

Statement on SDG 3
Joint Statement by WHO and UNICEF on behalf of health agencies, delivered by WHO

The proposals for indicators for SDG 3 on health are the result of consultations including WHO and UNICEF as co-chairs, UNFPA, UNAIDS, World Bank, UNODC, UN Population Division, UN Women, UNDP and other agencies. The most recent proposals represent a common position on all priority indicators.

The health indicators in goal 3, as well as those indicators in many health related targets, build on extensive experience with monitoring during the MDG era and are the outcome of a process that included technical meetings between UN agencies, member state representatives with expertise in health statistics, and civil society.

We have reviewed the comments by the IAEG members on the proposals for health indicators.

A first set of IAEG comments refers to sharpening of definitions including changes in age-cutoffs for some indicators, coded green or yellow by UNSD. Where necessary, we have submitted revised indicator definitions and provided further explanation of the metadata. Also, measurement issues were raised for some indicators. It is important to note that global standards are available for virtually all indicators, including established processes of global compilation and reporting.

A second set of IAEG comments is about proposals for additional indicators to better address the targets, such as indicators for neglected tropical diseases, mental health, harmful use of alcohol, stillbirths, exclusive breastfeeding, mortality due to environmental pollution, and R&D of medical products. We have made proposals to fill these gaps but wherever possible we have aimed to keep the number of indicators to a minimum, and suggest that where there is explicit language in the target – NTD, mental health, prevention of substance abuse, harmful use of alcohol – these proposals receive priority.

A third set of comments refers to the target 3.8 on universal health coverage which is a particularly critical target as it underpins all other health targets. Several IAEG member states note that further specificity is required. As the World Bank and WHO clarified in a letter to the IAEG it is critical to have two indicators: one on the coverage of interventions and one on financial protection, and both with an explicit equity dimension.

On the financial protection indicator, several comments suggested health insurance coverage or out of pocket expenditure on health. There is extensive evidence that neither indicator adequately captures the extent to which people are protected against health care related financial catastrophe. The proposed indicator on catastrophic and impoverishing health spending is feasible and measured by an increasing number of countries.

For intervention coverage the monitoring has to rely on multiple coverage indicators that measure critical aspects of health promotion, prevention and treatment for all at all ages. This includes a common set of indicators of the coverage of essential services, which can be used as a tracer in all countries, as well as more country-specific indicators. It is possible to compute a simple understandable composite measure that also includes equity, but indeed more methodological work is needed and ongoing.

Finally, while target by target monitoring of progress is essential, SDGs cannot be monitored by just the targets. It is essential that the SDG monitoring framework also pays attention to indicators at the goal level, which is required to monitor overall progress towards the health goal and the SDGs in general.