



## **Meeting of the Inter-agency and Expert Group on Sustainable Development Goal (SDG) Indicators**

We attended the Seventh meeting of the UN Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs), held from 9 to 12 April 2018, in Vienna, Austria, at the conference facilities of the UN Industrial Development Organization (UNIDO). Our travel was self-financed.

The remit of the IAEG-SDG is not the 17 SDGs or the 169 more detailed SDG targets as such but is on developing an indicator framework for monitoring these goals and targets. (There are now over 200 such indicators). The stated objectives of the 7<sup>th</sup> meeting were mainly to review progress made on the development of a number of the indicators, to discuss data handling and reporting mechanisms, to share experiences on implementation of monitoring and to review proposals for additional indicators.

Our purpose for attending was twofold: 1) we wanted to lobby for adding healthcare information to the indicators (and, ideally, to one of the targets) used to assess progress on the health goal (SDG 3), particularly for the target on universal health coverage (SDG 3.8), including a proposal to add a sample “tracer” indicator focusing on access to essential healthcare information via mobile phones, and 2) to encourage the formation of a subcommittee to discuss these and related issues and report on them to future meetings of the IAEG-SDGs.

The meeting was attended by members of the IAEG (representatives from the national statistical offices of some 20 countries), delegates from some additional countries and all the major UN agencies, plus invited “stakeholders” (such as ourselves) from civil society (including a number from UK-based health charities/NGOs), academia and the private sector. In all there were well over 100 participants.

Much of the meeting was taken up with presentations from country or UN agency representatives on progress (or lack of progress) with developing or implementing various SDG indicators (including a very relevant presentation from the WHO on progress with operationalising SDG 3.8.1, the indicator on universal health coverage) and plans for taking things forward. A number of decisions were taken, mostly on ratifying various indicators as having attained a required level of measurability, reliability, etc.

Stakeholder representatives were allotted slots only for two formal presentations (very much less than given to the main participants) and we were not among those – though, interestingly, one of the chosen presentations was on the use of a mobile phone app to support health workers in the management and monitoring of programmes related to the nutrition target (SDG 2.2) .

However, stakeholders were given opportunities by the chair to contribute to the plenary session discussions. In one of these, Geoff briefly introduced HIFA and commented on the lack of any reference to health information, particularly essential healthcare information for citizens, the starting point for enabling person-centred care, in the indicators for the relevant SDG target (3.8, on universal health coverage). He suggested that this could be remedied, without having to create an entirely new indicator, by a minor revision of the indicator (SDG 3.8.1) to include reference to access to essential healthcare information and that this could be operationalised by adding a new “tracer”

indicator focusing on access to such information via mobile phones. (Helpfully the report to the IAEG on SDG3.8 had already noted the possible desirability of change to the associated tracer indicators) .

We had discussions with many of the delegates and stakeholders. At a lunchtime meeting of the stakeholders with the Chairman, Chris proposed setting up the subcommittee we wanted, and this appears to have been agreed, although it will require ratification by the full IAEG-SDGs.

To summarize our conclusions regarding the future of this initiative:

1. New indicators are hard to add at this point. There was clear resistance from IAEG members to adding to the already considerable burden of data collection and reporting on SDGs. Nevertheless, they also seem to accept that there will have to be some “give” over the next two or three years. For example, at this meeting of the IAEG-SDGs, WHO put forward one additional indicator in relation to the Framework Convention on Tobacco Control. There will be an opportunity to contribute to a review of SDG indicators starting in the coming months and concluding by next March. It is clear that to have any chance of acceptance a proposal must include a compelling argument not only that the indicator is desirable but also that the data required to populate it either already exists or can be collected easily.
2. Any proposal for new or modified indicators will not get past first base without support from institutional partners. The obvious candidate partners for us are WHO and UNESCO. We had discussion with the representatives of both these bodies and can follow these up. We should continue to act with the IAEG-SDGs, and work positively with the new subcommittee if it is established.
3. There is scope to argue for getting healthcare information recognised not only under the health goal (SDG 3) but also in other SDGs related to Knowledge Management. Any new or modified SDG indicators need to be linked to existing targets - 3.8 for health, 2 and 4 and 17 for Knowledge Management. (Of course, there is no necessity to link new indicators to the SDGs, but this is the most visible arena, particularly for health.)
4. We currently have identified one tracer indicator, on access to essential healthcare information via mobile phones. However, discussion at the meeting suggested a range of other possibilities . For example some SDGs have indicators relating to whether there are appropriate national policies and active national programmes in the relevant area , and this suggests the possibility of developing indicators for healthcare information policies and programmes on essential healthcare information. It is certainly worth an effort to identify further indicators at this point. We are advised to “go where the data is” – if there is a mountain of data regarding some healthcare information activity, then develop the relevant indicators tailored to the data. This is an area where HIFA can help – we propose to conduct a survey among HIFA members to seek ideas about possible new indicators related to healthcare information and knowledge management in the health sector.

This was a valuable experience, and we look forward to following it up along the lines described above.

Chris Zielinski

Geoff Royston

*On behalf of HIFA, HIFA Evaluation working group and mHIFA working group*