

Comments on draft SDSN report *Indicators for Sustainable Development Goals*

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#	OVERARCHING COMMENTS ON THE DRAFT TEXT
1	The NCD Alliance (NCDA) welcomes the draft report on <i>Indicators for Sustainable Development Goals</i> , noting with appreciation the inclusion of health as an integral part of the proposed SDG framework and as a standalone goal in the proposed framework.
2	NCDA supports the ambition captured in Goal 5 to <i>achieve health and wellbeing at all ages</i> . This formulation promotes health and wellbeing across the lifecourse, measures mortality, morbidity and disability for all causes, is holistic and universally applicable, and considers the need for both health systems strengthening and multisectoral policies and programs to protect and promote health and wellbeing.
3	Specifically, NCDA commends the inclusion of non-communicable diseases (NCDs) in goal 5, with attention to reducing the exposure to common modifiable NCD risk factors, including tobacco use, unhealthy diets, the harmful use of alcohol, and physical inactivity, and obesity.
4	NCDA strongly supports the inclusion of NCD targets and indicators adapted from the WHO Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs. These targets, currently formulated for a 2025 timeline, should be adapted to the proposed 2030 timeline. (Source)
5	Reducing the global burden of NCDs requires commitments and supportive policies and programs to protect and promote health and wellbeing across the post-2015 framework. To this end, NCDA recommends that NCD- and health-specific indicators be included under all goals across the proposed SDG framework. Such indicators should be drawn and adapted from existing agreed frameworks whenever possible, including contained in the World Health Organization's Health Indicators for Sustainable Development .

COMMENTS ON SPECIFIC SECTIONS		
Page no.	Line or Indicator no.	Comment
37	Line 23	Add Target 5b: <i>Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease</i> as a target applicable to the list of core indicators that also apply to Target 1a.
38	Line 1	Welcome proposed Target 1b which includes " <i>appropriate nutrition</i> ". However, recommend including indicators on both forms of malnutrition – under- and

		<p>over-nutrition. Relevant over-nutrition indicators are contained under Target 5c, although require amendments.</p> <p>For target 1b, suggest:</p> <ul style="list-style-type: none"> • Add indicator adapted from the goal to “<i>by 2025, no increase in childhood overweight</i>”, as agreed in the WHO <i>Comprehensive implementation Plan on Maternal, infant and young child nutrition</i>. (Source) • Add target on <i>access to appropriate nutrition/nutritious foods</i> • Align proposed nutrition indicators under relevant proposed Targets on appropriate nutrition [See also: comments on Target 5c below]
38	Line 1	<p>Add production-based indicator to complement proposed formulation of target 1b, including food security. Suggest:</p> <ul style="list-style-type: none"> • <i>Improve the nutritional quality of the food supply, such as through community food production, biofortification and reformulation</i> (Based on proposed <i>NOURISHING</i> Framework. Source)
38	Line 13, Indicator 3	<p>Support inclusion of proposed Indicator 3 for Target 1b, given relevance of stunting as indicator for adequate early childhood undernutrition and prevalence of NCDs.</p>
46	Indicator 11	<p>Add suggested tier 2 indicators on health for Target 2a, including:</p> <ul style="list-style-type: none"> • Tier 2 indicator: Proportion of workers covered with policies for smoke-free workplaces by economic sector and type of employment (formal and informal); • Tier 2 indicator: Proportion of workers covered by essential interventions and basic occupational health services for prevention of occupational and work-related diseases and injuries including noncommunicable diseases (NCDs), disaggregated by gender, occupation, type of employment, and economic sector; • Tier 2 indicator: Proportion of workers covered with occupational safety and health insurance, disaggregated by gender, occupation, type of employment, and economic sector; • Tier 2 indicator: Proportion of companies (public and private, formal and informal) that are implementing healthy workplace programmes including interventions for prevention of NCDs, disaggregated by gender, occupation, and economic sector. <p>[Source: WHO <i>Health Indicators for Sustainable Jobs</i> (More)]</p>
63	Indicator 29	<p>Add indicator: <i>Proportion of workplaces in public and private sectors (formal and informal) that comply with basic national occupational safety and health standards by economic sector;</i></p> <p>[Source: WHO <i>Health Indicators for Sustainable Jobs</i> (More)]</p>
69	Line 3	<p>Amend to “<i>all countries achieve improved healthy life expectancy at all stages of life, including through universal health coverage and access to quality, affordable primary health services.</i>” This formulation acknowledges the importance of universal health coverage and access as a critical enabler to achieving overall improved healthy life expectancy, while recognizing it is not the only measure, to improve health outcomes. [As supported by proposed Indicator 40]</p>
69	Indicator 34	<p>Add indicator setting an essential services coverage target of 100%. (More)</p>

71	Indicator 37	Add indicators adapted from agreed WHO <i>Global Mental Health Action Plan 2013-2020</i>
77	Indicator 44, Line 2	Add “ <i>Unconditional</i> probability of dying...”, per agreed global target in WHO <i>Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs</i> . (Source)
77	Indicator 44	Add additional indicators adapted from the agreed WHO Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs. (Source)
78	Indicators 45-48	Target 5c proposes to both “ <i>Implement policies to promote and monitor healthy diets, physical activity and subjective wellbeing</i> ” as well as outcome-based targets to “ <i>reduce unhealthy behaviors such as tobacco use by [30%] and harmful use of alcohol by [20%]</i> .” Amend to two separate targets: policy implementation and outcomes. <ul style="list-style-type: none"> • Add relevant targets and indicators to amended Target 5C, based on the WHO <i>Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs</i>. (Source)
79	Indicator 47	Amend to reflect the agreed target on “ <i>a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years of age</i> ”, per the WHO <i>Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs</i> . (Source)
79	Indicator 47, Lines 15-16	Replace the current definition of “ <i>tobacco product</i> ” as written, with the definition of tobacco product as defined by the WHO Framework Convention for Tobacco Control (FCTC): <ul style="list-style-type: none"> • “<i>Tobacco products’ means products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing</i>; [FCTC Article 1, Section (f)]. (Source)
79	Indicator 48, Line 27	Amend proposed target 5c to read “ <i>at least a 10% relative reduction in the harmful use of alcohol</i> ” in order to align with the targets and indicators in the agreed WHO <i>Comprehensive Global Monitoring Framework for the Prevention and Control of NCDs</i> . (Source)
98	Indicator 68, Line 13	Add separate sub-indicators for: <ul style="list-style-type: none"> • Indoor (Household Air Pollution; HAP - e.g. from cook stoves) and outdoor pollution / national level estimates of burden of disease from household air pollution; OR • Proportion of electricity generated with technologies that produce low levels of pollutants that harm health and climate across the energy lifecycle (extraction, generation, and distribution) Extend indicators to cover percentage of households with access to cleanly generated electricity / households using modern fuels and technologies for all cooking, heating, and lighting activities that meet emissions and safety standards
102	Indicator 72	Add indicators to measure: <ul style="list-style-type: none"> • The proportion of health facilities with reliable 24-hour supply of electricity • The proportion of design and implementation of major energy policies routinely assessed in terms of health equity impacts (by gender, age, and socio-economic status)