

Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs) 2025 Comprehensive Review Proposal Submission Form

Background

In accordance with [GA Resolution 71/313](#), the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) will conduct a Comprehensive Review of the global indicator framework in 2024 with the aim to submit its proposed revisions, replacements, additions and deletions to the 56th session of the United Nations Statistical Commission in March 2025 for its consideration.

Types of proposal

Proposals will fall into one of these four groups:

- A. **Replacements:** a proposal to replace an existing indicator for an SDG target with a different indicator; will be considered if the existing indicator does not map well to the target or does not track the target well.
- B. **Revisions/adjustments:** a proposal to revise or adjust an existing indicator for an SDG target; will be considered if the current indicator does not map well to the target or does not track the target well.
- C. **Additions:** a proposal to add an additional indicator for an SDG target; may be considered only in exceptional cases when a crucial aspect of a target is not being monitored by the current indicator(s) or to address a critical or emerging new issue that is not monitored by the existing indicators.
- D. **Deletions:** a proposal to delete an existing indicator for an SDG target; may be considered when a tier II indicator has not been able to submit any data to the global SDG monitoring or is proven to be challenging for countries to implement. *A proposal to delete an indicator will not be considered if it is the only indicator monitoring the corresponding target.*

Guideline/checklist

To help prepare the proposal, below are some guiding principles and helpful and/or required information. The IAEG-SDGs will not be able to properly review and consider submissions without the required information.

- The review aims to **maintain the same number of indicators** currently in the framework to not alter significantly the original framework, which is already being implemented in most countries and to not increase the reporting burden on national statistical systems.
- A proposed indicator must have an agreed methodology (tier III indicator proposals will not be considered) **and data available for at least 40% of countries and of the population across the different regions where the indicator is relevant** and be suitable for global monitoring.
- The addition of a sub-indicator within an existing indicator is discouraged as it adds to the reporting burden.
- Each submission proposal must include:
 - Background and rationale for the indicator proposal
 - Information on how and when the methodology has become an international standard and who is the governing body that approves it (*except for proposals to only delete an indicator*)
 - Link to available data and/or link to where data can be located (*except for proposals to delete an indicator*)
 - Completed metadata template (*except for proposals to only delete an indicator*). The metadata of proposed revisions/adjustments must be submitted with the **track changes**.
- Except for proposals to delete an indicator, it is highly recommended to consult the appropriate custodian agency(ies) prior to submitting the proposal to use their indicator.

For more information on the 2025 Comprehensive Review process, please refer to the following [webpage](#).

**ALL PROPOSALS MUST BE SUBMITTED ONLINE. PLEASE SUBMIT THE COMPLETED FORMS AT:
bit.ly/2025_review BY 30 APRIL 2024**

If you encounter issues with the online form, please contact the IAEG-SDGs Secretariat (statistics@un.org).

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To be completed by and submitted to the Secretariat for the IAEG-SDGs review during the 2025 Comprehensive Review. All fields are required unless otherwise indicated; incomplete forms will not be considered. *Please use one submission form per proposal. If you have more than one proposal, please submit one form for each proposal.*

Submitter information

Please enter information about the focal point of this submission.

Full Name:	Click or tap here to enter text.
Agency/organization name:	World Health Organization
Email address:	Click or tap here to enter text.

Please list other contacts and other agencies/organizations (if any) associated with this submission below.

Full Name	Agency/organization name:	Email address:
Click or tap here to enter text.	World Health Organization	Click or tap here to enter text.
Click or tap here to enter text.	World Health Organization	Click or tap here to enter text.
Click or tap here to enter text.	World Health Organization	Click or tap here to enter text.

Type of proposal

1. This is a proposal for a(n): *(please select only one)*:

- REPLACEMENT**: to replace an existing indicator for an SDG target with a different indicator.
- REVISION/ADJUSTMENT**: to revise or adjust an existing indicator for an SDG target.
- ADDITION**: to add an additional indicator for an SDG target.
- DELETION**: to delete an existing indicator for an SDG target.

2. Please enter the SDG Target this proposal is for *(please enter the SDG target number. For example, 11.c)*:

3.8

3a. For “**REPLACEMENT**” or “**DELETION**” proposals, please enter the indicator name **and** number you are proposing to replace or delete:

Click or tap here to enter text.

3b. For “**ADDITION**” proposals, please enter the name of the indicator you are proposing to add:

Click or tap here to enter text.

3c. For “**REVISION/ADJUSTMENT**” proposals, please enter the existing indicator name **and** number you are proposing to revise/adjust:

3.8.1: Coverage of essential health services

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Overview of proposal

4. Background and rationale for the proposal *(please provide a summary of the rationale for the proposal)*

The UHC SCI is made of up 14 tracers which were intended to incorporate future refinements¹ depending on new data and/or improved data availability. For the 2025 review, WHO is proposing the modification of 3 tracers for indicators which will increase data availability, align with other reporting frameworks: SDG and WHO's global program of work (GPW) and/or improve measurement of (treatment) coverage. These tracer revisions would not add additional reporting burden to countries and the number of tracers remains the same.

Tracer area	Proposal	Current	Rationale
Family planning	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Percentage of women of reproductive age (15-49 years) who are married or in-union who have their need for family planning satisfied with modern methods.	Aligns with SDG 3.7.1 and WHO GPW
Health workforce	Health workers (medical doctors, nursing and midwifery personnel)	Health workers (physicians, psychiatrists, and surgeon)	Aligns with WHO GPW, SDG 3.c.1 and increases data availability.
Management of diabetes	Coverage of treatment (taking medication) for diabetes among adults aged 30 years and over with diabetes (age-standardized estimate)	Age-standardized mean fasting plasma glucose for adults aged 18 years and older	Current is a proxy and proposal better covers intended measure (treatment) while increasing available trend data

WHO's GPW measures progress towards 1 billion more people benefitting from universal health coverage using similar indicators to the UHC SCI. In efforts to align and streamline communication and messaging; the revisions are to modify two tracer areas: family planning and health workforce.

In the case of family planning, the change also aligns with the definition in 3.7.1 and is only a change in the target population (married or in-union versus all women of the same age group). The data availability does not change (184 of the 194 WHO Member states).

The health workforce revision is from three cadres to two: medical doctors and nursing and midwifery personnel. The proposal means both cadres align with indicators reported for 3.c.1 monitoring. The number of country-years for nursing and midwifery personnel compared to the previous two cadres of surgeons and psychiatrists (unique country years combined) results in 63% more data points between 2000 and 2021. The number of countries (out of 194) with 50% or more reported data points for the period of 2000-2021 also increases from 53% (103) compared to 27% (52) and 23% (45) for psychiatrists and surgeons respectively.

¹ See Table UHC tracer indicators selected to monitor progress on health service coverage, their type, data sources, and data availability across 183 countries and their rationale, limitations, and possible refinements. [Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. The Lancet Global Health 2018; 6: e152-68.](#)

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The third revision relates to the management of diabetes tracer (line 3 in table), which currently is using a proxy: mean fasting blood glucose. This was last updated in 2016 and the modelled estimates run up to 2014 and are no longer updated by WHO. With current methods, this would result in a constant extrapolation of the 2014 trend forward almost a decade to 2023 for the next reporting cycle (end of 2025). The diabetes treatment indicator will be newly modelled this year, taking into account newly available country surveys, with plans to update it every 3-5 years and trends will extend to 2022 covering 192 Member States. The change from using a proxy to a coverage indicator, once data were available, was anticipated during the methodology development.

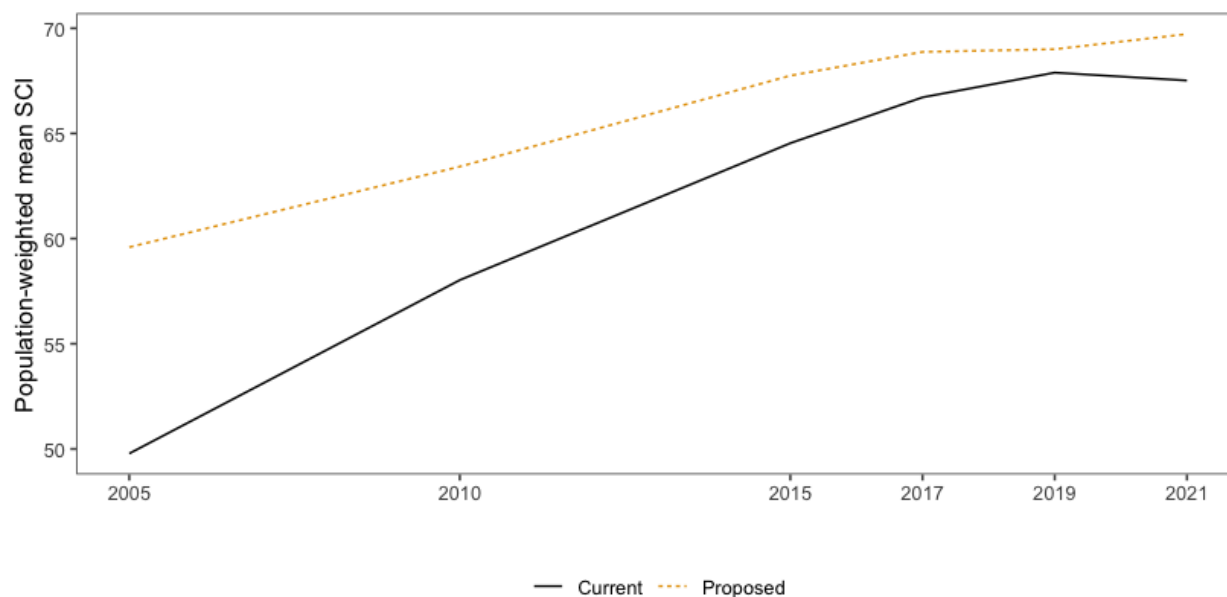
Lastly, proposed is a weighting scheme for tracer indicators. The current calculation of the UHC SCI is a geometric mean of four sub-indices. Each sub-index is itself a geometric mean of its constituent tracer indicators, with equal weights for each. A consequence of the equal weights is that the change in SCI from 2000 to 2001 is driven disproportionately by changes in disease specific treatments, such as for HIV and TB. Instead, a weighting scheme is proposed, that weights tracers by tracer-specific populations for each sub-index. For example, using the weighted geometric mean in for the reproductive, maternal, newborn and child health sub-index (RMNCH):

$$RMNCH^* = (FP^{POP_{FP}} \cdot ANC^{POP_{ANC}} \cdot DTP3^{POP_{DTP3}} \cdot ARI^{POP_{ARI}})^{1/(POP_{FP} + POP_{ANC} + POP_{DTP3} + POP_{ARI})}$$

The tracer populations for RMNCH are subsets of the total population within each country. For Family Planning (FP), the relevant population is of Females Ages 15-49. Similarly, for child immunization (DTP3), it is population of surviving infants, and child care-seeking (ARI) is the total population under five years of age. For pregnancy and delivery care (ANC4) we use the total number of live births.

Preliminary analysis show that these revisions will shift the level of the SCI upward and attenuate the improving trend from 2000-2021 (See Figure “Trajectory of UHC SCI — Current vs. Proposed Changes”).

Trajectory of UHC SCI — Current vs. Proposed Changes
Global



This change in trend is driven primarily by the reduced impact of changes in infectious disease indicators. The change in UHC SCI produced by changes in infectious diseases is reduced from 74.1% to 49.8%. This allows for a more equal contribution from other sub-indices, where service capacity and access rises to explain 16.3% of the change in SCI, up from 4.7%. These results are subject to change with updated data and country consultation, expected in the second quarter of 2025.

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5. Please indicate how and when the methodology has become an international standard and who is the governing body that approves it *(except for proposals to only delete an indicator)*.

The methodology was published in 2018 and based on the Human Development Index. The changes outlined above are a refinement in the weighting to reflect population affected.
[Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. The Lancet Global Health 2018; 6: e152–68.](#)

6. Link(s) to available data and/or to where data can be located to demonstrate the 40% coverage threshold *(except for proposals to only delete an indicator)*

Tracer area	Proposed indicator hyperlink	Notes
Family planning	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Will have to choose indicator from database filter in provided link
Health workforce	Health workers (nursing and midwifery personnel)	
Management of diabetes	Coverage of treatment (taking medication) for diabetes among adults aged 30 years and over with diabetes (age-standardized estimate)	The primary data source is STEPs where surveys are available for approximately 90 countries. While not publicly available at this time, please contact us to share in another format.

7. In case the current data coverage is below 50%, is there a plan for how the data coverage will be expanded? Please elaborate on it *(except for proposals to only delete an indicator)*.

The 3 proposed indicators all/will have data coverage well above 50% (184 countries and above).

8. Conclusion/other comments *(please enter any other information about the proposal)*:

While submitted under a single proposal within 3.8.1, we hope that each proposed change can also be evaluated separately if needed.

9. Metadata file *(except for proposals to only delete an indicator)*.

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I/We have attached the appropriate metadata file to this proposal.

10. Acknowledgement.

I/We have read and understand the information regarding the guiding principles, criteria and requirements for the 2025 Comprehensive Review proposals listed above.