

Eye Health in the Sustainable Development Goal indicator framework, the Universal Health Coverage monitoring report and the 100 Core Health Indicators Project.

There are three separate but interwoven and overlapping initiatives currently underway that impact on monitoring of major global health and development initiatives:

- 1) The Sustainable Development Goal (SDG) indicator framework
- 2) The World Bank / WHO Universal Health Coverage (UHC) monitoring report
- 3) The WHO “100 core health indicators”

This briefing paper looks at what these three initiatives currently have to say with regard to indicators or measurement on eye health; what the commonalities and differences are between them and identifies areas where we should be advocating for consistency, improvements and enhancements, and how we can leverage these opportunities to the benefit of people at risk of or affected by blindness and visual impairment.

1. Current status

1.1. SDG indicator framework

Accompanying the SDGs is an indicator framework which falls under the competence of the UN Statistical Commission. The final indicator framework will be the one which is used to measure progress on the SDGs at global level. The Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs), made up of 26 member states national statistical offices with Mexico and France as co-chairs, is tasked with proposing the global indicators. Review and adoption will be carried out by the Statistical Commission to be completed by March 2016. The most recent ‘List of Indicator Proposals’ from 11th August was opened up to public consultation, and IAPB and some members made submissions. There will be an updated version in time for the next IAEG –SDGs meeting (late October in Bangkok. There is still opportunity to influence the indicators, but to improve chance of take-up it would be advisable to lobby countries, the main advocacy targets, by November.

The view from civil society generally is that the indicators do not go far enough to reflect the transformative 2030 agenda, with statisticians concerned more with what is currently measured and perceived to be readily available.

When considering the indicators in the ‘List of proposals’ draft August 11 2015 from the perspective of eye health and disability, it is important to note:

Target 3.3 – Though the narrative for this target specifically mentions Neglected Tropical Diseases (NTDs) the accompanying indicator list does not include an NTD measure, though many of the other specific diseases mentioned do have an indicator.

Target 3.8 – This target promotes universal health coverage (UHC). In the August paper two indicators¹ are suggested, one concerning catastrophic/ impoverishing out of pocket expenditure and the other on service coverage. For the service coverage indicator the framework makes reference to using the tracer interventions for prevention and treatment services as recommended in the World Bank / WHO UHC monitoring report. As this report contains good references to cataract surgical coverage and NTDs (see section 1.2) this is very encouraging.

Disability related targets - Despite the very welcome focus on disaggregated data in target 17.18 and the specific reference to disability in six other targets (4.5 and 4a on education, 8.5 on work, 10.2 on economic, social, political inclusion, 11.2 on transport, 11.7 on green and public spaces) the indicator framework is disappointing as it does not reflect the narrative and fails to include disability specific indicators for many of these targets.

1.2 World Bank / World Health Organization report on Universal Health Coverage monitoring

This important and influential report titled ‘Tracking universal health coverage: First global monitoring report’ published in June 2015, makes a number of recommendation on how to monitor universal health coverage. It lists 13 prevention and treatment indicators. Due to advocacy led by IAPB and Sightsavers these include the cataract surgical coverage which the report recognises as a *“promising indicator that is an indicator not only of ophthalmological surgical care coverage but also of access to care by the elderly.”*

Also included amongst the 13 indicators is one relating to “preventive chemotherapy treatment (PCT) coverage against neglected tropical diseases”. The report defines the numerator as “the number of people requiring PC who have received PC (at least one NTD)”, and the denominator as “the number of people requiring PC (at least one NTD)”. It is good that the UHC report contains an NTD indicator, but the indicator is not optimal.

¹ Some earlier versions of the SDG indicator framework had not included both service coverage and financial protection measures. IAPB and many of our members signed up to a letter from Global civil society, about 100 health NGOs and actors, and made the point that both the service coverage indicator and the financial protection indicator are required to adequately monitor progress on UHC. It is pleasing that the latest draft of the indicator framework has taken up this recommendation.

It potentially over reports coverage where comorbidity exists i.e. people have two or more NTDs but are not receiving treatment for all of them. It excludes the 12 other NTDs that are not treated by PC and surgical aspects such as trichiasis surgery.

The UHC report also recommends that alongside the prevention and treatment tracer indicators a set of indicators relating to financial protection must also be measured if access to UHC is to be properly monitored.

As explained in section 1.1 the recommendations within the UHC monitoring report appear to have been taken up as the suggested monitoring framework for SDG target 3.8 on UHC.

1.3 WHO 100 Core Health indicators

The WHO has put forward a list of 100 core indicators for health – a project that started before work on the SDG indicator framework and the UHC monitoring report was commenced – the list was published in May 2015. It contains some indicators that are helpful to eye health:

- Vitamin A supplementation
- Coverage of preventive chemotherapy for selected NTDs which include onchocerciasis (but not trachoma)
- Health Worker density and distribution – which includes disaggregation by specialities, within which Ophthalmologists are specifically mentioned.
- Population using safely managed drinking-water services
- Population using safely managed sanitation services

The list has an appendix which looks at a further 85 indicators – referred to as “additional indicators” that are considered relevant and desirable, but not meeting all the criteria for inclusion in the top 100. Within this “second division” of indicators are five indicators with a direct relationship to eye health and disability:

- Cataract surgical rate and coverage
- NTD incidence rates for several diseases including trachoma and onchocerciasis.
- Prevalence of visual impairment
- NTD treatment coverage – mentions trachoma but it is not clear what “treatment” refers to.
- Use of assistive devices among people with disabilities

2. Future areas for advocacy work

2.1 Maintaining and leveraging the attention on Cataract Surgical Coverage (CSC)

We need to build upon the positive references to CSC in the UHC monitoring report and the link to these recommendations for measurement of SDG target 3.8 on UHC. To do this we must:

- Ensure that CSC continues to be featured in the second UHC monitoring report expected in two years. Above all we shall need plenty of new national level CSC data to be available – which will require a good number of RAAB surveys to be conducted. In larger countries where national level RAABs are less feasible we must either ensure the country is well covered by local RAABs which can then be aggregated to give a national average or undertake more costly national prevalence surveys.
- Ensure that this attention to eye health within universal health coverage is upheld at the national level. The inclusion of the CSC within the World Bank/ WHO UHC progress report provides significant leverage in promoting CSC at the national level as a useful, relevant and relatively available indicator for contributing to measuring universal health coverage. The benefit of advocating for CSC within universal health coverage measurement at national level cannot be overstated - as measurement significantly directs policy and practice, ‘ what gets measured gets done’ potentially creating space for inclusion within essential health packages within social insurance schemes. This will mean in turn advocating and working with government to data collection to get the CSC, by promoting and undertaking RAABs and national prevention of blindness surveys.
- Further develop the RAAB methodology. A RAAB workshop planned for November 2015 will look amongst other things if further disaggregation of CSC data is possible along with the possible development of an “effective CSC” indicator - a composite of quantity and quality. Both developments would help further cement CSC as one of a limited number of good indicators for UHC monitoring.
- Get CSC “promoted” into the top 100 in the next rendition of the WHO’s 100 Core Health indicator list and maintain positive references to eye health within the list.

2.2 NTD indicators

We need to:

- Ensure that the indicator framework associated with SDG target 3.3 includes an NTD indicator. The WHO NTD team and the NNN community, including IAPB² are promoting that the indicator be “The number of persons requiring interventions against NTDs”. The corresponding target is “a 90% reduction in the number of people requiring interventions against NTDs, by 2030”. The focus on “interventions” is welcomed because it potentially includes all the 17 NTDs, not just the five that lend themselves to control/elimination by PCT, and also enables surgical treatments such as trichiasis surgery to be included.
- Seek to change the definition of the NTD tracer indicator used for SDG target 3.8 and in Universal health coverage monitoring. The present definition measures coverage for “at least one PC treated NTD” should be ideally replaced by coverage for all NTD interventions or at the very least for the “full package” of PCT NTDs.
- In the next version of the 100 core health indicators report we should advocate that the NTD indicators are consistent with the two NTD indicators above.

2.3 Health workforce

The reference to ophthalmologists in the 100 core health indicators, as part of the density and distribution of the health workforce indicator is encouraging. This can be built upon by advocating for:

- A reference to specialisms in the forthcoming Global Strategy on Human Resources for Health (GSHRH) to be adopted at the WHA in 2016, and that GSHRH Target 4.1 is aligned with the precedent set in the 100 core health indicators to be disaggregated by cadre including ophthalmologists. IAPB Africa has succeeded in getting a reference to specialisms into the Africa position, and IAPB has also held a meeting with the Global Health Workforce Alliance and submitted to the public consultation advocating for these. Although it would be good to have other eye health cadres measured too, this may be unrealistic.

² At the 6th NNN meeting of organisations engaged in NTD work (September 2015) participants signed the Abu Dhabi declaration supporting this indicator.



2.4 Disability indicators

This paper has only briefly touched on the disability related indicators of the SDG framework. Of course many of these are highly relevant to eye health. Despite all the successes in getting disability firmly included in the SDGs the inadequate attention to disability within the accompanying indicator framework is disappointing and threatens the realisation of these important targets.

To date IAPB has focussed its advocacy upon the eye health indicators, whilst providing input and support to the disability related alliances that are working to get more disability specific indicators into the final version of the SDG indicator framework. We shall continue with this strategy.