Health and well-being in the voluntary national reviews of the 2030 Agenda for Sustainable Development in the WHO European Region 2016–2020

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Abstract

This report analyses the 60 voluntary national reviews (VNRs) submitted by 52 Member States in the WHO European Region between 2016 and 2020, examining how they incorporated and reported health and well-being issues. It identifies similarities and differences between Member States in their efforts to implement the 2030 Agenda for Sustainable Development, and how they are working towards achieving better, more equitable and sustainable health and well-being for all at all ages. The data in the VNRs and the main messages documents were analysed using both qualitative and quantitative methods. The review highlights how the VNR process is one platform that can be used to promote and advance health and well-being issues. Working towards achieving the health and health-related SDGs requires comprehensive, context-specific, inclusive and participatory processes within countries, and for Member States to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life-course and across all sectors of government and society.

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Abbreviations

2030 Agenda	2030 Agenda for Sustainable Development
AMR	antimicrobial resistance
ECOSOC	United Nations Economic and Social Council
EU	European Union
FCTC	WHO Framework Convention on Tobacco Control
GAP	Global Action Plan for Healthy Lives and Well-being for All
GNI	gross national income
GPW13	WHO 13th General Programme of Work 2019–2023
HIS	health information systems
HLPF	United Nations High-level Political Forum on Sustainable Development
IHR	International Health Regulations
NCD	noncommunicable disease
NGO	nongovernmental organization
ODA	official development assistance
SDG	Sustainable Development Goal
Sendai Framework	Sendai Framework for Disaster Risk Reduction 2015–2030
UHC	universal health coverage
VNR	voluntary national review

Executive summary

This report, prepared by the Health and Sustainable Development programme of the WHO Regional Office for Europe, presents the analysis of the 60 voluntary national review (VNRs) submitted by 52 Member States in the WHO European Region between 2016 and 2020. The report identifies and describes the similarities and differences between Member States in their efforts to implement and achieve the 2030 Agenda for Sustainable Development (2030 Agenda), and in particular how they are working towards achieving better more equitable, sustainable health and well-being for all at all ages. This was the commitment made by Member States in WHO Regional Committee for Europe resolution EUR/RC67/R3 and the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (referred to subsequently as the Roadmap to implement the 2030 Agenda).

Specifically, this review explored:

◆ coordination of stakeholders and engagement during the VNR process;

◆ the reflection of health and well-being in the VNRs;

◆ institutional arrangements and mechanisms for implementing the 2030 Agenda and health and well-being;

◆ policy coherence and how health and well-being is being mainstreamed into policies, strategies and procedures;

◆ financing for the 2030 Agenda and health and well-being; and

◆ national information systems, including health information systems (HIS) that support monitoring and reporting on health and well-being information and the Sustainable Development Goals (SDGs).

This review highlights how the VNR process is one platform that can be used to promote and advance health and well-being issues in the WHO European Region. Working towards achieving the health and health-related SDGs requires comprehensive, context-specific, inclusive and participatory processes within Member States and for Member States to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life-course and across all sectors of government and society.

Key findings

◆ All 52 Member States identified in their VNRs, with varying degrees of detail, the health and well-being priorities around universal health coverage (UHC), addressing health emergencies and promoting healthier populations. These are in line with the three interconnected strategic priorities in the WHO 13th General Programme of Work 2019–2023 (GPW13) for the next three years to achieve the SDGs.

◆ Thirty Member States referred to a national or subnational health plan and/or specific health policy (e.g. a mental health plan); however, only two countries discussed in detail the integration and alignment of the SDGs into those health and well-being plans and policies.

◆ Member States identified that weak national and subnational HIS are a core challenge to monitoring and reporting on health and well-being information and the SDGs. Other core challenges reported included poor data quality and availability, particularly disaggregated data, and poor analytical capacity.

◆ Member States discussed their commitment to the implementation of international agreements related to health and well-being. Forty-seven Member States mentioned that they had ratified the Paris Agreement on climate change, 26 mentioned their compliance with the Sendai Framework for Disaster Risk Reduction 2015–2030 (Sendai Framework), 16 reported on strengthening the implementation of the WHO Framework Convention on Tobacco Control (FCTC) and 10 reported on their compliance with the International Health Regulations (IHR).

◆ Member States reported on their commitments to official development assistance (ODA) 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 catastrophes. These activities align with the accelerators identified in the Global Action Plan for Healthy Lives and Well-being for All (GAP).

Introduction

Background

In September 2015, Heads of State and Government of all the Member States of the United Nations agreed to set the world on a path towards sustainable development through the adoption of the 2030 Agenda *(1)*. The 2030 Agenda includes a vision, 17 SDGs and the modes of implementation, and it focuses on the three dimensions of sustainable development: economic, social and environmental *(1)*. GPW13 was adopted by Member States at the Seventy-First World Health Assembly in resolution WHA71.1 *(2)*. It set out WHO's strategic direction for the period 2019–2023. Three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages were identified: achieving UHC, addressing health emergencies and promoting healthier populations *(2)*. In parallel, the WHO European Region, WHO Regional Committee for Europe resolution EUR/RC67/R3 *(3)* committed Member States to the Roadmap to implement the 2030 Agenda *(4)*.

VNRs are part of the formal follow-up and review mechanism for the 2030 Agenda *(5)*. Paragraph 84 of the 2030 Agenda encourages Member States to "conduct regular reviews and inclusive reviews of progress at national and subnational levels, which are country-led and country-driven" in order to show progress in the implementation of the 2030 Agenda *(1)*. VNRs are a key tool for accountability, allowing countries to reflect on their experiences, share lessons learned and ensure effective implementation of the 2030 Agenda towards achievement of the SDGs, including the health and health-related SDGs *(5)*. The reviews should be voluntary and involve multiple stakeholders including state and non-state actors *(5)*. The Handbook for the Preparation of the Voluntary National Reviews *(5)* outlines the four stages for undertaking a VNR: (i) initial preparation and organization; (ii) writing the VNR and its main messages; (iii) presentation of the VNR at the United Nations High-level Political Forum on Sustainable Development (HLPF); and (iv) follow-up actions after the HLPF.

Between 2016 and 2020, 52 of the 53 Member States of the WHO European Region (all but San Marino) presented VNRs of their sustainable development progress at the HLPF, which is under the auspices of the Economic and Social Council and the guidance of the United Nations Economic and Social Council (ECOSOC). The HLPF meets annually and is convened by the President of ECOSOC. It is the main United Nations platform on sustainable development and its main purpose is to monitor and review progress on the 2030 Agenda and the SDGs *(5)*.

This report has been prepared in response to a request by Member States of the WHO European Region to the Regional Director to report on the implementation of the Roadmap to implement the 2030 Agenda and, in particular, to report on progress towards achieving the health and health-related SDG targets.

The report has aimed to review the VNRs through a public health lens to identify and describe the similarities and differences between Member States in their efforts to implement and achieve the 2030 Agenda. The report may not capture or present all health and well-being activities happening in Member States given that the sources used to conduct the review were the VNR main messages and VNR reports. The review, however, does provide an understanding of the health and health-related priorities and development activities happening in the Region.

The intended audience includes government officials; United Nations bodies and other multilateral agencies working to support Member States in achieving the SDGs; academic institutions; the private sector; civil society organizations; and health and health-related stakeholders who may have an interest in, or are actively involved in, health and sustainable development issues and policy planning and implementation.private sector; civil society organizations; and health and health-related stakeholders who may have an interest in, or are actively involved in, health and sustainable development issues and policy planning and implementation.

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

Ensuring healthy lives and promoting well-being for all at all ages (SDG 3) and the determinants of health are at the core of the 2030 Agenda. Health is a major contributor to other SDGs, while simultaneously health benefits from the progress towards the other SDGs. For example, improving health (SDG 3) and ensuring no one is left behind (SDG 10) contribute to decent work and economic growth and development (SDG 8) and influence macroeconomic indicators such as gross domestic product and unemployment rates, as well as microeconomic indicators such as household consumption, health, nutrition and education *(6)*. Healthier people can increase their household savings, are more productive at work and can remain working longer *(6)*. Work and stable employment options, in turn, improve health for all people across different social groups. Furthermore, good health systems help to support fiscal sustainability by keeping older people active and contributing to society, while reducing their demands on pensions and welfare payments (SDG 1) *(6)*.

Health and well-being outcomes are determined by the conditions in which people are born, grow, live, work and age; by individual (genetic, biological and behavioural) determinants; and also by social determinants of health (the political, cultural, economic, institutional and environmental factors that shape the conditions of daily life) *(7)*. 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 accelerates the achievement of health and health-related SDG targets. Health is a human right, and not all individuals begin life at the same place. Therefore, achievement of the SDGs requires awareness of these influences and differences and requires seeking the mitigation of inequality through prioritization of equity, inclusivity and social justice to ensure no one is left behind *(8)*.

The WHO Regional Committee for Europe in 2015 endorsed the document Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice *(9)*. VNRs provide an opportunity to ensure that health is high on a country's development agenda *(5)*. The VNR process encourages inclusive policy dialogue across sectors and levels of government and provides the opportunity to mainstream health and well-being across economic, environmental and social domains *(10)*.

The HLPF for 2020 was held in New York on 7–16 July 2020 and focused on the theme of "accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development" *(11)*. This meeting provided 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 public health domain.

The 13 Member States[1] that presented at the 2020 HLPF expressed the importance of health and well-being priorities, including strengthening health-care systems and ensuring their sustainability, providing high-quality and accessible health-care services as well as expanding primary health care. Despite the ongoing COVID-19 pandemic, all Member States expressed their commitment to the SDGs and discussed response measures to help to mitigate the negative effects of COVID-19. Participants at the HLPF expressed the need for solidarity and multilateralism as the world responds to COVID-19, in particular to show solidarity in financing the global response to the pandemic and to ensure global access to medicines, any COVID-19 vaccine and personal protective equipment Furthermore, they called for greater investment in public services, social protections, health systems, education, water, sanitation, digital connectivity and planetary health, as well as greater support for United Nations agencies to help Member States meet the 2030 Agenda.

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1. Armenia, Austria, Bulgaria, Estonia, Finland, Georgia, Kyrgyz Republic, North Macedonia, Republic of Moldova, Russian Federation, Slovenia, Ukraine and Uzbekistan.

What are VNRs?

VNRs are a part the formal follow-up and review mechanism for the 2030 Agenda *(5)*. They encourage the sharing of experiences, including successes, challenges and lessons learned; as a result, they provide insights from all Member States about how to strengthen implementation of the 2030 Agenda and accelerate progress towards achieving the SDGs *(5)*. The manner in which Member States report on progress on the 2030 Agenda and the SDGs varies, and this is evidenced in how Member States present their sustainable development progress through the VNR process.

The VNR process

VNRs are voluntary and conducted by all Member States independent of their level of socioeconomic development *(5)*. Member States formally notify the Office of the President of the ECOSOC when they decide to conduct a VNR *(5)*.

The Handbook for the Preparation of the Voluntary National Reviews *(5)* outlines the four phases involved in undertaking a VNR (Fig. 1).

Phase 1. Initial preparation and organization

Phase 2. Writing the VNR report and main messages

Phase 3. Presentation at the HLPF

Phase 4. Follow-up actions after the HLPF.

Fig. 1. The four phases of the VNR process
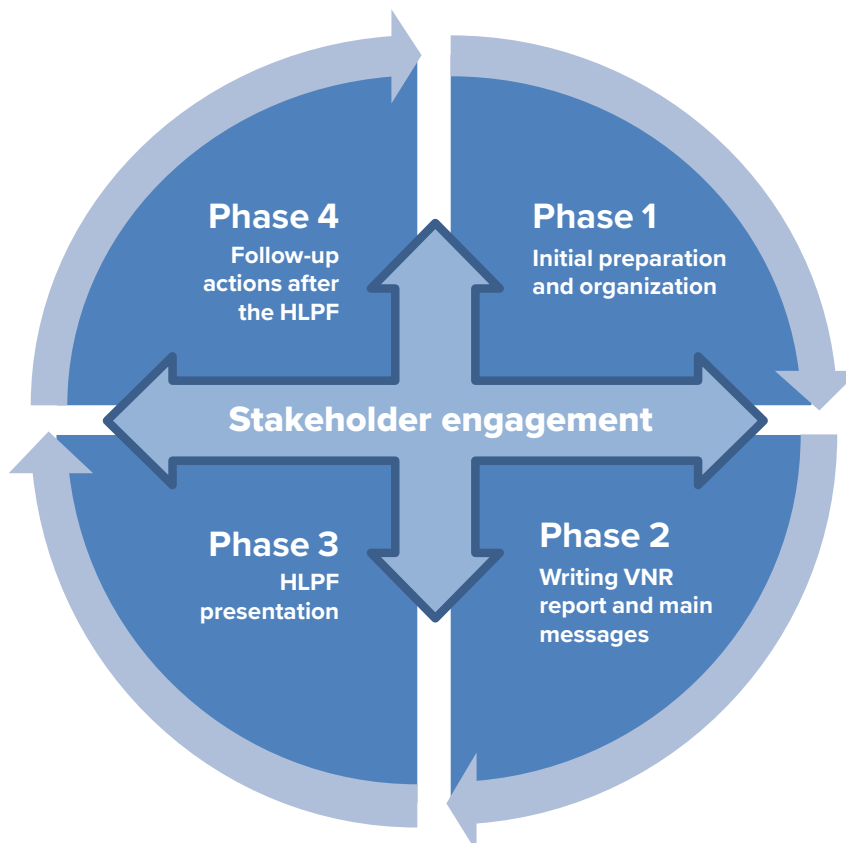
The United Nations Secretary-General's voluntary common reporting guidelines seek to support countries when preparing a VNR *(10)*. The guidelines provide general guidance and a framework for the common elements included in a review process, including information about how to structure a VNR report, content to include in a VNR report, how to conduct a presentation at the HLPF and how to build partnerships and engage with multiple stakeholders in the VNR process. However, the guidelines are not prescriptive and, therefore, allow countries the flexibility to adapt the VNR to their specific context *(10)*. Consequently, the VNRs from different Member States will vary considerably, specifically in their format, content, aim and goals *(10)*.

VNR reports and main messages are submitted in electronic format to the United Nations Department of Economic and Social Affairs annually in June *(10)*. They are then presented at the following HLPF in July *(10)*. The HLPF provides an opportunity for Member States to share their experiences, including successes, challenges and lessons learned, with a view to accelerating SDG implementation *(5)*. At the international level, the HLPF through the VNR process is one platform where Member States can showcase and share their health and well-being progress and ask for support and advice from other Member States, all with the aim of accelerating achievement of health and health-related SDG targets and advancing health and well-being.

All phases of the VNR process may involve stakeholder engagement *(5)*. Sectors outside the public health domain do influence and, therefore, are also responsible for the health and well-being of their populations. Consequently, the process of carrying out a VNR can bring health and non-health stakeholders at national and subnational levels together to promote and advance leadership for health and well-being and to channel political support for transformative change for health and well-being.

How does WHO support 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 and sustainable health and well-being for all at all ages *(4)*. It supports its Member States in the implementation of the health-related aspects of the 2030 Agenda and the SDGs, in line with the Roadmap to implement the 2030 Agenda *(4)*. WHO can provide technical support to Member States when undertaking the VNR by:

◆ facilitating policy dialogues and ensuring inclusive participation by health and well-being stakeholders;

◆ deploying expertise to assist Member States to assess progress on health and well-being; and

◆ developing tools and methods to help Member States to assess health and well-being progress and implement effective policies and programmes to address gaps.

Purpose and scope of this report

This report has reviewed the existing VNRs through a public health lens to identify and describe the similarities and differences between WHO European Region Member States in their efforts to implement and achieve the 2030 Agenda. Specifically, the analysis examined the following areas, which are enlarged upon below.

1.   **Coordination and engagement during the development of VNRs**, including who led the VNR process and who was engaged in the process.

2.   **Health and well-being in the VNRs**, including identifying the health and well-being priorities reported, the health and health-related SDG targets mentioned and if the GPW13 three strategic priorities were mentioned.

3. **Institutional arrangements and mechanisms for implementing the 2030 Agenda**, including exploring implementation arrangements, coordination mechanisms, legal measures, international cooperation (including ODA activities *(12)*) and awareness and communication about the SDGs through a public health lens.

4. **Mainstreaming and policy coherence**, including how Member States aligned and/or integrated the SDGs into national and subnational health and other sector policies, strategies and plans and how health and well-being are mainstream across all SDGs.

5. **Financing for the 2030 Agenda and health and well-being**, including domestic sources and/or external development assistance funding, mixed financing (public–private partnerships) and challenges to financing the 2030 Agenda.

6. **National information systems to support monitoring and reporting on the SDGs and health and well-being**, including identifying if Member States have developed national indicators, if these have been aligned with the SDGs and global indicators, and any organizations responsible for data collection and analysis.

Methodology

Data collection

Between 2016 and 2020, 52 Member States in the WHO European Region conducted and presented a VNR, with Armenia, Azerbaijan, Estonia, Finland, Georgia, Slovenia, Switzerland and Turkey presenting twice. A desktop review of these 60 VNRs was undertaken with both VNRs reviewed for Member States who presented twice. The sources analysed were the:

◆ 60 full VNR reports; and

◆ national main messages documents from the 60 VNR reports.

The forthcoming analysis report of the first survey to assess Member States' activities in relation to the WHO European Region Roadmap to implement the 2030 Agenda was used at times to cross-validate information.

Six scope elements were defined.

1. Coordination and engagement during the VNR process**.**

2. Health and well-being in the VNRs.

3. Institutional arrangements and mechanisms for implementing the 2030 Agenda and health and well-being.

4. Policy coherence and how health and well-being is being mainstreamed into policies, strategies and procedures.

5. Financing for the 2030 Agenda and health and well-being

6. National information systems, including HIS, that support the process of monitoring and reporting on health and well-being information and the SDGs.

Annex 1 gives the key search terms developed for each of these six scope elements. These search terms were further expanded based on experts' opinions. When reviewing each country's VNR report and national main messages document, the assessor systematically assessed each scope element separately using the key search terms.

If Member States did not explicitly state in the VNR that they had a national development plan, policy, strategy or framework in place, the assessor searched for it through relevant government websites and cross-checked results with information that had been collected through a separate analysis being undertaken by the Health and Sustainable Development programme (analysis report of the first survey to assess Member States' activities in relation to the WHO European Region Roadmap to implement the 2030 Agenda, unpublished report).

The figures illustrating the findings were based on information extracted from the 60 VNRs by the authors unless otherwise indicated.

Health and health-related targets

The health targets for analysis refer to SDG 3 targets specifically. Health-related SDG targets selected and analysed included:

◆ health-related targets identified by the GBD 2017 SDG Collaborators *(13)*; and

◆ health-related targets identified by expert judgement and determined by the wider Health and Sustainable Development programme.

Annex 2 gives a full list of the identified health-related SDG targets.

Data collection

One assessor carried out the analysis and a supervisor cross-checked quantitative and qualitative analysis results to reduce errors and bias.

The analysis used a mixed-methods approach integrating qualitative and quantitative data. For the quantitative analysis, data were counted by hand and Excel used to tally the results. Thematic analysis was used for the qualitative data. The scope of the analysis allowed for an interpretative framework to be applied when identifying common topics, ideas and themes.

Limitations

The information collected and analysis was limited by several factors. First, as VNRs are not prescriptive and Member States decide how they report on SDG targets and indicators, the analysis may not truly represent how health and well-being and the 2030 Agenda are being implemented in the Region, and how Member States are working towards achieving the SDGs.

Secondly, only one assessor carried out the analysis. This potentially could lead to bias and judgement errors. To reduce this issue, the assessor worked with a supervisor to cross-check quantitative and qualitative results. Additionally, the team comprised content experts in VNRs, the situation in Member States and their SDGs contexts; consequently, the members could cover the major areas where errors or misunderstandings might occur.

Findings

Member States in the WHO European Region that have conducted a VNR

Fifty-two WHO European Member States (Annex 3) conducted and presented a VNR between 2016–2020 (Figs 2–6). Armenia, Azerbaijan, Estonia, Finland, Georgia, Slovenia, Switzerland and Turkey presented twice.

Fig. 2. Member States conducting a VNR in 2016

- ◆ **Estonia**
- ◆ **Finland**
- ◆ **France**
- ◆ **Georgia**
- ◆ **Germany**
- ◆ **Montenegro**
- ◆ **Norway**
- ◆ **Switzerland**
- ◆ **Turkey**

● **2016**

Fig. 3. Member States conducting a VNR in 2017

- ◆ **Azerbaijan**
- ◆ **Belarus**
- ◆ **Belgium**
- ◆ **Cyprus**
- ◆ **Czech Republic**
- ◆ **Denmark**
- ◆ **Italy**
- ◆ **Luxembourg**
- ◆ **Monaco**
- ◆ **Netherlands**
- ◆ **Portugal**
- ◆ **Slovenia**
- ◆ **Sweden**
- ◆ **Tajikistan**
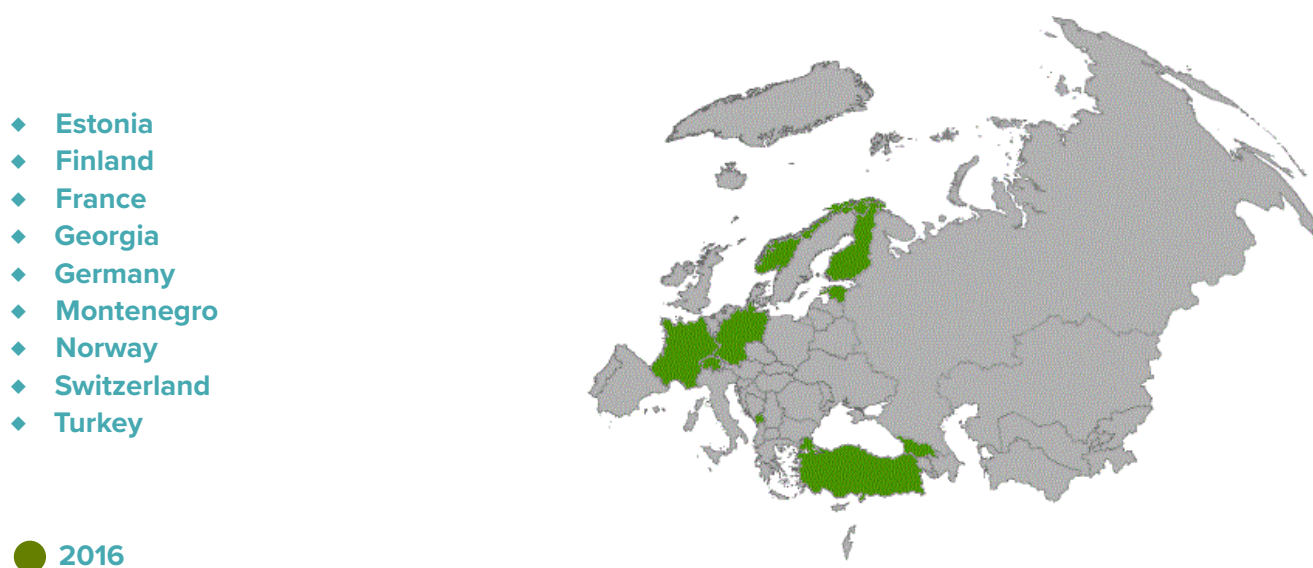
● **2016**   ● **2017**

Fig. 4. Member States conducting a VNR in 2018

- ◆ **Albania**
- ◆ **Andorra**
- ◆ **Armenia**
- ◆ **Greece**
- ◆ **Hungary**
- ◆ **Ireland**
- ◆ **Latvia**
- ◆ **Lithuania**
- ◆ **Malta**
- ◆ **Poland**
- ◆ **Romania**
- ◆ **Slovakia**
- ◆ **Spain**
- ◆ **Switzerland**
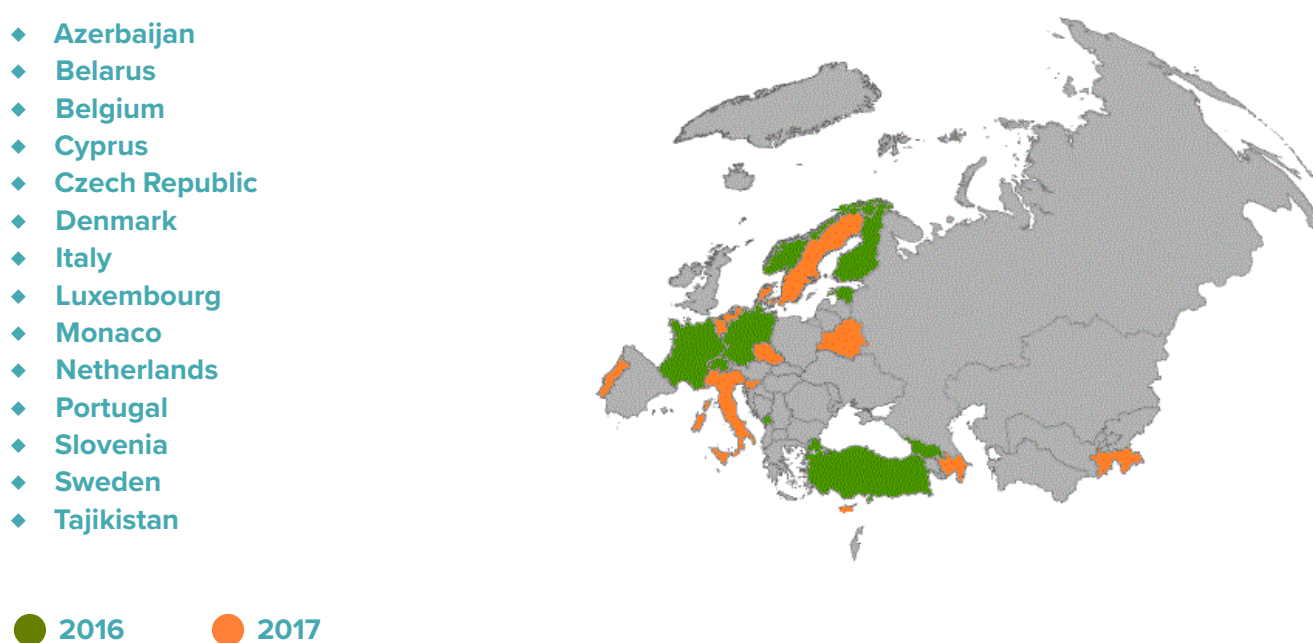
● **2016**   ● **2017**   ● **2018**
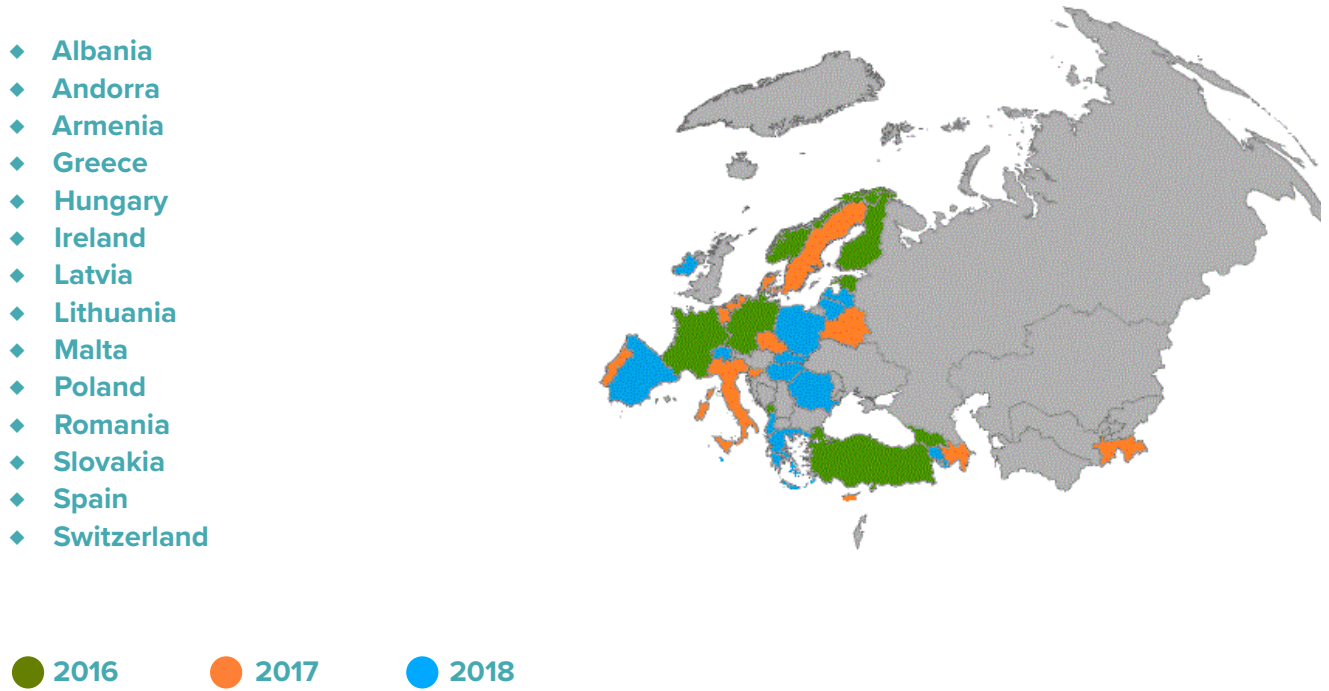
Note: this was the second VNR for Switzerland.

Fig. 5. Member States conducting a VNR in 2019

- ◆ **Azerbaijan**
- ◆ **Bosnia and Herzegovina**
- ◆ **Croatia**
- ◆ **Iceland**
- ◆ **Israel**
- ◆ **Kazakhstan**
- ◆ **Serbia**
- ◆ **Turkey**
- ◆ **Turkmenistan**
- ◆ **United Kingdom of Great Britain and Northern Ireland**

● **2016**   ● **2017**   ● **2018**   ● **2019**
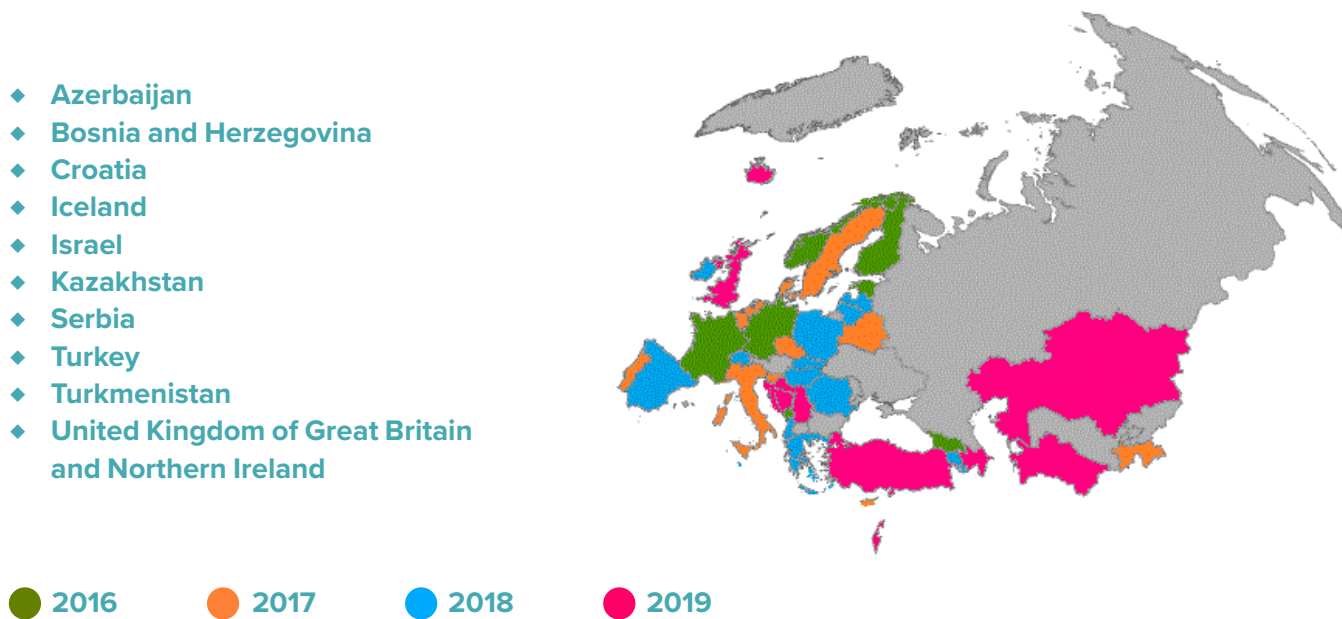
Note: this was the second VNR for Azerbaijan and Turkey.

Fig. 6. Countries that conducted a VNR in 2020

- ◆ **Armenia**
- ◆ **Austria**
- ◆ **Bulgaria**
- ◆ **Estonia**
- ◆ **Finland**
- ◆ **Georgia**
- ◆ **Kyrgyz Republic**
- ◆ **Republic of Moldova**
- ◆ **North Macedonia**
- ◆ **Russian Federation**
- ◆ **Slovenia**
- ◆ **Ukraine**
- ◆ **Uzbekistan**
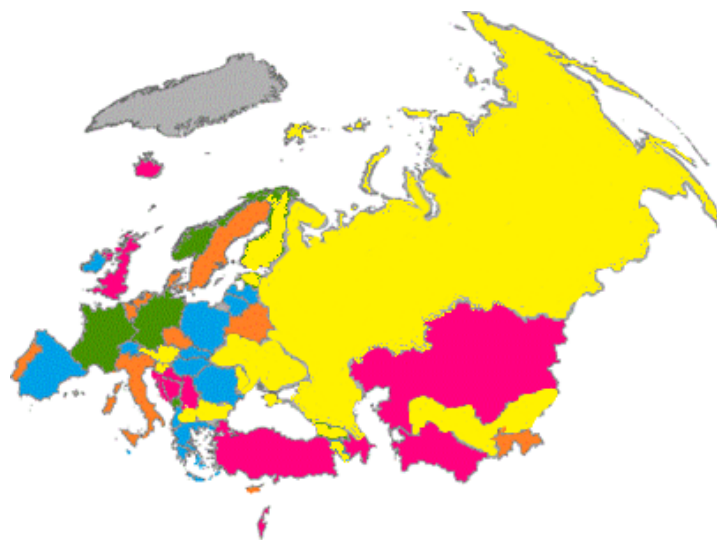
● **2016**   ● **2017**   ● **2018**   ● **2019**   ● **2020**

Note: this was the second VNR for Armenia, Estonia, Finland, Georgia and Slovenia.

Coordination and engagement during the development of VNRs

After reviewing the VNRs submitted by 52 WHO European Member States between 2016 and 2020, 49 were found to be led by the state, with a group within government established or assigned to coordinating the review process. Groups responsible for coordinating VNRs are summarized in Fig. 7.

Fig. 7. Groups responsible for coordinating VNRs

Six of these coordinating bodies were chaired by a prime minister. Others were led by a political lead (e.g. deputy prime minister or minister) or civil servant (e.g. department or ministerial secretary or director). Ministers, civil servants or a combination of the two sat on these coordinating bodies.

Departments and ministries typically responsible for the health and well-being portfolio, for example the Department of Health, were never responsible for coordinating the VNR in any of the VNRs analysed. Twenty Member States mentioned government health and well-being stakeholders as represented on sustainable development coordinating groups.

Input into the development of the VNR involved all government ministries, departments and/ or agencies, statistical units, parliamentarians, civil society, research institutes, professional associations, private sector, nongovernmental organizations (NGOs), local and regional authorities and academia. Member States identified establishing working groups, councils, committees or advisory groups to write the VNR report or delegated a specific government department or agency to lead the writing of specific sections.

Finland approached the VNR process in a different way in 2020 to that used in its first VNR in 2016. Stakeholders from outside the Government (including representatives from the Sami people) were not only consulted but independently wrote part of the 2020 VNR report. This meant that the VNR process was a highly participatory approach.

Two Member States established interagency working groups that were responsible for reviewing specific SDGs and ensuring that a whole-of-government approach was used for the preparation of the VNR. Specifically, one Member State established five working groups, each supporting a specific area (people, planet, property, peace and partnership), and another Member State used four thematic areas (social inclusion, economic development, sustainable energy and environmental protection, and democratic governance).

Three Member States involved an ombudsman to review and provide input into VNR reports and five involved a trade union during the VNR process. Fifteen Member States acknowledged the importance of engaging with the Parliament in its VNR process.

Three Member States conducted peer reviews of their VNR, inviting other countries to provide feedback on the preparation of the VNR and the content of the report. This provided an opportunity to exchange good practices and provide recommendations of where further improvements could be made to a country's report.

Finally, 10 Member States identified the importance of involving youth in the VNR process and consulted with youth and national youth councils during their country's VNR development. The importance of engaging with youth in the VNR process and more broadly in the implementation of the 2030 Agenda has become an increasing trend and was emphasized in this year's HLPF.

Health and well-being in the VNRs

Only the VNRs themselves were used as sources to investigate health and well-being priorities. As VNRs are not prescriptive and Member States decide how they report on SDG targets and indicators, this analysis may not truly represent how health and well-being is being implemented at the national and subnational level.

Forty-seven Member States reported that they had clear commitments and/or had implemented clear actions and policies towards strengthening their health systems and to work towards achieving UHC (Box 1). These included ensuring everyone has access both to quality essential health-care services and to safe, effective, quality and affordable essential medicines and vaccines. Additionally, to ensure that financial risk protection, effective community-based services and health promotion and disease prevention programmes are in place.

Box 1. Access to basic health services for everyone in Romania

The Romanian Government has put in place initiatives to improve and increase access to essential health services in communities *(14)*. Specifically, it has increased the number of community nurses and health mediators, simplified registering for access to primary care services by developing e-health tools, expanded access to preventive services in the basic package, and improved family doctor coverage by encouraging and incentivizing doctors to practice in rural or remote areas *(14)*. Additional efforts and priorities that Romania reported in their VNR to strengthen the health system for UHC included improving infrastructure and medical equipment, ensuring universal access to essential drugs by strengthening and developing partnerships with the pharmaceutical sector and increasing capacity of human resources through dedicated training programmes and financial incentives *(14)*.

Fourteen Member States described how they were going to improve uptake and access to health care, reduce health disparities and improve health outcomes specifically for vulnerable and marginalized populations, including women, children, youth, elderly, disabled individuals, refugees and migrants, and national minorities. Belgium's VNR expanded the focus of vulnerable and marginalized populations to include the homeless, individuals living with a mental health illness and sex workers. The VNRs from Sweden and Norway also reported on improving health outcomes for indigenous peoples. Additionally, the Swedish VNR discussed improving health outcomes in its lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other community.

Thirty-five Member States reported that they were addressing health emergencies. Most were doing so by establishing and managing stocks of relief supplies and equipment; strengthening institutional and human resources for disaster management and effective responses to emergencies, including pandemics; developing emergency plans, strategies, policies and procedures; investing domestic resources and recurrent spending for emergency management; and providing and/or increasing development assistance internationally.

Five Member States reported on assessment of existing capacity to respond to health emergencies and four Member States mentioned establishing or ensuring emergency management national legislation and policies are in place, which are important preparedness activities for responding effectively to a pandemic such as COVID-19 *(15)*.

Two Member States reported working with global financial institutions, including the World Bank, to link preparedness planning with financial risk planning, for example a collaboration between the German Federal Government and World Bank through planning solutions to address the risk of global pandemics.

For the 13 Member States that presented their VNR in 2020, 11 provided information about the relief and response measures put in place to respond to the COVID-19 pandemic. Specific health and well-being measures included increasing health financing; scaling-up public health measures;

identifying, evaluating and tracing points of contact; ensuring implementation of infection control and preventive measures; travel restrictions; mobilizing necessary medical and health staff and equipment; and purchasing medical supplies and personal protective equipment. Many of these countries identified that the COVID-19 pandemic has highlighted the importance of strengthening resilience and emergency preparedness, with a strong focus on health care, social support and economic stability.

Twenty-nine Member States who presented a VNR reported that one of their main health and well-being priorities was to promote healthier populations. Specifically, 18 reported that they are promoting healthier populations by strengthening community engagement through health literacy (Box 2). Fifteen Member States reported actions to prevent noncommunicable diseases (NCDs) through promoting healthy workplaces and promoting health and well-being in the school curriculum. Three Member States reported promoting good governance for health through a Health in All Policies approach.

Box 2. Austrian Health Literacy Platform

In 2014, the Austrian Health Literacy Platform was established to provide greater empowerment and better information, communication and awareness about health care, disease prevention and health promotion *(16)*. It also provides a network where health-related stakeholders can communicate and discuss health information. The Platform also supports other SDGs, specifically by showing the interlinkages between them.

Health and well-being priorities

Member States undertake strategic planning processes and exercises to help to assess their current development issues, to anticipate and respond appropriately to changes in the country and to identify among different options, the most important development priorities and, more specifically, the health and well-being needs. This information is often captured in a national development plan, strategy or policy. Although it is not required for Member States to undertake strategic planning exercises during the VNR process, Member States are encouraged to provide their national priority indicators, and respond to national circumstances, capacities, needs and priorities in the VNR report *(5)*. In order to provide this information, Member States may have to undertake strategic planning exercises.

All Member States identified in their VNRs the health and well-being needs being prioritized in their country. These reported priorities were grouped into themes and are summarized at Fig. 8.

Fig. 8. Number of Member States (out of 52) in the WHO European Region that reported on the health and well-being priority themes

Number of countries

■	>25
■	21–25
■	16–20
■	11–15
■	<11

UHC & access to health services

47

Health equity, reducing inequalities & social protection

43

Gender equality, human rights & health

37

Adressing health emergencies

35

Food & nutrition

31

Infectious diseases

29

Combating violence

28

Promoting healthier populations

28

NCD

27

Climate change resilience & adaptation

27

Environment & health

25

Sexual and reproductive health & rights

27

Access to safe drinking water & sanitation

25

Alcohol & drugs

20

Overweight & obesity

18

Mental health

17

Disability

19

Maternal, child and adolescent health

15

Road traffic accidents

13

Tobacco

21

Health research, development & innovation

18

Antimicrobial resistance

9

Health financing & health workforce

27

Medicines & vaccines

15

Prisoner health

1

Note: the number in each box is the total number of Member States reporting on a theme (out of a maximum of 52).

The most frequently and least frequently reported health priorities by the 52 Member States are summarized in Fig 9.

Fig. 9. Most and least frequently reported health priorities by the 52 Member States in their VNRs

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). 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 and contribute significantly to public health costs *(17)*. Despite this, only 13 Member States mentioned road safety as a national priority in their VNR *(17)*.

Action to improve road safety is also closely linked to action on climate change. Transport, including road transport, contributes to the release of carbon dioxide, a greenhouse gas that contributes to global warming and climate change *(18)*. Direct measures, including reducing traffic volumes and speeds, encouraging use of public transport or designing and implementing walking and bicycle paths, not only reduce carbon dioxide emissions but also have the potential for wider co-benefits for public health, including improved air quality and participation in more physical activity. Such co-benefits have the potential to reduce NCDs and their risk factors (e.g. obesity) *(19)*.

Nine Member States reported that antimicrobial resistance (AMR) was a priority. Nine of the world's 30 Member States with a high burden of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis are in the WHO European Region, and this commitment highlights that Member States recognize AMR as a global threat to health and sustainable development (Box 3) *(20)*. An AMR-specific SDG indicator has recently been proposed to be added to the global SDG indicator set for SDG 3.d: "reduce the percentage of bloodstream infections due to selected antimicrobial-resistant organisms" *(21)*.

Box 3. The United Kingdom's global fight against AMR

The United Kingdom is investing £50 million towards early-stage innovative research in underfunded areas of AMR research and development, through the Global AMR Innovation Fund *(22)*. As AMR disproportionality impacts people in low- and middle-income countries, the Fund will support these countries in combating AMR *(22)*.

Health and health-related SDG targets

Health and health-related SDG targets were mentioned (as prioritized or achieved) in all VNRs. The figures below indicate the total number of Member States (out of a possible 52) who mentioned the specific SDG health or health-related target. Full details about the health and health-related targets can be found in Annex 4.

Fig. 10 identifies the number of Member States (out of 52) that mentioned a specific target within SDG 3.

Fig. 10. Number of Member States (out of 52) who mentioned a specific target within SDG 3
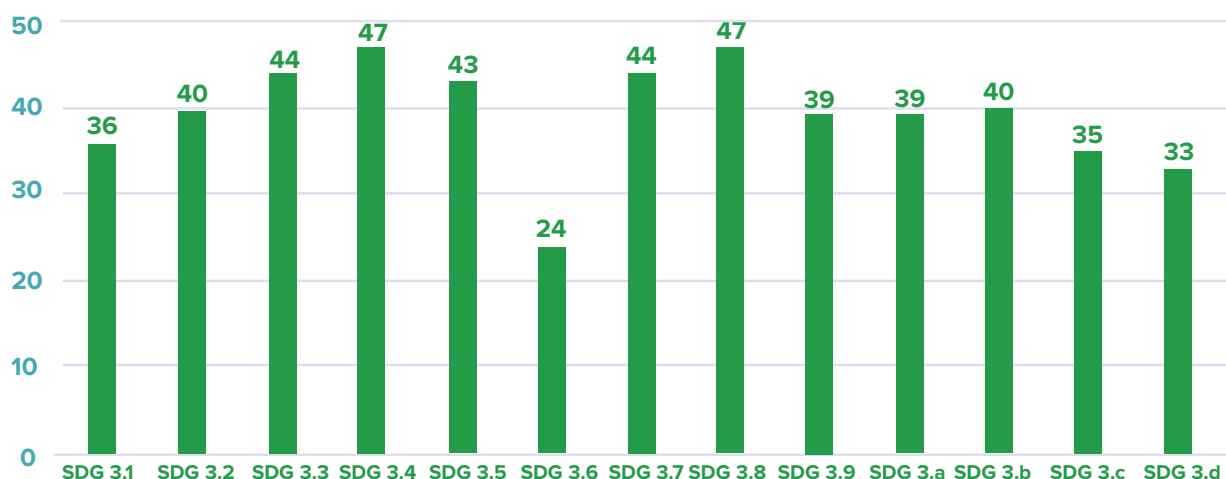
Note: specific target names can be found in Annex 2.

Forty-seven Member States mentioned SDG 3.4 (reduce premature mortality from NCDs) and SDG 3.8 (achieve UHC). NCDs are one of the major challenges for sustainable development, placing an increasing strain on health systems and causing significant economic consequences through the health costs of chronic illness and issues such as early retirement and loss of productivity. The situation is particularly concerning in the WHO European Region as it has the highest burden of NCDs among the WHO regions *(23)*.

Other health targets mentioned by the majority of Member States were SDG 3.7 (access to sexual and reproductive health-care services), mentioned by 44, and SDG 3.3 (end epidemics of communicable diseases), mentioned by 44. Access to sexual and reproductive health services and progress to combat communicable diseases, including HIV and tuberculosis, remain major concerns particularly among certain groups, including people who inject drugs, men who have sex with men, transgender people, sex workers, prisoners, and refugees and migrants *(24)*.

Only 24 Member States mentioned SDG target 3.6 (reducing deaths and injuries from road traffic accidents).

Fig. 11 identifies the number of Member States (out of 52) that mentioned each health-related target within the other SDGs.

Fig. 11. Number of Member States (out of 52) who mentioned each health-related target within the other SDGs

SDG	Value
SDG 1.1	47
SDG 1.2	48
SDG 1.3	46
SDG 1.4	47
SDG 1.5	20
SDG 1.a	28
SDG 2.1	44
SDG 2.2	41
SDG 4.1	41
SDG 4.2	40
SDG 4.a	44
SDG 5.2	37
SDG 5.3	22
SDG 5.4	18
SDG 5.6	41
SDG 6.1	41
SDG 6.2	35
SDG 6.3	43
SDG 6.a	24
SDG 6.b	28
SDG 8.8	30
SDG 9.5	36
SDG 10.7	27
SDG 11.1	33
SDG 11.2	30
SDG 11.5	25
SDG 11.6	44
SDG 11.7	25
SDG 12.4	44
SDG 13.1	45
SDG 13.2	46
SDG 13.3	42
SDG 16.1	34
SDG 16.2	37
SDG 16.9	19
SDG 17.16	49
SDG 17.18	35
SDG 17.19	31
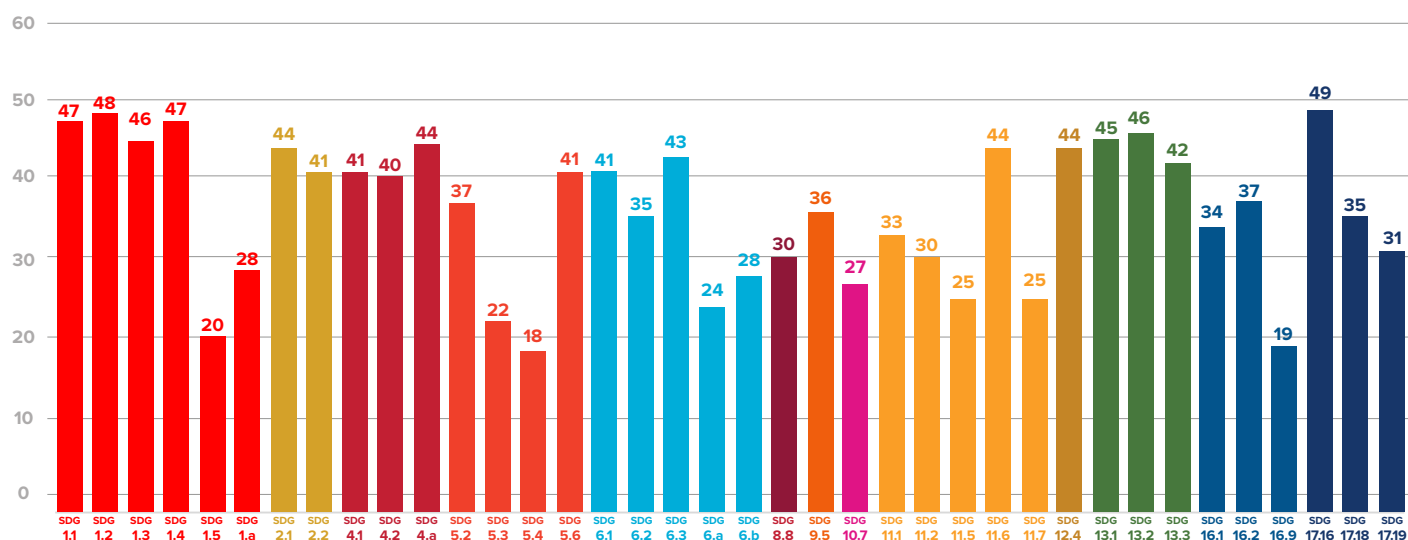
Note: specific target names can be found in Annex 2.

Elimination of poverty in all forms (SDGs 1.1, 1.2, 1.3 and 1.4) was mentioned by 88–92% of Member States, including through implementing social protection systems and access to basic services. Facing financial difficulties in accessing needed quality health services reduces use of health care, undermines health status, deepens poverty, exacerbates health and socioeconomic inequalities, and ultimately hinders progress towards leaving no one behind and sustainable development *(24)*.

Eliminating hunger and malnutrition was mentioned by 79–85% of Member States (SDGs 2.1 and 2.2). The Region's central nutritional issue is the rise in incidence of overweight and obesity, particularly in children and young people *(23)*. These are major risk factors for NCDs and impact on the health system and health budgets *(23)*.

Building inclusive education environments was mentioned by 85% of Member States (SDG 4.a), and 77–79% mentioned efforts towards ensuring all girls and boys have equitable access to quality early childhood development and primary and secondary education (SDG 4.1 and 4.2). Education is an integral part of being healthy *(25)*. Specifically, formal education and other life-learning experiences allow individuals to acquire basic knowledge and develop their ability to reason, think and solve problems *(25)*. Furthermore, education allows individuals to develop emotional capacities of self-awareness and skills of social interaction *(25)*. Good early childhood development is a particularly solid foundation for human capital development and can act as a protective factor against the future onset of adult disease and disability *(26)*.

Sexual and reproductive health activities (SDG 5.6) were mentioned by 79% of Member States and 71% mentioned eliminating all forms of violence against women and girls (SDG 5.2). Around 25% of women in the WHO European Region will experience violence on the basis of gender at one point in their lives *(27)*. The elimination of violence in all its forms against women and girls has important implications for women's physical and mental health and well-being. In addition to physical injury,

disability or death, other results are poor maternal and perinatal health outcomes and physiological trauma, stress and depression *(27)*. Furthermore, women who have experienced intimate partner violence are 1.5 times as likely to contract HIV and are twice as likely to experience depression and alcohol use disorders *(27)*.

Actions towards the recognition and value of unpaid care and domestic work (SDG 5.4) were identified by 35% of Member States. In general, women carry out the greater share of unpaid care work, which is often not recognized or valued and has an impact on their health, their economic and political empowerment and their quality of life (27). Recognizing and valuing women's unpaid care work, in particular chronic care and other long-term care, are directly linked with achieving UHC *(27)*.

Reduction of pollution in water was mentioned by 83% of Member States (SDG 6.3), access to safe and affordable drinking water (SDG 6.1) by 79%, and access to adequate and equitable sanitation and hygiene (SDG 6.2) by 67%. Supporting and strengthening the participation of local communities in improving water and sanitation management (SDG 6b) was mentioned by 54%. Differences in access to basic drinking-water and sanitation services between urban and rural populations can be up to four-fold in some parts of the Region *(28)*. Additionally, 23% of those in the Region receive their drinking water from small-scale community systems *(28)*. Therefore, more effort in strengthening local community action in improving water and sanitation management is required.

Health and employment are inextricably linked, and 58% of Member States mentioned promoting safe and secure working environments for all workers, including migrant workers and individuals in dangerous employment (SDG 8.8). Individuals in poor health are more likely to be unemployed or underemployed as poor health reduces their ability to work. When they are in work, poor health reduces their productivity. In a vicious circle, this increases the likelihood of job loss, sick leave or early retirement *(6)*. Health inequities attributable to employment can be reduced by promoting safe, healthy and secure work across all sectors of employment and making occupational health services available to all, including high-risk groups and people who are traditionally excluded from the labour market *(6)*.

Enhancing scientific research and upgrading technological capability of industrial sectors, including encouraging innovation and increasing the number of research and development workers, were mentioned by 69% of Member States (SDG 9.5). Research and innovation are critical to improving the quality and efficiency of health products and services, and overall are supportive for development of the SDGs *(29)*.

Migration has become a major issue in the Region and 52% of Member States mentioned actions to ensure safe and responsible migration and mobility of people (SDG 10.7). The positive contribution of refugees and migrants for inclusive growth and sustainable development has been recognized in the 2030 Agenda *(1)*. Ensuring the health and well-being of refugees and migrants is essential to the achievement of the SDGs concerned with poverty, health security and the reduction of inequalities *(30)*.

Member States also mentioned initiatives to make cities more inclusive, safe, resilient and sustainable, with 85% noting efforts to reduce adverse environmental impacts of cities, focusing on air and water quality and waste management (SDG 11.6). Improved urban planning to prioritize access to safe, affordable and adequate housing, public transport, emergency responses to natural disasters and green and public spaces were mentioned by 48–63% of Member States (SDGs 11.1, 11.2, 11.5 and 11.7). Air pollution is the largest single environment risk to health, causing approximately 556 000 premature deaths annually in the WHO European Region (31). 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 *(31)*.

The improper management of hazardous chemicals and waste is a serious threat to health and development. It can lead to acute and chronic effects on health, for present and future generations, with children and pregnant women particularly vulnerable *(32)*; 85% of Member States mentioned sound management of hazardous and waste (SDG 12.4). Effective management of chemicals and waste will support the attainment of the SDGs and good health for all by contributing to poverty elimination, food security and health security; promoting sustainable cities and communities; ensuring sustainable consumption and production; and mitigating climate change *(32)*.

The direct and indirect health impacts of climate change in the WHO European Region contribute to the global burden of diseases *(33)*; actions across sectors and settings both to mitigate the effects of climate change and to promote resilience to these change are necessary to protect people and the planet. Efforts to combat climate change and its impacts were identified by 81–88% of Member States (SDGs 13.1, 13.2 and 13.3).

SDG 16 has targets related to ending violence and promoting the rule of law: 65% of Member States mentioned reducing all forms of violence and related deaths (SDG 16.1); 71% mentioned ending abuse, exploitation, trafficking and all forms of violence against and torture of children (SDG 16.2); and 37% mentioned providing legal identity for all, including birth registration (SDG 16.9).

Efforts to enhance global partnerships for sustainable development (SDG 17.16) were mentioned by 94% of Member States, which reflects the interconnected and indivisible nature of the SDGs and recognizes that achieving them will require working both with other countries and with sectors outside of the health domain, such as the private sector and civil society. Strengthening capacity-building (SDGs 17.18 and 17.19), including statistical capacity-building, in low-income countries was mentioned by 60–67% of Member States. Surveillance and management of health threats, policy- and decision-making as well as monitoring and reporting on progress towards achieving sustainable development require a competent, equipped and trained workforce and reliable, up-to-date and accurate health information.

Fig. 12 gives a breakdown of the number of health and health-related targets (out of 51) mentioned by Member States in their VNRs: 30 of the 52 Member States (58%) mentioned over 35 targets, suggesting that health and well-being was valued and important to their country's development, whereas three (6%) mentioned fewer than 20 targets, suggesting that in these Member States more work is needed to mainstream health and well-being across economic, environmental and social domains.

Fig. 12. The percentage of Member States who reported on varying numbers of health and health-related SDG targets (out of 51 targets)

- Over 35 targets
- 20–25 targets
- < 20 Targets

58%

37%

6%
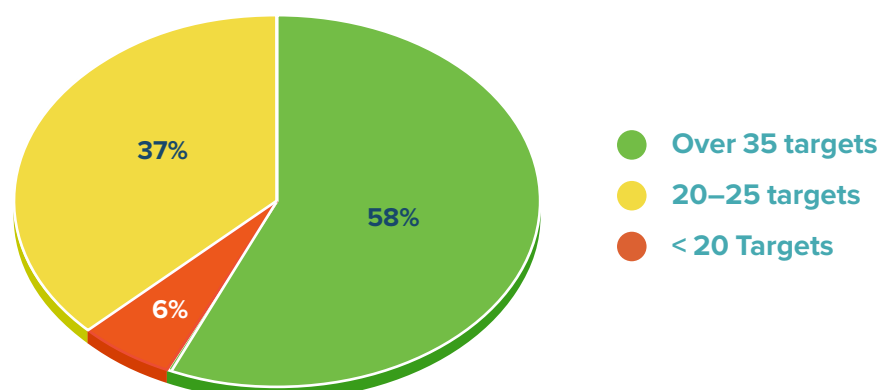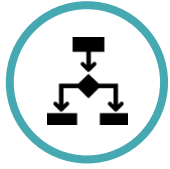
Institutional arrangements and mechanisms for implementing the 2030 Agenda

This section summarizes the implementation arrangements and mechanisms reportedly established and used by the 52 Member States to implement the 2030 Agenda. It describes who participates in the implementation of the 2030 Agenda and the role played by each.

Coordinating implementation

Forty Member States reported having a government coordinating body in place that is responsible for steering and coordinating cross-sectoral SDG activities and strategies, ensuring there is consistency within and between sustainable development groups. Additionally, these bodies are responsible for communication between the different sustainable development guidance and implementation groups. For example, in the 2020 Finnish VNR *(34)*, a coordination network is described with the aims of:

◆ mainstreaming the 2030 Agenda into all sectors;

◆ improving the balance between the three dimensions of sustainable development (social, economic and environmental sustainability); and

◆ enhancing policy coherence on sustainable development in policy planning and implementation.

Eighteen Member States reported that the coordinating body was led or chaired by a political lead (e.g. prime minister, president, deputy prime minister or minister), with the coordinating body led by a civil servant (e.g. department/ministry secretary or deputy secretary or director) in 22 Member States. The highest level of political leadership and commitment is necessary in order to achieve the SDGs; assigning a political lead to steer SDG coordination shows national ownership and supports engagement of all stakeholders at the highest level of government.

Eleven Member States reported assigning technical focal points within specific government departments/ministries to be responsible for coordinating integration and engagement of their SDG commitments within their relevant area of expertise. Assigning a focal point within a government department/line ministry that is responsible for the health and well-being portfolio (e.g. department of health, department of international development or department for social care) would help to coordinate, integrate and mainstream health and well-being issues across government.

The German VNR commented that its Parliament has been advocating for all government ministries to establish a sustainability officer at the director-general or director level to enhance horizontal and vertical SDG coordination. Since publishing their VNR, Germany has established such a sustainable development coordinator mechanism in each ministry *(35)*.

Croatia has set up a cooperation platform that aims to promote partnerships between government institutions, the private sector and civil society to achieve the SDGs.

Guiding and overseeing implementation

Forty Member States identified having a national guidance and oversight group in place that is responsible for monitoring, assessing and supporting implementation of the 2030 Agenda. A variety of groups were identified in the VNRs as being responsible for guiding and overseeing implementation of the 2030 Agenda, included a sustainable development commission, a council or technical working group. Membership of the group also varied, with 24 Member States reporting representation from government only, and 16 Member States reporting a mixture of government, the private sector and civil society.

For the 24 Member States that identified national guidance and oversight groups with only government membership, these groups were often chaired by the prime minister or deputy prime minister, with relevant cabinet ministers also represented; 14 made reference to having representation from the ministry/department in charge of health. For the 16 Member States with a national guidance and oversight group that included government, the private sector and civil society, five also included civil society organizations and the health sector.

Fig. 13 summarizes the coordination and guidance mechanisms Member States have in place to implement the 2030 Agenda for sustainable development.

Fig. 13. Summary of SDG coordination and guidance mechanisms

Coordinating implementation
Government coordinating body and/or official leader responsible for preparing and coordinating cross-sectoral SDG activities and strategies

Guiding and overseeing implementation
National guidance and oversight body that is responsible for monitoring, assessing and supporting implementation

Focal point for department A

Focal point for department B

Focal point for department C

Focal point for agency X

Implementation in government

Fifteen Member States reported that all government departments/ministries are responsible for implementing the SDGs and these were requested to assess their role with regard to the SDG targets, and to align or integrate relevant SDGs into key government policies, strategies, roadmaps and action plans.

Twenty-one Member States reported assigning specific government departments or line ministries to lead or co-lead monitoring and implementation of the 2030 Agenda within their relevant areas of

expertise, for example monitoring and activities for SDG 3 are the responsibility of the department in charge of health. This mechanism aims to divide the mandate of the 2030 Agenda across government, with responsibility for a specific SDG lying with an assigned department or ministry. Fig. 14 is an example from Turkey of institutional arrangements and mechanisms for SDG coordination, guidance and implementation *(36)*. However, for health and well-being specifically, if responsibility only lies with the department in charge of health, and horizontal and vertical coordination mechanisms are not in place, health and well-being issues may not be mainstreamed across government sectors but remain siloed within one department/ministry.

Fig. 14. Turkey's SDG institutional arrangements and mechanisms for SDG coordination, guidance and implementation
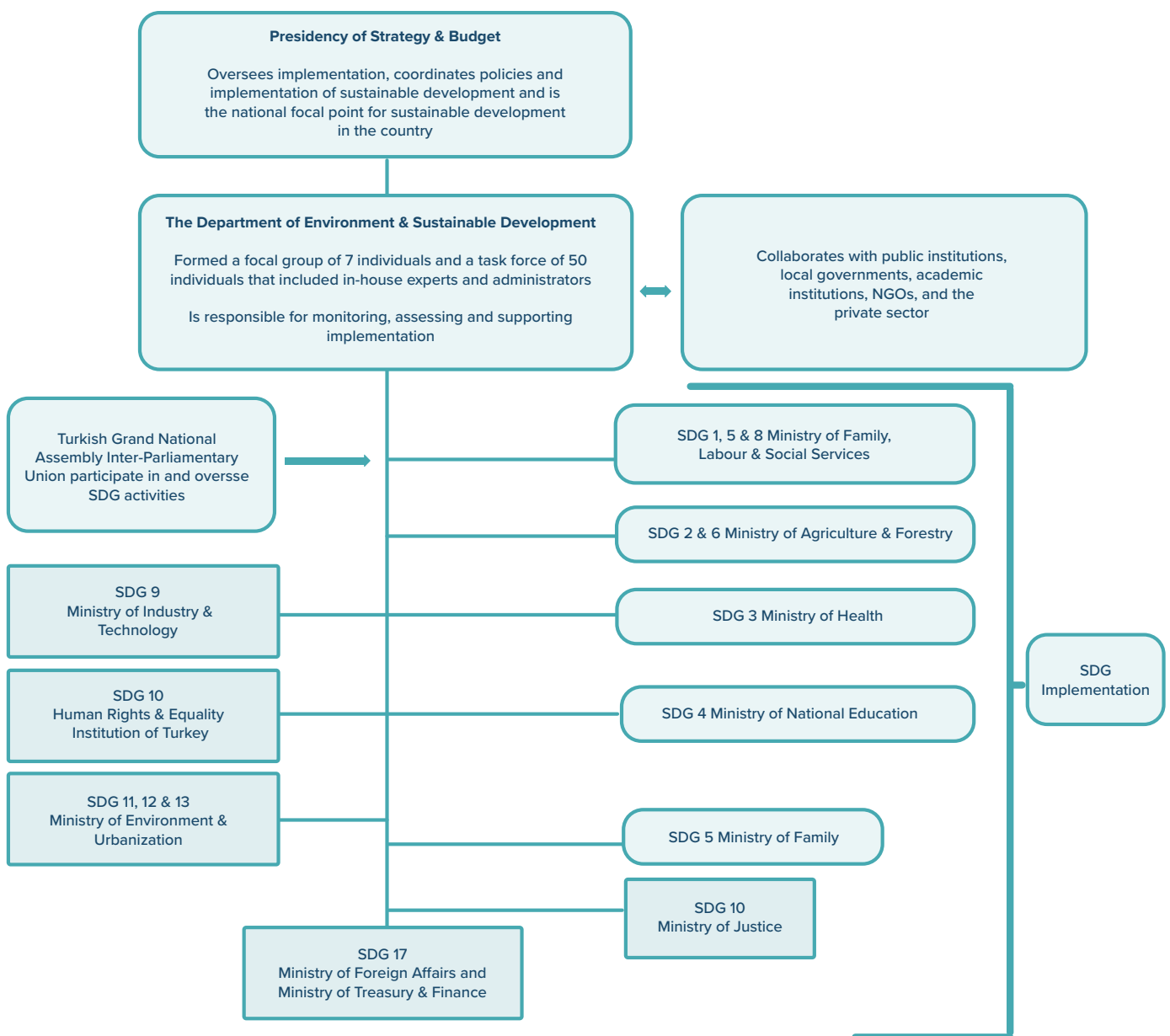
Source: based on information extracted from Turkey's 2019 VNR *(36)*.

Kazakhstan established five working groups to support monitoring and implementation of the 2030 Agenda, described as the 5Ps: people, planet, prosperity, peace and partnership (Box 4) *(37)*. Good health and well-being are covered under the people working group. The working groups report to the Coordination Board on Sustainable Development Goals, which is chaired by the Deputy Prime Minister *(37)*. The Board is responsible for developing policy for achieving the SDGs, coordinates the activities of interagency working groups and prepares the VNR *(37)*.
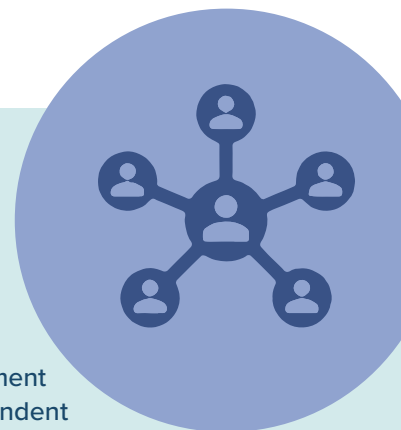
Box 4. Kazakhstan's 5Ps working groups

The working groups are cross-sectoral and include representatives from all government agencies, the private sector, civil society, international organizations and independent experts *(37)*. This coordination mechanism is helping to accelerate the attainment of the SDG targets.

People working group is responsible for analysing the issues of poverty eradication, gender equality, and ensuring good health and education.

Planet working group deals with issues of sustainable use of terrestrial and water ecosystems and climate change.

Prosperity working group deals with the issues of inclusive growth and economic transformation.

Peace working group considers the targets related to building safe and peaceful societies, strong institutions and justice.

Partnership working group is responsible for issues related to the implementation of the SDGs, including global partnership issues, resource mobilization, capacity-building and trade.

In 2017, Armenia established an SDG Innovation Lab within its Government, which is responsible for investigating and designing innovative methods and strategies to implement the SDGs *(38)*.

Engaging and preparing public servants to implement the 2030 Agenda

Thirty-three Member States did not report engaging and preparing their public servants to implement the 2030 Agenda. Eleven Member States mentioned that they provide training and education for public servants to develop expertise and broaden their views and knowledge about the SDGs and 2030 Agenda but did not specify who delivered training; 10 provided training to public servants in general and one to only senior public servants. In seven Member States, training aimed to inform participants about mainstreaming SDGs into their work and implementing the 2030 Agenda;

in three it was focused on a specific SDG-related issue (e.g. SDG 5, equal opportunity for men and women) and in one Member State it focused on both.

The Swiss 2018 VNR recognized the important role that public servants play in implementing the SDGs and described how they are encouraged to take part in and share their experiences at Switzerland's Sustainable Development Forum. The Estonian and Swedish VNRs commented that the important role public servants play in implementing the SDGs was recognized and reported that government departments and agencies were, and continue to be, engaged in SDG implementation activities. Currently, the Albanian and Hungarian Governments are undergoing major reforms. One goal of the reforms in both is to improve institutional capability, which will include building SDG capabilities among public servants.

The Maltese, Austrian and Romanian Governments have established sustainable development networks and platforms that facilitate communication about the SDGs within and between government institutions. The networks bring together senior representatives from each department, ministry and/or agency to share information about progress on sustainable development.

Engaging political will: parliament

The 2030 Agenda requires comprehensive political will, especially from parliaments and their members, who must accept responsibility for the implementation of the 2030 Agenda and are encouraged to support reviews of progress at national and subnational levels. In the VNRs, this responsibility is indicated by the establishment of parliamentary groups. Twenty Member States reported an existing or newly established parliamentary committee that was assigned to monitor, review and report on specific SDGs or content areas, bringing expertise, networks and knowledge to the role. Ireland, for example, has established a cross-party Committee on the Future of Healthcare in Ireland *(39)*. This committee is responsible for delivering a 10-year plan to reform the Irish health system and will also be responsible for monitoring and reporting on SDG goals relevant to health and well-being *(39)*.

Germany and Belgium also reported having parliamentary oversight bodies in place: the Parliamentary Advisory Council on Sustainable Development and the Interdepartmental Commission for Sustainable Development, respectively *(40,41)*. These bodies are responsible for providing advice to the Parliaments on sustainable development policy issues and for connecting relevant SDGs within the work of parliamentary committees. Fig. 15 illustrates the various ways in which parliaments in Member States participate in guiding and implementing the 2030 Agenda.

Fig. 15. Roles of parliaments in guiding and implementing the 2030 Agenda

Preparing and reviewing reports and bills about the SDG's

Monitoring and/or evaluating SDG implementation

Approcing, allocating and monitoring budgetary funds to implement the 2030 Agenda

Passing, adopting and reviewing a country's sustainable development strategy/plan

Drafting and enacting legislation required to realize and achieve the SDG's

Promoting participatory accountability and follow-up is critical to strengthen democratic practices, fight corruption and make public funds serve their intended goals *(42)*. Demanding more transparency and accountability from parliaments was rarely discussed in the VNRs. Five Member States mentioned raising awareness of the 2030 Agenda through holding regular public hearings or parliamentary debates on various aspects of sustainable development. Seven Member States identified strengthening and increasing the role their parliaments play in the implementation of the 2030 Agenda as a priority in their VNRs. For example, Portugal identified the need for strengthened collaboration between their government and parliament in implementing the 2030 Agenda.

Engaging subnational authorities

Subnational level authorities include state level (including regional, *oblast* or province) and local/municipal level. Forty-seven Member States engaged with subnational authorities in their work towards achieving the SDGs. Specifically, 27 Member States engaged subnational authorities in both planning for and implementing the 2030 Agenda and, and 20 engaged the subnational level only in implementation. Subnational authorities were engaged through several key activities and/or processes, including:

- ◆ developing national development frameworks; and
- ◆ designing and implementing specific SDG-related projects and policies (e.g. in England (United Kingdom of Great Britain and Northern Ireland) county sports partnerships have been established that involve counties, national sports bodies, the Youth Sport Trust and other local providers working together to ensure that primary schools have access to high-quality sport and physical activity programmes).

Twelve Member States reported that they ensured subregional authorities (seven at local/municipality level only and five at both state and local/municipality levels) were represented in national SDG committees.

Twenty-three national governments made use of existing coordination networks (e.g. joint central and local government committees), and seven established task forces or working groups that were responsible for engaging with subnational authorities to implement the 2030 Agenda. These measures were aimed at integrating the SDGs at subnational levels and coordinating SDG activities among local, state and national administrations. Germany and Greece, for example, established state-level SDG networks/hubs to monitor policies, programmes and infrastructure projects towards the achievement of all SDGs *(41,43)*.

In Latvia and the Netherlands, Member States with decentralized political systems, subnational governments are assigned responsibility for managing and implementing many SDG priorities: in Latvia at the local authority level and in the Netherlands at state level *(44,45)*.

Although there was no explicit reference in any VNRs describing if health representatives were members of any existing or newly established subnational coordination networks/working groups, seven Member States mentioned the role that their subnational authorities, particularly local/municipality authorities, play in providing health services to meet local needs (Boxes 5 and 6). Despite interaction between national and local authorities in the adoption of the 2030 Agenda, there remains considerable scope for intersectoral action at subnational levels for health and well-being issues, and for the health sector to influence policies affecting the wider determinants of health.

Box 5. Development of voluntary local reviews in Finland

The 2020 Finnish VNR discussed activities in some cities and municipalities, which have set goals and measures for promoting the SDGs and implementing the 2030 Agenda at the local level *(34)*. Cities, including Helsinki, Espoo and Turku, have prepared voluntary local reviews, which describe the goals and initiatives being taken at each local level *(34)*.

Box 6. Standing Conference of Towns and Municipalities in Serbia

The Standing Conference of Towns and Municipalities was established in 1953 and is a local self-governing system in Serbia *(46,47)*. The Standing Conference consists of eight line committees and permanent working bodies that include representatives from Serbian towns and municipalities. The committees and working groups discuss important issues in the field of local self-government activities, exchange experiences and formulate joint local initiatives *(46,47)*. One example of a joint activity described in Serbia's VNR was member towns and municipalities being parties to the Pact of cities and regions to stop sexual violence against children and worked with local stakeholders to prevent sexual violence against children *(46)*.

Engaging other sectors

The private sector

Member States recognized the important role of the private sector in monitoring, planning and implementing the 2030 Agenda. The private sector includes all non-state actors: profit-making and non-profit-making *(48)*. Mobilizing capacity, innovation and knowledge within the private sector will help to meet the challenges of the 2030 Agenda and achieve the SDGs. Achieving health and health-related targets requires mobilizing the private sector to invest in health and social systems and to use its resources effectively to help to meet society's health and well-being needs. Governments are striving for increased participation by the private sector in the implementation of the 2030 Agenda. In order to control for any conflict of interests in such collaboration, Member States should adopt regulations within protocols or conventions.

The private sector was represented on relevant national government sustainable development commissions, committees, councils and/or task forces in 20 Member States. Ten have also established independent counsels or advisory groups, made up of individuals from the private sector, on all issues related to sustainable development, including monitoring and implementation activities. These groups also act as a conduit between government and key stakeholder groups.

Twenty-five Member States conducted consultations with the private sector, including representatives from the health and well-being sector, when developing their national sustainable development framework, VNRs and when promoting and raising awareness of the SDGs.

Consultations were conducted using a combination of open public forums, round table meetings, panel discussions and national surveys disseminated to all through online engagement portals.

In thirteen Member States, private sector organizations with a vested interest in achieving the SDGs have initiated, sometimes jointly with government, activities and events to raise awareness about the 2030 Agenda (Box 7).

Box 7. Croatia's private sector working with the Government

Private sector organizations work with the Croatian Government to organize sustainable development conferences that raised awareness about the 2030 Agenda *(49)*. Following one of these conferences, the Corporate Social Responsibility Index project was developed. This project helped to design assessment methodology for corporate social responsibility practices for the members of various private organizations, and created an award for the evaluation of corporate social responsibility practices in these organizations *(49)*.

Member States have noted that the private sector is increasingly aware of environmental issues and investment opportunities in the green economy but places much less emphasis on the potential social benefits associated with positive action on sustainable development. Health and well-being are essential elements in all dimensions of sustainable development and support interactions across all dimensions *(50)*. Consequently, it is crucial to ensure that the private sector considers all sustainable development dimensions if the SDGs are to be achieved. Ireland is one country where emphasis is being placed on all three dimensions of sustainable development (Box 8) *(39)*.

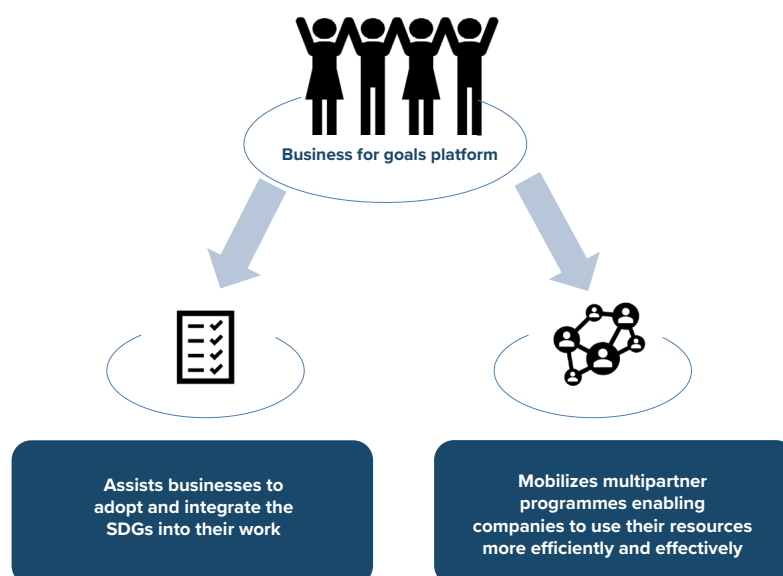## Box 8. Ireland's National Action Plan on Corporate Social Responsibility

Ireland has published its second National Action Plan on Corporate Social Responsibility, covering 2017–2020 *(39)*. The vision is for Ireland to be recognized as a centre of excellence for responsible and sustainable business practices *(39)*. The plan includes four core dimensions and 17 actions that are linked to specific SDGs:

- the workplace (SDGs 5, 8 and 10)
- the marketplace (SDGs 8, 9 and 12)
- the environment (SDGs 11, 12 and 13)
- the community (SDGs 3, 8 and 11).

The plan is intended to encourage industry to set business strategies that take the 17 actions into account and that businesses have a positive impact on the four dimensions. The overall goal of the plan is to support the creation of a business environment that is sustainable.account and that businesses have a positive impact on the four dimensions. The overall goal of the plan is to support the creation of a business environment that is sustainable.

In 11 Member States, the business sector has made strong commitments to participate in the SDGs, with the private sector involved in the development of key SDG publications and activities focused on social responsibility projects. Fig. 16. summarizes Turkey's private sector involvement in sustainable development activities *(36)*.

Fig. 16. Turkey's business for goals platform

Business for goals platform

Assists businesses to adopt and integrate the SDGs into their work

Mobilizes multipartner programmes enabling companies to use their resources more efficiently and effectively

Source: based on information in Turkey's 2019 VNR *(36)*.

Nine Member States advocate in their national sustainable development framework to engage more with the private sector to ensure that all relevant stakeholders are actively participating in dialogue about sustainable development.

Civil society

Member States recognized the important role of participatory governance when implementing the 2030 Agenda. Participatory governance includes having processes in place that empower civil society to participate in and have a voice in decision-making *(51)*. Civil society includes charities, development NGOs, community groups, youth groups, women's organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions and advocacy groups *(52)*. Civil society actors often giving a voice to the marginalized in the community, can enhance the participation of communities in the 2030 Agenda and can play a key role in health and well-being advocacy. They help to drive social change through direct campaigns on public health issues, for example smoking or domestic violence *(53)*. Furthermore, civil society plays a crucial role in planning for and implementing health and well-being policies and activities in the community that support the achievement of the health and health-related SDGs.

Nineteen Member States had civil society stakeholders on relevant national government sustainable development commissions, committees, councils and/or task forces. Furthermore, 13 Member States had also established independent councils or advisory groups made up of individuals from civil society groups, specifically youth groups and academia, to advise government on all issues related to sustainable development, including monitoring and implementation. These groups also act as a conduit between government and key stakeholder groups. Ensuring civil society, particularly from the health and well-being sector, is represented in these mechanisms enhances transparency, allows them to provide their health and well-being expertise and perspective to an issue, and allows them to advocate for health and well-being issues *(53)*.

Twenty-eight Member States conducted consultations with civil society, including representatives from the health and well-being sector, when developing their national sustainable development frameworks and VNRs and when promoting and raising awareness of the SDGs (Box 9). Consultations were conducted using a combination of open public forums, round table meetings, panel discussions, and national surveys disseminated to all through online engagement portals.

Box 9. Denmark's engagement with the health sector

The Danish Doctors Association, Patient Association and Health Network invited a diverse group of health and well-being stakeholders from civil society organizations and the private sector to a one-off conference about the SDG Action Plan and SDG 3 *(54)*. Every SDG 3 target was discussed, including possible new ways for stakeholders to engage with the target and proposals for the government to consider *(54)*.

Fifteen Member States identified civil society organizations in their country that have a vested interest in achieving the SDGs and have initiated, sometimes jointly with government, activities and events to promote the sustainable development principles (social, environmental and economic dimensions). For example in Iceland, the SDG Working Group, which includes representatives from Government and civil society, established a one-year cooperation agreement with Almannaheill, an umbrella organization for various Icelandic civil society organizations working for public good *(55)*. The project aims to promote the SDGs in these organizations, integrate the goals into their daily activities and arrange activities and events to promote and educate society about the SDGs *(55)*.

Thirteen Member States advocated in their national sustainable development framework to engage more with parts of civil society, including health and well-being sectors, to ensure all relevant stakeholders are actively participating in dialogue about sustainable development.

SDG audit institutions

Strengthening government accountability of the SDGs can be performed through conducting national SDG audits. Member States are beginning to explore the use of audits for reviewing the implementation of the SDGs *(42)*. Thirty-six Member States did not report on SDG auditing activities. For the 16 Member States that did report on auditing processes, seven mentioned that their relevant auditing bodies/organizations, with the support of the International Organization of Supreme Audit Institutions, conducted performance audits of their country's preparedness to implement the 2030 Agenda. Additionally, 14 identified having a supreme audit institution or national/state audit office in place that is responsible for leading audits in relation to the 2030 Agenda and auditing projects associated with the SDGs. This included conducting audits to ensure public sector entities are transparent and accountable to the community when undertaking activities that support the SDGs.

Four Member States mentioned having a court of audit that supports their country's commitment to the 2030 Agenda by providing input towards sustainable development strategies, identifying implementation gaps and deciding and prioritizing SDG areas that require auditing.

Finland was the only country that referenced in its 2016 VNR the importance of building capacity in its own Supreme Audit Institution to audit the SDGs effectively. Since its 2016 VNR, the National Audit Office has allocated more resources on performance audit work around sustainability and the 2030 Agenda, and auditors actively engage in regular dialogue with sustainable development officials in different Finnish ministries about the implementation of the 2030 Agenda *(34)*. Additionally, the National Audit Office is a part of the monitoring and review mechanism; specifically, the Office is responsible for assessing the annual report of the Government to Parliament about the implementation of the 2030 Agenda *(34)*.

Georgia mentioned that its Supreme Audit Institution developed a public audit portal that allows its citizens to access past SDG-related audits and includes information about all future SDG-related audits.

Finland was the only Member State to mention the role of civil society in participating in national audit processes (in its 2020 VNR). Specifically, several stakeholder groups from civil society, private sector and regional authorities were invited to assess progress made towards achieving the SDGs as part of preparing the VNR report. Members of civil society may be valuable in this process as they may proactively scrutinize the legitimacy and quality of government spending and government and parliament work towards implementing the 2030 Agenda *(42)*.

International cooperation for the SDGs and health and well-being

Member States are encouraged to describe in the VNRs global partnerships and cooperation activities to support the implementation of the 2030 Agenda *(5)*. Member States commented on their commitment to United Nations conventions and other international treaties or agreements, for example, the Addis Ababa Action Agenda *(56)*, and the Paris Agreement *(57)*. The Addis Ababa Action Agenda was adopted at the Third International Conference on Financing for Development *(56)*. It sets out a framework for financing sustainable development by aligning all financing flows and policies with economic, social and environmental priorities, which supports the implementation of the 2030 Agenda *(56)*.

Member States also described bilateral and multilateral relations with several foreign states and international and regional organizations, including the United Nations and its specialized agencies (e.g. WHO), as well as the European Union (EU), European Commission, the Organisation for Economic Co-operation and Development, the North Atlantic Treaty Organization and the World Bank.

Twelve Member States reported assigning specific government departments/ministries responsibility to follow-up and coordinate integration and engagement of their SDG commitments in foreign and development policy and international cooperation initiatives, ensuring close connections are made between national and international processes.

The Nordic region's five sovereign states (Denmark, Finland, Iceland, Norway and Sweden) and three autonomous territories (Faroe Islands, Greenland and Åland) reported working towards promoting cooperation between one another on common challenges connected with the SDGs.

Afghanistan[2], Azerbaijan, Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan all reported being Members of the United Nations Special Programme for the Economies of Central Asia. This programme aims to strengthen subregional cooperation on issues including trade; water and border crossings; and activities related to research, statistics and communication technologies.

Twelve Member States reported on having an international development cooperation strategy or policy in place. For example, Germany has a global health policy in place (Shaping Global Health – Taking Joint Action – Embracing Responsibility) that describes its involvement in global health cooperation activities, specifically how it collaborates with global partners and stakeholders, and how it responds to global health challenges and contributes to global solutions *(58)*. Sweden is leading the way for AMR to be put onto the global agenda and promotes international cooperation and multilateral processes to minimize the emergence and spread of AMR *(59)*.
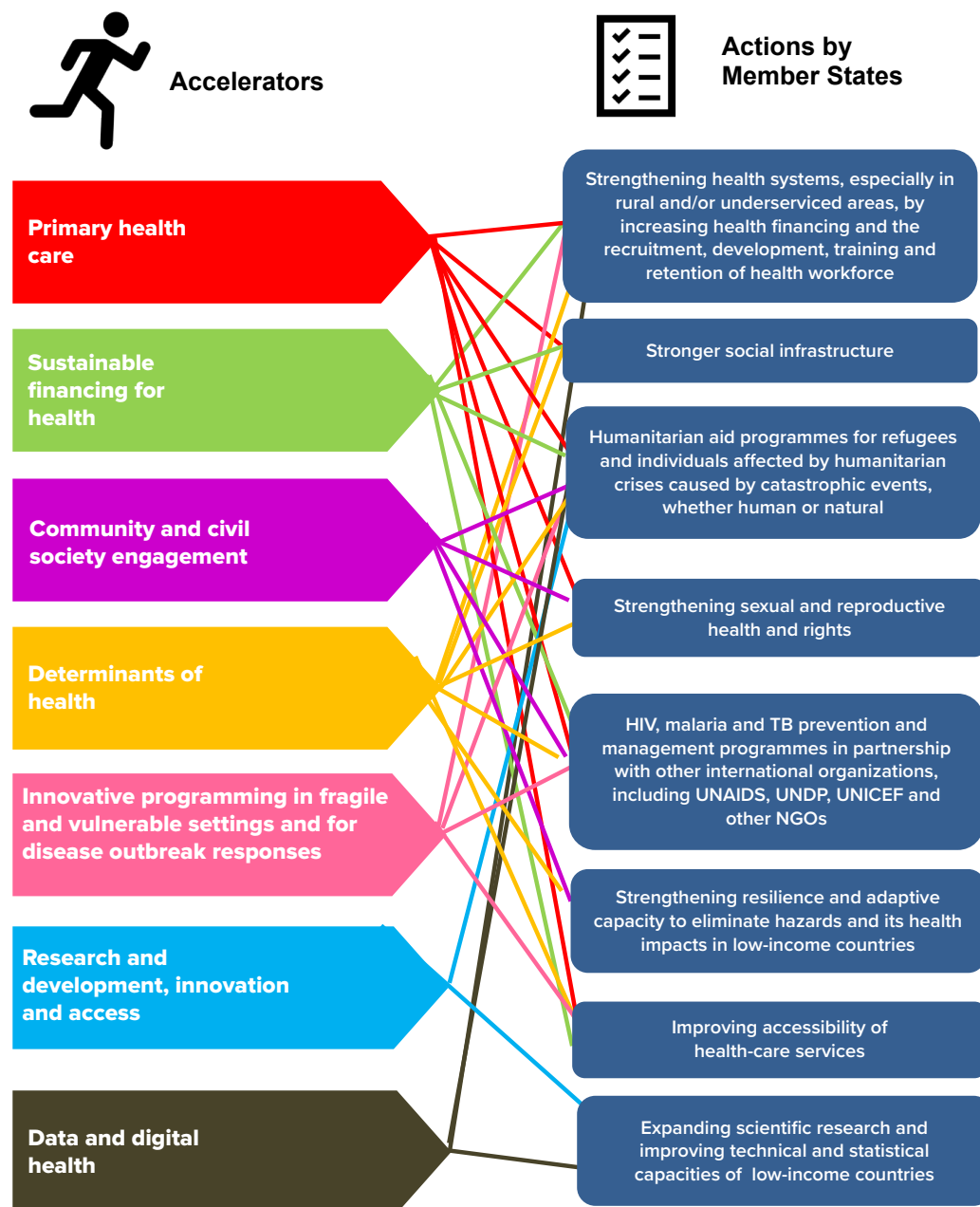
The GAP

Through the GAP *(29)*, 12 multilateral organizations with significant roles and responsibilities in health, development and humanitarian work have committed to strengthen their collaboration to accelerate country progress on the health-related SDG targets and indicators *(29)*. The GAP supports implementation of the 2030 Agenda and strengthens partnership practices that support joint actions at country, regional and global levels. It contains seven accelerator themes and a cross-cutting commitment on gender equality *(29)*.

The seven accelerators themes are linked and are mutually reinforcing *(29)*. International cooperation and ODA activities specifically related to health and well-being that were reported as being financed and addressed by Member States in their VNRs do align with the GAP's seven accelerators (Fig. 17). Member States are encouraged to support the implementation of the GAP and work in partnership to accelerate the achievement of the health-related SDG targets and indicators (Boxes 10 and 11) *(55,60)*.

2. Afghanistan is a Member State of the WHO Eastern Mediterranean Region, not the WHO European Region.

Fig. 17. International cooperation and ODA activities linked to the GAP's accelerators

Accelerators

Actions by Member States

Primary health care

Sustainable financing for health

Community and civil society engagement

Determinants of health

Innovative programming in fragile and vulnerable settings and for disease outbreak responses

Research and development, innovation and access

Data and digital health

Strengthening health systems, especially in rural and/or underserviced areas, by increasing health financing and the recruitment, development, training and retention of health workforce

Stronger social infrastructure

Humanitarian aid programmes for refugees and individuals affected by humanitarian crises caused by catastrophic events, whether human or natural

Strengthening sexual and reproductive health and rights

HIV, malaria and TB prevention and management programmes in partnership with other international organizations, including UNAIDS, UNDP, UNICEF and other NGOs

Strengthening resilience and adaptive capacity to eliminate hazards and its health impacts in low-income countries

Improving accessibility of health-care services

Expanding scientific research and improving technical and statistical capacities of low-income countries

Source: based on information extracted from the 60 VNRs and the GAP *(28)*.

Box 10. Iceland's commitment towards global sexual and reproductive health and rights

Iceland's committed towards ensuring sexual and reproductive health and rights in low-income Member States is evidenced by the following actions in other countries outlined in its VNR *(55)*:

◆ tripling its core contribution to United Nations Population Fund, which is responsible for ensuring sexual and reproductive health and rights in low-income countries;

◆ supporting and leading projects aimed at eradicating poverty;

◆ providing ready access to contraception;

◆ supporting measures to reduce HIV transmission;

◆ ensuring safe birth delivery;

◆ ensuring mothers and children have equitable access to primary health care; and

◆ investing in sexual and family education.

Box 11. Estonia's Sexual Health Association

Estonia has been committed to improving the knowledge and skills of Moldovan young counsellors in sexual and reproductive health education *(60)*. An online platform was established that contains teaching material to train the counsellors in delivering sexual and reproductive health education *(60)*. The training material was developed in cooperation with the Moldovan counsellors to ensure it was context specific *(60)*.

Awareness and communication about the SDGs

Forty-five Member States discussed the importance of raising awareness about the 2030 Agenda and described how they were promoting and communicating the SDGs. Twenty-one Member States mentioned efforts in promoting effective communications about health and well-being and the health and health-related SDGs. Some examples are promoting health and well-being, active ageing, physical well-being, healthy lifestyles, gender equality, mental health, health literacy, welfare services, sustainable urban planning, environmental health and climate change. Four Member States commented on undertaking or committing to conducting periodic studies to measure public knowledge and awareness of the 2030 Agenda, the SDGs and sustainable development in general.

A range of different actions have been used to publicize, provide information on and raise awareness of the SDGs (Fig. 18).

Fig. 18. Approaches outlined in the 60 VNRs to raise awareness of the SDGs

Events, conferences, festivals, workshops and forums organized and attended by representatives from government, civil society, unions, NGOs, academia, youth and private sectors to promote the SDGs and encourage discussion and dialogue about the 2030 Agenda

Education and training for sustainable development; countries are adopting sustainable development education in education sectors, including integrating it into school curriculum, universities and vocational training

Public consultations in the preparation and development of a country's VNR and national development strategy/policy

Implementing a national communication campaign through multiple media channels, using fact sheets, advertising and videos

Projects raising awareness

Establishment of a national online portal or website that informs and engages local, national and international stakeholders about the SDGs, ways they can be involved in achieving them, and raises awareness about SDG initiatives happening in the country

Expressing the SDGs through media and art – including film, music, television, Facebook, YouTube, art exhibitions

Forty-three Member States recognized that raising awareness and advocating for sustainable development was required at both national and subnational levels. Seventeen Member States discussed the role of specific ministries/departments, advisory councils, working groups and/or parliamentarians that had responsibility for informing and raising awareness of the SDGs.

Denmark mentioned in its VNR that it carried out awareness-raising activities among vulnerable and minority groups in the country, including indigenous people and individuals with a disability, to improve knowledge of the SDGs and enable these groups to engage and contribute to SDG implementation *(54)*.

Eighteen Member States raised the importance of enhancing awareness and the realization of the SDGs among youth through various events, forums, projects and communication activities (Boxes 12 and 13). For example, Cyprus outlined a number of projects involving youth and education, many involving an NGO for awareness raising about the SDGs *(61)*. The Schools for Future Youth project in 2014—2017 involved a cross-field partnership in four countries (Box 12) *(62)*.

Box 12. Schools for Future Youth project 2014—2017, Cyprus, Italy, Poland and United Kingdom

The Schools for Future Youth project was a partnership between Cyprus, Italy, Poland and United Kingdom to improve youth participation in European school education *(62)*. The project group

developed a comprehensive e-learning package called SFYouth Toolkit, which included a range of critical thinking activities, quizzes, workshops, presentations and photographs to help young people to understand global issues. Issues included climate change, poverty, education, refugees, humanitarian aid, health and well-being and inequality, with all issues incorporating the SDGs.

Box 13. Austria's "Team SDG" at the National Youth Council

The Austrian Youth Council supported implementation of the 2030 Agenda through launching in 2019 of "Team SDG" *(16)*. The group is involved in networking and supporting sustainable development projects, and it offers an exchange platform for information, knowledge and materials *(16)*. Members of "Team SDG" can also be involved in political processes and attend training and conferences through the Austrian National Youth Council *(16)*.

Five Member States described establishing SDG champions, ambassadors or pioneers. These champions are responsible for raising awareness of the SDGs and draw on their own experiences to demonstrate the relevance of the SDGs in daily life. Three Member States in particular focused on youth champions, with the intention of increasing participation of youth in the implementation of the 2030 Agenda (Box 14).

Box 14. The Kyrgyz Republic's SDG youth ambassadors

The SDG Youth Ambassadors Programme was established in the Kyrgyz Republic to raise awareness of the SDGs and increase the participation of youth in the national implementation of the 2030 Agenda *(63)*. Currently, 34 young people are a part of the Programme and contribute to engagement between youth, civil society, the private sector and Government agencies *(63)*. The Programme also creates a platform for youth to engage with these stakeholders and to talk about national priorities under the 2030 Agenda *(63)*.

Local authorities and/or community organizations were mentioned by 43 Member States as important stakeholders in raising awareness of the 2030 Agenda. Four Member States specifically noted that civil society organizations have expertise and network capacities that enable them to play a key role in communicating and implementing a range of promotion, awareness and education activities related to the SDGs. Specifically, their actions in these three Member States covered almost all SDGs, including good health and well-being as well as health-related areas such as reducing inequalities, gender equality, sustainable cities and communities, and climate action. One country mentioned that there were funding constraints at the local level to effectively raise awareness of the SDGs. The VNRs for the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) mentioned that they work together on the promotion of the SDGs, including sharing solutions in the field of sustainable energy, sustainable food production, gender equality, welfare services, sustainable urban planning and climate change. Boxes 15 and 16 describe initiatives to raise awareness of the SDGs among the public.

Box 15. SDG advocacy efforts step up in Belgium

Three months after the adoption of the 2030 Agenda, the 2015 Eurobarometer found that 58% of Belgium citizens had not heard about the SDGs *(40)*. Belgium in response to this stepped up its SDG advocacy efforts through:

◆ developing and launching a national website that contained SDG-related initiatives with the intention of informing and engaging citizens, associations and authorities about the SDGs;

◆ establishing the SDG Voice project in 2017, which involved eight organizations communicating the SDGs to their target audience;

◆ organizing an annual sustainable development fair (by one region, Wallonia) to raise awareness about sustainable development; and

◆ establishing an annual Sustainable Partnership Award.

Box 16. SDG promotion in Spanish Government buildings

Schools and municipal buildings in Spain have established an exhibition of roller banners that contain QR codes *(64)*. Using a QR code scanner on a mobile phone, individuals can download a video to their phone explaining the SDGs, including health and health-related SDGs *(64)*. This installation aims to educate individuals about the SDGs and raises awareness of the importance of their fulfilment *(64)*.

Although 43 Member States commented on the importance of increasing awareness, knowledge and practice on sustainable development in the private sector, only one Member State, Finland, described in its 2020 VNR how awareness-raising initiatives were being implemented between Government actors and the private sector. For example, in 2017 the national film distributor Finnkino screened a short film on the subject of the SDGs in movie theatres nationally *(34)*.

No Member State described how they were mobilizing the private sector towards achieving the SDGs, more specifically the health and health-related SDGs. This suggests that building the capacity and understanding of the private sector are required in order to link their activities with the health and health-related SDGs; in addition, more guidance is needed to increase awareness of the long-term benefits that could accrue from integrating these goals into core business.
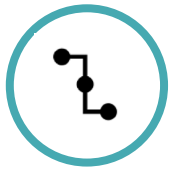
Mainstreaming and policy coherence

National development planning

Forty-six Member States who presented a VNR have an active national development framework (including plan, strategy and or policy) in place (Fig. 19). Annex 3 lists these Member States and provides a link to those frameworks.

Fig. 19. Timeline for national development framework production in 46 Member States

2001–2005
- Belarus
- Iceland
- Israel
- Lithuania
- Slovakia
- Norway
- United Kingdom of Great Britain & Northern Ireland

2006–2010
- Greece
- Hungary
- Estonia
- France
- Romania
- Serbia

2011–2013
- Bosnia & Herzegovina
- Czechia
- Estonia (amended)
- Latvia

2014–2016
- Albania
- Armenia
- Azerbaijan
- Denmark
- Finland
- Georgia
- Germany
- Netherlands
- Switzerland
- Tajikistan
- Ukraine

2017–2019
- Andorra
- Austria
- Belgium
- Bulgaria
- Italy
- Ireland
- Kazakhstan
- Kyrgyz Republic
- Luxembourg
- Malta
- Montenegro
- North Macedonia
- Poland
- Republic of Moldova
- Slovenia
- Sweden
- Turkmenistan
- Turkey
- Uzbekistan

Thirty Member States developed a framework from 2014, with the 2030 Agenda being adopted by Member States in 2015. Six Member States have no active development framework in place: Croatia, Cyprus, Monaco, Portugal, the Russian Federation and Spain. However, both Portugal and Spain are currently developing a national development framework, and Azerbaijan and Croatia plan to adopt a national development framework in 2020.

International agreements

Member States discussed in their VNRs their commitment to the implementation of international agreements related to sustainable development. Agreements specifically related to health and well-being, and health and health-related SDG targets and indicators, include the FCTC *(65)*, the IHR *(66)*, the Sendai Framework *(67)* and the Paris Agreement *(57)* (Box 17). The FCTC and IHR are legally binding agreements, whereas the Sendai Framework and Paris Agreement are not.

Box 17. International agreements related to health and well-being SDG targets

WHO Framework Convention on Tobacco Control (SDG 3.a)

The FCTC has 168 signatories, including from the European community, and is an evidence-informed treaty that supports Member States to develop a regulatory strategy to address tobacco addiction. It addresses demand-reduction strategies and supply issues *(65)*.

IHR (SDG 3.d)

The IHR is a global commitment by all WHO Member States that requires them to detect, assess and report specific disease outbreaks and public health events to WHO *(66)*. This commitment aims to improve early warning systems and reduce and manage public health risks *(66)*.

Sendai Framework (SDGs 3.9, 11.b and 13.1)

The Sendai Framework is a commitment by United Nations Member States to prevent new risks, reduce existing risks and strengthen resilience *(67)*. Member States have been developing and implementing national and local disaster risk reduction strategies in line with the Sendai Framework.

The Paris Agreement (SDGs 1.5, 3.3, 3.4, 3.9, 7.a, 11.b, 12.4, 12.8, 13.1, 13.2, 13.3, 17.9 and 17.16)

The Paris Agreement was reached at the United Nations Climate Change Conference (COP 21) in 2015. The Agreement builds on the United Nations Framework Convention on Climate Change, with parties committed to combating climate change and to accelerate and intensify action and investments required for a sustainable low-carbon future *(57)*. The Agreement also calls on nations to provide enhanced support to assist low-income countries to combat climate change and adapt to its effects *(57)*. The aim of the Paris Agreement is to "strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty, including by holding the increase in the global average temperature to well below 2 °C above pre-industrial levels and pursuing efforts to limit the temperature increase to 1.5 °C above pre-industrial levels, recognizing that this would significantly reduce the risks and impacts of climate change" *(57)*.

Fig. 20 summarizes the numbers of Member States who reported a commitment to implement each of these international agreements in their VNR.

Fig. 20. Member States who reported on international agreements in their VNRs (out of 52 countries)
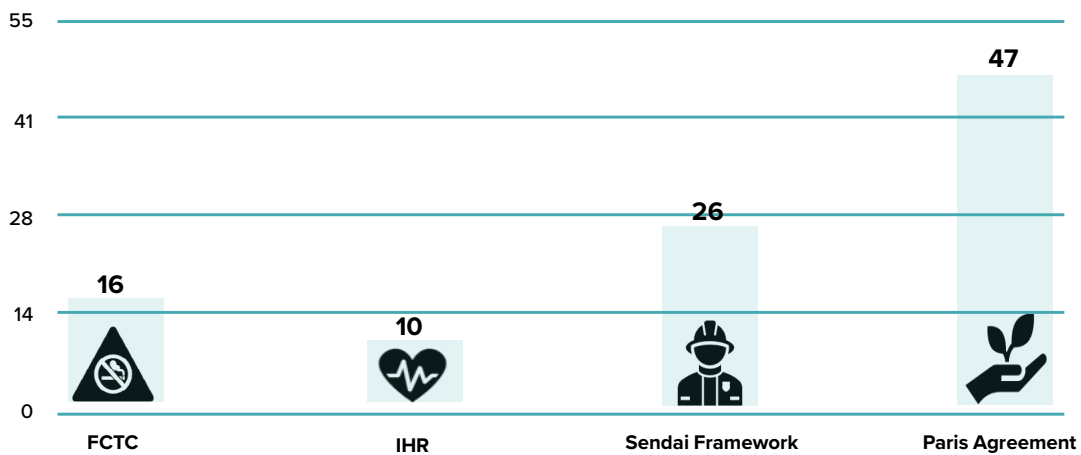
Sixteen Member States reported on strengthening the implementation of the FCTC, describing initiatives taken to strengthen the implementation of the FCTC, including:g:

◆ measures to protect individuals from exposure to tobacco smoke;

◆ standards on the packaging and labelling of tobacco products;

◆ regulations to restrict the use of tobacco and liquids for electronic devices;

◆ banning advertisement and sponsorship of tobacco products;

◆ investing in education, communication and public awareness campaigns about tobacco risks; and

◆ price and tax measures to reduce the demand for tobacco.

Ten Member States reported on their compliance with the IHR. In two Member States, national legislation takes into account and supports the IHR. The Portugese VNR discussed how the capacity of the Centro de Emergências em Saúde Pública (Public Health Emergency Operations Centre) had been strengthened, specifically the area devoted to the management of public health emergency information *(68)*.

Twenty-six Member States reported on their commitment to the implementing the Sendai Framework. Specifically, they discussed how they had or were developing a national and/or international cooperation strategy for disaster risk reduction. If they were in the process of developing a strategy, they discussed the importance of aligning this strategy with the Sendai Framework. Disaster risk reduction strategies included how to plan for increased resilience of cities and societies to disasters, how to integrate policies and plans for preparedness and risk management and how to implement mitigation and adaptation measures to combat climate change. Two Member States appointed a national focal point for the implementation of the framework and for international cooperation activities that relate to it.

The United Kingdom's VNR mentioned establishing partnerships with business, civil society and other stakeholders to develop new and innovative data approaches to measure domestic targets set out in the Sendai Framework *(22)*. Croatia's VNR also described risk assessments and action plans prepared at the local level *(49)*.

Forty-seven Member States mentioned their commitment to the Paris Agreement *(57)*. Specific actions Member States described to adopt the provisions of the Paris Agreement and to combat climate change included:

◆ establishing legal and institutional frameworks for adaptation to climate change, for example climate change legislation;

◆ establishing legislation that represents a commitment to complying with the goals set out in the Paris Agreement and, if applicable, other greenhouse gas emission targets set within the EU;

◆ developing a national energy and/or climate action plan, strategy and policy;

◆ establishing a climate change committee, council or working group to ensure consistent process for coordination of climate change policy and to enhance cooperation at the international and regional levels;

◆ setting annual targets to reduce the level of greenhouse gas emissions;

◆ investing in active advocacy and communication campaigns to draw public attention to environmental problems;

◆ establishing a carbon tax and/or carbon dioxide levy on fuels;

◆ supporting climate action in low-income countries, for example through new and additional ODA funds to support climate action; and

◆ committing to climate financing and climate finance strategy.

Other global agreements related to health and well-being that are not legally binding include the United Nations high-level political declarations on AMR *(69)*, on the prevention and control of NCDs *(70)* and on ending tuberculosis *(71)*. Only one Member State mentioned the political declaration on AMR and no Member States mentioned the other two.

Integration and alignment of the SDGs into plans, strategies and policies

The effective implementation of the 2030 Agenda, and the inclusion of health and well-being and their determinants, depends on incorporating the Agenda into all relevant national and subnational frameworks, policies and plans: national development frameworks, national and subnational health and well-being plans and policies, and sectoral policies. Aligning health and well-being into development and sectoral policies and plans will accelerate the achievement of health and health-related SDGs targets and advance health and well-being.

Seven Member States mentioned using the United Nations Development Programme's rapid integrated assessment tool (Box 18) *(72)* to support them in:

◆ mainstreaming SDGs into national and subnational planning;

◆ aligning the SDGs with the priorities of the country;

◆ aligning the SDG targets into sectoral plans and strategies; and

◆ identifying gaps in the implementation of SDGs.
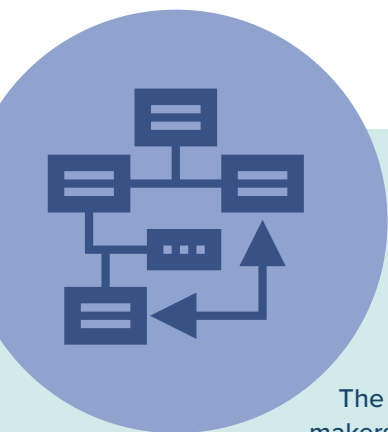
Box 18. The rapid integrated assessment tool

The rapid integrated assessment tool contains instructions and templates that policy-makers can use to conduct a comprehensive assessment of the SDGs to determine their relevance to the country context, at both national and subnational levels, and interlinkages across targets *(72)*. The assessment of SDGs is useful when developing a roadmap, strategy and/or plan to achieve the SDGs and to support government partners. The tool also helps policy-makers to explore the alignment between existing national and subnational frameworks, policies and strategies, and the SDGs.

Integration and alignment of the SDGs into national, regional and local development plans

Alignment of national development frameworks with the 2030 Agenda is widely reported; 19 Member States discussed how they aimed to embed and balance the three dimensions of development (economic, social and environment) within their national and subnational development frameworks. However, six Member States noted that integrating and balancing these three dimensions remained a key challenge, especially expanding social dimensions of sustainable development.

The Spanish VNR discussed the importance of the social dimension when developing health policies, particularly for vulnerable groups, including people living with a disability and the elderly. The Swedish VNR commented that innovative measures will be required in the future to strengthen coherence between these three dimensions. Armenia's 2020 VNR noted that the three dimensions of sustainable development rely on each other and should be implemented using a holistic approach *(73)*.

Fifteen Member States reported on the adoption of the 2030 Agenda at the subnational level, including at state and municipal/local levels, through aligning local government plans, strategies, policies, activities and legislation with the 2030 Agenda. Key priority areas for integration include strengthening the role of SDGs at the subnational level and enhancing monitoring and evaluation processes and mechanisms at the subnational level to effectively monitor progress. Fig. 21 summarizes how Member States reported on their policies, plans and strategies and the integration and alignment of the SDGs.

Fig. 21. Integration and alignment of the SDGs

NDF
- 46 Member States have a national development framework (NDF) in place. Alignment of the NDF with the 2030 Agenda was widely reported

Sector specific
- 45 Member States identfied in their VNR that the SDGs are partially or fully integrated into specific sectoral policies, plans and strategies

Health plan
- 30 Member States referred to a national or subnational health plan, strategy and/or policy in place

HiAP
- 6 Member States discussed implementation of Health in All Policies approach and mainstreaming health across all SDGs

Integrate SDGs
- 2 Member State identified in detail the integration of SDGs into its health and well-being plan

Three Member States identified in their VNRs their involvement with the WHO European Healthy Cities Network (Box 19). All discussed the importance of raising the awareness of local decision-makers about health and well-being issues in their community. Box 20 illustrates the work of one member of the Network, Belfast *(74)*.

Box 19. The WHO European Healthy Cities Network

The WHO European Healthy Cities Network brings together over 100 flagship cities and over 30 national networks, which together cover some 1400 municipalities across the WHO European Region *(75)*. The Network serves as a platform and vehicle for operation of the 2030 Agenda at the local level; the work of the Network is aligned with the 2030 Agenda through the adoption of Copenhagen Consensus of Mayors: Healthier and Happier Cities for All *(76)*. The Consensus is the political vision for phase VII of the network (2019–2024) and is fully aligned with the 2030 Agenda *(76)*. Through the Network, cities across the WHO European Region are contributing to the achievement of the SDGs in their cities and countries *(76)*.

Box 20. Belfast Healthy Cities in action

Belfast Healthy Cities supports sustainable development through a place-based approach *(74)*. Using a Place Standard Tool, Belfast engages with the entire community to collect views on the quality of the living environment and aims to address complex issues that exist at the community level (e.g. poor housing, social isolation, pollution and waste, and green spaces) *(74)*. The place-based approach focuses on the social and physical environment of a community and on better developing and integrating services that meets their needs *(74)*. This aims to make individuals and communities more engaged, connected and resilient *(74)*. Three programmes illustrate initiatives for sustainable development *(74)*.

The Health Literacy Programme aims to ensure capacity-building resources and training are available to interested health and health-related stakeholders to strengthen health literacy within Belfast and Northern Ireland.

The Healthy Ageing Programme ensures that the needs and voices of older people are considered when developing policy. It encourages the use of the Age Friendly Environments in Europe tool for establishing age-friendly programmes at local government level.

The Health Equity Programme aims to reduce health inequalities within Belfast and Northern Ireland. It provides training to statutory and third sector stakeholders and promotes the use of the Health Equity Tool within relevant organizations.

Integration and alignment of SDGs into health plans, strategies and policies

Although 30 Member States referred to a national or subnational health plan, strategy and/or specific health policy (e.g. a mental health plan), only two discussed in detail the integration and alignment of the SDGs into those health and well-being plans and policies. Additionally, one country described in detail its health and social policy's alignment to sustainable development principles. Two Member States mentioned the need for improved integration of the SDGs into their national health plans and policies.

Integration and alignment into sector-specific plans, strategies and policies

Sustainable development requires a coherent, coordinated and integrated approach and should involve all sectors. Forty-five Member States stated that the 2030 Agenda and the SDGs had been partially or fully integrated and aligned into sector-specific policies, plans and strategies (Box 21). Six Member States stated that the integration of the SDGs within sector policies and plans was guaranteed through strategic planning and policy planning mechanisms or processes established within the country. Six Member States stated that all elements of sustainable development were adopted into a country's constitution, legislation and legislative processes.

Box 21. Ireland's SDG policy map

Ireland has developed the SDG National Implementation Plan 2018–2020, which maps its sectoral policies against the 17 SDGs and all 169 related targets *(39)*. Creating an SDG Policy Map has allowed Ireland to identify which sectoral policies are most relevant to which SDGs and their associated targets. The map allows exploration of the interlinkages between different policies, which can then contribute to the achievement of multiple SDGs *(39)*. Furthermore, the map supports Ireland in tracking its implementation of specific SDGs and targets, and to assess for potential policy gaps.

Six Member States discussed implementation of Health in All Policies and mainstreaming health across all SDGs. They recognized that health is a responsibility of the whole of government and society and that sectors and factors outside of the public health domain do influence the health and well-being of their populations and that there are health co-benefits associated with other sectors.

Six Member States discussed SDG integration and mainstreaming into private sector business models, strategies and investments. Five Member States identified the need for continued improvements required to mainstream and integrate the SDGs into sectoral plans and policies and that this would be a priority going forward.

The Finnish 2020 VNR noted that interest in the 2030 Agenda within the private sector had increased significantly since the publication of the 2016 VNR *(34)*. The 2020 VNR stated that many large companies had mapped out their priorities against the SDGs and had began integrating the SDGs into their company strategies and business plans *(34)*.

The Slovene VNR stated that the next priority would be to establish an integrated and coherent policy framework for sustainable development to ensure that synergies among sectoral, domestic and foreign policies are achieved *(77)*.

Leaving no one behind

Health and well-being outcomes are determined by the conditions in which people are born, grow, live, work and age; individual (genetic, biological and behavioural) determinants; and social determinants that shape the conditions of daily life (political, cultural, economic, institutional and environmental factors) *(7)*. Whole-of-government and whole-of-society action is needed to achieve the SDGs; in particular action towards improving the determinants of health, particularly the social determinants of health, is necessary to achieve progress on health equity *(7)*.

Nine Member States identified that preventing and reducing health inequalities was a key priority. All fifty-two Member States identified improving the determinants of health and preventing and reducing inequalities in general as priorities, particularly gender and income inequalities. The specific social and environmental determinants of health mentioned by Member States are summarized in Fig. 22. One issue that affects many Member States is disparities in availability of health services geographically as well as socioeconomically (Box 22).

Fig. 22. Improvements to social and environmental determinants of health

Affordable & safe housing

Access to healthy food options

Access to clean drinking water & sanitation

Access to education

Safe, resilient & sustainable neighbourhoods & communities

Affordable access to health care

Prevention, elimination & reduction of pollution

Box 22. Access to health care in rural areas in Slovakia

The Slovene VNR discussed the issue of uneven availability of health services in urban versus rural areas *(77)*. In disadvantaged areas, often rural, there were usually fewer doctors and health workers, especially in communities with a large Roma population, who were more likely to suffer from poorer health. Finding targeted solutions to these disparities was a priority going forward *(77)*.

Financing for the 2030 Agenda and health and well-being

The systems that support the achievement of the SDGs require investment. Despite resource constraints, Member States must realistically plan and cost their own path towards achieving the SDGs and this may require diverse funding sources *(78)*. Investment in health accelerates progress in other SDG areas and, in turn, investment in other areas accelerates progress towards the health and health-related SDG targets *(78)*. The co-benefits of investing in health and well-being to the achievements of other SDGs should be advocated by Member States.

The importance of prioritizing and increasing public funding for health and well-being at national and subnational levels has been brought to the attention of leaders worldwide during the COVID-19 pandemic. Increased financing in health and well-being will assist Member States to achieve UHC and overall the health and health-related SDG targets.

Member States identified in their VNRs that implementation of the 2030 Agenda required financing from domestic finances, external development assistance funding and public–private partnerships. The last can be a tool to bring greater efficiency and sustainability to the provision of public services when designed well and implemented in a balanced regulatory environment.

Domestic financing

Government national budgets were reported by Member States as the largest and primary source of potential SDG financing, with earmarked funding in national annual budgets in 20 Member States to ensure implementation of the 2030 Agenda is fully realized. Additionally, these countries have integrated their respective sustainable development strategies into their budget cycles. Seven Member States noted that they were planning to harmonize budget planning with SDG financing in the future.

The sustainable development plan in Norway is linked to its budget process to ensure that the SDGs reviewed are then linked to relevant budget proposals (Fig. 23) *(79)*.

Fig. 23. Norway's budget proposal process

Source: Government of Norway, 2016 *(79)*.

Twelve Member States reported on allocating financial resources for implementation of the 2030 Agenda within specific departments and/or programme budgets. For these Member States, SDGs would be reflected within relevant departments and/or specific programmes strategies/policies, and then incorporated into budget proposals to assist in preparing the national budgets. In theory this would include departments and/or programmes that have a health and well-being focus and those that relate to health and health-related SDG targets; however, no specific examples of this were provided by Member States. Fig. 24 gives a detailed description of this budget process. Integrating SDGs targets within programme-specific strategies and policies and then linking these to state finances allows Member States to:

◆ map how work is being directed towards implementing specific SDG targets; and

◆ estimate how much funding is allocated to the implementation of the 2030 Agenda.

Fig. 24. Incorporating SDGs into national budget processes
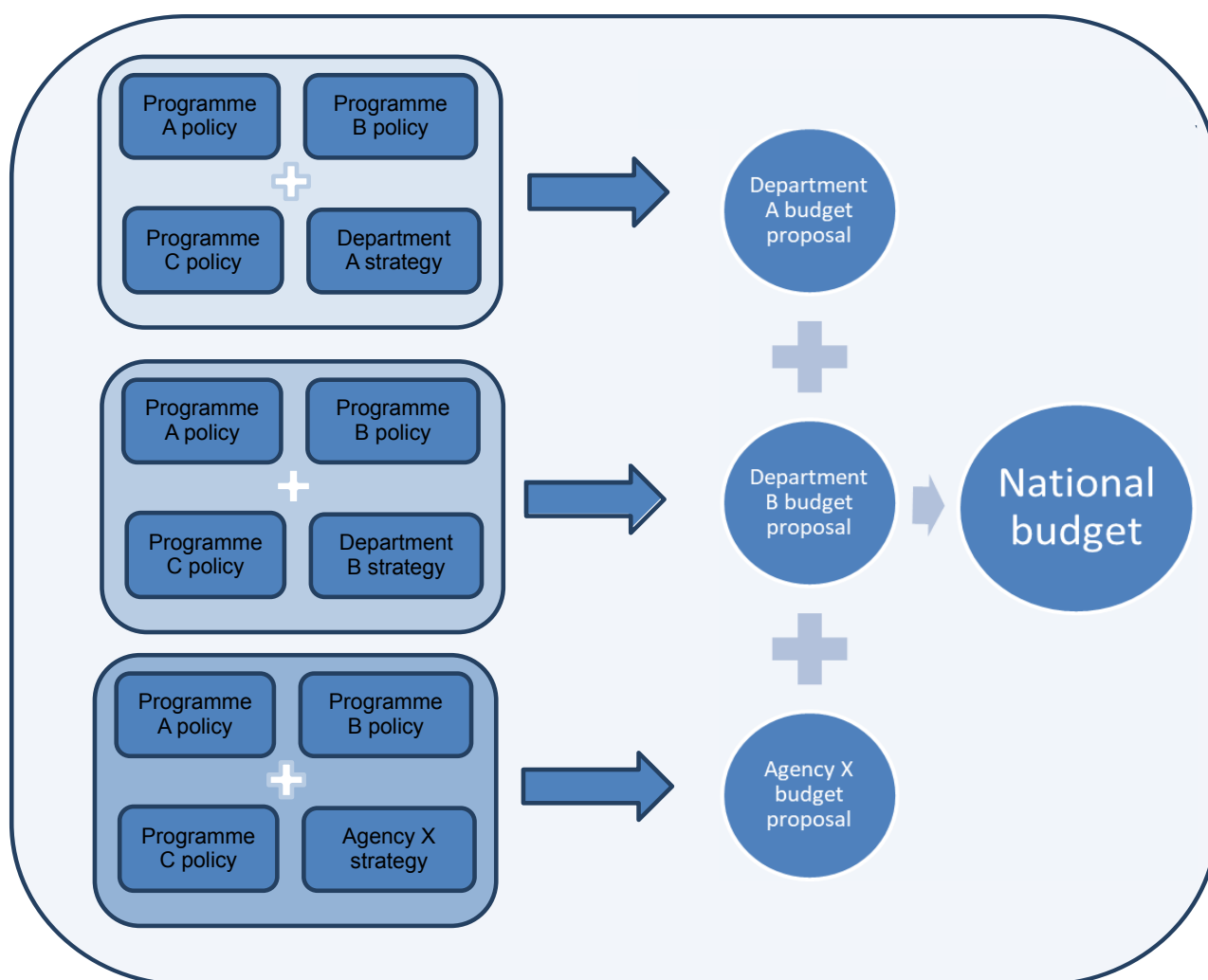
Source: based on information from the 12 Member States who identified in their VNRs that they incorporate SDGs into national budget processes.

External development assistance for health and well-being

External development assistance remains a vital source of financing for many low-income countries and those countries receiving foreign aid and ODA, including for their health and well-being needs, and it is crucial to ensure Member States' commitment towards leaving no one behind. ODA in particular helps to support low- and middle-income countries in implementing the 2030 Agenda and achieving their SDG targets. One country mentioned that it is a leading global health donor and that it is commitment to tackling disease, ensuring global health security and strengthening health systems to achieve quality health outcomes. Overall, however, only seven Member States discussed or provided examples of international cooperation activities and investments in health and well-being were made through bilateral and multilateral ODA specific to health and well-being.

Nine Member States commented that they continued to depend on, and work with, international donors and development partners to finance SDG projects that support reaching their SDG targets. One Member State noted that coordination of donor assistance can be disorganized and ineffective because sectoral strategic programmes and budget priorities did not align with national strategic documents and the country's SDG obligations.

Thirty-five Member States discussed their role in contributing towards ODA (Box 23); 28 of these reporting their net ODA as a proportion of their gross national income (GNI), the ODA/GNI ratio, and 18 that reported the ODA/GNI ratio discussed their commitment to increase ODA and identified their increased contribution to ODA over time.

Box 23. Donor coordination in Azerbaijan

The VNR from Azerbaijan identified its support to the global community in development activities and that it had transitioned over the previous decade from being a recipient of foreign aid to becoming a donor *(80)*. Azerbaijan provides financial assistance towards capacity development, including in health and well-being, in least developed countries through the Azerbaijan International Development Agency *(80)*. The Agency coordinates the aid in a goal-oriented manner and provides it within a common framework with relevant state agencies. The use of the Agency platform allows for effective coordination with other donors and for aid to be tailored to the priorities of recipient countries *(80)*. Most international aid provided through the Agency is through multilateral platforms, which allows stakeholders to exchange experiences, build partnerships and ensure effective delivery of aid *(80)*.

The Azerbaijan International Development Agency has joined the Global Partnership Initiatives, which contributes to the Global Partnerships for Effective Development Co-operation *(51,80)*. This was described in the VNR as important to Azerbaijan as it will build global awareness about their donor activities and expand their global partnership relations *(80)*.

Those countries that joined the EU before 2002 committed to achieve a target of 0.7% ODA/GNI *(81)* and four achieved that target. Despite plans to withdraw from the EU in 2020, the United Kingdom is a Member State that has achieved the target and has a law committing to spend 0.7% of GNI on ODA annually *(22)*. Countries that joined the EU after 2002 committed to increase their ODA/GNI to 0.33% but none has achieved this *(81)*.

ODA was described by Member States as going towards the following sectors: education, health and well-being, environmental protection, infrastructure and refugee assistance. Specifically, for health and well-being, Member States discussed international development cooperation and ODA targeted towards improving living conditions; strengthening the capacities of health systems; improving transport infrastructure; creating stronger social infrastructure; improving access to clean water and sanitation; and improving access to basic health-care services, including providing the population with a sufficient supply of essential medicines and medical supplies. Additionally, Member States discussed providing development assistance and financing the global response to the COVID-19 pandemic, in particular to ensure global access to medicines, the development of a COVID-19 vaccine and provision of personal protective equipment.

Shift towards mixed financing

Given how ambitious the 2030 Agenda is, Member States commented on the need for both public and private financing to achieve the SDGs, with less reliance on domestic financing alone. Although public–private partnerships to finance the SDGs were discussed, no specific examples about investments in health and well-being were provided. One country did, however, mention that public–private partnership models were mostly employed in the health-care sector. Armenia's 2020 VNR noted that international financial assistance through foreign direct investment to implement the SDGs had increased over previous years *(73)*. Specifically in the area of health and well-being, they receive foreign direct investment for health care and social protection and to improve health-care services *(73)*.

Iceland discussed the private sector's role in financing development, specifically that its Government supports institutions that contribute to private sector investments, including the World Bank. Their VNR commented that two subsidiaries of the World Bank, the International Finance Corporation and the Multilateral Investment Guarantee Agency, work in partnership with the private sector in the form of investment guarantees, loans and financing to encourage investment in and to increase trade with low- and middle-income countries *(55)*.

Six Member States discussed the financial support and budget planning required at regional and local government levels to implement SDG strategies and policies effectively. Specifically, three Member States considered it to be a priority that sustainable development funding should be incorporated into subnational budget planning processes, and another three stated that they provide sufficient financial support and resources to local authorities to implement the 2030 Agenda effectively. Additionally, Austria described how its Federal State of Styria was the first to link the 2030 Agenda with the State budget. It created the SDG-Modell Steiermark, a State tool to assist in aligning the budget with the SDGs, and to provide a reporting system for the 2030 Agenda *(16)*.

Eight Member States did not report on budgeting or describe financial resources allocated to implementation of the 2030 Agenda nationally.

Challenges in financing the 2030 Agenda

Member States stated that challenges remained in financing for the implementation of the 2030 Agenda. Specifically, Member States identified that:

◆ there was a continued reliance on domestic financing and public development aid alone;

◆ it was difficult to mobilize financial resources for sustainable development from the private sector and only limited public–private partnerships have been established and implemented;

◆ investment in the SDGs was still viewed by Member States and private financial organizations as a short-term investment; and

◆ there continued to be a lack of international cooperation through bilateral and multilateral ODA.

National information systems to support monitoring and reporting on the SDGs and health and well-being

Ensuring achievement of the health and health-related SDGs will require effective information systems that provide good-quality data *(82)*. Furthermore, a country has to have adequate capacity to effectively collect, process and analyse health information *(83)*. Having access to reliable, up-to-date and accurate data is essential for Member States when estimating disease burden and health needs, allocating resources, developing and delivering services, identifying inequities and tracking progress towards the health and health-related SDG targets. National information systems, and specifically HIS, assist Member States to monitor and report on health and health-related SDG targets and on general progress towards achieving the aims of the 2030 Agenda. Monitoring and reporting progress on health and health-related SDGs were discussed by 51 Member States.

Two Member States discussed the development of their HIS and the establishment of electronic health (e-health) records. They discussed how these systems enabled easier and improved access to medical services in the health-care sector and improved quality of health care, diagnosis and treatment.

Forty Member States identified that they had developed and incorporated national priority indicators that accounted for the SDG targets and 2030 Agenda in consultation with relevant sustainable development committees and working groups (government and/or nongovernmental). For example, it was reported in Sweden's VNR that Statistics Sweden, in cooperation with Swedish organizations and authorities, published in 2015 its first preliminary and systematic assessment per goal and target report, measuring how Sweden is achieving the 2030 Agenda. The report presented approximately 120 indicators, including health and health-related indicators, with around 100 having an exact, partial or approximate correspondence with global indicators, and 49 out of 100 recorded to have already been achieved in Sweden *(59)*.

The process of developing national indicators allows for the setting of a baseline. Four Member States reported on undertaking a comprehensive needs assessment or gap analysis in conjunction with a baseline and benchmarking process to determine the gaps between its current and desired status, and to prioritize the SDGs. Furthermore, to effectively monitor the SDGs, six Member States attempted to link them and other global indicators with existing national development goals, particularly when there was a development strategy already in place. For example, the Annex to the Lithuanian VNR contains tables that link the SDG targets with national indicators (Table 1).

Table 1. Partial extract of how Lithuania links SDG targets and indicators with its national indicators

SDG indicator	Lithuanian indicator	2010	2011	2012	2013	2014	2015	2016
3.1. *By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births*								
3.1.1. Maternal mortality ratio	Rate of mortality due to pregnancy, delivery and postpartum diseases (deaths per 100 000 live births)	6.5	6.6	9.8	6.7	3.3	9.5	6.5
3.2. *By 2030, end preventable deaths of newborns and children under-5 years of age (neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births)*								
3.2.1. Under-5 mortality rate	Under-5 mortality rate (deaths per 1000 children under-5)	0.3	0.3	0.2	0.2	0.3	0.3	0.2
3.2.2. Neonatal mortality rate	Neonatal mortality rate (deaths per 1000 live births)	4.9	4.7	3.9	3.7	3.9	4.2	4.5
3.3. *By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases*								
3.3.1. New HIV infections per 1000 uninfected population, by sex, age and key populations	Number of new HIV cases by sex, age and key population (per 100 000 population)	4.9	5.5	5.4	6.0	4.8	5.4	7.5
	Number of new HIV cases, males (per 100 000 population)	8.8	9.6	8.3	9.2	6.7	8.6	12.5
	Number of new HIV cases, females (per 100 000 population)	1.7	2.0	2.9	3.3	3.2	2.7	3.2
3.3.2 Tuberculosis incidence per 1000 population	Incidence of tuberculosis (excluding relapses; new registered patients per 100 000 population)	50.8	50.6	47.9	46.8	44.4	41.9	40.1
3.3.4. Hepatitis B incidence per 100 000 population	Hepatitis B incidence (new registered patients per 100 000 population)	2.3	2.0	0.8	1.2	0.9	1.1	1.1

Note: only an extract of the table of linkages in the Lithuanian VNR is shown (for SDG 3.1 to SDG 3.3).
Source: Government of the Republic of Lithuania, 2018 *(84)*.

Switzerland developed in 2003 its own sustainable development monitoring system called MONET *(85)*. After the 2030 Agenda was adopted, Switzerland amended its MONET reference framework to align more closely to the 2030 Agenda and the SDGs and more broadly to other global indicators. The SDGs are measured by 85 indicators in Switzerland *(85)*. Specifically, for SDG 3 the indicators specific to Switzerland's context include:

◆ measles immunization coverage

◆ years of potential life lost

◆ suicide rate

◆ heavy alcohol consumption

◆ road traffic accidents

◆ health-care needs unmet for financial reasons

◆ particulate matter concentrations

◆ smoking rate.

The 2020 Estonian VNR described the establishment of an online platform called Tree of Truth, which was developed by Statistics Estonia to show the current status of indicators important to the country *(86)*. This user-friendly platform contains the Estonian Government's key indicators, including national sustainable development indicators, and provides an overview of the state of implementation of the goals by areas of governance, including for health.

Eight Member States reported that they are still in the process of developing or updating their national indicators, setting up baseline data for nationally set indicators and/or developing a review framework. Forty-seven Member States acknowledged that they have an already established national statistics network, organization, authority, committee, bureau or office (group) in place that is responsible for collecting, monitoring and reviewing sustainable development indicators. Five Member States specifically noted that their statistics groups need to strengthen capacity to monitor sustainable development indicators more effectively.

Two types of relationship could be identified between a country's national statistics group and different stakeholders reported by Member States in their VNR. The difference in the two types of relationship is that information in type A moves in a single direction, from the statistics group to the relevant stakeholders, whereas in type B information is exchanged in both directions and relevant stakeholders are involved in the process of monitoring and reporting information on the SDG targets and indicators.

In type A, the statistics group is responsible for reporting information and disseminating data on the SDG targets and indicators out to its national government, international bodies and other relevant stakeholders (Fig. 25). Additionally, the statistics group often works in partnership with the administrative arm of government, including relevant government departments and/or agencies, including the department of health or public health agency, to conduct assessments on progress made towards achieving the SDGs. In this partnership, information and data are shared and exchanged between the two partners.

Fig. 25. Relationship between a statistics group and its relevant stakeholders, type A
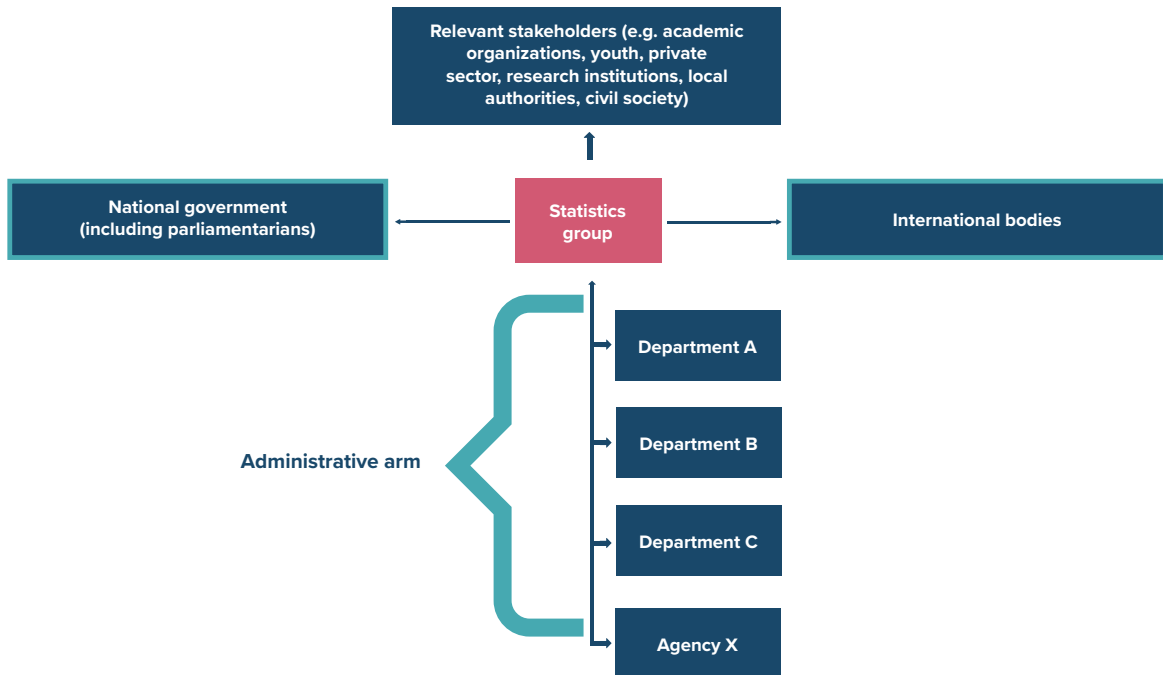
In type B, the importance of greater involvement of actors and groups beyond the government administrative arm was recognized when monitoring and reporting progress on the SDG targets and national indicators (Fig. 26). Seven Member States recognized this and their statistics groups developed partnerships with civil society, the private sector, local authorities and academic and research organizations to share and exchange relevant data and information to enable more accurate monitoring and reporting on the SDGs and their national indicators. This type of partnership brings together all relevant actors and groups that may collect and hold information that could provide more accurate and up-to-date data, thus strengthening monitoring and evaluation overall and mechanisms for tracking progress. It was, however, unclear exactly which sectors participated or if health and well-being were represented.

Fig. 26. Relationship between statistics group and its relevant stakeholders, type B
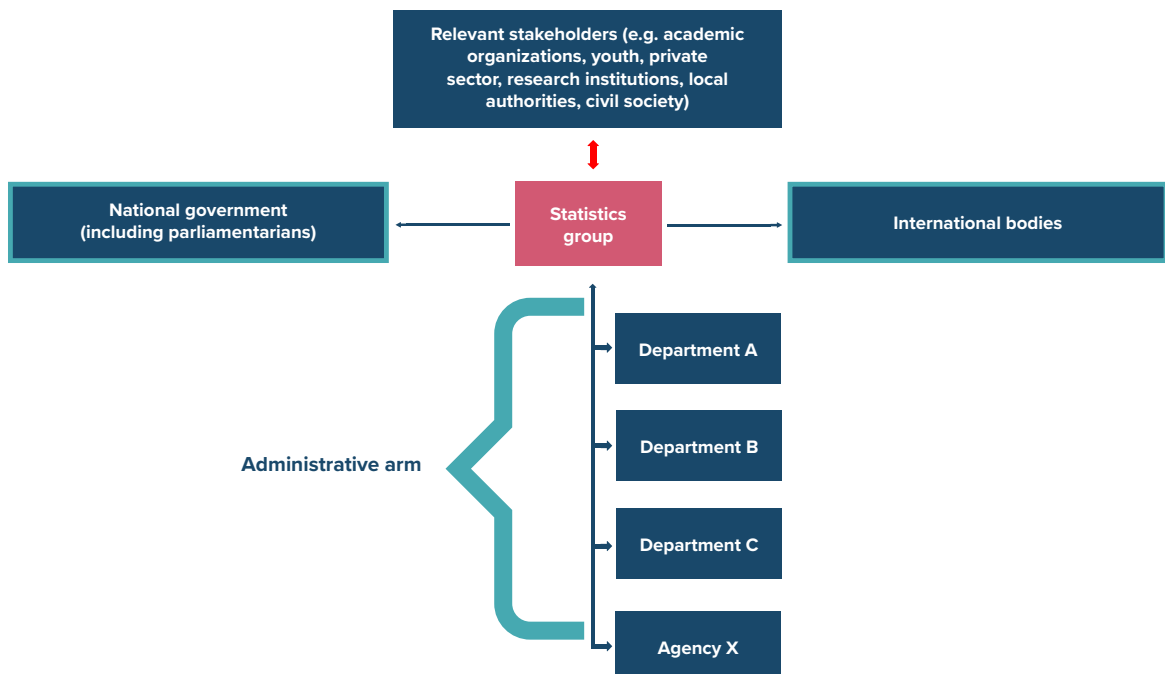
Monitoring and reporting challenges

Member States through their VNRs reported substantial efforts in assessing data availability, quality, coverage and dissemination. However, many challenges to monitoring and reporting on health and well-being information and the SDGs remain. Finland in its 2020 VNR noted that national indicators often do not serve the purpose of monitoring local sustainability work and that locally developed indicators and monitoring systems could be explored for better local activities (Box 24). Four key challenges to monitoring and reporting on health and well-being information were identified (Fig. 27).

Box 24. Finland: access to disaggregated data

Finland's 2020 VNR identified the importance of disaggregation of SDG indicators for tracking progress in implementing and monitoring SDG and targets and identified over 40 SDG indicators that required in-detail disaggregation for utility *(34)*. Provision of disaggregated statistical data relies on and utilizes both government and nongovernment administrative data sources and registers, where a variety of disaggregation possibilities are usually available within population information *(34)*.

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

Availability of data

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

Weak monitoring and evaluation

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

Poor analytical capacity and capability

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

Poor investment in technology and systems

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

Key recommendations

The following recommendations to improve efforts in accelerating progress towards achieving the SDGs, specifically focusing on the health and health-related SDG targets, are offered for governments, civil society stakeholders and the private sector.

Coordination and engagement during the development of VNRs

◆ Ensure health and well-being stakeholders are represented in groups responsible for undertaking the VNR process and in the development of the VNR report and presentation at the HLPF.

Health and well-being in the VNRs

◆ Ensure all VNRs assess the status of health and well-being in the country *(2)*.

◆ Integrate health and well-being into development, health and well-being and sector-specific policies and plans to help to accelerate the achievement of health and health-related SDG targets.

◆ Promote and prioritize preventing and reducing health inequities and increasing inclusivity and social justice to ensure no one is left behind.

◆ Prioritize health prevention and health promotion.

◆ Strengthen health systems and emergency preparedness.

The WHO Regional Office for Europe can support Member States in reporting on health and well-being aspects of the 2030 Agenda and can help to strengthen the capacities of its Member States to achieve better, more equitable, sustainable, health and well-being for all at all ages.
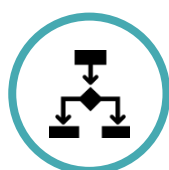
Institutional arrangements and mechanisms for implementing the 2030 Agenda

◆ Ensure leadership and governance structures are established to support implementation of the 2030 Agenda and the roles and responsibilities among different stakeholders are clearly defined.

◆ Build SDG capacity and capabilities, specifically on the health and health-related SDGs, for parliamentarians, public servants, the private sector and civil society organizations.

◆ Mobilize the private sector capacity, innovation and knowledge and use them effectively to meet the challenges of the 2030 Agenda, including meeting the country's health and well-being needs.

◆ Ensure members of civil society are formally included in SDG governance arrangements and that they are invited to participate in and have a voice in planning, implementing and decision-making about health and well-being issues, policies and activities at national and subnational levels.

- Ensure engagement of the 2030 Agenda with stakeholders is accessible, transparent, timely and inclusive (e.g. using online and in-person methods; information in relevant languages; and communicating verbally, in writing and through alternatively methods) to ensure that no one is left behind.

- Ensure groups that are at risk of being left behind in the community (e.g. women, children, youth, refugees and migrants, people with disabilities, elderly people and indigenous people) are engaged and encouraged to contribute to the implementation of the 2030 Agenda

- Work with these at-risk groups to raise awareness of the health and health-related SDGs.

- Provide support to subnational levels of government to raise awareness of the health and health-related SDGs and develop capacities for local level implementation, including translation into subnational health and well-being plans, programmes and policies.
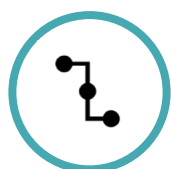
Mainstreaming and policy coherence

- Ensure integration and alignment of the 2030 Agenda and the health and health-related SDGs into:
  - national and subnational health and well-being plans and policies; and
  - national development frameworks.

- Evaluate linkages and synergies between the different dimensions of sustainable development and identify these in national and subnational policies and in reporting activities.

- Enhance policy coherence by mainstreaming health and well-being across all SDGs and sustainable development domains.

- Use existing WHO networks, including the WHO European Healthy Cities Network or the WHO European Regions for Health Network, to:
  - raise awareness among local decision-makers and leaders about health and well-being issues in their community;
  - strengthen the role of the health and health-related SDGs at the subnational level; and
  - use these networks to support the translation of national goals into local implementation and delivery.

- Strengthen cooperation and collaboration between national and subnational health and health-related stakeholders.

- Identify groups that are at risk of being left behind and describe what efforts are being made to leave no one behind and reduce health inequalities.

Financing for the 2030 Agenda and health and well-being

◆ Strengthen and ensure long-term sustainable investments in national health systems, health services and primary health care.

◆ Integrate health and health-related SDGs into national and subnational budgets to ensure resources are allocated for implementation.

◆ Strengthen international cooperation through increasing bilateral and multilateral ODA activities for health and well-being, particularly in low- and middle-income countries.

◆ Move away from relying on national government budgets and/or public development aid alone to financing the 2030 Agenda and health and well-being through mixed financing options, including public–private partnerships.

◆ If mixed financing options for health and well-being are explored, ensure:
  ◆ action on SDG 3 or other health-related SDG targets does not undermine other SDGs;
  ◆ the economic domain of sustainable development is not prioritized above environmental and social domains;
  ◆ commercial determinants of health are addressed; and
  ◆ health financing is strengthened.

National information systems to support monitoring and reporting on the SDGs and health and well-being

◆ Establish partnerships to share and exchange relevant health and health-related data and information between national and subnational governments and health and health-related stakeholders, including civil society organizations, the private sector, local authorities and academic and research organizations.

◆ Increase investment in health information statistical systems.

◆ Strengthen data availability, including disaggregated data, for health and well-being and monitoring for the health and health-related SDGs.

◆ Select national health and health-related targets and indicators through inclusive engagement with health and well-being stakeholders at national and subnational levels.

◆ Incorporate data science and analytic skills and competencies into health professional educational programmes.

◆ Recognize the critical role parliamentarian play to ensure national level accountability for health and well-being progress.

◆ Strengthen the use of information technology and digital health.

Conclusions and the way forward

It is encouraging that 52 Member States have undertaken at last one VNR. The VNR process allows for a systematic, effective, participatory, transparent and integrated follow-up and review of SDG implementation for Member States *(4)*. It provides a platform to promote and advance partnerships and leadership for health and well-being and to channel political support for transformative change in health and well-being in the WHO European Region.

The review of 60 VNRs highlighted similarities and differences between WHO European Member States in their efforts to implement and achieve the 2030 Agenda and, in particular, how health and well-being issues are being advanced by Member States with the aim of achieving more equitable, sustainable health and well-being for all at all ages. Working towards achieving the health and health-related SDGs requires comprehensive, context-specific, inclusive and participatory processes within Member States and also for Member States to implement a set of coherent, evidence-informed policies that address health, well-being and all their determinants throughout the life-course and across all sectors of government and society.

There remains considerable scope for intersectoral action at national and, particularly, subnational levels for health and well-being issues, and for the health sector to influence not just a country's policies around their health system but also policies affecting the wider determinants of health.

This review has highlighted that health and well-being is not always represented in the VNR process or more broadly in the institutional and coordination mechanisms and arrangements that are put in place to ensure implementation of the 2030 Agenda. If the health sector is to be able to advocate for health and well-being issues to be strengthened and high on a country's development agenda, it must be represented in SDG coordination and oversight mechanisms and arrangements. Furthermore, health and health-related stakeholders are encouraged to step up and act as health champions within the community and advocate for health and well-being to be integrated across the SDGs and sustainable development domains. They should demonstrate to decision-makers about how good practice and investment in health can produce co-benefits with other sectors and support accelerated progress in other SDGs.

This review found few mentions of financing for health and well-being within the VNRs. Investment in health and well-being is required and can also accelerate progress in other SDG areas. Even more pressing since the COVID-19 pandemic, countries must increase public, private and civil society cooperation and investment for public health, with an emphasis on the critical need for health systems preparedness; upstream approaches to disease prevention, health protection and health promotion; and strengthened primary health-care services and approaches to health improvements at the population level.

The 2030 Agenda and the COVID-19 public health crisis both call for global partnerships and acting in solidarity in new, creative and meaningful ways to ensure healthy lives and to promote well-being for all ages. Mainstreaming health and well-being across the SDGs and promoting policy coherence is important for building effective partnerships for health and well-being and can lead to new collaborations and improved coordination among partners and stakeholders *(8)*. Existing regional and global platforms and intercountry coordination mechanisms should be utilized to support SDG attainment, including through the WHO European Healthy Cities Network, the WHO European Regions for Health Network and the South-eastern Europe Health Network (an intercountry mechanism that promotes SDG implementation specific to health in nine of the WHO European Member States) *(8)*.

At the global level through the HLPF, the VNR process is one of the main mechanisms for accountability regarding implementation of the 2030 Agenda. The VNR process holds national and subnational decision-makers to account and can help them to better understand the challenges in implementing the 2030 Agenda as well as the health and well-being issues. This understanding is what will help to drive adaptation and work towards possible solutions to successfully achieve the health and health-related SDGs (87).

Fig. 28 summarizes key steps Member States are encouraged to implement to achieve the

Fig. 28. Key steps that health actors in Member States are encouraged to implement to achieve the 2030 Agenda

Promote international, national and subnational cooperation to achieve progress

Enhance policy coherence and mainstream health and well-being across all SDGs and sustainable development domains

Integrate the SDG and its progress accelerators into national and subnational health and well-being plans and policies

Promote the triple WHO goals: UHC, healthier populations and protect people from emergencies

Engage in assessing the level of implementation of the health-related SDGs in your country and identify areas which have the highest potential to accelerate SDG progress

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Annex 1. Search strategy

Scope element	Search terms
1. Coordination and engagement during the VNR process	◆ VNR process ◆ Preparation for review ◆ Coordination ◆ Engagement ◆ Input ◆ VNR development
2. Health and well-being in the VNRs	
Health and well-being priorities (subelement)	◆ Health ◆ Well-being ◆ Development priorities ◆ Priorities ◆ SDG 3 ◆ Universal health coverage, UHC ◆ Access to health services ◆ Health equity ◆ Inequalities ◆ Social protection ◆ Health emergencies ◆ Sexual and reproductive health ◆ Infectious disease ◆ Communicable disease ◆ Noncommunicable disease, NCD ◆ Food ◆ Nutrition ◆ Overweight ◆ Obesity ◆ Environment and health ◆ Healthier populations ◆ Health promotion ◆ Violence ◆ Gender equality ◆ Research ◆ Innovation ◆ Development ◆ Mental health ◆ Tobacco ◆ Smoking ◆ Disability ◆ Human rights ◆ Alcohol ◆ Drugs ◆ Medicine ◆ Vaccines ◆ Maternal (health) ◆ Child (health) ◆ Adolescent (health) ◆ Health financing ◆ Workforce ◆ Drinking water ◆ Sanitation ◆ Climate change ◆ Road traffic ◆ Accidents ◆ Antimicrobial resistance, AMR

Scope element	Search terms

GPW13 (subelement)	◆ Universal health coverage, UHC
	  ◆ Strengthening health systems
	  ◆ Financial risk protection
	  ◆ Quality OR effective OR safe OR effective medicines OR vaccines.
	  ◆ Access to medicines OR vaccines OR health services
	  ◆ Primary health care
	  ◆ Health workforce
	◆ Health emergencies
	  ◆ Emergency/emergencies
	  ◆ Preparedness
	  ◆ Response
	  ◆ Recovery
	  ◆ Mitigation
	  ◆ Disaster
	  ◆ Epidemic
	  ◆ Pandemic
	  ◆ Capacity
	  ◆ International Health Regulations, IHR
	◆ Healthier populations
	  ◆ Prevention
	  ◆ Promotion
	  ◆ Health literacy
	  ◆ Occupational health
	  ◆ Healthy environment

Health and health-related SDG targets (subelement)	◆ SDG 3 (and the SDG 3 targets) ◆ SDG health-related targets (see Annex 2)

Scope element	Search terms

3. Institutional arrangements and mechanisms for implementing the 2030 Agenda and health and well-being *(continued)*	◆ Legal
	◆ Organizational structure
	◆ Structure
	◆ Mechanism
	◆ Arrangement
	◆ International cooperation
	◆ International coordination
	◆ Guiding
	◆ Body
	◆ Commission
	◆ Monitoring
	◆ Public servant
	◆ Civil servant
	◆ Parliament
	◆ Private sector
	◆ Business
	◆ Civil society
	◆ Youth
	◆ Academic/academia
	◆ Scientific organization/institution
	◆ Nongovernment organization, NGO
	◆ Community group
	◆ Charity
	◆ Professional group/organization
	◆ Women's organization
	◆ Faith-based organization
	◆ Trade union
	◆ Development assistance
	◆ International cooperation
	◆ Awareness
	    ◆ National
	    ◆ Subnational
	    ◆ Local
	    ◆ Regional
	◆ Communication
	    ◆ National
	    ◆ Subnational
	    ◆ Local
	    ◆ Regional

4. Policy coherence and how health and well-being is being mainstreamed into policies, strategies and procedures	◆ Development plan ◆ Development strategy ◆ Development framework ◆ Development policy ◆ Health plan ◆ Health policy ◆ Health framework ◆ Health strategy ◆ Mainstreaming ◆ Policy coherence ◆ SDG integrated ◆ Integrate ◆ Align ◆ Healthy city ◆ Health in All Policies ◆ Co-benefit

Scope element	Search terms
5. Financing for the 2030 Agenda and health and well-being	◆ Funding ◆ Financing ◆ Domestic finances ◆ Development assistance ◆ Public–private partnership, PPP ◆ Donor
6. National information systems, including HIS, that support the process on monitoring and reporting on health and well-being information and the SDGs	◆ Information system ◆ Health information system ◆ Reporting ◆ Monitoring ◆ Indicator ◆ Data collection ◆ Data analysis ◆ Statistic

Annex 2. SDG health-related targets analysed

SDG target	Health-related targets identified	
	From GBD 2017 SDG Collaborators. *(1)*	**Based on expert judgement**
1.1. By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day		✓
1.2. By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions		✓
1.3. Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable		✓
1.4. By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance		✓
1.5. By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	✓	✓
1.a. Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions		✓
2.1. By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round		✓
2.2. By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older people	✓	✓
4.1. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes		✓

SDG target	Health-related targets identified	
	From GBD 2017 SDG Collaborators. *(1)*	**Based on expert judgement**
4.2. By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education		✓
4.a. Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all		✓
5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	✓	✓
5.3. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation		✓
5.4. Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate		✓
5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	✓	✓
6.1. By 2030, achieve universal and equitable access to safe and affordable drinking water for all	✓	✓
6.2. By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	✓	✓
6.3. By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally	✓	✓
6.a. By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies		✓

SDG target	Health-related targets identified	
	From GBD 2017 SDG Collaborators. *(1)*	**Based on expert judgement**
6.b. Support and strengthen the participation of local communities in improving water and sanitation management		✓
8.8. Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment	✓	✓
9.5. Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending		✓
10.7. Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies		✓
11.1. By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums		✓
11.2. By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older people		✓
11.5. By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations	✓	✓
11.6. By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management		✓
11.7. By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities		✓

SDG target	Health-related targets identified	
	From GBD 2017 SDG Collaborators. *(1)*	Based on expert judgement
12.4. By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment		✓
13.1. Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	✓	✓
13.2. Integrate climate change measures into national policies, strategies and planning		✓
13.3. Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning		✓
16.1. Significantly reduce all forms of violence and related death rates everywhere	✓	✓
16.2. End abuse, exploitation, trafficking and all forms of violence against and torture of children	✓	✓
16.9. By 2030, provide legal identity for all, including birth registration	✓	✓
17.16. Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries		✓
17.18. By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts		✓

Reference
1. GBD 2017 SDG Collaborators. Measuring progress from 1990 to 2017 and projecting attainment to 2030 of the health-related Sustainable Development Goals for 195 countries and territories: a systematic analysis for the Global Burden of Disease Study 2017. Lancet. 2018;392(10159):2091–2138. doi: 10.1016/S0140-6736(18)32281-5.

Annex 3. VNR and national development framework summary for the Region

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Albania (2018)	https://sustainabledevelopment.un.org/content/documents/20257ALBANIA_VNR_2018_FINAL2.pdf	**Yes**	http://www.oneplanetnetwork.org/sites/default/files/albania_national_strategy_on_development_and_integration.pdf
Andorra (2018)	https://sustainabledevelopment.un.org/content/documents/19898ANDORRA_VNR_2018.pdf	**Yes**	https://www.exteriors.ad/images/stories/Cooperacio/PlaRector.pdf
Armenia (2018 and 2020)	https://sustainabledevelopment.un.org/content/documents/20315Armenia_SDG_VNR_report.pdf https://sustainabledevelopment.un.org/content/documents/26318Armenia_VNRFINAL.pdf	**Yes**	https://eeas.europa.eu/sites/eeas/files/armenia_development_strategy_for_2014-2025.pdf
Austria (2020)	https://sustainabledevelopment.un.org/content/documents/26512VNR_2020_Austria_Report_English.pdf https://sustainabledevelopment.un.org/content/documents/26512VNR_2020_Austria_Report_English.pdf	**Yes**	https://www.bmeia.gv.at/fileadmin/user_upload/Zentrale/Aussenpolitik/Entwicklungszusammenarbeit/Dreijahresprogramm_der_oesterreichischen_Entwicklungspolitik_englisch.pdf
Azerbaijan (2017 and 2019)	https://sustainabledevelopment.un.org/content/documents/16005Azerbaijan.pdf https://sustainabledevelopment.un.org/content/documents/23411AZERBAIJAN_VNR_Report.pdf	**Yes**	http://www.mfa.gov.az/files/file/foreignaffairs.pdf https://www.undp.org/content/dam/azerbaijan/docs/sustain_development/AZ_Vision2020_government_draft_en.pdf
Belarus (2017)	https://sustainabledevelopment.un.org/content/documents/16357Belarus.pdf	**Yes**	https://economy.gov.by/uploads/files/NSUR2030/Natsionalnaja-strategija-ustojchivogo-sotsialno-ekonomicheskogo-razvitija-Respubliki-Belarus-na-period-do-2030-goda.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Belgium (2017)	https://sustainabledevelopment.un.org/content/documents/15721Belgium_Rev.pdf	**Yes**	https://www.sdgs.be/sites/default/files/content/20161019_kadertekst_nationale_strategie_duurzame_ontwikkeling.pdf
Bosnia and Herzegovina (2019)	https://sustainabledevelopment.un.org/content/documents/23345VNR_BiH_ENG_Final.pdf	**Yes (coordination mechanisms)**	N/A
Bulgaria (2020)	https://sustainabledevelopment.un.org/content/documents/26290VNR_2020_Bulgaria_Report.pdf	**Yes**	https://www.minfin.bg/upload/43546/Bulgaria%202030_EN.pdf
Croatia (2019)	https://sustainabledevelopment.un.org/content/documents/23943CROATIA_UN_final.pdf	**No (to be adopted in 2020)**	http://www.mzopu.hr/doc/Strategy_for_Sustainable_Development.pdf
Cyprus (2017)	https://sustainabledevelopment.un.org/content/documents/15886Cyprus.pdf	**No**	N/A
Czechia (2017)	https://sustainabledevelopment.un.org/content/documents/15717Czech_Republic.pdf	**Yes**	https://zdravlje.gov.hr/UserDocsImages/dokumenti/Programi,%20projekti%20i%20strategije/Nacionalna%20strategija%20zdravstva%20-%20za%20web.pdf
Denmark (2017)	https://sustainabledevelopment.un.org/content/documents/16013Denmark.pdf	**Yes**	https://mst.dk/media/91913/et-baeredygtigt-danmark_udvikling-i-balance_web_a.pdf
Estonia (2016 and 2020)	https://sustainabledevelopment.un.org/content/documents/10647estonia.pdf https://sustainabledevelopment.un.org/content/documents/26285VNR_2020_Estonia_Report.pdf	**Yes**	https://www.riigikantselei.ee/sites/default/files/content-editors/Failid/estonia_sds_2005.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Finland (2016 and 2020)	https://sustainabledevelopment.un.org/content/documents/10611Finland_VNR.pdf https://sustainabledevelopment.un.org/content/documents/26261VNR_Report_Finland_2020.pdf	**Yes**	https://um.fi/documents/35732/48132/government_report_on_development_policy_2016
France (2016)	https://sustainabledevelopment.un.org/content/documents/10726Report%20SDGs%20France.pdf	**Yes**	https://www.diplomatie.gouv.fr/sites/odyssee-developpement-durable/files/21/SNDD.pdf
Georgia (2016 and 2020)	https://sustainabledevelopment.un.org/content/documents/10680SDG%20Voluntary%20National%20Review%20Georgia-.pdf https://sustainabledevelopment.un.org/content/documents/26390VNR_2020_Georgia_Report.pdf	**Yes**	https://www.adb.org/sites/default/files/linked-documents/cps-geo-2014-2018-sd-01.pdf
Germany (2016)	https://sustainabledevelopment.un.org/content/documents/10686HLPF-Bericht_final_EN.pdf	**Yes**	https://www.bundesregierung.de/resource/blob/997532/188836/7d1716e5d5576bec62c9d16ca908e80e/2017-06-20-nachhaltigkeit-neuauflage-engl-data.pdf?download=1
Greece (2018)	https://sustainabledevelopment.un.org/content/documents/19378Greece_VNR_Greece_2018_pdf_FINAL_140618.pdf	**Yes**	http://sdgtoolkit.org/wp-content/uploads/2017/02/NATIONAL-STRATEGY-FOR-SUSTAINABLE-DEVELOPMENT-Progress-report-GREECE.pdf
Hungary (2018)	https://sustainabledevelopment.un.org/content/documents/20137Voluntary_National_Review_of_Hungary_v2.pdf	**Yes**	https://www.nfft.hu/documents/127649/4101265/NFFT-ENG-web.pdf/f692c792-424d-4f5a-9f9d-9e6200303148?t=1580130885736
Iceland (2019)	https://sustainabledevelopment.un.org/content/documents/23408VNR_Iceland_2019_web_final.pdf	**Yes**	https://www.stjornarradid.is/media/umhverfisraduneyti-media/media/PDF_skrar/Velferd_til_framtidar_2002_enska.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Ireland (2018)	https://sustainabledevelopment.un.org/content/documents/19382Ireland_Voluntary_National_Review_2018.pdf	**Yes**	https://www.dccae.gov.ie/en-ie/environment/topics/sustainable-development/sustainable-development-goals/Pages/National-Implementation-Plan-2018---2020.aspx
Israel (2019)	https://sustainabledevelopment.un.org/content/documents/23576ISRAEL_13191_SDGISRAEL.pdf	**Yes**	https://sustainabledevelopment.un.org/index.php?page=view&nr=468&type=504&menu=139
Italy (2017)	https://sustainabledevelopment.un.org/content/documents/16341Italy.pdf	**Yes**	https://www.minambiente.it/sites/default/files/archivio_immagini/Galletti/Comunicati/snsvs_ottobre2017.pdf
Kazakhstan (2019)	https://sustainabledevelopment.un.org/content/documents/23946KAZAKHSTAN_DNO__eng_4.Juli19.pdf	**Yes**	http://www.akorda.kz/en/official_documents/strategies_and_programs
Kyrgyz Republic (2020)	https://sustainabledevelopment.un.org/content/documents/26459VNR_2020_Kyrgyz Republic_Report_English.pdf	**Yes**	http://donors.kg/en/strategy/5174-national-development-strategy-of-the-kyrgyz-republic-for-2018-2040
Latvia (2018)	https://sustainabledevelopment.un.org/content/documents/19388Latvia_Implementation_of_the_SDGs.pdf	**Yes**	https://www.pkc.gov.lv/sites/default/files/inline-files/LIAS_2030_en_1.pdf
Lithuania (2018)	https://sustainabledevelopment.un.org/content/documents/19673VNR_Lithuania_EN_updated.pdf	**Yes**	http://sdgtoolkit.org/wp-content/uploads/2017/02/NATIONAL-STRATEGY-FOR-SUSTAINABLE-DEVELOPMENT-Lithuania.pdf
Luxembourg (2017)	https://sustainabledevelopment.un.org/content/documents/15709Luxembourg.pdf	**Yes**	https://ec.europa.eu/info/sites/info/files/2018-european-semester-national-reform-programme-luxembourg-en.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Malta (2018)	https://sustainabledevelopment.un.org/content/documents/20203Malta_VNR_Final.pdf	**Yes**	https://meae.gov.mt/en/Public_Consultations/MSDEC/Documents/Malta%27s%20Sustainable%20Development%20Vision%20for%202050.pdf
Monaco (2017)	https://sustainabledevelopment.un.org/content/documents/15697Monaco2.pdf	**No**	N/A
Montenegro (2016)	https://sustainabledevelopment.un.org/content/documents/10695Montenegro%20-%20HLPF%20Report.pdf	**Yes**	http://www.nssd2030.gov.me/
Netherlands (2017)	https://sustainabledevelopment.un.org/content/documents/16109Netherlands.pdf	**Yes**	https://www.pbl.nl/sites/default/files/cms/publicaties/pbl-2016-sustainable-development-in-the-Netherlands_1966.pdf
North Macedonia (2020)	https://sustainabledevelopment.un.org/content/documents/26388VNR_2020_Macedonia_Report.pdf	**Yes**	https://vlada.mk/sites/default/files/programa/2017-2020/Programa_Vlada_2017-2020_MKD.pdf
Norway (2016)	https://sustainabledevelopment.un.org/content/documents/10692NORWAY%20HLPF%20REPORT%20-%20full%20version.pdf	**Yes**	https://www.regjeringen.no/globalassets/upload/fin/berekraftig/nat_action.pdf
Poland (2018)	https://sustainabledevelopment.un.org/content/documents/19409Poland_VNR_20180615.pdf	**Yes**	https://rio.jrc.ec.europa.eu/en/library/strategy-responsible-development
Portugal (2017)	https://sustainabledevelopment.un.org/content/documents/15766Portugal2017_EN_REV_FINAL_29_06_2017.pdf	**No**	N/A
Republic of Moldova (2020)	https://sustainabledevelopment.un.org/content/documents/26346VNR_2020_Moldova_Report_English.pdf	**Yes**	http://extwprlegs1.fao.org/docs/pdf/mol191490.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Romania (2018)	https://sustainabledevelopment.un.org/content/documents/19952Voluntary_National_Review_ROMANIA_with_Cover.pdf	**Yes**	https://sustainabledevelopment.un.org/content/documents/dsd/dsd_aofw_ni/ni_pdfs/NationalReports/romania/Romania.pdf
Russian Federation (2020)	https://sustainabledevelopment.un.org/content/documents/26421VNR_2020_Russia_Report_Russian.pdf	**No**	N/A
Serbia (2019)	https://sustainabledevelopment.un.org/content/documents/23471Serbia_VNR_Report_2019_final.pdf	**Yes**	https://www.oneplanetnetwork.org/sites/default/files/nationalsustainabledevelopmentstrategyserbia2008.pdf
Slovakia (2018)	https://sustainabledevelopment.un.org/content/documents/20131Agenda2030_VNR_Slovakia.pdf	**Yes**	http://sdgtoolkit.org/wp-content/uploads/2017/02/NATIONAL-STRATEGY-FOR-SUSTAINABLE-DEVELOPMENT-FOR-THE-SLOVAK-REPUBLIC-.pdf
Slovenia (2017 and 2020)	https://sustainabledevelopment.un.org/content/documents/16313Slovenia.pdf https://sustainabledevelopment.un.org/content/documents/26451VNR_2020_Slovenia_Report.pdf	**Yes**	https://www.gov.si/assets/vladne-sluzbe/SVRK/Strategija-razvoja-Slovenije-2030/Strategija_razvoja_Slovenije_2030.pdf
Spain (2018)	https://sustainabledevelopment.un.org/content/documents/203295182018_VNR_Report_Spain_EN_ddghpbrgsp.pdf	**No**	N/A
Sweden (2017)	https://sustainabledevelopment.un.org/content/documents/16033Sweden.pdf	**Yes**	https://www.regeringen.se/49e20a/contentassets/60a67ba0ec8a4f27b-04cc4098fa6f9fa/handlingsplan-agen-da-2030.pdf

Country (year VNR presented)	Link to VNR	National development framework in place	Link to national sustainable development plan
Switzerland (2016 and (2018)	https://sustainabledevelopment.un.org/content/documents/10617Full%20Report%20HLPF%202016_Switzerland_EN%20fin.pdf https://sustainabledevelopment.un.org/content/documents/20152Country_Report_Switzerland_2018_web.pdf	**Yes**	https://www.are.admin.ch/are/en/home/sustainable-development/strategy-and-planning/sustainable-development-strategy-2016-2019.html
Tajikistan (2017)	https://sustainabledevelopment.un.org/content/documents/16021Tajikistan.pdf	**Yes**	http://nafaka.tj/images/zakoni/new/strategiya_2030_en.pdf
Turkey (2016 and 2019)	https://sustainabledevelopment.un.org/content/documents/107102030%20Agenda%20Turkey%20Report.pdf https://sustainabledevelopment.un.org/content/documents/23862TC_BUTCE_BAKANLIGI_RAPOR_09_EN.pdf	**Yes**	https://policy.asiapacificenergy.org/node/3168
Turkmenistan (2019)	https://sustainabledevelopment.un.org/content/documents/23315Turkmenistan_VNR_2019.pdf	**Yes**	N/A
Ukraine (2020)	https://sustainabledevelopment.un.org/content/documents/26295VNR_2020_Ukraine_Report.pdf	**Yes**	https://zakon.rada.gov.ua/laws/show/5/2015#Text
United Kingdom (2019)	https://sustainabledevelopment.un.org/content/documents/23678UK_VNR.pdf	**Yes**	http://sdgtoolkit.org/wp-content/uploads/2017/02/The-UK-Government-Sustainable-Development-Strategy.pdf

Note: N/A: not available.

Annex 4. Health and health-related targets mentioned by Member States

3 GOOD HEALTH AND WELL-BEING

The **health targets** mentioned **most frequently** were SDG targets 3.3, 3.4, 3.7 and 3.8

44 countries
SDG 3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable disease

47 countries
SDG 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

47 countries
SDG 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

44 countries
SDG 3.7

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3 GOOD HEALTH AND WELL-BEING

The **health targets** mentioned **least frequently** were SDG targets 3.6 and 3.d and 3.c

33 countries
SDG 3.d

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

24 countries
SDG 3.6

By 2020, halve the number of global deaths and injuries from road traffic accidents

35 countries
SDG 3.c

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

The **health-related targets** mentioned **most frequently** were SDG targets 1.1, 1.2, 1.3, 1.4, 13.2 & 17.16

46 countries
SDG 1.3

Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

49 countries
SDG 17.16

Enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources to support the achievement of sustainable development goals in all countries, particularly developing countries

48 countries
SDG 1.2

By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

47 countries
SDG 1.1

By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

46 countries
SDG 13.2

Integrate climate change measures into national policies, strategies and planning

47 countries
SDG 1.4

By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

The **health targets** mentioned **least frequently** were SDG targets 1.5, 5.3, 5.4 & 16.9

18 countries
SDG 5.4

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

19 countries
SDG 16.9

By 2030, provide legal identity for all, including birth registration

20 countries
SDG 1.5

By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

20 countries
SDG 5.3

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany

Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
North Macedonia
Malta
Monaco
Montenegro
Netherlands
Norway
Poland

Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan