

# GUIDE FOR WHO FCTC PARTIES ON INCLUDING SDG TARGET 3.a IN VOLUNTARY NATIONAL REVIEWS



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**FCTC**

WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

SECRETARIAT

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## **Abbreviations and acronyms**

<b>COP</b>	Conference of the Parties
<b>ECOSOC</b>	United Nations Economic and Social Council
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>HLPF</b>	High-Level Political Forum
<b>NAOC</b>	National 2030 Agenda Oversight Committee
<b>NCD(s)</b>	Noncommunicable disease(s)
<b>PIOJ</b>	Planning Institute of Jamaica
<b>SDG(s)</b>	Sustainable Development Goal(s)
<b>UN</b>	United Nations
<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>UNDP</b>	United Nations Development Programme
<b>VNR</b>	Voluntary National Review
<b>WHO</b>	World Health Organization

**SDG 3** Ensure healthy lives and promote well-being for all at all ages  
**Target 3.a** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

## Executive summary

The 2030 Agenda for Sustainable Development, adopted by United Nations Member States in 2015, is a collective plan of action to achieve the 17 Sustainable Development Goals (SDGs) via 169 targets. SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. One of the means of achieving this goal is to strengthen implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate.

The WHO FCTC is one of three international conventions referred to in the SDGs. WHO and the Secretariat of the WHO FCTC are co-custodians of SDG Indicator 3.a.1<sup>1</sup> for measuring progress towards achievement of Target 3.a. Commitment to the SDGs is included in the WHO FCTC Global Strategy to Accelerate Tobacco Control<sup>2</sup> which includes strategic goals that contribute to advancing the SDGs.

As part of regular follow-up and assessment of progress towards the SDGs, the 2030 Agenda for Sustainable Development encourages country-led Voluntary National Reviews (VNRs) to share experiences and lessons learned in pursuing the SDGs. Since the first submission of VNRs in 2016 and up until April 2020, 158 VNRs had been prepared by countries. However, only 57 of these reviews include any reference to Target 3.a. The review period includes one year (2017) when the thematic focus of the United Nations High-Level Political Forum on Sustainable Development (HLPF) was "Eradicating poverty and promoting prosperity in a changing world" and included Goal 3 as one of the goals to be reviewed in depth. However, not all reviews addressed all 17 goals, let alone all targets.

Including Target 3.a in a VNR is an important element in raising awareness of implementation of the WHO FCTC. This can highlight achievements, learning from peers and strengthened connections between the WHO FCTC and sustainable development by showcasing positive impacts at many levels of WHO FCTC implementation.

Given that VNRs are voluntary both in nature and in format, the inclusion of any given target is not guaranteed even if a VNR is submitted. This guide therefore aims to help Parties to the WHO FCTC to include reference to, and reporting on, the implementation of SDG Target 3.a in their VNRs. The recommendations are for the Parties in general and, within the Parties, for a broad audience that includes WHO FCTC focal points, other tobacco control stakeholders and entities responsible for VNR preparation.

If Parties decide to include information on Target 3.a in their VNR, the following steps might be taken:

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<sup>1</sup> Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

<sup>2</sup> See: <https://www.who.int/fctc/implementation/global-strategy-to-accelerate-tobacco-control/en/>.

1. The entities responsible for the preparation of the VNR and the implementation of the WHO FCTC should be in contact from the beginning of the process.
2. Data on implementation of the WHO FCTC should be available at the time of preparation of the VNR.
3. The entity in charge of preparation of the section(s) of the VNR relevant to Target 3.a should contact a variety of stakeholders from diverse sectors that are usually involved in the implementation of the WHO FCTC.

When addressing implementation of Target 3.a in the VNR, it is recommended that Parties not only include data on Indicator 3.a.1 but also describe policy results, implementation achievements and lessons learned, and explain the links between WHO FCTC implementation and other goals. These recommendations are based on a review of existing VNRs and in-depth case studies of best practices.

## Introduction

The 2030 Agenda for Sustainable Development,<sup>3</sup> adopted by United Nations Member States in 2015, is a collective plan of action that aims to achieve 17 goals and 169 targets. SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. Under this goal, Target 3.a calls to “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”.<sup>4</sup> This target is recognized as one of the means for implementing SDG 3 and is measured by Indicator 3.a.1 (“Age-standardized prevalence of current tobacco use among persons aged 15 years and older”). WHO and the Convention Secretariat are the co-custodians of this indicator,<sup>5</sup> working together to ensure appropriate monitoring of the indicator.



The WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines for implementation<sup>6</sup> provide a legally binding framework for global action on the tobacco epidemic. During the first decade after it entered into force, the WHO FCTC led to the increased uptake of tobacco control policies in countries around the world.<sup>7</sup> The WHO FCTC broadened the range of government departments

<sup>3</sup> General Assembly resolution A/RES/70/1. Transforming our world: the 2030 Agenda for Sustainable Development. United Nations General Assembly, 21 October 2015 (<https://undocs.org/en/A/RES/70/1>, accessed 28 June 2020).

<sup>4</sup> Resolution WHA56.1. WHO Framework Convention on Tobacco Control. In: 56th World Health Assembly, Geneva, 19–24 May 2003. Geneva: World Health Organization; 2003 ([http://apps.who.int/gb/archive/pdf\\_files/WHA56/ea56r1.pdf](http://apps.who.int/gb/archive/pdf_files/WHA56/ea56r1.pdf), accessed 28 June 2020).

<sup>5</sup> WHO and the Convention Secretariat become co-custodians of SDG Target 3.a. News release (online) (<https://www.who.int/fctc/mediacentre/news/2017/who-and-convention-secretariat-become-cocustodian-sdg-target-3-a/en/>, accessed 28 June 2020).

<sup>6</sup> WHO FCTC COP decisions FCTC/COP3(7), FCTC/COP6(5), FCTC/COP2(7), FCTC/COP4(10) with amendments FCTC/COP5(6) and FCTC/COP7(14), FCTC/COP3(10), FCTC/COP4(7), FCTC/COP3(12), FCTC/COP4(8).

<sup>7</sup> Chung-Hall J, Craig L, Gravely S, Sansone N, Fong GT. Impact of the WHO FCTC over the first decade: a global evidence review prepared for the Impact Assessment Expert Group. *Tob Control*. 2019;28:s119–28 (<http://dx.doi.org/10.1136/tobaccocontrol-2018-054389>, accessed 28 June 2020).

contributing to tobacco control,<sup>8</sup> and these have together made a significant contribution to decreasing the prevalence of tobacco use.<sup>9</sup>

The inclusion of the WHO FCTC as Target 3.a of the SDGs recognizes that tobacco control is indispensable to sustainable development. Achieving Target 3.a has far-reaching impact beyond Goal 3 on health and well-being and has direct positive impacts on 67 other targets.<sup>10</sup> This is also reflected in the WHO FCTC Global Strategy to Accelerate Tobacco Control,<sup>11</sup> which includes a commitment to contribute meaningfully to achieving SDG 3. Further, the creation of the strategic goals of the Global Strategy was guided by their contribution to advancing the SDGs, as well as to their impact on tobacco use, tobacco-attributable deaths and diseases, and building cross-sectoral and sustainable country-level capacity for tobacco control.

Meanwhile, price and tax measures on tobacco (Article 6 of the WHO FCTC) are recognized in the Addis Ababa Action Agenda<sup>12</sup> as an “effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries”.

As part of the monitoring and implementation of the SDGs, VNRs are the foundation for regular review of progress in countries’ SDG-related work at the High-level Political Forum (HLPF) which operates under the auspices of the United Nations Economic and Social Council (ECOSOC).

A VNR is a report that reviews and describes a country’s progress towards achieving the SDGs. It thus provides an excellent opportunity for countries to self-evaluate their progress in implementing the development agenda. Such a review contributes to increasing country ownership through the evaluation undertaken during the preparation of the report, while at the same time allowing countries to learn from the experience of others by reading their reports. VNRs aim to facilitate the sharing of experiences – including successes, challenges and lessons learned – and to promote accountability to citizens. As described in the United Nations Department of Economic and Social Affairs (UNDESA) *Handbook for the preparation of voluntary national reviews*,<sup>13</sup> VNRs are at the heart of effective follow-up and review of the 2030 Agenda.

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<sup>8</sup> Puska P, Daube M. Impact assessment of the WHO Framework Convention on Tobacco Control: introduction, general findings and discussion. *Tob Control*. 2019;28:s81–3.

([https://tobaccocontrol.bmj.com/content/28/Suppl\\_2/s81.info](https://tobaccocontrol.bmj.com/content/28/Suppl_2/s81.info)).

<sup>9</sup> Gravely S, Glovino GA, Craig L, Commar A, Tursan D’Espaignet E, Schotte K et al. Implementation of key demand-reduction measures of the WHO Framework Convention on Tobacco Control and change in smoking prevalence in 126 countries: an association study. *Lancet Pub Health* 2017;2(4):e166–74

([https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30045-2.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30045-2.pdf), accessed 1 July 2020).

<sup>10</sup> Discussion paper: The WHO Framework Convention on Tobacco Control. An accelerator for sustainable development. New York (NY): United Nations Development Programme; 2017

(<https://www.who.int/fctc/implementation/publications/who-fctc-undp-wntd-2017.pdf>, accessed 28 June 2020).

<sup>11</sup> Global Strategy to Accelerate Tobacco Control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025 (online) (<https://www.who.int/fctc/implementation/global-strategy-to-accelerate-tobacco-control/en/>), accessed 28 June 2020).

<sup>12</sup> General Assembly resolution A/RES/69/313. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda). United Nations General Assembly, 27 July 2015 ([http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/69/313&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313&Lang=E), accessed 28 June 2020).

<sup>13</sup> Handbook for the preparation of voluntary national reviews. New York (NY): United Nations Department of Economic and Social Affairs; 2020. (See “Featured” documents at: <https://sustainabledevelopment.un.org/vnrs/>, accessed 2 July 2020).

From the point of view of the WHO FCTC, VNRs offer a valuable opportunity for the Parties to the Convention to analyse their progress towards achieving Target 3.a and to engage in peer learning, underpinning the spirit of collaborative partnership highlighted in the 2030 Agenda. Including Target 3.a in a VNR is an important element in raising the profile of the WHO FCTC through reporting on its implementation and strengthening connections between the WHO FCTC and other elements of sustainable development. Moreover, the “number of Parties that include WHO FCTC implementation in their voluntary reports on their domestic implementation of the SDGs, in relation to Target 3.a” is one of the indicators of the Global Strategy.

VNR reporting creates opportunities to further the implementation of the WHO FCTC in a number of ways, such as by:

- showcasing the achievements and impact of implementing the WHO FCTC;
- highlighting the role of tobacco control in promoting health and economic well-being, including through its interlinkages with other SDGs;
- encouraging coordination between, and furthering engagement with, government departments through collaboration on VNR reporting;
- describing how tobacco control measures (such as taxation, smoke-free environments, packaging and labelling, etc.) benefit governments in both the short and longer term.

VNRs are voluntary in nature and in format. The guidelines of the United Nations Development Programme (UNDP),<sup>14</sup> which were prepared to support country reporting on the SDGs, note that the SDG review process is led by the countries themselves. As countries have different priorities and capacities, the VNR guidelines are not prescriptive. As such, countries choose their own preparation processes, they select the stakeholders they wish to include in preparing their report and they also decide which goals and targets will be included in their report as a reflection of their national priorities.

VNRs have also been noted in the literature<sup>15</sup> as being an avenue through which countries can report on the goals and targets that best suit their interests according to their national situation, so there may be some incentives for countries to focus on including certain targets rather than others. Therefore, there is a need for key stakeholders in tobacco control to understand the process of preparing a VNR (and who leads the process), to get involved early in the preparation of the report, to get to know the preparation timeline and, importantly, to ensure that a review of Target 3.a is

Building blocks of national SDG review are:

- inclusivity
- accountability
- comparability
- collaboration
- coordination by the national statistical office
- capacity development.

*Adapted from the Guidelines to support country reporting on the Sustainable Development Goals. (UNDP, 2017)<sup>14</sup>*

<sup>14</sup> Guidelines to support country reporting on the Sustainable Development Goals. New York (NY): United Nations Development Programme; 2017 (<https://unsdg.un.org/resources/guidelines-support-country-reporting-sustainable-development-goals>, accessed 28 June 2020).

<sup>15</sup> For example: Saner R, Yiu L, Nguyen M. Monitoring the SDGs. Dev Policy Rev. 2019 (<https://onlinelibrary.wiley.com/doi/abs/10.1111/dpr.12433> , accessed 28 June 2020).

included. In particular, WHO FCTC focal points could play a key role in promoting the inclusion of Target 3.a in a Party's VNR, mobilizing other actors for collaborative interaction in order to guarantee that the review includes the most up-to-date information on the implementation of the WHO FCTC.

There are two issues to consider when including a target in a VNR: *that* it is included and *how* it is included. With regard to the first issue, there is no requirement to include all targets in a VNR. Although the Secretary-General's guidelines recommend addressing all goals and targets, countries are free to decide what to include. Nevertheless, each year the HLPF Secretariat recommends a set of goals to be reviewed in depth.<sup>16</sup> Consequently, some recommendations in this guide address how to promote and support the inclusion of Target 3.a in a VNR and how to use the VNR process as an opportunity to analyse the progress made in implementing the WHO FCTC as a contributor to sustainable development.

The second issue is *how* Target 3.a is included, given the possibility of different levels of depth as outlined above. Recommendations will include best practices on what type of content and analysis to include in a VNR. The recommendations in this guide are based on desk research – i.e. review of VNRs and other documents – as well as interviews. Case studies on advanced practices are also presented. The document further discusses a group of anonymous cases which did not include Target 3.a in order to learn from this experience.

## Inclusion of Target 3.a in existing VNRs

Since the first VNRs in 2016, a total of 158 VNRs have been prepared. Only 57 of these reports include any reference to Target 3.a. In one year (2017) the thematic focus ("Eradicating poverty and promoting prosperity in a changing world") included Goal 3 as one of the goals to be reviewed in depth. Not all reports, however, address all 17 goals, let alone all targets.

Countries have taken different approaches, ranging from including all goals to selecting a few and to taking a more thematic approach. Interview evidence points to an interest in some countries for using a thematic approach in their subsequent VNRs. This could have a variety of consequences for the future inclusion of Target 3.a. On the one hand, since WHO FCTC implementation links to all goals and to sustainable development more broadly, it is an opportunity to refer to Target 3.a, even at limited length, as a contributor to other SDGs. On the other hand, some VNRs may take a narrow approach to a theme, based on national priorities, a particular narrative or a specific set of goals.

The level of engagement with Target 3.a implementation in existing VNRs ranges quite broadly from merely including data on Target 3.a (i.e. Indicator 3.a.1) in a statistical appendix to a thorough analysis of progress in various tobacco control measures in the text of the report. The majority of the 57 VNRs containing any reference at all to the WHO FCTC fall in the former category. In addition, some VNRs may include a line or two on tobacco control but make no mention of Target 3.a or the WHO FCTC. This represents an area of opportunity for Parties wishing to report on Target 3.a in their VNR, particularly in terms of sharing best practices and lessons learned in order to support peer learning.

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<sup>16</sup> For example, for HLPF 2019, the theme was "Empowering people and ensuring inclusiveness and equality" and the set of goals to be reviewed in depth were goals 4, 8, 10, 13, 16 and 17.



## Case studies

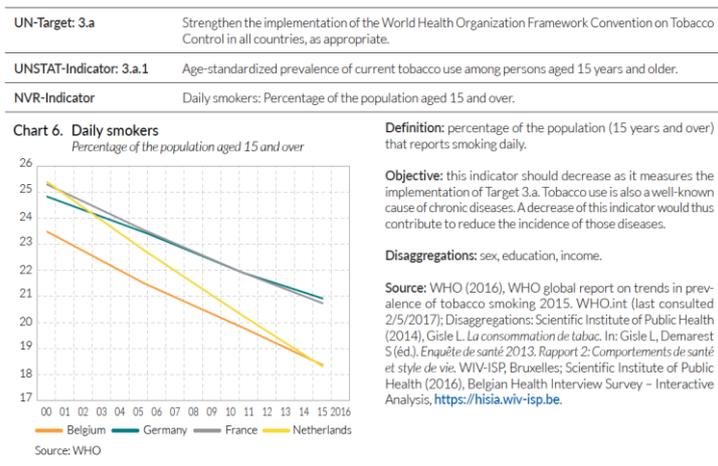
In order to determine lessons learned and best practices on the inclusion of Target 3.a in the analysis from existing VNRs, six countries were selected as case studies: Belgium, Israel, Jamaica, Palau, Panama and Portugal. Selection criteria included completeness of content and depth of analysis. Full methodological details are provided in the Appendix.

### Belgium

The Belgian VNR process was run by a political steering committee chaired by the Prime Minister. This committee was supported by those federal and federated agencies that had been involved in SDG implementation. The committee was responsible for data collection which it delegated to three entities which gathered data on internal implementation and external action as well as statistical data. At various stages during the process, civil society was invited to provide input via civil society advisory councils, in addition to providing support directly to relevant government departments.

The report,<sup>17</sup> published in 2017, mainly takes a statistically based approach to including Target 3.a – which is a common feature of existing VNRs. What sets the Belgian approach apart, however, is that it looks at comparisons. The report graphically compares Belgium’s 15-year trend on the percentage of daily smokers in the population aged 15 and older with the trends from three neighbouring countries (Figure 1). This provides some valuable context on their progress relative to a few comparators and could encourage lessons to be adopted from other countries. It is important to note that this target was one of the 34 targets included in this VNRs’ statistical annex, as selected by the Belgian Inter-Federal Statistical Institute. Progress towards meeting these targets was measured by indicators that are not necessarily those included as official SDG indicators but that were selected on the basis of criteria that included data availability, level of disaggregation, and relationship with official SDG indicators.

**Figure 1. Belgium’s approach to including Indicator 3.a.1<sup>18</sup>**



<sup>17</sup> See: [https://sustainabledevelopment.un.org/content/documents/15721Belgium\\_Rev.pdf](https://sustainabledevelopment.un.org/content/documents/15721Belgium_Rev.pdf) (accessed 28 June 2020).

<sup>18</sup> See: [https://sustainabledevelopment.un.org/content/documents/15721Belgium\\_Rev.pdf](https://sustainabledevelopment.un.org/content/documents/15721Belgium_Rev.pdf) (accessed 28 June 2020).

The report highlights the main steps that the Belgian government is taking to prevent smoking, as well as new measures taken since 2016. Interestingly, this discussion fell under Target 3.5 (substance abuse). Addressing smoking was also listed in reference to addressing noncommunicable diseases (NCDs) (Target 3.4), as a tool for prevention.

## Israel

The Director-General of Israel’s Ministry of Foreign Affairs guided the country’s VNR preparation process which was led by the country’s Special Envoy for Sustainability and Climate Change and the Deputy Director-General for Strategy at the Ministry of Environmental Protection. To collect data and information, an interministerial committee was formed and consultations were carried out. Government ministries were also invited to submit information on their progress and activities. Relevant stakeholders engaged in the VNR process included civil society, the private sector and academia who were invited to take part in round table discussions.

Israel’s 2019 VNR<sup>19</sup> provides comprehensive inclusion of Target 3.a. The section dedicated entirely to the control of tobacco in Israel (SDG 3.a) highlights the National Tobacco Control Plan based on the WHO FCTC in addition to MPOWER<sup>20</sup> measures. This section includes both quantitative measures, derived from biannual surveys, and qualitative analysis that includes a description of Israel’s legally mandated annual report on tobacco control. The VNR showcases examples of the detailed action taken to implement tobacco control measures – such as smoking bans, smoking cessation campaign and initiatives, regulation and taxation of heat-not-burn tobacco products, tobacco taxation, plain packets for cigarettes, and a total ban on flavours in both tobacco and e-liquids. National statistical trends are also included in the statistical annex.

## Jamaica

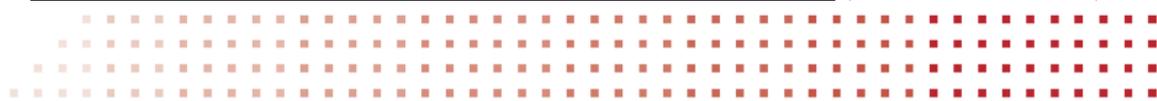
The VNR preparation process in Jamaica was led by the 2030 Agenda SDGs Core Group, the National 2030 Agenda Oversight Committee (NAOC) and thematic working groups. The Core Group comprised the Planning Institute of Jamaica (PIOJ), the Ministry of Foreign Affairs and Foreign Trade, and the Statistical Institute of Jamaica. The PIOJ was the coordinating entity for the VNR and was also responsible for the development of “Vision 2030 Jamaica”<sup>21</sup> which was Jamaica’s national development plan created in line with the SDGs. To provide advice on policy and strategy, the NAOC was a technical body of stakeholders from government, civil society organizations, the private sector, academia, trade unions, political directorates and youth organizations. Jamaica implemented a whole-of-society approach and gathered information through consultations with all stakeholders and ministries, departments and agencies.

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<sup>19</sup> See: [https://sustainabledevelopment.un.org/content/documents/23576ISRAEL\\_13191\\_SDGISRAEL.pdf](https://sustainabledevelopment.un.org/content/documents/23576ISRAEL_13191_SDGISRAEL.pdf) (accessed 28 June 2020).

<sup>20</sup> WHO introduced these measures intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, as contained in the WHO FCTC.

<sup>21</sup> See: <https://sustainabledevelopment.un.org/content/documents/1501jamaica.pdf> (accessed 28 June 2020).



**“One important strategy in prevention and control of tobacco usage has been a commitment to enact comprehensive tobacco control legislation in alignment with the FCTC, which covers important articles such as tobacco advertising, promotion and sponsorship (targeting youth).”**

*Quote from Jamaica’s VNR, 2018*

Reference to Target 3.a in Jamaica’s 2018 VNR<sup>22</sup> falls under the section on substance abuse prevention. This section rightly emphasizes that being a Party to the WHO FCTC supports the goal of strengthening of treatment and prevention of substance abuse, and that implementing the WHO FCTC is an important strategy in the prevention and control of tobacco. This section not only gives examples of success but also addresses gaps. It notes that there is room for improvement as the Public Health (Tobacco Control) Regulation 2013 covers only some of the articles of the WHO FCTC (smoke-free spaces and graphic health warnings on

cigarette packs). Providing a balanced view of both achievements and opportunities is valuable for self-evaluation, future planning and peer learning.

## Panama

The Social Affairs Office,<sup>23</sup> through a multisectoral commission, led Panama’s VNR process. The mandate was to create the VNR in line with existing government plans, including Panama 2030<sup>24</sup> and Plan Panama.<sup>25</sup> Together with the Chancellery, the Social Affairs Office then decided which topics the VNR should include. Based on these decisions, the Social Affairs Office then held three multi-stakeholder consultations which included participation from government institutions, civil society (including a range of interest groups), the private sector, academia and international organizations. Data gathering was completed with technical support from UNDP and included interviews with key stakeholders, technical meetings and work sessions, document analysis and collection of statistical data.

Panama’s VNR<sup>26</sup> was produced in 2017, the year in which SDG 3 was included as one of the goals to focus on under the theme of eradicating poverty in all its forms and dimensions through promoting sustainable development, expanding opportunities and addressing related challenges. Panama and seven other countries reported only on SDGs covered by the HLPF theme. It is worth noting, however, that SDG 3 is one of the country’s four priority goals under its national Plan Panama for zero poverty.

Target 3.a is discussed relatively extensively in three main components of Panama’s VNR. The first component provides a description of the problems of tobacco use, including health consequences, but also links tobacco to other aspects of sustainable development such as inequality, deforestation and child labour. The second component provides a list of all the tobacco control initiatives the country has undertaken (all of which fall under the Articles of the WHO FCTC) in addition to including discussion of illegal trade in tobacco products. This part of the report also links tobacco control with Target 3.4 and NCDs, including a mention of

<sup>22</sup> See: [https://sustainabledevelopment.un.org/content/documents/19499JamaicaMain\\_VNR\\_Report.pdf](https://sustainabledevelopment.un.org/content/documents/19499JamaicaMain_VNR_Report.pdf) (accessed 1 July 2020).

<sup>23</sup> The Social Affairs Office is an administrative body for high-level interagency coordination.

<sup>24</sup> See: [http://www.undp.org/content/dam/panama/docs/Documentos\\_2017/Plan-Panama2030.pdf](http://www.undp.org/content/dam/panama/docs/Documentos_2017/Plan-Panama2030.pdf) (accessed 1 July 2020).

<sup>25</sup> See: [https://www.siteal.iiep.unesco.org/sites/default/files/sit\\_accion\\_files/siteal\\_panama\\_0057.pdf](https://www.siteal.iiep.unesco.org/sites/default/files/sit_accion_files/siteal_panama_0057.pdf) (accessed 1 July 2020).

<sup>26</sup> See: <https://sustainabledevelopment.un.org/content/documents/16594Panama.pdf> (accessed 1 July 2020).

earmarking a percentage of tobacco taxes for public health spending. Finally, national-level statistical trends are provided.

## Palau

Palau's VNR preparation process was led by eight multisectoral working groups organized by thematic areas, each of which were linked with SDGs, created through a presidential executive order.<sup>27</sup> Each group was led by the relevant government ministry and membership included representatives from government, civil society and academia. These working groups finalized the 95 core targets and associated indicators to be included in the VNR as relevant to Palau's national SDG framework.<sup>28</sup> The working groups were also responsible for writing the initial draft of their sections of the VNR and for compiling the statistical annex. A national coordinator kept working groups updated on progress and facilitated communication. SDG 3 fell under the purview of Working Group 2 (Health & Nutrition) led by the Ministry of Health. SDG 2 was also associated with this working group.

Target 3.a is mentioned throughout this VNR's section on Goal 3.<sup>29</sup> It is noted to be one of the targets that "reflect a higher ambition to address underlying determinants of health and well-being". Several specific examples of actions taken to address Target 3.a are provided, including public education, creating partnerships with civil society organizations, and taxation. Additionally, the VNR notes the progress the country expects to make on this Target in the future, including decreased tobacco affordability and improved WHO FCTC implementation and enforcement. Target 3.a also appears in other sections of the VNR, underscoring its cross-cutting nature. For example, it is listed under Target 2.1 (end hunger) and Target 2.2 (end malnutrition), using tobacco control to tackle infant undernutrition in view of its impact on maternal health. The VNR notes that funds raised from tobacco taxes can fund the implementation of other targets, including paying the medical fees of unemployed senior citizens, as listed under Targets 1.3 (social protection systems) and 3.8 (universal health coverage).

## Portugal

The Ministry of Foreign Affairs, along with the Ministry of Planning and Infrastructure, coordinated the overall VNR process. At institutional level, commissions were responsible for interministerial coordination in order to facilitate both domestic and international implementation of the 2030 Agenda. A network of focal points from different departments was formed to enhance coordination and exchange of information. Each SDG was assigned to a ministry responsible for its implementation, monitoring and review. A baseline review was conducted by the National Statistical Institute and the Agency for

**“From the initiatives taken to implement the World Health Organization Framework Convention on Tobacco Control, we highlight in particular the protection from exposure to environmental smoke in enclosed public places and means of transport (2007).”**

*Quote from Portugal's VNR, 2017*

<sup>27</sup> Executive Order No. 419. See: <https://www.palau.gov.pw/wp-content/uploads/2019/01/Executive-Order-No.-419-re.-Monitoring-and-Evaluation-Framer-for-2030-SDG-Agenda.pdf>, (accessed 1 July 2020).

<sup>28</sup> See: <https://sustainabledevelopment.un.org/memberstates/palau> (accessed 3 July 2020)

<sup>29</sup> See:

[https://sustainabledevelopment.un.org/content/documents/23606VNR\\_FINAL\\_21June2019\\_UN\\_Version.pdf](https://sustainabledevelopment.un.org/content/documents/23606VNR_FINAL_21June2019_UN_Version.pdf) (accessed 1 July 2020).

Development and Cohesion in order to map the national policies that supported the 2030 Agenda implementation. Civil society directly contributed to planning and implementation through country-wide consultations and a multi-stakeholder seminar.

Portugal's 2017 VNR<sup>30</sup> includes all SDGs, with one section per goal, but no further subdivision by target. The section on Goal 3 features extensive engagement with Target 3.a throughout, highlighting initiatives to implement the WHO FCTC nationally in addition to describing how tobacco control fits into other national plans. The section includes macro-level details, such as the strategic pillars underlying the National Programme for Prevention and Control of Tobacco, and micro-level details such as specific programme examples. In terms of engagement with the WHO FCTC, a list of relevant initiatives is provided, as is a mention of their ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products.

### Assessment of challenges and opportunities

While the six VNRs in this case study took different approaches in their preparation processes as well as in how they included Target 3.a, challenges and opportunities emerged from the analysis that would be relevant for consideration by Parties to the WHO FCTC. Not all case studies showed experience of all situations described, but these situations are expected to be faced by many Parties.

One key challenge is that persons leading the VNR process may not be knowledgeable about the role of the WHO FCTC and tobacco control in sustainable development. Clearly, it would not be the job of those leading the VNR process to possess in-depth knowledge and understanding of each of the 169 SDG targets. However, the importance of including Target 3.a in a VNR may not be clear to the leaders. Thus, advocacy about the importance of the WHO FCTC in the SDGs, and why it should be addressed in a VNR, may be a necessary first step.

Another common challenge is that VNRs, like any reports, often have page limitations. There is no recommended length but the VNR preparation guidebook suggests that countries set a page limit at the beginning of the process. Each report can only include a certain amount of information while the SDGs contain many broad issues that are to be addressed. It can be a challenge to ensure inclusion of a given topic and to find an acceptable trade-off between synthesis and detail.

Shared opportunities also exist and can be mapped to the recommendations provided in this guide. One issue that may initially seem a challenge but represents a great opportunity is the SDGs' global commitment to "leave no one behind". Comprehensive review necessitates the involvement of many stakeholders from various sectors, including marginalized voices that may be difficult to capture. Future VNRs need to take this opportunity to work across groups and sectors to better analyse and review progress, including capturing the needs of vulnerable populations.

Another opportunity is better highlighting of the interlinkages between SDGs. There are innumerable links across the goals, targets and indicators of the SDGs. Further, one of the core

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<sup>30</sup> See: [https://sustainabledevelopment.un.org/content/documents/15766Portugal2017\\_EN\\_REV\\_FINAL\\_29\\_06\\_2017.pdf](https://sustainabledevelopment.un.org/content/documents/15766Portugal2017_EN_REV_FINAL_29_06_2017.pdf) (accessed 1 July 2020).



principles of national SDG reporting is the indivisibility and integration of the 2030 Agenda.<sup>31</sup> Emphasizing how this plays out in practice, with examples and policy results, represents an underutilized area of opportunity. Highlighting these points both enhances analysis and creates arguments for including Target 3.a in a VNR. The WHO FCTC is considered as key to sustainable development, recognizing not only the tremendous health burden of tobacco use but also the social, economic and environmental impacts of tobacco use and production on individuals, families, communities and countries.<sup>32</sup> Overall, future VNRs should engage in deeper analysis of progress and results in order to make best practices and lessons learned clearer and publicly available.

## Lack of inclusion of Target 3.a in existing VNRs

Because inclusion of Target 3.a in a given VNR is not guaranteed, it is important to learn from the experiences in countries that have not yet included that target in a VNR. In particular, there is value in identifying and understanding potential barriers to the inclusion of Target 3.a in order to address these barriers in future. This is important not only for the majority of Parties that have not yet included Target 3.a in their VNRs but also to ensure continued inclusion by other Parties and by those Parties that have not yet submitted a VNR.

Four anonymous country case studies, from different regions and with different national contexts, were selected for desk research and interviews to inform the understanding of barriers to Target 3.a inclusion. The case studies included three cases where there was no inclusion of Target 3.a and one where only Indicator 3.a.1 was included in a statistical annex. While it is important to include Indicator 3.a.1, measurement is not the same as evaluation in the text. The greatest value comes from including both.

All interviewees enthusiastically agreed that it is important to include Target 3.a in a VNR and saw great value in doing so. They faced a wide range of barriers, however, in ensuring its inclusion. While national contexts differ and some barriers may be specific to a given country context, several barriers emerged from the interview data that tobacco control stakeholders should be aware of in their efforts to ensure Target 3.a inclusion in an upcoming VNR.

### (1) National-level priorities

Priorities are critical when deciding which goals and targets should be covered in a VNR. Health may not be a priority for sustainable development in a country, or perhaps the country has decided to prioritize that year's HLPF theme in VNR reporting and opts to engage only with the goals identified for priority in-depth review. A potential way forward to address this barrier is to rely on the WHO FCTC's connections to other goals and issue areas, and/or refer to the fact that the WHO FCTC is an international treaty that places obligations on the country. Target 3.a can be addressed not only in relation to health. The target's contributions to the SDG progress can be highlighted in terms of, for instance, its links to the economy and the environment. Entities responsible for VNR preparation could engage tobacco control

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<sup>31</sup> Guidelines to support country reporting on the Sustainable Development Goals. New York (NY): United Nations Development Programme; 2017 (<https://unsdg.un.org/resources/guidelines-support-country-reporting-sustainable-development-goals>, accessed 28 June 2020).

<sup>32</sup> Discussion paper: The WHO Framework Convention on Tobacco Control. An accelerator for sustainable development. New York (NY): United Nations Development Programme; 2017 (<https://www.who.int/fctc/implementation/publications/who-fctc-undp-wntd-2017.pdf>, accessed 28 June 2020).

stakeholders in developing these points. Further, understanding the VNR process, being informed of the priority goals and targets for a particular VNR and knowing who is leading the VNR process or who is engaged in writing those sections of the report would be first steps for WHO FCTC focal points reaching out to ensure inclusion. Cross-cutting connections are truly in the spirit of the SDGs and of the WHO FCTC.

### (2) Lack of information or awareness

Another barrier to the inclusion of Target 3.a may be a lack of information or awareness about the process. Not all WHO FCTC focal points or tobacco control stakeholders may be aware of the existence of a VNR preparation process or know the details and requirements of this process. Persons leading a VNR process may not instinctively reach out to focal points for every topic or they may request data only for Indicator 3.a.1, which can usually be provided by national statistical offices. In this case, it is important to be proactive. For stakeholders, understanding the process and who is involved at the different stages can reveal opportunities for engagement, either in the section on Goal 3 or on related sections to show how implementation of the WHO FCTC has supported progress towards other goals and targets. For those responsible for VNR preparation, mapping stakeholders relevant to SDG targets can strengthen data- and information-gathering.

### (3) Narrow content focus

Choices about the ways in which the VNR will cover goals and targets can also hamper inclusion. As described later in this guide, and as recommended in the UNDESA Handbook,<sup>33</sup> there are many ways to review SDG progress. Many countries focus on highlighting achievements. This is a reasonable focus but does not provide the whole picture. As a result, targets such as 3.a may be omitted if other targets have shown greater progress. Nevertheless, there is considerable value in a review that includes gaps, challenges, analysis of ongoing issues and the next steps to accelerate progress. One opportunity for tobacco control stakeholders could be to work with stakeholders in other areas, such as those related to Goal 3, to advocate for substantive inclusion of Goal 3's targets. Another opportunity could be to include Target 3.a under other goals in order to highlight other contributions, such as those related to taxation or environmental protection. Entities responsible for VNR preparation and tobacco control stakeholders can all benefit from collaboration on such linkages.

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<sup>33</sup> Handbook for the preparation of voluntary national reviews. New York (NY): United Nations Department of Economic and Social Affairs; 2020. (See “Featured” documents at: <https://sustainabledevelopment.un.org/vnrs/>, accessed 2 July 2020).



## Guide to including Target 3.a in a VNR

To address these challenges and take advantage of these opportunities, it is important to consider the two aspects of including a target in a VNR, namely *that* it is included and *how* it is included. Recommendations addressing each of these components are outlined below. This list is not exhaustive, and each recommendation should be adapted to the context of each Party and the relevant VNR preparation process.

### How WHO FCTC focal points can encourage the inclusion of Target 3.a in a VNR

#### (1) Engage with the VNR process

Since VNR content may include any number of goals or targets, the WHO FCTC focal point within the government should be aware of the need for, and will probably be involved in, advocating for the inclusion of Target 3.a at an early stage of VNR preparation and working on the report's section on Goal 3. In some cases, those in charge of the VNR process may have already determined that Target 3.a should or should not be included; any inclusion cannot be assumed or taken for granted. In other cases, those in charge of the VNR process may reach out to relevant government stakeholders to determine what to include in a section on Goal 3. Having in place a national coordinating mechanism for tobacco control – a platform that ensures intersectoral collaboration in the area of tobacco control – in accordance with Article 5 (General obligations) of the Convention, provides more opportunities for the leaders of WHO FCTC implementation to get to know and become involved in the VNR preparation process. This is an example of the importance of understanding the process because it creates an opportunity for inclusion.

The WHO FCTC focal points, or perhaps the national teams or units, should make themselves aware of the VNR preparation timeline and who to contact. They will also need to be able to promote the importance of Target 3.a in achieving the SDGs, as those leading the VNR process may not be familiar with this target or with the WHO FCTC. It may be necessary to give arguments for including Target 3.a – such as the percentage of total mortality attributable to tobacco and estimates of the impact of the target on other elements of sustainable development (e.g. deforestation, ocean degradation, access to food).

Throughout the process, it will be important to build a good working relationship with the VNR leadership team through regular communication. This starts with determining as early as possible who is leading the VNR preparation process and the section on Goal 3. This will help to determine how WHO FCTC focal points can best place themselves within the process and how arguments for inclusion can be framed. Continued review and follow-up is also critical, so tobacco control stakeholders must remain active and engaged throughout the process to ensure that significant Target 3.a information is not edited out or deleted from the document later in the process.

#### (2) Ensure data availability

Evaluation of the SDGs depends in large part on the SDG indicators. Each target is associated with at least one indicator, and selection for inclusion in the VNR may depend, at least in part, on the availability of data. This is an advantage for WHO FCTC Parties as data on Indicator



3.a.1<sup>34</sup> is gathered both by WHO, as part of successive global reports on the tobacco epidemic, and by the reporting system of the WHO FCTC which presents data to the COP in biennial global progress reports on implementation of the Convention. Data-gathering can also include other sources (e.g. academic sources, research by various bodies, including civil society organizations) and additional national-level data collection. Thus, collecting data for this indicator on a periodic basis, as required by Article 20 (Research, surveillance and exchange of information) of the Convention, and making it readily available for use represents a key opportunity.

The UNDESA *Handbook for the preparation of voluntary national reviews* notes that “access to high quality, up-to-date, and disaggregated data is vital for the VNR”.<sup>35</sup> It is best to use the most recent national data on prevalence of tobacco use because even data from only a few years ago will not tell the full story of WHO FCTC implementation because levels and trends can change over the course of a few years.

### (3) Work with a variety of stakeholders

#### Example from the VNR of Palau

**Featured Partnership:  
Ministry of Health and Coalition for a Tobacco Free Palau (CTFP)**

Since establishment in 1995, the Coalition for a Tobacco Free Palau has partnered effectively with the Ministry of Health to support and advance tobacco control policy and legislation. In the early 2000s, the partnership focused on ratification of the WHO Framework Convention on Tobacco Control (FCTC). Since the Treaty came into effect in 2005, and recognizing it as “an accelerator for sustainable development”, the partnership has focused on its implementation.

“Leaving no one behind” was the pledge of United Nations Member States when adopting the SDGs. In the preparation of VNRs this means ensuring broad inclusion of key stakeholders across sectors in order to ensure a richer and deeper understanding of progress on Target 3.a. Working with a variety of stakeholders can enable WHO FCTC focal points to build on the knowledge and experience of these diverse actors – as Article 5 (General obligations) of the Convention calls for. Agencies from within the United Nations system can support VNR creation and are likely to have done so already. Municipal governments and communities may have local information and illustrative examples.

Young people can contribute new understandings and points of view. Academic institutions and researchers can provide additional analysis and understanding of implementation status and trends in tobacco use. Civil society organizations – especially those that are observers to the COP – can provide vital and relevant background knowledge and could lend their advocacy skills. Working together with these groups, either directly or through VNR preparation channels, will strengthen the case and enrich the narrative for including Target 3.a in a VNR, as well as providing the most up-to-date data at country level. WHO FCTC focal points have a role in coordinating with stakeholders from these groups to promote Target 3.a inclusion jointly.

Work with external stakeholders may also include stakeholders from related areas under Goal 3, such as NCDs (Target 3.4), to advocate for substantive inclusion of the Goal 3 targets. This can also strengthen the depth of analysis and can make it possible to link across goals and targets within the text.

<sup>34</sup> Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

<sup>35</sup> Handbook for the preparation of voluntary national reviews. New York (NY): United Nations Department of Economic and Social Affairs; 2020:9. (See “Featured” documents at: <https://sustainabledevelopment.un.org/vnrs/>, accessed 2 July 2020).

## How Parties can address Target 3.a in a VNR

### (1) Include data on Indicator 3.a.1

A VNR is strengthened if it contains a complete statistical appendix with the most up-to-date information available. Trend data (e.g. changes in tobacco use prevalence over the years) or comparisons with levels or trends from other regions of the country or from neighbouring Parties may also be appropriate in order to provide context. The inclusion of quantitative evaluation of Target 3.a, either in the statistical appendix or in the text, can give additional evidence of the impact of WHO FCTC implementation. WHO FCTC focal points and those responsible for the VNR process all have roles to play in the inclusion of such data. If a different indicator is selected in place of Indicator 3.a.1, Parties should aim to have a clear substitute and should provide empirically sound reasoning for using a substitution.

### (2) Describe policy results, implementation achievements and lessons learned

While it is valuable to use the VNR to describe current policies and programmes, there should also be a deeper level of analysis of the achievements. This should include the outcomes and impacts of the policies and programmes, the lessons learned, challenges faced and future steps. It could also include highlights showing how the WHO FCTC made a difference in promoting tobacco control in a particular country and how it contributed to its successes.

Accountability is part of evaluation, which is one role that the VNR plays. Another role is to facilitate learning among peers. By taking the opportunity to engage in an analytical, rather

Ways in which VNRs can cover goals and targets:

- Achievements
- Challenges and gaps
- Challenges and opportunities
- Links with other goals
- Future plans
- Analysis of ongoing issues.

*Adapted from the Handbook for the preparation of voluntary national reviews (UNDESA, 2020)*

than solely descriptive, approach to assessing the progress of Target 3.a, Parties and other stakeholders can learn from their own experiences and from each other. This will support acceleration of WHO FCTC implementation, as outlined in the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025.<sup>36</sup>

Assessing a Party’s commitments under Target 3.a, and thus under the WHO FCTC, ensures evaluation of the WHO FCTC priorities and highlights commitment to national obligations under the treaty. A VNR can show how a Party upholds its commitments to the Global Strategy to Accelerate Tobacco Control<sup>37</sup> – namely, Objective 2.1.2<sup>38</sup> and Indicator 2.1.3.<sup>39</sup> Directly addressing WHO FCTC implementation also provides context; tobacco control measures were not created in a vacuum but as part of national commitment to the treaty.

<sup>36</sup> See: <https://www.who.int/fctc/cop/g-s-2025/en/> (accessed 1 July 2020).

<sup>37</sup> See: <https://www.who.int/fctc/implementation/global-strategy-to-accelerate-tobacco-control/> (accessed 1 July 2020).

<sup>38</sup> “Ensure that the WHO FCTC is fully mainstreamed in the implementation of the 2030 Sustainable Development Agenda and deliberations in any relevant forum organized under the United Nations umbrella that are relevant to the WHO FCTC.”

<sup>39</sup> “Number of Parties that include WHO FCTC implementation in their voluntary reports on their domestic implementation of the SDGs, in relation to target 3.a.”

### (3) Explain the links between WHO FCTC implementation and other goals

Target 3.a is well-linked across the SDGs because tobacco control interacts with each of the goals in a way that can accelerate progress on the SDGs as a whole.<sup>40</sup> Obvious links exist within Goal 3, including Target 3.4 (NCDs), but could also include 3.5 (substance abuse), 3.1 (maternal mortality) and 3.8 (universal health care). There are also opportunities to engage with Target 3.a outside of Goal 3. This could be done by using tobacco control as a preventive measure in support of another goal, such as on poverty or nutrition, by referring to commitment to the WHO FCTC and its binding obligations in discussions related to Goal 17 (“Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development”)<sup>41</sup> or in relation to how funds raised through tobacco taxation can be used to fund SDG implementation and linked activities. By linking progress on the implementation of the WHO FCTC to progress in other areas of the SDGs, the resultant VNR would better speak to the interconnected nature of the goals in addition to increasing the visibility of the WHO FCTC’s contribution to sustainable development.<sup>42</sup> Stakeholders in tobacco control and in the VNR preparation process can all contribute to illustrating these links.

### Other issues to be considered by Parties

When preparing VNRs, those engaged in the process might consider some other issues, such as the following:

#### (1) Length of the VNR

There is only limited space for any given target in a VNR. Consequently, in order to ensure thorough inclusion of Target 3.a, it is important to make every word count. There is a need to be concise, to the point, and to make an impact with each sentence. For tobacco control stakeholders, it will be important to follow the draft VNR throughout the review process to ensure that critical information is not edited out of or is not deleted from the final version due to space limitations. Writing a section that is brief, clear and to the point will help to mitigate this potential issue.

Including statistics and brief illustrative examples can go a long way in effectively using the space provided for Target 3.a in a VNR. This section could also include references and links to the official WHO FCTC implementation reports that a Party submits to the COP,<sup>43</sup> as well as other documentation, to save space but still get important information across to the reader.

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<sup>40</sup> Discussion paper: The WHO Framework Convention on Tobacco Control. An accelerator for sustainable development. New York (NY): United Nations Development Programme; 2017

(<https://www.who.int/fctc/implementation/publications/who-fctc-undp-wntd-2017.pdf>, accessed 28 June 2020)..

<sup>41</sup> General Assembly resolution A/RES/70/1. Transforming our world: the 2030 Agenda for Sustainable Development. United Nations General Assembly, 21 October 2015 (<https://undocs.org/en/A/RES/70/1>, accessed 28 June 2020).

<sup>42</sup> The Convention Secretariat is currently a member of the Working Group on Interlinkages that operates under the Interagency Expert Group on SDGs. The second report of this Working Group is currently (mid-2020) being finalized. It will feature a section on interlinkages between WHO FCTC implementation and other SDGs.

Reference to the work of the Working Group can be found in the following report:

<https://unstats.un.org/unsd/statcom/51st-session/documents/2020-2-SDG-IAEG-Rev-EE.pdf> (accessed 1 July 2020).

<sup>43</sup> The reports submitted by each WHO FCTC Party are available in the public domain at:

<https://untobaccocontrol.org/impldb/parties/> (accessed 1 July 2020).

## (2) Consideration of next steps

Engaging in the VNR process is valuable in and of itself but the impact does not end when the report is finalized. The stocktaking and analysis provide direction for the national development agenda. As such, the VNR represents the beginning of the next stage of work in implementing the SDGs and the WHO FCTC in particular. Incorporating Target 3.a into the VNR in a way that takes account of the next steps will create a foundation for future work. In particular, highlighting successes in WHO FCTC implementation can help build momentum and gain support for continued progress.

The analysis of WHO FCTC implementation during the preparation of the VNRs can also be utilized by the Party in preparing the next official WHO FCTC implementation report that is due every year when the COP is held. The information gathered for a COP report could serve as the basis – with appropriate completions, adjustments or updates – for the next VNR.

## (3) Consider existing VNRs as examples

Reviewing how Target 3.a has been addressed in the case studies outlined in this guide will provide ideas and templates for future VNRs developed by the Parties to the WHO FCTC. It will also be worth considering comparable VNRs, including those of neighbouring countries or those of Parties with similar levels of WHO FCTC implementation. If subregional or regional collaboration is promoted through the preparation of VNRs, cross-fertilization in terms of content and type of information would be beneficial for ensuring that all collaborating Parties include reference to WHO FCTC in their VNRs. Furthermore, not only can VNRs provide the chance to learn how peers conduct implementation but they can also provide examples of how to evaluate and analyse a Party's own progress.

## Concluding summary

One of the benefits of a VNR is that it enables experiences and lessons learned to be shared to advance the 2030 Agenda. This guide has provided several case studies with good practice that can be learned from and that inform reporting on Target 3.a in a VNR, as well as lessons learned in the experiences of Parties that have either not yet included Target 3.a in a VNR or have included only Indicator 3.a.1. The guide has also provided a set of key observations and recommendations that can help Parties to the WHO FCTC to achieve the inclusion of reference to Target 3.a in their reviews. The recommendations can be adopted and adapted by the Parties and utilized by the WHO FCTC focal points. They can also be beneficial to other tobacco control stakeholders that participate in or support the process, in addition to those responsible for the preparation of VNRs.

Reporting on Target 3.a is an important component of WHO FCTC implementation through highlighting achievements, learning from peers, strengthening connections between the WHO FCTC and sustainable development, and in showcasing the positive impact of implementing the WHO FCTC.



## Appendix: Methodology

### *Country selection*

Case studies were selected on the basis of an assessment of existing VNRs. The 158 VNRs available were reviewed in terms of structure, content and references to the implementation of Target 3.a. The 57 VNRs that included any reference to Target 3.a<sup>44</sup> were evaluated on the level of completeness and depth of engagement with Target 3.a in the text and in any statistical appendix, in addition to whether Target 3.a was included in all VNRs created by a given country.

### *Interview process*

In addition to desk research, the recommendations provided in this guide have been informed by interviews with key stakeholders in case study countries, all of whom were engaged in their relevant VNR preparation processes. Interview participants included representatives from national government, as well as outside of government – including for instance civil society and international organizations. Interview participants have been kept anonymous to protect confidentiality and to encourage rich and detailed interview data.

Interviews were semi-structured; questions were determined in advance, but new questions were pursued derived from the responses in the interview, as relevant to the context and to encourage deeper analysis. Questions addressed the relevant VNR process and the participants' involvement, how Target 3.a came to be included in a VNR, how Target 3.a was addressed in the VNR, and how to improve the process in future.

### *Limitations*

Potential research limitations arising from the interview approach could include the introduction of bias. This is always a consideration when using data from self-reported interviews. Given the potentially sensitive nature of the subject matter, there is the possibility that interviewees could have provided biased or partial information. This has been mitigated by ensuring anonymity and confidentiality in the case of the interviewees, and by ensuring total anonymity for the case study countries that did not include Target 3.a in their VNRs.

Another potential limitation is the true generalizability of the findings. It is important to consider the country context when addressing the VNR process. Differences in priorities, capacity, resources and political will, among other issues, could have an impact on the applicability of the recommendations provided in this guide.

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<sup>44</sup> A reference to Target 3.a means that a given VNR addresses Target 3.a in its text and/or includes Indicator 3.a.1, because it measures progress on Target 3.a, and/or addresses the WHO FCTC because it is central to Target 3.a. This does not include VNRs that list all targets.

