

Briefing note on process and results of indicator mapping exercise and proposal for a joint monitoring framework

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Background and Purpose

In order to address concerns raised by Member States about the high and increasing number of reporting requirements, the Division of Information, Evidence, Research and Innovation (DIR) undertook a mapping exercise to identify the extent to which indicators overlap across the Health 2020, The Global Action Plan for prevention and control of noncommunicable diseases (NCD), and 2030 Agenda for Sustainable Development (articulated around the Sustainable Development Goals; the SDGs) frameworks. The main purpose of the mapping exercise is to propose a joint monitoring framework (JMF) that aims to reduce the reporting burden on Member States. This briefing note provides an overview of the results of the mapping exercise and some insights on the JMF.

1. The mapping exercise

a) Methodology

The Health 2020 framework is used as the entry-point for this exercise. Indicator alignment is assessed using two-by-two analyses of frameworks (Health 2020 and SDG; Health 2020 and NCD; SDG and NCD) and three categories (alignment levels) as described in Table 1.

Table 1. Levels of indicator alignment

Indicator-level alignment	Thematic alignment	No alignment (unique indicator)
Indicators are identical (or highly-similar) across the 2 frameworks	A similar theme/topic is measured across the 2 frameworks	There is no directly comparable indicator across other frameworks (unique indicator)

b) Key results

There is considerable overlap of indicators and themes across Health 2020, SDG and NCD frameworks, as shown in Table 2-3.

Table 2. Overall summary of results

Mapping Category	Health 2020 indicators mapped to SDG indicators	NCD indicators mapped to SDG indicators	Health 2020 indicators mapped to NCD indicators
	Number (% within primary framework) <i>Breakdown by core/additional</i>		
	Health 2020: total 37 indicators 19 core, 18 additional	NCD: total 25 indicators 15 core, 10 additional	Health 2020: total 37 indicators 19 core, 18 additional
Indicator-level alignment	13 (35%) <i>Health 2020 core: 6 (32%)</i> <i>Health 2020 additional: 7 (39%)</i>	6 (24%) <i>NCD core: 5 (33%)</i> <i>NCD additional: 1 (10%)</i>	8 (22%) <i>Health 2020 core: 4 (21%)</i> <i>Health 2020 additional: 4 (22%)</i>
Thematic alignment	15 (41%) <i>core: 8 (42%)</i> <i>additional: 7 (39%)</i>	8 (32%) <i>core: 5 (33%)</i> <i>additional: 3 (30%)</i>	4 (11%) <i>core: 2 (11%)</i> <i>additional: 2 (11%)</i>
No alignment (unique indicators)	9 (24%) <i>core: 5 (26%)</i> <i>additional: 4 (22%)</i>	11 (44%) <i>core: 5 (33%)</i> <i>additional: 6 (60%)</i>	25 (67%) <i>core: 13 (68%)</i> <i>additional: 12 (67%)</i>

Total (indicator-level and thematic alignment combined)	Overall, 76% of all Health 2020 indicators (28/37) align with those of the SDG framework <ul style="list-style-type: none"> • 74% of core (14/19) • 78% of additional (14/18) 	Overall, 56% of all NCD indicators (14/25) align with those of the SDG framework <ul style="list-style-type: none"> • 67% of core (10/15) • 40% of additional (4/10) 	Overall, 33% of all Health 2020 indicators (12/37) align with those of the NCD framework <ul style="list-style-type: none"> • 32% of core (6/19) • 33% of additional (6/18)
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Table 3. Overlapping themes across frameworks

Health 2020 & SDG	NCD & SDG	Health 2020 & NCD
<ul style="list-style-type: none"> • Alcohol • Educational attainment • Health expenditure • Household consumption • Mortality • Reducing income inequality • Sanitation • Smoking • Social support • TB treatment • Unemployment • Vaccination 	<ul style="list-style-type: none"> • Access to palliative care medicines • Alcohol • Cancer • Diabetes and obesity • Drug therapy to prevent heart attacks and strokes • Essential NCD medicines • NCD premature mortality • Raised blood pressure • Smoking • Vaccination 	<ul style="list-style-type: none"> • Alcohol • Mortality • NCD premature mortality • Overweight and obesity • Smoking • Vaccination

Overall, three-quarters of Health 2020 indicators align with those of the SDG framework (either thematically or at the indicator-level), and this proportion is similar for both core and additional Health 2020 indicators. Half of all NCD indicators also align with those of the SDG framework (with greater alignment among core NCD indicators versus additional).

c) Implications and recommendations

This mapping exercise identified similarities and differences in indicators across three monitoring frameworks that could be used to reduce the reporting burden on Member States. In line with the above results, the following actions are proposed.

- Develop a minimum joint core set of indicators across the three frameworks comprising at least: (i) all H2020 indicators and (ii) a selected number of NCD and SDG indicators not captured in the Health 2020 framework (see Figure 1 below). The list of 50 indicators proposed by DIR should be discussed (through the Statistical Policy Group) and agreed upon internally (for example, by the interdivisional working group on SDGs) and validated by Member States after consultation.
- Develop a process and content for a JMF based on the minimum joint core set of indicators.
- Discuss options and select the best method for implementing the JMF in order to reduce the reporting burden on Member States.

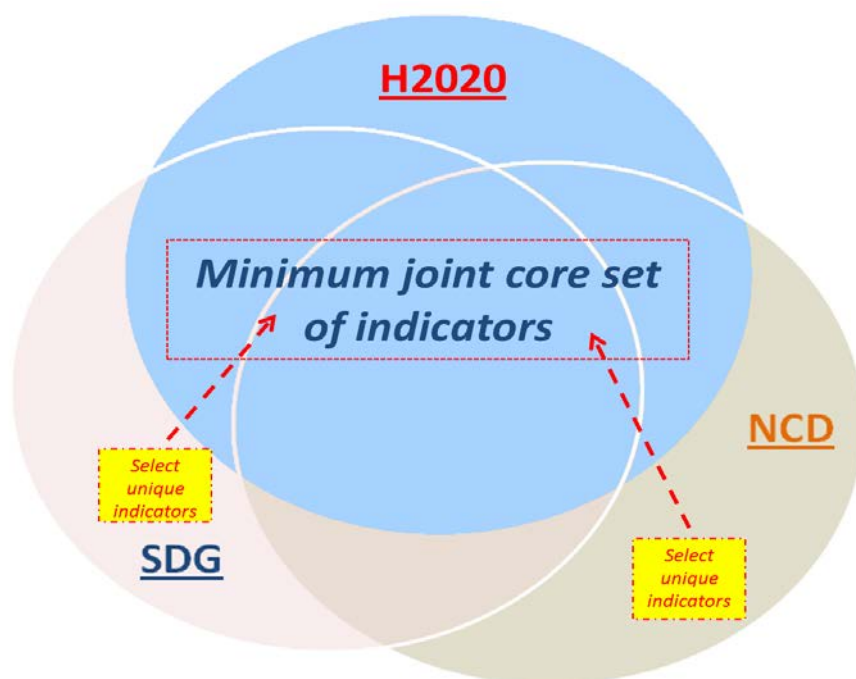
This mapping exercise is a first step in a process by which the WHO Regional Office for Europe, Member States and all relevant regional stakeholders could prioritize and regionalize the health-related SDG indicators and performance objectives for the targets. Under the leadership of the Regional Office and the umbrella of the European Health Information Initiative, this process could include the following steps.

- Regionalize SDG indicators through identification of a priority list that includes those indicators and targets most relevant to the WHO European Region. This regionalization could either focus only on the selected SDG indicators included in the joint core set, or take a broader scope by including all relevant health-related SDG indicators. In view of the development of the roadmap to implement the

SDGs in the Region, the latter option could be very important. If this option is adopted, the Regional Office should discuss with Member States and other relevant stakeholders how to capture and report on health-related SDG indicators not included in the joint core set. Regionalization could effectively build on country efforts to implement SDGs in the context of their national and subnational health and development policies and plans.

- Establish baselines and reporting mechanisms for the joint core set of indicators.
- Regionalize performance objectives through a three-step approach.
 - i. First, undertake a thorough review of health-related SDG targets in order to make recommendations to Member States on a priority list for the Region. Table 3 above, which maps relevant health-related SDG targets with the Health 2020 targets, could be a good starting point for prioritization and regionalization.
 - ii. Second, establish regional performance objectives for the additional (non-Health 2020) SDG and NCD indicators included in the joint core set towards a 2020 time horizon to align them with that of Health 2020.
 - iii. Third, update and harmonize all performance objectives to align them with the 2030 time horizon of the SDGs.

Figure 1. Venn diagram illustrating composition of minimum joint core set of indicators



2. Options for reducing the reporting burden on Member States

A reduction in the reporting burden could be attained by: (i) decreasing the number of indicators; (ii) decreasing the number of data collection requests; and/or (iii) improving the timing of data collection requests. Table 4 provides a range of options for reducing the reporting burden on Member States, and highlights one as preferred.

Table 4. Options for reducing the reporting burden

Options	Current situation	Proposed option	Pros and cons
Option 1: Streamlining Indicators	Currently Member States have to report on many indicators from different frameworks and data collection mechanisms, including Health 2020, NCD and the	Agree on a reporting framework with one minimum joint core set of indicators for the three main frameworks (H2020, NCD and a priority list from SDG). This set could serve as the basis for streamlining	Pros: Shorter list of indicators; reporting done once, not 3 times on similar indicators ; focus would be on the agreed list of indicators; could prioritize indicators generated from

	European Health for All database (HFA). Many more indicators will be required for reporting on the SDGs, further increasing the reporting burden on Member States.	the reporting on the three frameworks.	routine data sources Cons: Would require prioritization and dropping of some indicators in the longer term; significant amount of country consultation needed for any change on the indicator list already adopted
Option 2: Timing of reporting	Currently, the timing of reporting is spread throughout the year with peaks at the beginning and end of the year. There is no formal coordination of data collection requests and each division sends its requests based on its own timelines.	Group reporting requests and send them out twice a year, for example, in March and September. Timing should be well planned to avoid the peak period of countries' internal work (for example, end of the year or beginning of the year). An online survey would help the Regional Office assess the best timing for sending the data requests.	Pros: Better planning within the Regional Office; better coordination with Member States; more time for quality assurance on data collection tools; Member States are better prepared to answer requests; better time management and increased response rate Cons: Need to review and better coordinate Regional Office timelines for data collection; stricter time and quality management of requests may not be welcomed by all sections/divisions; new timelines may not be suitable for some divisions
Option 3: Pooling/merging data collection	Each division sends its data collection request and questionnaires/templates without consulting other divisions or programmes within the same division. This leads to missed opportunities for synergies and for reduction of requests sent to Member States.	Increased consultation and collaboration within and between divisions through the Statistical Policy Group Gatekeeper function so that opportunities for pooling/merging questionnaires are further explored and implemented. This would entail 2 or 3 divisions/programmes with similar goals (or similar countries covered) merging their questionnaires into 1, resulting in a significant reduction of the number of questions/variables/indicators in the final questionnaire.	Pros: Less data collection requests are sent to Member States; shorter list of indicators/variables; better quality of tools and questionnaires Cons: Programmes/divisions may not be willing to reduce the number of questions or to merge with another questionnaire
Option 4: Combination of the 2 first options above Considered the best option		Development of a minimum joint core set of indicators on the main frameworks (Health 2020, SDG and NCD) and sending of data collection requests only 2 or 3 times a year	Pros: Shorter list of indicators; reporting done once, not 3 times; focus would only be on agreed priority list of indicators; better planning within the Regional Office; better coordination with Member States; more time for quality assurance on data collection tools Cons: Needs to be built into a several-step process, building also on the global indicator proposals; need to review and better coordinate Regional Office timelines for data collection; would require prioritization and dropping of some indicators (significant country consultation would be needed for any change on the indicator list already adopted); stricter time and quality management of requests may not be welcomed by all sections/divisions; new timelines may not be suitable for some divisions.
Option 5: Combination of the 3 first options above			Pros: Fewer indicators; better timing and coordination; improved quality of submissions Cons: Extensive amount of internal coordination

3. Towards a JMF

The process of implementing a JMF can be divided into three phases: conceptualization, validation and consultation, and implementation.

- Conceptualization: DIR proposes an initial list of a minimum joint core set of indicators. This list is built on the outcomes of the mapping exercise which identified indicators aligned across the three frameworks (Health 2020, NCD and SDG). The 37 Health 2020 indicators form the basis of the list, completed by a few additional indicators from the two other frameworks. These 37 Health 2020 indicators include or already measure at least 28 SDG indicators or topics (from at least eight goals) and more than one-third of NCD indicators and topics. In total, DIR suggests that the minimum joint core set be comprised of some 50 indicators.
- Validation and consultation:
 - o The proposed DIR list is reviewed and validated by a recognized body. This can be an expert group called together for this purpose, or the internal interdivisional working group on SDGs.
 - o The validated list is then submitted to Member States for consultation, review and adoption.
- Implementation: A circular note is prepared to inform Member States that the JMF based on the minimum joint core set of indicators.