Sustainable Development Goals). It also has two dedicated programmes on SDGs: a BSc in Sustainability with two strands (science - engineering and social sciences - policy and law) and an MSc in Sustainable Development. Both degrees address all SDGs and the linkages between them.

Finally, it actively participates in national and international committees on SDGs and sustainability, such as the IAU SDG 3 Cluster, the U21 Health Sciences Group, the U21 Community of Practice on Sustainability, and Una Europa). UCD has also recently appointed a Vice-President for Sustainability.

Universitat Oberta de Catalunya (UOC)

Marta Aymerich, Vice Rector for Strategic Planning and Research, President of the Executive Board of the UOC eHealth Center, Universitat Oberta de Catalunya, Spain; Pastora Martínez, Vice Rector for Globalization and Cooperation, Universitat Oberta de Catalunya, Spain; Virginia Sánchez Román, Director International Projects - Europe, Globalization and Cooperation, Universitat Oberta de Catalunya, Spain; and Gemma Xarles, Director of Globalization and Cooperation, Universitat Oberta de Catalunya, Spain

The UOC strongly believes that universities are key players in addressing the global challenges identified by the SDGs. As such, it adopted the 2030 Agenda in its 2017 and 2022-2025 strategic plans.

Thanks to the 2030 Agenda, higher education (HE) was included in a global political road map for sustainability for the very first time. SDG 4 advocates more specifically for ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all.

Universities have the responsibility to ensure the right to higher education for all, no matter their circumstances. This is precisely one of the statements under which the UOC was founded more than 25 years ago: the need to offer HE to those who could not attend face-to-face universities. The UOC actively promotes increasing access, retention, and success in HE through its e-learning pedagogical model.

The UOC also seeks to contribute to the achievement of the 16 other goals. Knowledge is crucial for guaranteeing the progress of societies and leaving no one behind. Universities create knowledge through research. They share knowledge with students and other actors. They transfer this knowledge to society. They do this across the five pillars of the SDG agenda: planet, people, prosperity, peace, and partnerships.

The UOC incorporates the goals in its teaching, research, and institution in different ways.

Teaching:

- There is work in progress to incorporate ethical and global competencies (including the 2030 Agenda principles and SDGs) in all official UOC degrees (currently present in 24 official bachelor's and master's degrees).
- The UOC has launched master's degrees in Planetary Health, Sustainable Tourism, and Nutrition.
- Sustainability is an area of focus in the Master's Degree in Philosophy of Contemporary Challenges.
- A set of Catalan universities are also preparing an online training programme on the 2030 Agenda for students.

Research: The UOC has also done some work mapping its research against the SDGs.

Institution:

- The UOC's Equality Unit, among others, oversees the implementation and continuous monitoring and evaluation of equality plans. It prepares diagnostic reports to examine the UOC from a gender perspective. It advises the academic and administrative bodies on gender equality policies. It proposes and promotes measures to include a gender perspective in teaching, research, transfer, and management. It ensures that its communication incorporates gender and sexual diversity and promotes the representation of women.
- The UOC contributes to inclusive and equitable access to higher education and lifelong learning through scholarship programmes aimed at underrepresented groups in the university, such as refugees or scholarships with organisations such as the Ibero-American General Secretariat - SEGIB.
- In a broader perspective, the UOC offers support to governments, education ministries, quality agencies and institutions to make their education systems more resilient and expand access and coverage of higher education through their own quality e-learning systems.

Harnessing the power of alliances: the UOC is committed to recovering the transformative role of the university in society. This has led it to partner with local and international organisations and universities around the world.

- The UOC collaborates with international universities and educational institutions such as the Massachusetts Institute of Technology, international ministries, and secretariats of education in Latin America, such as the SENESCYT (Ecuador) or CIIES (Mexico), and multilateral organisations and institutions like the United Nations Institute for Training and Research (UNITAR) and the Food and Agriculture Organization of the United Nations.
- At the core of the vision and mission of the UOC's eHealth Center lies its desire to contribute to the paradigm shift in health by taking a salutogenic perspective on it, and the university actively spearheads the IAU SDG 3 Cluster.

Reflection, key takeaways, and areas for future collaboration

Moderator: Liv Raphael, Head of the SDG3 Cluster, Universitat Oberta de Catalunya, Spain, with the participation of the SDG 3 Cluster Members

In the final session, the members reflected on the two days and collaboratively defined emerging key learnings and messages and potential joint action moving forward.

Key messages

They key messages were:

- It is time to consider a redefinition of the concept of health towards an integrative approach that actively addresses the primary challenges of universal healthcare, wellbeing and their links with planetary health.
- An integrated and interdisciplinary approach to health is required to consider all factors that determine health outcomes. This means putting the individual at the centre of diagnostics and care, focusing on both prevention and treatment, and considering long-term mental and physical health. It also means carefully harnessing and integrating the power of technology as it develops, to ensure that it supports equity and wellbeing. See the summary video [“What do we mean by an integrated approach to health?”](#)
- It is time to redefine the role of communities. We need to encourage work “by the community and for the community”, starting by jointly defining health problems and co-creating solutions. Well-grounded approaches exist that can be replicated and built on.
- New organisational models also need to be developed to help facilitate access to products and services where there is patient need but no sustainable business model that ensures equitable access.
- Community, patient, and citizen voices need to be heard. Disciplines outside of healthcare can also greatly contribute to the sector.
- Sound change management approaches, putting people at their core, need to be put in place for a change to occur at all levels, i.e. vision, systems, processes, skills, knowledge, and culture. Convincing all stakeholders to tackle the barriers of fear and inertia will be key to success.
- Student involvement may be a key enabler that has not been sufficiently tapped into, as students are primary stakeholders and can be important ambassadors for a more sustainable future.
- Collaborative working is an essential vehicle to get there, while also being one of the sector’s greatest challenges, starting from within. Interdisciplinary, interinstitutional, and cross-sector forms of collaboration are necessary to tackle systemic problems and allow for a holistic approach to education and healthcare.
- Universities with a glocal approach, working towards locally relevant and appropriate solutions focused on local needs while sharing knowledge globally, can play a key role in this effort.
- As lifelong students, in school, university, or in our professions, we all have a role to play in closing the global equity gap in healthcare provision.

“Will this be the generation that solves global health challenges?”

Members renewed their commitment to work together as a higher education champion for an integrated approach to health, in support of equity and wellbeing worldwide. They will continue to share information and advocate both internally and externally, stimulate exchanges and internal and external collaboration to support this important and necessary paradigm shift in the global healthcare sector.

Opportunities for joint action

Low-hanging fruit (limited resources, medium to high contribution to strategic objectives)

- Webinars across specific cross-cutting health issues (mental health, maternal health, digital health)
- Publication on how the members are incorporating SDG 3 and SDGs in their universities
- Documenting experiences on working towards the paradigm shift to integrated health
- Joint commentary on the paradigm shift to integrated health
- Documenting case studies on health promotion in various institutions
- Harnessing the SDG 3 cluster website to share initiatives and get more visibility
- Design and implementation of webinars, blogs, newsletters, social media posts

Potential actions in the medium term (medium resources, medium or high contribution to strategic objectives)

- Sharing information on interdisciplinary course content
- Student engagement – SDG training and awareness – benchmarking across SDG 3 cluster members
- Joint grant proposals in areas of interest to the network

Actions in the longer term with additional funding (high resources, medium or high contribution to strategic objectives)

- Conducting a literature review on digital approaches to community engagement
- Developing an online open course together towards transformative education content, including Planetary Health and Digital Health, Health Promoting University, Simulation for Public Health, SDG Awareness Week
- Being the curator of the best working being done globally – through a repository of SDG initiatives
- Developing research proposals on priorities of the cluster such as mental health

Conclusions

Research and practice suggest that the 2030 Agenda is increasingly being integrated in higher education, at both the strategic and operational levels. It has permeated the top levels and is starting to become integrated into university strategies. There is, however, a long way to go before it becomes business as usual. Incorporating it into strategic planning is just the start. It requires working across disciplines, with other sectors and breaking traditional academic silos. It also requires a mindset capable of working in uncertainty, complexity, and

the world of unknowns. And including stakeholders that were traditionally not necessarily at the table, such as patient groups and local communities.

In terms of SDG 3, the challenge is similar. We need a paradigm shift towards an integrated view of health, which will require transformational change – a mindset shift, a joint vision, and collaborative pathways forward. This will require a profound culture change and sound change management programmes will need to be put in place, with people at their core. Changing hearts and minds to tackle barriers of fear and inertia will be key. Students, as important stakeholders and ambassadors for a more sustainable future must be engaged and a central part of the change effort. The case studies shared over the three days illustrated innovative ways in which these major challenges are being tackled.

The IAU SDG 3 Cluster is committed to the 2030 Agenda and more specifically to SDG 3, and to playing its role in promoting an integrated approach to health and wellbeing in support of equity worldwide by building awareness and shining a light on challenges and good practice in their institutions and across the globe.

Appendix 1 – Meeting Participants

Marta Aymerich, Vice Rector for Strategic Planning and Research, President of the Executive Board of the UOC eHealth Center, Universitat Oberta de Catalunya, Spain

Imma Alberch Chamorro, Communications Officer at the eHealth Center, Universitat Oberta de Catalunya, Spain

Paul Breen, Professor of Biomedical & Human Technologies, the MARCS Institute for Brain, Behaviour and Development, Western Sydney University, Australia

Carme Carrion, Associate Dean for Research, Faculty of Health Sciences, Scientific Coordinator of the eHealth Center, Principal Investigator of eHealth Lab research group, Universitat Oberta de Catalunya, Spain

Nadia D'Alton, Director of Strategic Programmes, University College Dublin, Ireland

Fatwa Sari Tetra Dewi, Head of the Department of Health Behaviour, Environment and Social Medicine, Universitas Gadjah Mada, Indonesia (selected sessions online)

Marc Graells, Management and Project Support Specialist at the eHealth Center, and SDG 3 Cluster Secretariat Coordinator, Universitat Oberta de Catalunya, Spain

Claudia Patricia Jaramillo Ángel, Professor in the Public Health Department, Universidad de Caldas, Colombia

Consuelo Vélez Álvarez, Professor in the Public Health Department, Universidad de Caldas and Universidad Autónoma de Manizales, Colombia

Pastora Martinez, Vice Rector for Globalization and Cooperation, Universitat Oberta de Catalunya, Spain

Rawlance Ndejjo, Assistant Lecturer in the Department of Disease Control and Environmental Health at Makerere University, Uganda

Hayu Qaimamunazzala, Lecturer in the Department of Health Behaviour, Environment and Social Medicine, Universitas Gadjah Mada, Indonesia

Liv Raphael, Head of the SDG 3 Cluster, Universitat Oberta de Catalunya, Spain

Virginia Sánchez Román, Director of International Projects – Europe, Globalization and Cooperation, Universitat Oberta de Catalunya, Spain

Isabel Toman, Programme Officer for Sustainable Development, International Association of Universities, France

Hilligje van't Land, Secretary General, International Association of Universities (selected sessions online)

Rhoda Wanyenze, Dean of Makerere University School of Public Health (selected sessions online)

Gemma Xarles, Director of Globalization and Cooperation, Universitat Oberta de Catalunya, Spain

External Guests and Speakers

Albert Barberà, Director of Advanced Therapies Hub and Technological Platforms, Vall d'Hebron Institute of Research, Spain

Montse Daban, Director of Scientific Policy and Internationalisation at BIOCAT, Spain

Marco Inzitari, Director of Integrated Care & Research at Parc Sanitari Pere Virgili and Associate Professor at the UOC; Head of the REFIT research group at VHIR, Spain





Cristina O'Callaghan, Professor at the Universitat Oberta de Catalunya and Director of the Master's Degree in Planetary Health, Associate Research Professor at the Barcelona Institute for Global Health (IS Global), Spain

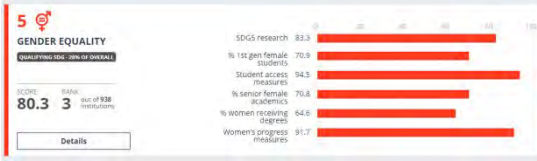




Kathrine Raleigh, Head of Programmes and Content at Sant Pau Hospital, Spain





Ivan Zahinos, Project Director, Medicos Mundi, Spain




Jorge Alejandro García Ramírez, Medical Doctor, MSc Health Policy, Planning and Financing, Health Policy Analyst at the WHO Barcelona Office for Health Systems Financing, Barcelona, Spain

Appendix 2– WSU Sustainability Projects

SDG		Project Title	Project description												
SDG 6: Clean Water and Sanitation 1st in 2022 2nd in 2023	 <table border="1"> <caption>SDG 6: Clean Water and Sanitation Data</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>SDG 6 research</td> <td>88.3</td> </tr> <tr> <td>Water consumption per person</td> <td>75.0</td> </tr> <tr> <td>Water usage and care</td> <td>76.7</td> </tr> <tr> <td>Water reuse</td> <td>83.8</td> </tr> <tr> <td>Water in the community</td> <td>100.0</td> </tr> </tbody> </table>	Category	Score	SDG 6 research	88.3	Water consumption per person	75.0	Water usage and care	76.7	Water reuse	83.8	Water in the community	100.0	<p>Cleaning up microplastics in the Hawkesbury-Nepean River system</p> <p>Research Team Leader: Dr Michelle Ryan (School of Science)</p> 	<p>Researchers and students collaborate with Streamwatch and Greater Sydney Landcare community volunteers. Hands-on workshop to assess microplastics present in the Hawkesbury-Nepean River. “Current research into microplastics is focused on the oceans, but there is a global need to explore the impacts of this emerging pollutant on freshwater systems.”</p>
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SDG 6 research	88.3														
Water consumption per person	75.0														
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SDG 12: Responsible Consumption and Production 2nd in 2022 1st in 2023	 <table border="1"> <caption>SDG 12: Responsible Consumption and Production Data</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>SDG 12 research</td> <td>83.5</td> </tr> <tr> <td>Operational measures</td> <td>95.5</td> </tr> <tr> <td>Proportion of recycled waste</td> <td>96.3</td> </tr> <tr> <td>Sust. report publication</td> <td>100.0</td> </tr> </tbody> </table>	Category	Score	SDG 12 research	83.5	Operational measures	95.5	Proportion of recycled waste	96.3	Sust. report publication	100.0	<p>Microbes, Sustainable Farming and Food Security for the Planet</p> <p>Research Team Leader: Professor Brajesh Singh</p> 	<p>The millions of microbes living on plants can help ensure the future of farming. Microbial engineering tools can sustainably increase agricultural output to enhance food security. “According to the experiments conducted in the greenhouse some of the microbes increased the productivity of wheat, lettuce and cotton by 35%.”</p>		
Category	Score														
SDG 12 research	83.5														
Operational measures	95.5														
Proportion of recycled waste	96.3														
Sust. report publication	100.0														
SDG 5: Gender Equality		<p>Tackling inclusivity: Access to team sports for all</p>	<p>Sport is associated with ‘Australianness’. Muslim women are</p>												

<p>3rd in 2022 1st in 2023</p>		<p>Research Team Leader: Dr Jennifer Cheng</p> 	<p>keen to participate in sports, and this will enhance belonging. The Muslim women's Australian Rules football (AFL) team was founded in 2011. "Accommodating religious dress requirements can make sports more accessible and codes need to create inclusive policies so Muslim women can participate."</p>
<p>SDG 10: Reduced Inequalities 4th in 2022 3rd in 2023</p>		<p>Life after school for young people with disabilities</p> <p>Research Team Leader: Dr Lise Mogensen</p> 	<p>More than four million people in Australia have some form of disability. "The unemployment rate for working-age Australians with disabilities (9.4%) is almost twice that of those without (4.9%)". Young people with intellectual disabilities face obstacles in the transition from school to employment and housing. The service gaps have been identified.</p>
<p>9th worldwide for SDG 14: Life Below Water</p>		<p>Turtle species rescued from the brink</p> <p>Research Team Leader: Associate Professor Ricky Spencer</p>	<p>WSU prevented the extinction of a rare turtle species: the Bellinger River Snapping Turtle. In a purpose-built quarantine facility at Western Sydney University the species recovered and then was re-released once the unknown disease had run its course.</p>

			<p>“We led a desperate and massive rescue mission, scouting upstream to find pools where the condition was not yet evident, and rescuing healthy turtles. My next job is to save 1 million turtles!”</p>										
<p>SDG 15: Life On Land 10th in 2022 2nd in 2023</p>	 <table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>SDG 15 research</td> <td>89.1</td> </tr> <tr> <td>Support land ecosystem education</td> <td>86.7</td> </tr> <tr> <td>Support land ecosystem action</td> <td>97.5</td> </tr> <tr> <td>Land restoration and disposal</td> <td>84.4</td> </tr> </tbody> </table>	Category	Score	SDG 15 research	89.1	Support land ecosystem education	86.7	Support land ecosystem action	97.5	Land restoration and disposal	84.4	<p>Learning the tactics of Indigenous burning for better land management</p> <p>Research Team Leader: Dr Jessica Weir</p> 	<p>Collaborating with Indigenous people to understand the benefits of controlled burning of bushland. ‘Cool burns’ have a range of ecological and cultural benefits for natural hazard management.</p> <p>“These fires don’t destroy tree canopies, wildlife have time to escape, and by reducing fuel loads they can also protect lives and property from destructive ‘hot burn’ bushfires”.</p>
Category	Score												
SDG 15 research	89.1												
Support land ecosystem education	86.7												
Support land ecosystem action	97.5												
Land restoration and disposal	84.4												
<p>SDG 3: Good Health and Wellbeing 15th in 2022 4th in 2023</p>	 <table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>SDG 3 research</td> <td>95.9</td> </tr> <tr> <td>N graduating in health</td> <td>73.7</td> </tr> <tr> <td>Collaboration and health services</td> <td>100.0</td> </tr> </tbody> </table>	Category	Score	SDG 3 research	95.9	N graduating in health	73.7	Collaboration and health services	100.0	<p>Boosting Diabetes Prevention Research Team Leader: Prof David Simmons</p>	<p>Boosting Diabetes Prevention Research Team Leader: Prof. David Simmons</p> <p>The Le Taeao Afua (the New Dawn) community intervention programmes to improve the health of Australian Samoans with diabetes in south-western Sydney.</p> <p>Outcome: community interventions tailored to fit the Australian-Samoan lifestyle, leading to significant</p>		
Category	Score												
SDG 3 research	95.9												
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			<p>reductions in average blood glucose levels. 20 trained church volunteers who delivered more than 100 workshops and activities.</p>
<p>SDG 11: Sustainable Cities and Communities 15th in 2022 5th in 2023</p>		<p>Building custodianship of Antarctica Research Team Leader: Prof. Juan Francisco Salazar</p> 	<p>Five 'Antarctic cities' are discovering a shared identity and purpose to protect Antarctica. Christchurch (New Zealand), Puntas Arenas (Chile), Ushuaia (Argentina), Cape Town (South Africa) and Hobart (Australia) unite. "Together, they might become true custodians of this fragile region." "The cities' youth are being recruited to lead the initiative."</p>