

## Goal 3

**Target number:** 3.8

**Indicator Number and Name:** 3.8.1 UHC coverage of essential health services

**Agency:** WHO

**Has work for the development of this indicator begun?** Yes

**Who are the entities, including national and international experts, directly involved and consulted in developing the methodology/and or data collection tools?**

Starting in 2012, the World Health Organization and World Bank have led a consultative process to arrive at the proposed indicator for 3.8.1, which is an index of the coverage of essential health services. This process included: five technical meetings with broad participation from country governments, academics, civil society organizations and UN agencies; incorporating feedback received during two previous SDG-IAEG meetings; and a recent WHO-led country consultation with 130 participating Member States. The following website contains meeting reports from these five meetings, which document the evolution of the measurement approach and definition of the indicator over the past five years:

[http://www.who.int/healthinfo/universal\\_health\\_coverage/en/](http://www.who.int/healthinfo/universal_health_coverage/en/) . A variety of informal discussions have also occurred between WHO/World Bank staff and various stakeholders.

More details on the five technical meetings, including the institutions and organizations that participated in the discussions, are as follows:

1. Technical meeting on monitoring universal health coverage, 16-19 November 2015, Rockefeller Centre, Bellagio. (Meeting report: [http://www.who.int/healthinfo/universal\\_health\\_coverage/UHC\\_Meeting\\_Nov2015\\_Report.pdf?ua=1](http://www.who.int/healthinfo/universal_health_coverage/UHC_Meeting_Nov2015_Report.pdf?ua=1))

Participants from: Imperial College London (United Kingdom), Duke NUS Graduate Medical School (Singapore), Harvard Medical School (USA), Johns Hopkins University (USA), International Health Policy Program (Thailand), Erasmus University (Netherlands), Institute for Health Policy (Sri Lanka), JICA (Japan), World Health Organization, World Bank, Rockefeller Foundation, Save the Children

2. Technical meeting on monitoring universal health coverage, 11-13 March 2014, Rockefeller Centre, Bellagio. (Meeting report: [http://www.who.int/healthinfo/universal\\_health\\_coverage/UHC\\_Meeting\\_Bellagio\\_Mar2014\\_Report.pdf?ua=1&ua=1](http://www.who.int/healthinfo/universal_health_coverage/UHC_Meeting_Bellagio_Mar2014_Report.pdf?ua=1&ua=1))

Participants from: Universidad de Desarrollo (Chile), Peking University (China), Ministry of Health (Thailand), Ifakara Health Institute (Tanzania), Erasmus University (Netherlands), International Centre for Diarrhoeal Disease Research (Bangladesh), Federal University of Bahia (Brazil), Human Sciences Research Council (South Africa), Institute for Health Metrics and Evaluation (USA), Tunis El Manar University (Tunisia), JICA (Japan), USAID (USA), Rockefeller Foundation, Macro , OECD, World Health Organization, World Bank

3. Monitoring progress towards universal health coverage: A consultation with civil society partners, 21 January 2014 . (Meeting report: [http://www.who.int/healthinfo/universal\\_health\\_coverage/meetings\\_consultations/en/index1.html](http://www.who.int/healthinfo/universal_health_coverage/meetings_consultations/en/index1.html))

Participants from numerous civil society organizations.

4. Technical meeting on measurement and monitoring of universal health coverage, 17-18 September 2013, Singapore. (Meeting report: [http://www.who.int/healthinfo/universal\\_health\\_coverage/meetings\\_consultations/en/index2.html](http://www.who.int/healthinfo/universal_health_coverage/meetings_consultations/en/index2.html))

Participants from: Center for Child and Adolescent Health (Bangladesh), International Centre for Diarrhoeal Disease Research (Bangladesh), Instituto de Saude Coletiva, Federal University of Bahia (Brazil), Universidad del Desarrollo (Chile), Ministry of Social Development (Chile), Peking University (China), State Health and Family Planning Commission (China), Ministry of Social Affairs (Estonia), National Institute for Health Development (Estonia), Health Streams International (Ghana), Ghana Health Service (Ghana), Institute of Public Health Bangalore (India), Tata Institute of Social Sciences Mumbai (India), Public Health Foundation of India (India), Institute for Family Welfare/Ministry of Health (India), Ministry of Health (Peru), Ministry of Health (Singapore), Duke NUS Graduate Medical School (Singapore), National University of Singapore (Singapore), University of Cape Town (South Africa), Ifakara Health Institute (Tanzania), Ministry of Health (Thailand), Tunis El Manar University (Tunisia), University of Carthage (Tunisia), Health Strategy and Policy Institute (Viet Nam), USAID (USA), GIZ (Germany), Abt Associates, World Health Organization, World Bank, and Rockefeller Foundation.

5. Technical meeting on measurement of trends and equity in coverage of health interventions in the context of universal health coverage, Rockefeller Foundation Center, Bellagio, 17-21 September 2012. (Meeting report: [http://www.who.int/healthinfo/universal\\_health\\_coverage/UHC\\_Meeting\\_Bellagio\\_Sep2012\\_Report.pdf?ua=1](http://www.who.int/healthinfo/universal_health_coverage/UHC_Meeting_Bellagio_Sep2012_Report.pdf?ua=1))

Participants from: Ghana Medical School (Ghana), University of Ghana (Ghana), University of Oxford (United Kingdom), Federal University of Bahia (Brazil), University of Pelotas (Brazil), Johns Hopkins University (USA), Health Systems Trust (South Africa), International Centre for Diarrhoeal Disease Research (Bangladesh), BRAC University (Bangladesh), University Icesi (Colombia), University of Cape Town (South Africa), USAID (USA), World Health Organization, ICF International"

### **What is the involvement of or how do you plan to involve National Statistical Systems in the development of the methodology?**

In addition to the involvement of government representatives in the above meetings, WHO conducted a formal country consultation on the proposed index of essential health services for 3.8.1, including country level values for the index, in the first half of 2017. The process of this consultation followed the WHO Executive Board resolution EB107.R8, and involved WHO sending circular letters to Member State governments asking them to nominate a focal point for consultation on the indicator. We then shared the methodology, data sources, and draft country data values for the service coverage index with the nominated focal point and requested their review and comment. We had 130 countries participate in the consultation and the feedback was positive.

### **Please briefly describe the process of developing the methodology for the indicator**

In response to governments' calls for technical support on UHC monitoring, WHO and the World Bank came together to produce a UHC monitoring framework, which is based on a series of country case studies and technical reviews as well as consultations and discussions with country representatives, technical experts and global health and development partners. The framework focuses on the two key components of UHC: coverage of the population with quality, essential health services and coverage of

the population with financial protection. In addition to the technical consultations described above, and the recent WHO country consultation on the proposed meta data and results with 130 Member State representatives, several publications ([http://www.who.int/healthinfo/publications\\_uhc/en/](http://www.who.int/healthinfo/publications_uhc/en/)) have supported the development of the indicator, and are described below.

1. Tracking universal health coverage: First global monitoring report. Joint WHO/World Bank report published June 2015. This report presented the data available to monitor universal health coverage, including coverage of selected tracer interventions. See here: [http://www.who.int/healthinfo/universal\\_health\\_coverage/report/2015/en/](http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/).

2. Monitoring progress towards universal health coverage at country and global levels: framework, measures and targets. Joint WHO/World Bank paper, May 2014. This paper was written on the basis of consultations and discussions with country representatives, technical experts and global health and development partners, including an online consultation based on a draft paper. See here: [http://www.who.int/healthinfo/universal\\_health\\_coverage/report/2014/en/](http://www.who.int/healthinfo/universal_health_coverage/report/2014/en/)

3. PLOS Medicine series, including following article written by WHO and World Bank staff: Monitoring progress towards universal health care coverage at country and global levels, by Ties Boerma, Patrick Eozenou, David Evans, Tim Evans, Marie-Paule Kieny, Adam Wagstaff. Sept 2014. See here for full collection on monitoring UHC that was organized by WHO/World Bank: <http://collections.plos.org/uhc2014.>"

**Please indicate new international standards that will need to be proposed and approved by an intergovernmental process (such as UNSC) for this methodology.**

There are no new international standards required. A point of emphasis in the development of the index has been that it should be calculated from common, existing indicators that countries already monitor, so as to avoid additional reporting burden from new indicators. In terms of how the index is actually computed, methodologies used for the calculation of the Human Development Index are employed.

**When do you expect the methodological work on this indicator to be completed?**

The methodological work on this indicator is completed. WHO/World Bank will publish country, regional and global level SDG baseline values for the index based on the proposed metadata for 3.8.1, which have now been consulted with Member States, in a report released on UHC day in December 2017, as well as in an accompanying academic paper. In the future, we will continue to examine and consult on data sources to evaluate the feasibility of incorporating other tracer indicators of service coverage into the framework.

**Are data and metadata already being collected from the National Statistical System for one or more components of this indicator?**

Yes

**If yes, please describe:**

Most of the indicators used to compute the service coverage index are already widely collected by countries. There are some gaps (in particular, for cervical cancer screening rates and access to essential medicines), but for these there is general agreement that countries will begin collecting these indicators in the near future as they are important for policy and planning (as well as for monitoring SDG target 3.b in the case of essential medicines). Details on metadata for the proposed tracer indicators to be used in the

index for 3.8.1 are available on the WHO website here:  
[http://www.who.int/healthinfo/universal\\_health\\_coverage/UHC\\_Tracer\\_Indicators\\_Metadata.pdf?ua=1](http://www.who.int/healthinfo/universal_health_coverage/UHC_Tracer_Indicators_Metadata.pdf?ua=1).

**How do you plan to collect the data?**

Send questionnaire(s) to country, Obtain data directly from country database/website, Joint survey/compilation with national agency and international entity

**If the indicator involves multiple components from different data sources, please describe how each individual component of the indicator will be collected here.**

Values for tracer indicators are computed from national population-based health survey data (e.g., coverage of family planning and improved water and sanitation), as well as administrative data that countries report to WHO (e.g., immunization coverage, HIV and TB treatment coverage, and health workforce density). Specific details on each of the 16 tracer indicators used for computing the index for 3.8.1 are provided in the following technical note:

[http://www.who.int/healthinfo/universal\\_health\\_coverage/UHC\\_Tracer\\_Indicators\\_Metadata.pdf?ua=1](http://www.who.int/healthinfo/universal_health_coverage/UHC_Tracer_Indicators_Metadata.pdf?ua=1)

**With what frequency is data expected to be collected?**

Every 1-5 years. The frequency of data collection varies across tracer indicators, but countries typically collect new data every 1 to 5 years. For indicators coming from national administrative data systems, such as for child immunization coverage, data are collected each year. However, for some other indicators, such as four or more antenatal care visits during pregnancy, those are often collected in national surveys (like DHS), which are conducted every 3-5 years. Although every 3-5 years is not ideal, for tracking progress in changes in service coverage this is not an unreasonable time frame. The UHC index itself will be updated every 2 years by WHO, using the most recent data available for each tracer indicator from each country.

**Is there a process of data validation by countries in place or planned for this indicator?**

Yes

**If yes, please briefly describe:**

As explained above, WHO conducted a formal country consultation with Member States in the first half of 2017, wherein officially nominated focal points from countries were provided, by email, with a technical note that explained the proposed methods, metadata, and data sources for the index, as well as an Excel file containing current values for tracer indicators and the index with accompanying underlying calculations. Focal points were asked to provide comments on the methodology and to review the data and submit new data as available. We had 130 member states participate in the consultation, and the feedback was positive. WHO will continue to conduct these country consultations in future years when producing new values for the index to monitor progress.

**If you have any additional comments that you believe would be helpful to IAEG-SDG members in analysing the work plan and methodological development of the indicator, please provide them here:**

We note that it may be desirable for some of the tracer indicators included in the index to change in future years, if circumstances in countries dictate and in particular as more data become available, and following

consultation with all stakeholders. For example, we would like to streamline the tracer indicators included in the index with other SDG indicators where possible, once metadata for those SDG indicators is adopted and widely reported (e.g., to incorporate 3.b.1 for immunizations and 3.b.c for essential medicines). The timing of these refinements will depend on how quickly these SDG indicators become available; until then we can compute the index with existing data sources. We would propose any substitutions to the IAEG, and will be able to reconstruct historical time series to ensure temporal consistency for SDG monitoring over time. The indicator's definition and measurement framework would not be substantively altered.

*(as of September 2017)*