Background paper for the regional technical consultation on:

Monitoring the Health-Related Sustainable Development Goals (SDGs)

9–10 February 2017, SEARO, New Delhi, India

Introduction to the Sustainable Development Goals (SDGs)

The era of the Sustainable Development Goals (SDGs) has begun. Health is well placed in the SDGs. The health goal (SDG 3) is broad: *'Ensure healthy lives and promote well-being for all at all ages'*. The SDG declaration emphasizes that to achieve the overall health goal, *'we must achieve universal health coverage (UHC) and access to quality health care. No one must be left behind'*. This places UHC as at the centre of the SDG 3 health goal and SDG 3 as a contributor to and beneficiary of sustainable development, with linkages to all the other SDG targets. Achieving SDG 3 will depend on progress in other SDGs – e.g., poverty reduction; education; nutrition; gender equality; clean water and sanitation, sustainable energy and safer cities (Box 1).

Box 1	SDG 3 and health-related linkages with the other SDGs

Why this regional consultation now?

This consultation is being held at the request of many Member States in the WHO South-East Asia Region (SEAR) who have voiced concerns about the data collection burden of measuring health-related SDG indicators, including monitoring progress towards all of the targets under SDG 3 plus other health-related SDGs. Many are seeking clarification and consensus on how to move forward.

Country measurement and accountability mechanisms exist in all countries in SEAR. All countries have monitoring and evaluation (M&E) frameworks for measuring progress of national health policies, strategies, and plans including sets of core health indicators. How well these frameworks and health information systems are fit for purpose for monitoring the health-related SDGs varies. It is an opportune time to discuss and address many issues to enhance national capacity to monitor the health-related SDGs including equity analysis. Specific objectives are to:

> The technical consultation aims to provide guidance on issues such as setting health-related SDG targets and ways to align and integrate applicable SDG indicators with national monitoring and evaluation (M&E) frameworks and indicators. Clarification on existing and new health-related SDG indicator definitions and data sources; on data availability and gaps, and on equity analysis will also be discussed.

⊙ Be updated on the health-related SDG indicator targets and definitions and the implications for national target setting;

⊙ Identify ways to incorporate health-related SDG indicators into national health measurement and accountability frameworks and which indicators to monitor;

⊙ Identify and address challenges of data quality, data disaggregation, and data analysis and use to better monitor health equity.

Health-related targets and indicators in the SDGs

The health SDG 3 covers several groups of targets, related to the unfinished MDG agenda (e.g., maternal and child health and communicable diseases); new targets including non-communicable diseases and social determinants, and targets related to health systems and universal health coverage (Box 2)[1]. From a monitoring point of view, the targets and indicators within health SDG 3 are in relatively good shape compared to other SDGs.

Box 2	Sustainable Development Goal 3 (SDG 3) and its targets

SDG3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

MDG unfinished and expanded agenda	New SDG3 targets	SDG 3 means of Implementation targets
3.1: Reduce maternal mortality 3.2: End preventable newborn and child deaths 3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases 3.7: Ensure universal access to sexual and reproductive health-care services	3.4: Reduce mortality from NCD and promote mental health 3.5: Strengthen prevention and treatment of substance abuse 3.6: Halve global deaths and injuries from road traffic accidents 3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	3.a: Strengthen implementation of framework convention on tobacco control 3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all 3.c: Increase health financing and health workforce in developing countries 3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

Box 3 highlights the array of SDG 3 indicators and some of the most relevant health-related indicators within other SDGs. For the purpose of this technical consultation, a total of 42 health-related SDG indicators will be addressed comprising SDG 3 and other health-related SDGs. The 2016 publication, *Health in the SDGs: Where are we now in the South-East Asia Region? What Next?*[2], provided a baseline analysis for 42 health-related SDG indicators for all SEAR countries.

For the purpose of this technical consultation, a total of **42 health-related SDG indicators will be addressed**. These include 31 individual indicators from the 13 health goal (SDG 3) targets plus 11 indicators from 6 other health-related targets.

Box 3	Health-related Sustainable Development Goal (SDG) indicators from SDG 3 and other related SDGs

3.8: Coverage of essential services (index): Catastrophic household expenditure on health

MDG unfinished and expanded agenda	Indicators for new SDG3 targets	SDG 3 means of Implementation targets
3.1: Maternal mortality ratio; Births by skilled health professional 3.2: Under-5 MR; Neonatal MR 3.3: New HIV infections; TB, malaria, Hep B incidence rates; NTD interventions 3.7: Contraceptive met needs; adolescent birth rate per 1000	3.4: Mortality attributed to 4 leading NCDs (cardiovascular disease, cancer, diabetes, chronic respiratory disease); suicide MR 3.5: Drug use disorders treatment interventions; alcohol per capita consumption 3.6: Road traffic death rate 3.9: Air pollution, water/sanitation, poisoning mortality rates	3.a: Tabaco use prevalence 3.b: Access to affordable medicines and vaccine; ODA for medical research 3.c: Health worker density and distribution 3.d: International Health Regulations (IHR) capacity

2.2: prevalence of under-5 stunting, wasting, and obesity; 6.1/6.2: improved drinking-water and sanitation; 7.1 reliance on clean fuels; 11.6 urban air quality; mortality due to disasters; 16.1 homicide and conflict-related mortality rates; and 16.9 birth registration coverage

There is much concern about the burden of monitoring the health-related SDGs, but – as challenging as this seems – no-one is starting from zero. There is a wealth of experience to build on, based on efforts previously to track the Millennium Development Goals (MDGs). There is a new opportunity to take a more comprehensive approach that includes NCDs and injuries.

Tracking Universal Health Coverage (UHC)

There are two indicators for tracking UHC: the essential health service coverage index (indicator 3.8.1) and the measure for financial protection (3.8.2). These have evolved rapidly over the past several months with recent changes to be discussed. The essential health service coverage index is a new summary measure of coverage that has been under development by WHO and the World Bank for several years[3], was included in the first global monitoring report on UHC[4], in World Health Statistics 2016[5], and the regional publication on health in the SDGs[ii]. It offers a concise way of tracking progress across a range of key services, over time, within a country and reflects the importance of and linkages with other health-related SDG indicators. It is based on 16 largely familiar indicators that can be combined into an index.

Latest developments with the index and the changes to the tracer indicator for financial risk protection will be discussed. A sharper focus on these two key health service and financial protection indicators will be valuable for policy makers. Without such information, decision-makers cannot say where they are, and set a course for where they want to get to. They cannot know whether their policies and strategies are making a difference.

Health-related SDG indicator data availability and gaps

A half day will be spent reflecting on new developments – global, regional, and national – to review efforts to integrate the health-related SDG targets and indicators into national monitoring and evaluation (M&E) platforms and indicators sets. Particular attention will be given to get everyone on the same page in terms of indicator definitions and country relevance.

What are some of common issues countries in the region have been raising about the health-related SDG indicator data availability and gaps?

- ⊙ *Lack of clarity.* Some indicator definitions, preferred data sources, and methodology for computation remain unclear.

- ⊙ *New indicators.* Some indicators are new and information systems are not yet equipped to address these or planned health surveys may need to be modified.

- ⊙ *Applicability.* Some indicators may not be applicable or suitable for SEAR countries and this consultation will help understand country viewpoints.

- *Access to non-health sector data.* Some indicators include data found outside the health sector and data sharing agreements may need to be negotiated.

- *Lack of disaggregated data available.* Stratification of health-related SDG indicators by multiple dimensions—such as age, sex, wealth, education, and geography—will be necessary to do adequate equity analysis.

- *Global health estimates.* Discrepancies arise sometimes between nationally reported values and indicators published from global health estimates. This presents challenges that will be reviewed and ways to rectify this issue will be discussed.

Breakout groups will discuss these and other common data issues for all of the health-related SDG indicators organized into three areas: (1) infectious diseases; (2) non-communicable diseases and risk factors; and (3) Health systems plus reproductive, maternal, newborn and child health (RMNCH). Analysis by WHO highlights data availability and gaps observed globally and regionally (Box 4).

Box 4	General health-related SDG data availability and gaps globally

	Indicator topic	Country data availability	Disaggre-gation	Comparable estimates	Source estimates
3.1.1	Maternal mortality	Fair	Poor	Annual	UN MMEIG
3.1.2	Skilled birth attendance	Good	Good	In prep.	UNICEF, WHO
3.2.1	Under-five mortality rate	Good	Good	Annual	UN IGME
3.2.2	Neonatal mortality rate	Good	Good	Annual	UN IGME
3.3.1	HIV incidence	Fair	Fair	Annual	UNAIDS
3.3.2	TB incidence	Fair	Fair	Annual	WHO
3.3.3	Malaria incidence	Fair	Fair	Annual	WHO
3.3.4	Hepatitis B incidence	Poor	Poor	In prep.	WHO
3.3.5	Neglected tropical diseases at risk	Fair	Poor	Annual	WHO
3.4.1	Mortality due to NCD	Fair	Poor	Every 2-3 years	WHO
3.4.2	Suicide mortality rate	Fair	Poor	Every 2-3 years	WHO
3.5.1	Treatment substance use disorders	Poor	Poor	Not available	UNODC, WHO
3.5.2	Harmful use of alcohol	Fair	Poor	Annual	WHO
3.6.1	Deaths road traffic injuries	Fair	Poor	Every 2-3 years	WHO
3.7.1	Family planning	Good	Good	Annual	UNPD
3.7.2	Adolescent birth rate	Good	Good	Annual	UNPD
3.8.1	Coverage index UHC	Good	Fair	In prep.	WHO, World Bank
3.8.2	Financial protection	Fair	Fair	In prep.	WHO, World Bank
3.9.1	Mortality due to air pollution	Fair	Poor	Every 2-3 years	WHO
3.9.2	Mortality due to WASH	Fair	Poor	Every 2-3 years	WHO
3.9.3	Mortality due unintentional poisoning	Fair	Poor	Every 2-3 years	WHO
3.a.1	Tobacco use	Fair	Good	Annual	WHO
3.b.1	Access to medicines and vaccines	Poor	Poor	Not available	WHO
3.b.2	ODA for medical research	Fair	n.a.	In prep.	OECD , WHO
3.c.1	Health workers	Fair	Poor	Not available	WHO
3.d.1	IHR capacity and emergency preparedness	Fair	n.a.	n.a.	WHO
6.1.1	Drinking water services	Good	Good	Annual	WHO, UNICEF
6.2.1	Sanitation services	Good	Good	Annual	WHO, UNICEF
7.1.1	Clean household energy	Fair	Fair	In prep.	WHO
11.6.1	Air pollution	Good	Good	Annual	WHO
13.1.1	Mortality due to disasters	Fair	Poor	Every 2-3 years	WHO
16.1.1	Homicide	Fair	Fair	Every 2-3 years	WHO
16.1.2	Mortality due to conflicts	Fair	Poor	Every 2-3 years	WHO, UNPD

Groups will also explore which indicators are most suitable for routine data collection from facility-based and community health information systems—or health management information systems—versus which indicators remain integral to current and planned household and demographic surveys.

There are a significant number of new mortality rate indicators associated with underlying causes of death. This introduces new challenges and an opportunity to better understand the burden of disease and causes of death in SEAR. For example, identifying mortality linked disasters, conflicts, or non-communicable diseases (NCDs) before the age of 70 will require further consideration in terms of data collection and analysis.

Finally, we will look at health risk factor indicators, many associated with premature mortality, in which case the data typically is captured by other sectors or national statistical offices. How to bring all of this together into health-related SDG monitoring framework and national health M&E platforms and indicator sets will be addressed.
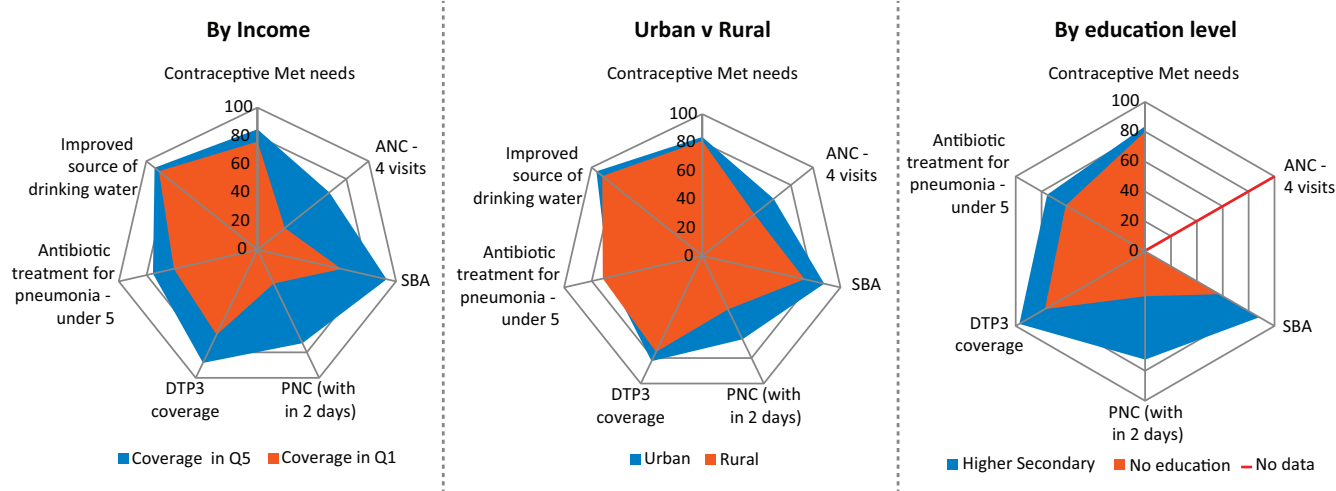
To 'leave no one behind' will require equity analysis and needs disaggregated data within countries. How best to proceed?

Strong health equity monitoring systems are important for countries on the path to reducing inequalities in health and achieving the health-related SDGs. Many of the data in health-related SDG indicators will come from surveys and can easily be stratified by equity dimensions. This is currently not being done regularly. Where data is coming from HMIS facility-based reports, too often the data is disaggregated at the point of data collection but is aggregated before being compiled into monthly reporting forms or databases.

Each of the health-related SDG indicators will be reviewed with an equity lens during the consultation. This will be an important step for understanding which equity stratifiers are necessary and possible to disaggregate the data for further analysis. Box 5 highlights equity considerations by three dimensions of inequality: by household income, by geography, and by education levels. Maintaining health-related SDG indicators stratified along these three equity stratifiers plus age and sex constitute the five core equity dimensions recommended wherever feasible. Other equity stratification dimensions might be warranted by countries and should also be considered further.

By Income

Contraceptive Met needs

■ Coverage in Q5 ■ Coverage in Q1

Urban v Rural

Contraceptive Met needs

■ Urban ■ Rural

By education level

Contraceptive Met needs

■ Higher Secondary ■ No education — No data

Incorporating the global health-related SDG monitoring framework and indicators into national frameworks and data platforms

This consultation will focus on the importance of national measurement and accountability mechanisms—including fully functioning monitoring platforms and core indicator sets. These should firstly be designed specifically to track progress towards fulfilling the goals and objectives of national health polices, strategies, and plans. The national monitoring framework and data platforms should be used secondly to capture the data necessary to generate indicators to report progress towards the health-related SDGs.

WHO will continue to encourage countries to incorporate the health-related SDG indicators through mechanisms that are cost-effective, appropriate, reasonable, and aligned with current and future national health systems performance monitoring or health sector M&E requirements.

How easy will it be to incorporate the health-related SDG indicators?

This is an important question to ask, as it may be reasonable to delay monitoring certain health-related SDG indicators until a later date when data is available from periodic surveys or new data collection mechanisms are in place. Existing data sources or proxy indicators already being used might be a sufficient substitute for certain health-related SDG indicators and could be declared adequate or "good enough" without causing any additional burden or disruptions in reporting processes. Identifying and rationalizing country-specific adaptations to the health-related SDG indicators might be warranted if it will save time, cost, and avoid added burden. The consultation will aim to identify key actions and good practices for adopting or adapting the health-related SDG indicators into current and planned health information system processes, platforms, and solutions.

Can we anticipate some monitoring systems and data platform issues already?

Given the depth and breadth of the health-related SDG indicators—both within SDG 3 and under other SDG targets—this consultation will attempt to highlight potential techniques or solutions for some of the monitoring systems and data platform issues already identified.

Three specific roundtable discussions are planned to address:

⊙ How to deal with data gaps primarily from lack of service delivery information from private sector health facilities?

⊙ Working with and data sharing with other sectors to capture all of the health-related SDG indicators

⊙ In-depth review and understanding how to capture, manage and use the data in the UHC health service coverage index (Indicator 3.8.1) and measure for financial risk protection (Indicator 3.8.2).

Other technical issues around the national monitoring and data platforms, systems, and data collection and reporting processes will likely emerge through the course of the consultation and will also addressed.

WHO will encourage countries to adopt and adapt the health-related SDG indicators through mechanisms that are cost-effective, appropriate, reasonable, and aligned with current and future national health systems performance monitoring or health sector M&E requirements.

Health-related SDG target setting and where do we go from here?

Many of the health-related SDG targets are straightforward, while some are ambiguous and no clear milestone is given. There is currently no detailed global or regional guidance for the target setting process. In principle, national targets for the health-related SDG indicators should be set within the context of rational debate and agreement within countries. Each country should explore what is feasible and achievable given the country context based on evidence. This consultation will discuss some of the principles around setting targets and solicit discussion among participants with experience to date and ideas for target setting.

What are some of the most strategic investments for strengthening health measurement and accountability use of the health-related SDG indicators for setting and achieving targets?

Reliable health information is essential for meeting the health-related SDGs and measuring progress towards achieving UHC and addressing national health priorities. The national health information system (HIS), including civil registration and vital statistics (CRVS) systems, is a key building block of better health system performance. Health-related SDG target setting will depend on a functioning HIS for the production, analysis, dissemination and use of accurate and timely health information by decision-makers at different levels of the system.

In June 2015 a measurement and accountability 5-point call to action[6] was issued by WHO, the World Bank, and USAID along with the publication, The

Roadmap for Health Measurement and Accountability[7]. Many health information systems experts in SEAR countries have since been sensitized to the call to action and have become familiar with the roadmap through inter-country conferences[8,9]. An overview of the call to action and roadmap will be shared and discussed during the technical consultation to emphasize key strategic actions countries can consider taking to incrementally improve data quality, analysis, and use of the health-related SDG indicators.

Box 6	Measurement and Accountability 5-Point Call to Action

(1) Increase the level and efficiency of HIS investments by governments and development partners to strengthen the country health information system in line with international standards and commitments;

(2) Strengthen country institutional capacity to collect, compile, share, disaggregate, analyze, disseminate, and use data at all levels of the health system;

(3) Ensure that countries have well-functioning sources for generating population health data, including civil registration and vital statistics systems, censuses, and health surveys tailored to country needs, in line with international standards;

(4) Maximize effective use of the data revolution, based on open standards, to improve health facility and community information systems including disease and risk surveillance and financial and health workforce accounts, empowering decision makers at all levels with real-time access to information;

(5) Promote country and global governance with citizens' and community's participation for accountability through monitoring and regular, inclusive transparent reviews of progress and performance at the facility, subnational, national, regional, and global levels, linked to the health-related SDGs.

What are the expected outcomes of the technical consultation?

⊙ Participants have a clear understanding of global and regional developments while learning and sharing experience with other countries what is happening nationally with the health-related SDG targets and indicators.

⊙ Participants better understand the health-related SDG indicator definitions, data availability and sources, and steps needed to conduct equity analysis.

⊙ Participants better prepared to set health-related SDG targets once back in country and understand steps improving national measurement and accountability platforms and systems.

⊙ Participating development partners have a better idea what are some of the country challenges and needs that could potentially be supported through technical assistance if requested.

Footnotes and References

1. World Health Organization. Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. Geneva: WHO; 2015. http://www.who.int/gho/publications/mdgs-sdgs/en/ – accessed 20 January 2017.

2. World Health Organization, Regional Office for South-East Asia. Health in the Sustainable Development Goals: Where are we now in the South-East Asia Region? What Next? New Delhi: WHO-SEARO; 2016. http://apps.who.int/iris/bitstream/10665/249536/6/9789290225218-Eng.pdf?ua=1 – accessed 20 January 2017.

3. World Health Organization. Technical note: Developing an index for the coverage of essential health services. Geneva: WHO; 2016. http://www.who.int/healthinfo/universal_health_coverage/UHC_WHS2016_TechnicalNote_May2016.pdf – accessed 20 January 2017.

4. World Health Organization and the World Bank. Tracking universal health coverage: first global monitoring report. Geneva: WHO; 2015. http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/ - accessed 20 January 2017.

5. World Health Organization. World Health Statistics 2016: Monitoring Health for the SDGs. Geneva: WHO; 2016. http://www.who.int/gho/publications/world_health_statistics/2016/en/ - accessed 20 January 2017.

6. World Health Organization, the World Bank and USAID. Health Measurement and Accountability post 2015: Five-point call to action. http://www.who.int/hrh/news/2015/5-point-call-to-action.pdf?ua=1

7. World Health Organization, the World Bank and USAID. The Roadmap for Health Measurement and Accountability. Washington, D.C. World Bank: 2015. http://www.who.int/hrh/documents/roadmap4health-measurement_accountability.pdf?ua=1 - accessed 20 January 2017.

8. The Conference on Measurement and Accountability for Universal Health Coverage in the Asia Pacific and AeHIN 4th General Meeting. Bali, Indonesia: 2015. http://ma4healthap.aehinacademy.org/ - accessed 20 January 2017.

9. Inter-country conference on measurement and accountability for health (MA4health). Dhaka, Bangladesh: 2016. https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Bangladesh_MA4Health_Summary_report__for_Web___5_.pdf - accessed 20 January 2017.

10. World Health Organization, Regional Office for South-East Asia. Dashboards: Health Information Platform (HIP) for the WHO South-East Asia Region. http://hip.searo.who.int/dhis/dhis-web-commons/security/DBHome.html - accessed 20 January 2017.