

Workshop on Data and Statistics for Evidence-based Voluntary National Reviews (VNRs): SDG3: Good Health and Well-being

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December 10, 2019

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

- 13 targets, 27 indicators
- Almost 1/3 of Member States lack recent underlying primary data in more than half of the health-related SDGs indicators
- 3 main data sources

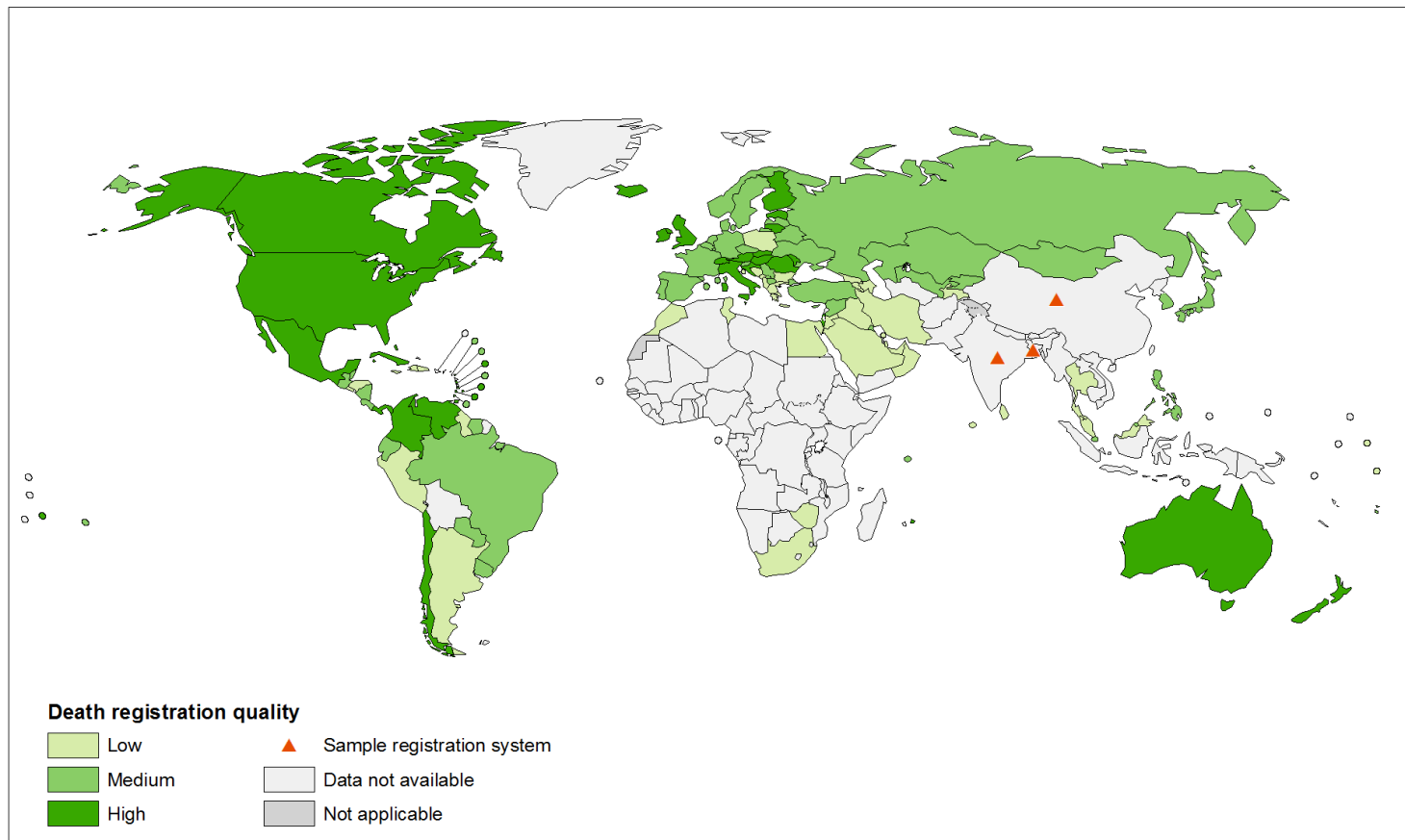
Preferred data source	Number of indicators	Example
Civil registration vital system (CRVS)	11	Maternal mortality ratio
Surveys	13	Tobacco use
Facility records	6	Health workers

Source: World Health Statistics 2017. Some indicators use a combination of sources

- Civil registration is defined as the **continuous, permanent, compulsory** and **universal recording** of the occurrence and characteristics of vital events pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country.“
- Preferred source for the following SDG3 indicators:
 - 3.1.1 Maternal mortality ratio
 - 3.2.1 Under-5 mortality rate
 - 3.2.2 Neonatal mortality rate
 - 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
 - 3.4.2 Suicide mortality rate
 - 3.6.1 Death rate due to road traffic injuries
 - 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years)
 - 3.9.1 Mortality rate attributed to household and ambient air pollution
 - 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene
 - 3.9.3 Mortality rate attributed to unintentional poisoning

CRVS (Causes of death): quality

Only 49 countries representing 20% of the world's population produce high-quality cause-of-death data collected through CRVS system



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

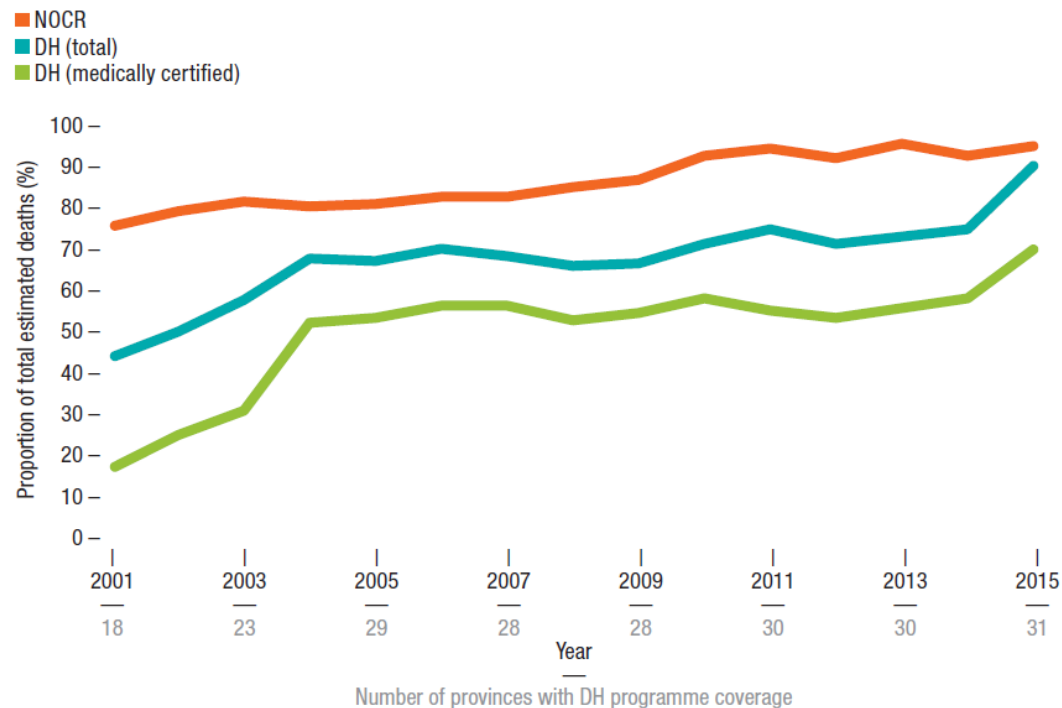
- Less than 10% of annual deaths having ICD coded cause of death determined, some haven't started...
- Inadequate human resources and capacity to adopt full ICD10
- Lack of funding
- Bureaucratic CRVS design, process and linkage among HMIS/IDSR, fragmentation of mortality collection
- Lack of incentives for death registration, access barrier
- Reluctance from physicians on provide/applying international CoD certificate.

- Engagement of other sectors for mutual benefits
 - By 2020, halve the number of global deaths and injuries from road traffic accidents
 - Marrakech Declaration at the 1st African Road Safety Forum (November 2018): encourage countries to prioritize the development of their CRVS system for better data on deaths from road traffic crash.
 - Multi-sector collaboration: land transport, police, civil registration, health, NGOs, road safety partners
- Data uses
 - CRVS also produces information on vital events, birth, marriages
 - 15 of the 17 SDGs requiring CRVS data to measure their indicators

- Ministry of Health and Medical Education (MOH&ME) develop the Deputy of Health (DH) programme which aims to improve death registration data, including improvements in the medical certification of cause of deaths
 - Operates in parallel with other institution (NOCR)
 - Cross-checking of data using multiple sources at the district level, such as NOCR, cemetery and facility data, to identify omissions and duplication
 - Major investments in system strengthening (training of certifiers and coders)
 - First piloted in 1997; in 1999 the coverage was 4 provinces, and 5% of deaths in the country.

CRVS: Iran (Islamic Republic of)

- In 2001 the system was expanded to 18 provinces; by 2014 30 of 31.
- Data from 2013 coded in ICD-10 detailed.
- Step-wise, long-term strategy of CRVS system development
- Completeness of cause of death-registration in 2015 : 88%



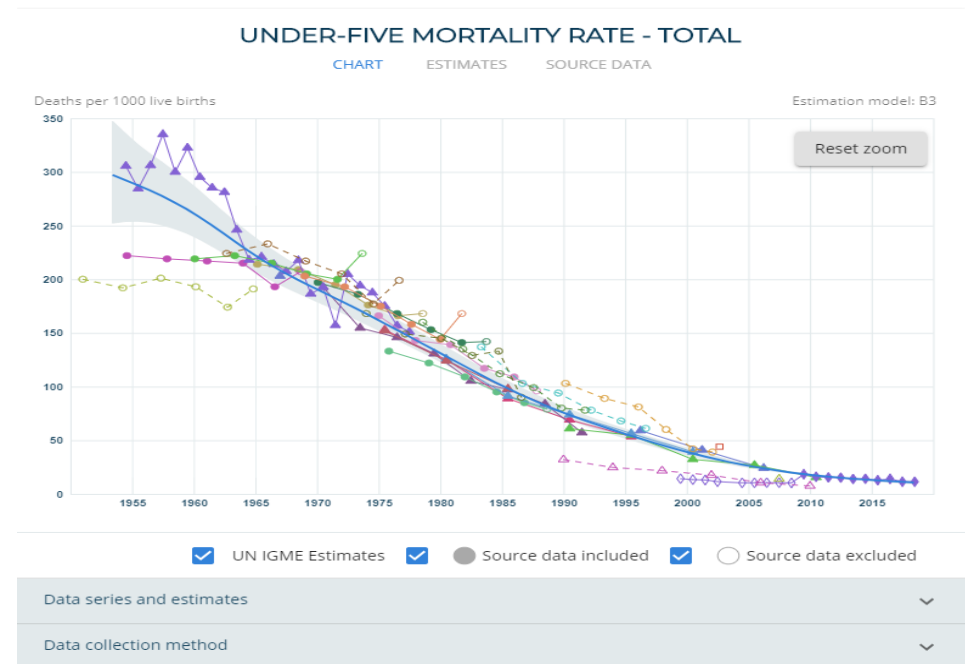
Source: World Health Statistics 2017

CRVS: timely, continuous

- CRVS provides routine, continuous, data available to the lowest administrative unit.

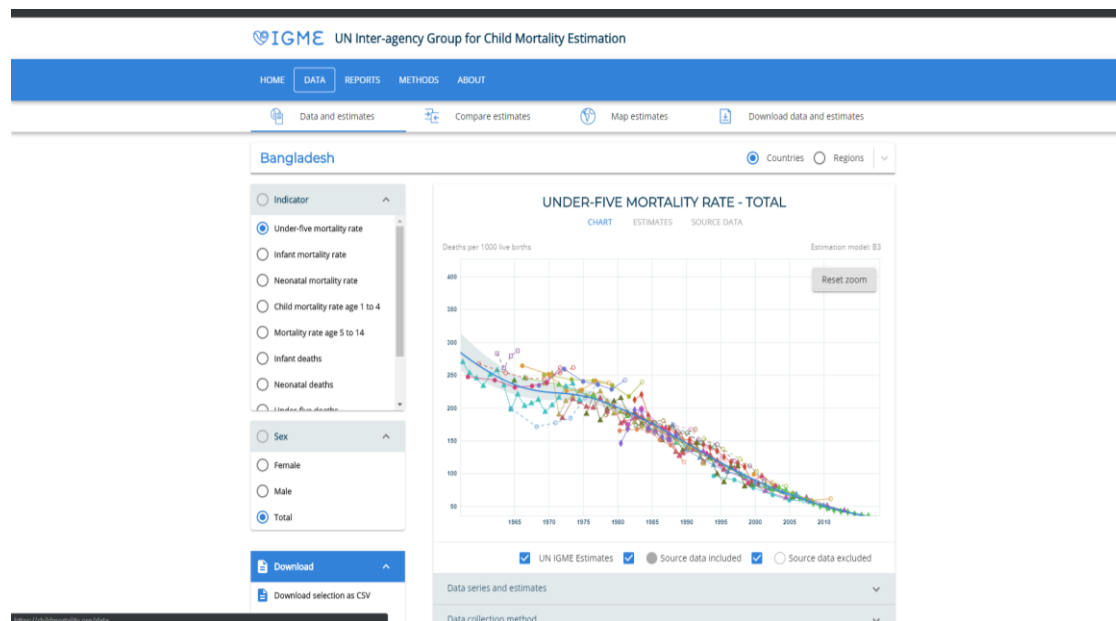
- Turkey: ~ 50% in 2007
~ 85% in 2013

[Child mortality example](#)



- All mortality SDGs are reported as estimates: country data are adjusted or modelled to allow comparisons between countries or over time. Comparable estimates are produced for countries with underlying primary data and, in some cases, also for those without.
- Advantage of the estimates are that most will have trend data to assess progress.

- Each indicator which is reported as an estimate is country consulted with a designated focal point by the regional office, MOH/NSO.
 - Review the underlying data used, supply additional data and comment on the methods
- Moving towards making all the input data publicly available
 - [Child mortality](#)
 - [Maternal mortality](#)



WHO commitments to strengthening Member State HIS



Data Standards & Estimates

Provide reliable and actionable data to systematically drive continuous and equitable health improvement with actionable data leading to policy change.



Health Information Systems

Support Member States and catalyze change so that data and health information are used systematically and effectively to set measurable goals and track progress and impact public health policies and programmes.



Data Governance & Exchange

Support Organization-wide efforts toward a coherent and principled vision and practice of data collection, analysis, dissemination, and use.



A collective commitment by 12 multilateral organizations with significant roles in health, development and humanitarian work to strengthen their collaboration in support of countries.

Level	Actions
Country Level	Assess gaps in data disaggregation capabilities and digital health maturity
	Strengthen country capacity in data cycles
	Support investment plans in quality resources for HIS
Global/ Regional Level	Commit to common principles for data and digital health
	Standardize data tools and leverage global goods
	Compile core set of resources to guide the use of emerging technologies in data and digital health

- 40% of SDG3 indicators require cause-of-death data, yet only around half of countries are able to register more than 80% of adult deaths, and less than one third of countries have good-quality data on cause of death;
- [Startup Mortality list \(ICD-10-SMoL\)](#)
- Global initiatives
 - 2014 World Bank launched of Global Financing Facility: improve the health of women, children and adolescents
 - 2014 Global Strategy for Women's, Children's and Adolescents' Health (2016-2030: importance on strengthening country data, including CRVS systems
 - 2015 the Summit on Health Measurement and Accountability for Results in Health
 - 2015 Bloomberg Data for Health initiative to improve recording of deaths