Tracking progress towards the health-related MDGs led to substantial developments in monitoring capacity. Notable advances included the focus on a small set of indicators and targets, and the increased investment in health data for priority health programmes. At the same time, major efforts were directed at compiling statistics on progress at regional and global levels. It can be argued that without the galvanizing influence of the MDGs on promoting measurement and the development of monitoring systems the world would not be in a position to track progress with the degree of confidence that is now possible. The MDG monitoring effort also brought key issues to the fore, encouraging political leaders in several countries to make public commitments to achieving specific targets in areas such as maternal and child mortality. Such commitments not only put pressure on governments to deliver, but also provide a way for civil society, parliaments and the media to hold health providers to account.

The 2030 Agenda differs from the MDGs in several ways, with important implications for global, regional and country health monitoring. Key differences include the broader scope of the 2030 Agenda in terms of the health targets set, as well as the emphasis placed on equity, the links between health and other sectors, and the centrality of country monitoring and review. This section discusses the main differences and their implications for monitoring.

2.1 Scope – an agenda for all countries

The SDGs are not solely focused on developing countries. Thus, while some targets and indicators may be more relevant for developing countries, SDG monitoring should, in principle, cover all. At present, there are multiple regular global mechanisms for health monitoring and reporting, but most are focused on specific health topics (such as annual reports on tuberculosis or malaria) or on a limited numbers of countries (for example, regional WHO reports or the Health at a Glance series of the Organisation for Economic Co-operation and Development - OECD). The WHO World Health Statistics series, supported by the web portal Global Health Observatory (GHO), is currently the only regular United Nations mechanism that presents comparable data on a large range of health topics from all countries. Because many countries still do not have adequate health information systems data availability and quality varies greatly between countries. For example, only 70 countries currently provide WHO with regular data on mortality by age, sex and cause of death which are required for more than a dozen SDG indicators. There are also important data

2 The Global Health Observatory (GHO) is WHO’s portal providing access to data and analyses for monitoring the global health situation. See: http://www.who.int/gho/en/, accessed 16 April 2016.
gaps for indicators other than mortality. This is a challenge for all countries, including high-income countries, and is a particular concern with regard to disaggregated data.

2.2 Contents – all major health areas are included

The SDGs cover a much broader set of topics than the MDGs, notably with regard to health. The SDG 3 targets cover virtually all major health topics, including reproductive, maternal, newborn and child health, infectious diseases, NCDs, mental health, road traffic injuries, UHC, environmental health consequences and health systems strengthening. In addition, many other SDGs include health-related targets and indicators such as targets for nutrition, water, sanitation, air quality and violence, as well as for the key determinants of health such as education and poverty.

In order to accommodate a much broader range of health and health-related issues, country, regional and global monitoring systems will have to adapt. This will mean, at the very least, undertaking data collection in an integrated manner, and avoiding the fragmentation and duplication of investment and effort that often characterized MDG-related efforts. At the same time, data analyses will need to assimilate multiple areas of health and provide clearly articulated syntheses for diverse audiences. Progress and performance review processes will provide an opportunity to take a more holistic approach to the interpretation of results on a wide range of targets and indicators, and to translate comprehensive analysis into effective action.

Finally, closer collaboration between health and other sectors will be required to ensure that health monitoring takes into account data on determinants and risk factors for health, and that other sectors give due attention to health statistics. Health stakeholders will need to work closely with the statistical community to enhance the quality of health monitoring, ensure strong inputs from other sectors and align with the overall SDG monitoring processes.

2.3 Equity – the need for disaggregated data

Much of the focus on the MDGs was based on aggregate global, regional and national achievements. Going forward, and in order to reflect the SDGs’ emphasis on equitable development, there is a need for much greater disaggregation of data, including statistics disaggregated by sex, age, income/wealth, education, race, ethnicity, migratory status, disability and geographic location, or by other characteristics, in order to identify and track disadvantaged populations within countries. SDG Target 17.18 specifically calls for countries to increase the availability of data disaggregated by all relevant inequality dimensions.

Data disaggregation presents a major challenge for many countries and for global and regional monitoring. Household surveys are the primary source of disaggregated health data on demographic and socioeconomic characteristics and can be used to identify disadvantaged populations. However, they often lack the sample sizes required to allow for the computation of reliable subnational statistics beyond the provincial or regional level, or to measure health indicators in smaller disadvantaged or difficult-to-survey populations such as migrants, mobile populations and minorities. Data from health facilities and administrative sources can be used to fill the local information gap, but the quality of such data still requires considerable improvement in many countries. In several situations special data collection efforts are required.

2.4 Multisectoral data – health-related risk factors and determinants

Because the SDGs address the full range of economic, environmental and social factors that underpin sustainable development, monitoring progress towards them requires a high degree of integrated analysis. Health-related targets in the SDGs must be included in health monitoring, including risk factors for health that are the primary domain of other sectors (for example, water and sanitation, air quality and nutrition). Determinants of health that have a major indirect influence on health, such as income/wealth, education, gender, peace and security, should also be considered. Because the health sector often does not have primary responsibility for tracking these determinants, effective monitoring will depend upon more integrated and collaborative approaches. In addition, monitoring should aim to track multisectoral action. While this may be measured through quantitative process indicators outside of the global SDG indicator framework, qualitative information is often required to obtain a clear picture of what is really happening.

2.5 Country monitoring – data gaps and capacity

The 2030 Agenda puts considerable emphasis on country follow-up and review processes as the basis for accountability. With so many global SDG indicators such follow-up and review will inevitably be challenging for many countries, especially those facing major data gaps. Strengthening country health information systems should therefore be a priority. In future, the overall data picture may improve as a result of innovative approaches based on information and communication technology and the trend towards “open data” – that is, the release of data by government agencies, businesses, non-profit organizations, researchers and other private entities that can be easily accessed and used by all. Open data is not only facilitating
broader scrutiny, but also allowing for the use of different kinds of data.

National statistical offices will lead the country SDG monitoring processes. Enhanced collaboration between health and other sectors with statistical offices will be vitally important in constructing a coherent narrative regarding national health status and trends. According to the proposals of the United Nations Statistical Commission, the global indicators will be the core of all other sets of indicators, based upon internationally agreed standards of collection, analysis and reporting. In addition, WHO Member States will develop indicators (and targets for the indicators) at regional, national and subnational levels, according to national priorities and requirements, and standardized in accordance with international guidelines.

The need for global reporting has often led to the overburdening of countries with reporting requirements related to programme-specific monitoring and grant mechanisms. It is therefore essential that reporting be focused on informing national review processes. The SDG agenda offers an opportunity to rationalize global reporting requirements. In health, the global reference list of 100 health indicators provides an example of an initial multi-agency effort to reduce the reporting burden on countries and improve the quality of what is reported. Such initiatives should be accompanied by further harmonization and alignment of international reporting requirements, and by efforts to maximize the use of country mechanisms. For the health targets, many existing reporting systems can be used to monitor individual targets.

Closer collaboration between health and statistical constituencies in countries (and globally) is essential. Health investments can play a vital role in supporting the strengthening of country statistical capacity, while statistical offices can do much to support the health sector, notably in strengthening of country statistical capacity, while statistical authorities and, where possible, to resolve or carefully explain any discrepancies.

While global monitoring will continue to be vital to the overall SDG monitoring effort, the 2030 Agenda envisages a greater role for regional monitoring and reporting mechanisms. Most discussions on regional monitoring processes for the SDGs are still ongoing. Globally, the United Nations Secretary-General has been mandated to produce an annual progress report on the SDGs to support follow-up and review at the HLPF. The report is to be based on data produced by national statistical systems and information collected at the regional level. It is expected that the global reporting of progress on the 2030 Agenda will be based on global and regional aggregates of data on indicators as compiled by international agencies based on their respective existing mandates and/or expertise. United Nations agencies will continue to play a critical role in the validation of data and statistics produced by countries.

Global and regional reviews cannot be conducted without comparable data for the indicators. Most health indicators are well developed with good metadata and proven methods of data collection, analysis and use. In particular, the indicators inherited from the MDG era, and other indicators used to measure progress within governing bodies in the United Nations system, are well developed. Others are more difficult to quantify because of the scarcity of underlying data.

Given the large data gaps, and the lack of timely data for many indicators, it is often necessary to use statistical models to obtain a picture of the global and regional situation, including comparable statistics for use by countries. These estimates differ from country-reported data which are often not adjusted or do not refer to the same year(s). Further efforts should be made to reconcile data provided at the global level with the data published by national statistical authorities and, where possible, to resolve or carefully explain any discrepancies. Improving the situation with regard to estimates will require major investments to support interaction between United Nations agencies and countries, with a focus on capacity strengthening in developing countries. It is important to bear in mind that better data and standardized analyses are the best way to minimize discrepancies between reported statistics and estimates.

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3 The Health Data Collaborative is an informal, inclusive partnership of international agencies, governments, philanthropies, donors and academics. (See: http://www.healthdatacollaborative.org/, accessed 9 May 2016.)

2.7 Review – using data for improved implementation

Countries will develop their own review processes which should be based on objective assessments that include quality statistics as well as complementary qualitative information that captures the complexity of the agenda and may offer insights into why progress is or is not being made. SDG progress assessments are likely to be comprehensive and complex, and thus have the potential to become very unwieldy. One of the biggest challenges faced will be keeping the focus on the “big picture” of the SDGs, rather than the details related to individual targets. The health sector can contribute to the overall SDG review process by formalizing its own review of progress and performance in health and health-related areas, and feeding a synthesis of such assessments into overall reviews.

One of the many benefits derived from augmented monitoring during the MDG era was greater scrutiny by civil society and others of national government performance. It is likely therefore that the SDGs, in addition to being the subject of country-level monitoring of specific health targets, will be used to initiate and/or drive debate regarding a country’s position on health, or on factors that impact health. Regional and global reviews can also be used to enhance learning and improve implementation. For example, regional mechanisms such as WHO Regional Committee meetings could conduct voluntary peer reviews of country progress, much along the lines of the proposed functioning of the HLPF.

Furthermore, regional mechanisms could provide syntheses to be used in a global review at the WHA. In turn, the WHA could conduct regular evidence-based reviews of global progress, taking into account regional syntheses and discussing the implementation and financing implications. The WHA could also play a role in providing inputs into the overall global follow-up and review process for the SDGs.