

Consultation Summary Report

Regional Technical Consultation on Monitoring the Health-Related Sustainable Development Goals (SDGs) and Workshop on the Health Equity Analysis Toolkit (HEAT)

7–10 February 2017, WHO Regional Office for South-East Asia, New Delhi, India

Background

The Sustainable Development Goal (SDG) 3 for health is broad: *‘Ensure healthy lives and promote well-being for all at all ages’*. A two-day technical consultation was held at the request of many Member States in the WHO South-East Asia Region (SEAR) who had voiced concerns about 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. A pre-consultation two-day workshop on measuring health inequalities was also held using the WHO Health Equity Assessment Toolkit (HEAT).

The technical consultation aimed 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; on equity analysis; and on tools and techniques available as well as opportunities for requesting and receiving technical assistance were also discussed.

A link is [here](#) to the **background paper** on monitoring the health-related SDGs.

Consultation Objectives

- 1 Be updated on the health-related SDG indicator targets and definitions and the implications for national target setting;
- 2 Identify ways to incorporate health-related SDG indicators into national health measurement and accountability frameworks and which indicators to monitor and
- 3 Identify and address challenges of data quality, data disaggregation, and data analysis and use to better monitor health equity.

Setting the scene

Opening ceremonies included remarks by Dr Poonam Khetrpal Singh, Regional Director, WHO SEARO, emphasizing the importance of monitoring the health-related SDGs with achievable targets and adequate capacity to analyze inequalities and take action. Country delegations from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste were joined by representatives from WHO, UNICEF, UN ESCAP, JICA, and other development partners plus several technical experts from external institutions. Once underway, the conference participants discussed recent global and regional updates on the status of monitoring 42 health-related SDG indicators to better understand the issues with data availability and gaps and challenges ahead with mainstreaming the health SDG 3 into national information systems and decision-making processes. Presentations and reflections from all the countries revealed in common high-level commitment to the SDGs, significant progress already with mapping indicators to national data sources, and preparing data collection and reporting platforms to be “SDG ready” for the future.

Data availability & ‘Leave No One Behind’

It was acknowledged that health-related SDG indicator data comes primarily from periodic surveys which will need to be continued and budgeted for, such as DHS, MICS, and STEPS. Routinely collected data from health management information systems (HMIS) will likely require changes in data collection forms.

Country teams form work groups to systematically review each of the 42 health-related SDG indicators to uncover significant gaps in data availability. Data for the RMNCH and infectious disease indicators (e.g., HIV, TB, malaria) are readily available, whereas in most cases countries are lacking adequate NCD and risk factor information required as well as data on health services. Filling data gaps or utilizing substitute indicators was discussed, supported, and may be necessary in some cases.

A session on analyzing inequalities to ‘leave no one behind’ in the SDGs highlighted the importance of making disaggregated data available more easily. Five equity stratifiers were agreed to be essential if feasible—age, sex, residence, wealth, education level.

42 health-related SDG indicators (including health SDG 3 and other relevant 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	3.4: Mortality attributed to 4 leading NCDs (cardiovascular disease, cancer, diabetes, chronic respiratory disease); suicide MR	3.a: Tobacco use prevalence
3.2: Under-5 MR; Neonatal MR	3.5: Drug use disorders treatment interventions; alcohol per capita consumption	3.b: Access to affordable medicines and vaccines; ODA for medical research
3.3: New HIV infections; TB, malaria, Hep B incidence rates; NTD interventions	3.6: Road traffic death rate	3.c: Health worker density and distribution
3.7: Contraceptive met needs; adolescent birth rate per 1000	3.9: Air pollution, water/sanitation, poisoning mortality rates	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

Aligning health SDG indicators with national frameworks and data platforms

A remote presentation from Bangladesh demonstrated how health-related SDG indicators can be integrated, communicated effectively, and inform managers with web-based tools. Delegates expressed interest in learning more about and applying innovative tools and better techniques—such as real-time monitoring dashboards to help policy makers and managers.

Group discussions were facilitated to take stock of existing country institutional capacity with national M&E frameworks and data platforms and identify needs and opportunities for improvements. More common next steps were to adapt surveys, forms, info systems, and data sharing policies to centrally store, manage, disseminate, and report health SDG progress.

Hot Topics

- 1 In most cases, countries have an overall SDG coordination and reporting mechanism—a unit or committee overseeing implementation of all the SDGs. UN ESCAP outlined five action areas for **better linkages and data exchanges across sectors**—including modernizing statistical business processes to improve quality and instill greater trust in data.
- 2 The Universal Health Coverage (UHC) SDG 3.8 indicators will continuously evolve. Each of the 16 sub-indicators comprising the **UHC service coverage index** and the metric for measuring **financial protection** were clarified fully.
- 3 Compulsory health-related SDG **data collection from the private sector is a common problem** across countries. Partnerships, policies, voucher or capitation-based financing schemes are some ways to compel data reporting and use.

Health Information Platform (HIP)

World Health Organization
Regional Office for South-East Asia

Indicators & metadata Reports & Publications Help

Welcome to the
Health Information Platform for the WHO South-East Asia Region

The Health Information Platform (HIP)—is an integrated database of country health indicators from 100+ global health estimates and nationally reported values across the 11 member states of the WHO South-East Asia Region. The HIP allows users to access and download data and indicators and utilize interactive analytics tools to generate tables and charts, view maps and dashboards, and generate visualizations. The HIP is powered by the District Health Information Software v 2 (DHIS2).

Click on a toolbox below to explore health indicators from the 11 countries in the WHO South-East Asia Region

- Generate Tables**
Create data tables on single or multiple indicators, countries and years.
- Create Charts**
Visualize data in line graphs, scatter plots, bar, pie and diamond charts.
- Render Maps**
Plot available indicators on the map for specific period to compare data across the region.
- View Dashboards**
Visualize data and indicators by health themes, including the health SDGs and Universal Health Coverage(UHC).

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The Health Information Platform for the WHO South-East Asia Region is a data repository with query tools and monitoring dashboards for maintaining access to the health-related SDG indicators and many others across the 11 SEAR countries. (<http://hip.searo.who.int/dhis>)

Health SDG target setting and roadmap for measurement and accountability

Setting country specific health-related SDG targets is still warranted in all countries. National SDG coordinating mechanisms are facilitating the process in some cases. For some indicators there is no baseline information and it is likely that data may not become available for some time or even years if it must wait until a survey is completed. Target setting requires more in-country consultation and agreement.

Kathy O'Neill and Alastair Robb from WHO Headquarters pointed out three areas towards strengthening health data systems to support the health-related SDG monitoring—(1) strengthen governance, (2) invest in innovative data systems, and (3) advance capacity in analytics and use. Countries expressed interest in number of tools and techniques—particularly towards improving institutional statistical analysis capacity.

Pre-Consultation Workshop on the WHO Health Equity Assessment Toolkit (HEAT), 7-8 February 2017

Equity is getting attention more than ever in the global agenda. Sustainable development goals are set up based on the concept of “leaving no one behind”. The two-day pre-consultation workshop was able to familiarize participants from eight countries with components of health inequality monitoring as well as enable capacity to interpret and report on state of health inequality. Participants worked with the WHO Health Equity Assessment Toolkit (HEAT) to analyze, interpret and discuss the status of health inequality using disaggregated data from DHS and MICS surveys and derive summary measures. A new HEATplus tool will be available in June 2017 to allow countries to load their own national data sets with any equity stratified disaggregated data available and develop the same measures of inequality.

Most of the participating countries expressed interest in applying HEAT in the future and building capacity to be able to measure equity in health interventions; ensure health interventions have an equitable impact; and the most vulnerable benefit from them. Equity analysis capacity building will require additional resources and training to be mainstreamed into existing data quality, analysis, and use activities.



Major Consultations Outcomes

- 1 ‘Leave no one behind’ also means leave no disaggregated data behind in order to measure inequalities and monitor equity in health services. Future surveys and existing information systems should be adapted as needed to support equity analysis.
- 2 Advocacy for and larger investments in civil registration and vital statistics (CRVS) systems are warranted and should be pursued aggressively to improve the reliability of mortality statistics tracked in the SDGs and understand burdens of diseases—particularly NCDs.
- 3 Follow up national health-related SDG monitoring consultations will help with target setting and integrating the indicators into national M&E systems based on the clarifications made and common understanding across the region.
- 4 Data from the entire health system (public and private) plus better translation and analysis of the health-related SDG indicators will optimize the SDGs beyond reporting and more for national use.