



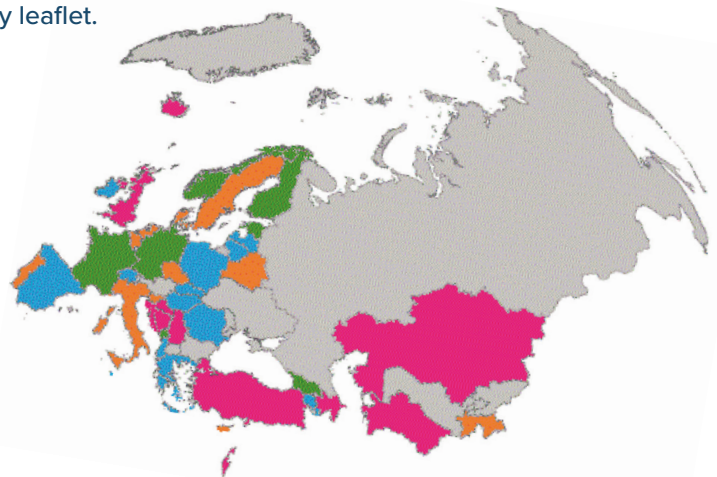
# Health and well-being in the voluntary national reviews

Voluntary National Reviews (VNRs) are a part of the formal follow-up and review mechanism for the 2030 Agenda for Sustainable Development (1). They are a key tool for accountability, allowing countries to reflect on and ensure effective implementation of the 2030 Agenda towards achievement of the Sustainable Development Goals (SDGs) (1). Between 2016 and 2019, 44 out of 53 Member States of the WHO European Region voluntarily presented national reviews of their sustainable development progress at the High-level Political Forum, which is under the guidance of the United Nations Economic and Social Council in New York, see Fig. 1.

The WHO Regional Office for Europe reviewed the VNRs. Key findings specifically related to health and well-being (including health and well-being priorities and health and health-related SDG targets mentioned by Member States) are presented in this summary leaflet.

**Fig. 1. Countries that conducted a VNR in the WHO European Region between 2016–2019**

- Conducted a VNR in 2016
- Conducted a VNR in 2017
- Conducted a VNR in 2018
- Conducted a VNR in 2019



## Key findings

- ◆ All Member States identified the health and well-being priorities around **universal health coverage, addressing health emergencies and promoting healthier populations**, with varying degrees of detail. These are in line with the three interconnected strategic priorities in the WHO 13th General Programme of Work 2019–2023 for the next four years (2).
- ◆ Some Member States (12) referred to a national or subnational health plan and/or specific health policy (e.g. a mental health plan); however, only one country discussed in detail the integration and alignment of the SDGs into those health and well-being plans and policies.
- ◆ Positively, many Member States reported that the private sector is increasingly aware of environmental issues and investment opportunities in the green economy. However, there was less emphasis on investment opportunities in social dimensions of sustainable development.
- ◆ Some Member States discussed their commitment to the implementation of international agreements. However, few mentioned agreements specifically related to health and well-being: 13 reported on strengthening the implementation of the WHO Framework Convention on Tobacco Control, eight reported on their compliance with the International Health Regulations and 20 on compliance with the Sendai Framework for Disaster Risk Reduction 2015–2030.
- ◆ Some countries reported on their commitments to Official Development Assistance and development assistance for health. These included activities related to strengthening health systems, sexual and reproductive health rights and social infrastructure; developing communicable disease prevention and management programmes; expanding scientific research and improving technical and statistical capacities; and implementing humanitarian aid programmes for individuals affected by human or natural catastrophic events. These activities align to the accelerators identified in the Global Action Plan for Healthy Lives for All (3).
- ◆ Availability of data, particularly disaggregated data, weak statistical and health information systems and poor analytical capacity are core challenges to monitoring and reporting on SDGs, as well as on health and well-being information.

## Good health and well-being: essential to achieving sustainable development

Health is a major contributor to other SDGs and, simultaneously, the health of populations benefits from progress towards the other SDGs. Therefore, health and well-being issues require a comprehensive and integrated approach across multiple sectors. Integrating health and well-being into development and sectoral policies and plans will accelerate the achievement of health and health-related SDGs targets.

Health is a human right, but not all individuals begin life in the same position. Therefore, the national implementation of the SDGs requires awareness of the influences and differences people face, in order to mitigate the risks of inequality by prioritizing equity, inclusivity and social justice.

At this year’s High-level Political Forum, world leaders will discuss “Accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development” (4). This is a crucial opportunity to catalyse political leadership and partnerships for health and well-being as accelerators for sustainable development, bringing health and non-health stakeholders together and promoting accelerated action for health and well-being in sectors outside the health sector domain.

Forty-three countries reported on action to achieve the determinants of health, including:

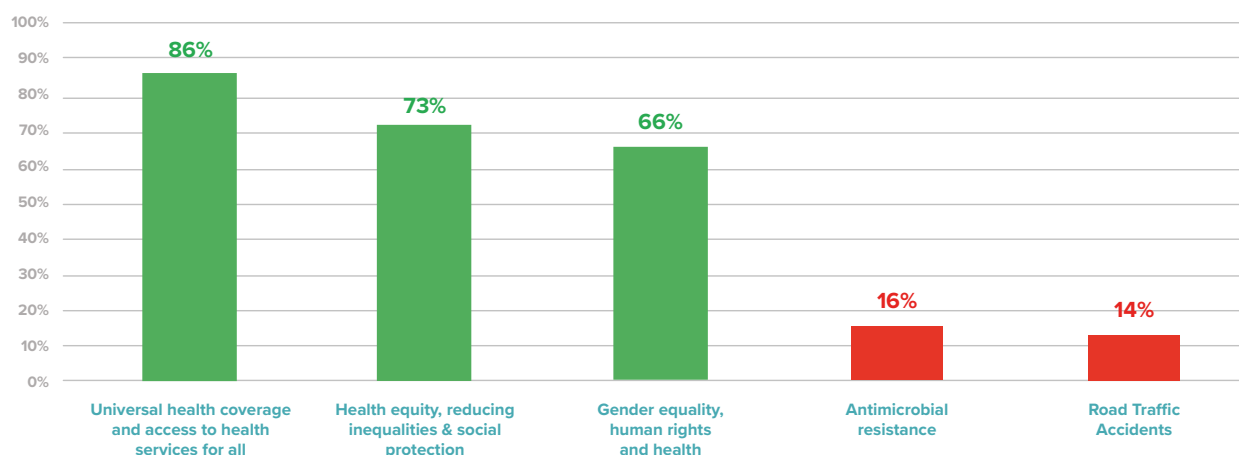
- ◆ affordable and safe housing
- ◆ affordable access to health care
- ◆ safe, resilient and sustainable neighbourhoods and communities
- ◆ access to clean drinking water and sanitation
- ◆ access to healthy food options
- ◆ access to education
- ◆ prevention, elimination and reduction of pollution

The most and least frequently reported health priorities by the 44 Member States are summarized at Fig. 2.

The WHO European Region is unlikely to meet SDG 3.6 by 2020 (halve the number of global deaths and injuries from road traffic accidents). Furthermore, road traffic deaths remain a significant public health challenge in the Region. They continue to be the leading cause of death among young people aged 5–29 years of age and contribute significantly to public health costs (5). Despite this, relatively few Member States (6) reported road safety as a national priority in their VNR (6).

Another challenge faced globally, antimicrobial resistance (AMR), is reported by seven countries as a priority. This may reflect the fact that nine of the world’s 30 countries with a high burden of multidrug-resistant and extensively drug-resistant tuberculosis (TB) are in the WHO European Region. Committing to prioritize AMR highlights that Member States recognize it as a global threat to health and sustainable development (7).

**Fig. 2. The most and least frequently reported health priorities by the 44 Member States**



## Health and health-related SDG targets

Fig. 3 identifies the number of Member States mentioning SDG 3 targets (as prioritized or achieved). A full list of the health and health-related SDG targets can be accessed here: <https://sustainabledevelopment.un.org/> (8).

A large majority of Member States (38 of 44) mentioned SDG 3.4, reduce premature mortality from noncommunicable diseases (NCDs), and SDG 3.8, achieve universal health coverage. NCDs are a major challenge for sustainable development, placing an increasing strain on health systems and causing significant economic consequences from the associated extensive and long-term health costs, as well as the costs associated with early retirement and loss of productivity. The situation is specifically alarming in the WHO European Region, which has the highest known burden of NCDs globally (9).

Other health targets mentioned frequently by Member States were SDG 3.7 (36 countries), access to sexual and reproductive health-care services, and SDG 3.3 (35 countries), end epidemics of communicable diseases. Access to sexual and reproductive health-care services and progress to combating communicable diseases, including HIV and TB, remain major concerns for specific population groups, including people who inject drugs, men who have sex with men, transgender people, sex workers, prisoners and migrants (10).

Few Member States (16) mentioned SDG 3.6, halving the number of deaths and injuries from road traffic accidents by 2020.

Fig. 4 identifies the health-related targets mentioned by the 44 Member States in the Region.

Most countries mentioned their efforts to eliminate poverty in all forms (SDG 1), including by implementing social protection systems and access to basic services, including financial access to health services. Facing financial difficulties in accessing the quality health services needed reduces access to health care, undermines health status, deepens poverty, exacerbates health and socioeconomic inequalities and, ultimately, hinders progress towards leaving no one behind and sustainable development.

There is continued focus on the elimination of hunger and malnutrition, with 75–80% of Member States mentioning SDG 2.1 and SDG 2.2. Paradoxically, the Region's central nutritional issue is the rise in overweight and obesity, particularly in children and young people (9). It is a major risk factor for NCDs and impacts on the health system and health budgets, as money is spent on diseases linked to these factors (9).

Most countries (66–68%) mentioned efforts towards ensuring that all girls and boys have equitable access to quality early childhood development and primary and secondary education (SDGs 4.1 and 4.2). Early childhood development is a solid foundation for human capital development and can act as a protective factor against the future onset of adult disease and disability (11).

Fig. 3. The number of Member States mentioning the health targets (total 44)

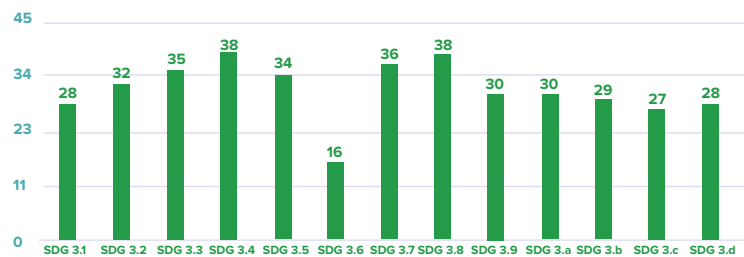
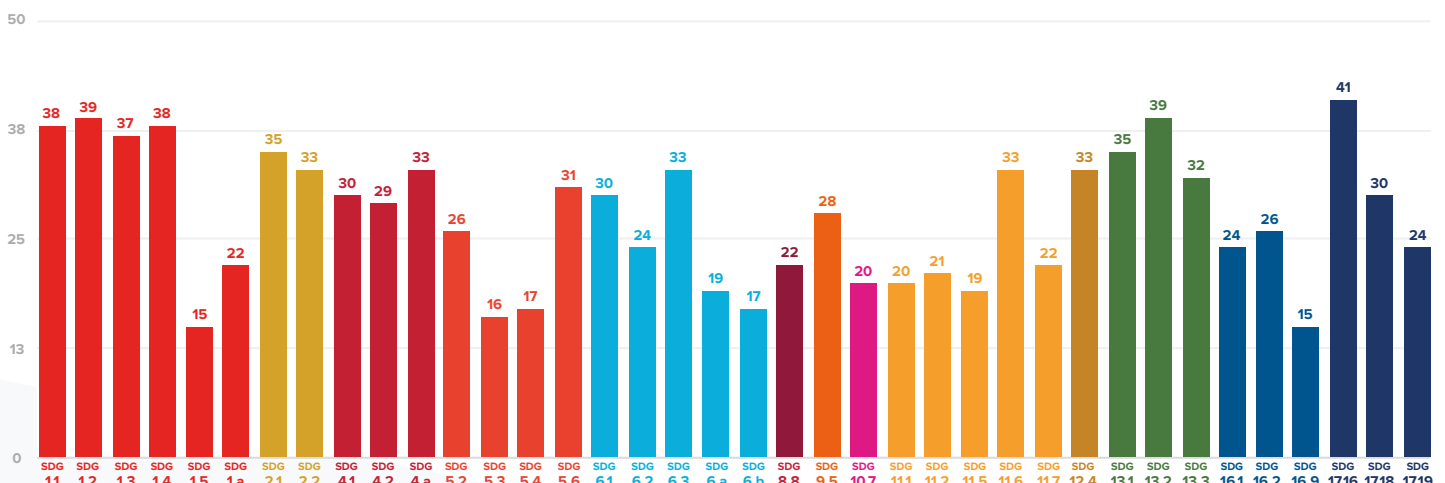


Fig. 4. The number of Member States mentioning the health-related targets (total 44)



There is moderate mention (59%) of eliminating all forms of violence against women and girls (SDG 5.2), and little mention (39%) of action towards the recognition and value of unpaid care and domestic work (SDG 5.4).

Few countries (38%) mentioned supporting and strengthening the participation of local communities in improving water and sanitation management (SDG 6b). Differences in access to basic drinking water and sanitation services between urban and rural populations can be up to four-fold in some countries in the Region (12). Additionally, 23% of those in the Region receive their drinking water from small-scale community systems (13). Therefore, more effort by Member States is required in strengthening local community action in improving water and sanitation management.

Three quarters of Member States (75%) mentioned efforts to reducing adverse environmental impacts of cities, focusing on air and water quality and waste management (SDG 11.6). Almost half of Member States (43–50%) mentioned better urban planning to prioritize access to safe, affordable and adequate housing and public transport; emergency responses to natural disasters; and green and public spaces (SDGs 11.1, 11.2, 11.5 and 11.7). Air pollution is the largest single environment risk to health, causing an estimated 556 000 premature deaths annually in the WHO European Region (14). Initiatives to reduce traffic deaths, improve air quality, promote physical activity and to save lives from disasters are all essential for better health and well-being (15).

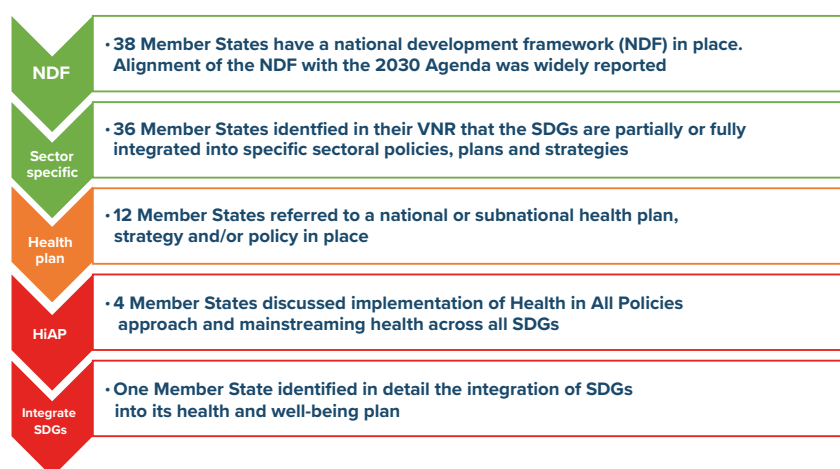
Efforts to combat climate change and its impacts were mentioned by 73–89% of Member States (SDGs 13.1, 13.2 and 13.3). The direct and indirect health impacts of climate change in the WHO European Region contribute to the global burden of diseases (16). Actions across sectors and settings to promote resilience to, and mitigation of, climate change are necessary to protect people and the planet.

Over half of Member States (55–68%) discussed strengthening capacity-building (SDGs 17.18 and 17.19), including statistical capacity-building, in developing countries. Ensuring competent and equipped human resources and access to reliable, up-to-date and accurate health information are necessary for the surveillance and management of health threats, policy and decision-making, and to monitor and report on progress towards achieving sustainable development.

## Integration and alignment of the SDGs into development frameworks and health and well-being policies

Fig. 5 summarizes how Member States reported on their policies, plans and strategies and the integration and alignment of the SDGs.

Fig. 5. Integration and alignment of the SDGs



## How can WHO support in the development of a VNR?

The WHO Regional Office for Europe aims to strengthen the capacities of its Member States to achieve better, more equitable, sustainable, health and well-being for all at all ages (17). WHO can provide technical support to Member States when undertaking a VNR by facilitating policy dialogues and ensuring inclusive participation; deploying expertise to assist countries to assess progress on health and well-being; and developing tools and methods to help countries to implement effective policies and programmes to address gaps.

## The way forward

VNRs will continue to provide an opportunity to advance partnerships and leadership for health and well-being and to channel political support for transformative change in health and well-being. Member States are encouraged to strengthen their thinking around SDGs at subnational and local levels, to enhance policy coherence for health and to mainstream health and well-being across all sustainable development domains.

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