

Data Gap Analysis of Health and Health-Related SDG Goals, 2023 in Bangladesh

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Key Messages:

- 1. Administrative data (Data from DGHS/MIS) are not used in SDG Tracker as data sources
- 2. No single data source is competent enough to provide National representative data
- 3. The surveys offer a National representation of data but are infrequently conducted due to funding challenges
- 4. Limited Coordination among inter-agencies and intra-agencies of SDG stakeholders

Introduction

The United Nations approved the Sustainable Development Goals (SDGs) in 2015 as a global call to action to eradicate poverty, safeguard the environment, and guarantee that everyone lives in peace and prosperity by 2030. In September 2015, 193 UN countries, including Bangladesh, agreed on a future agenda for sustainable development1. The SDGs have 17 goals and 169 targets to address the world's most serious issues, such as poverty, hunger, inequality, climate change, and environmental degradation. The Sustainable Development Goals build on the Millennium Development Goals (MDGs) success. The 17 SDGs are interconnected, recognizing that actions in one area will impact outcomes in others and that development must strike a balance between social, economic, and environmental sustainability 2. Countries have agreed to emphasize improvement for those who are the most disadvantaged as the primary motto of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDG) is "Leave no one behind (LNOB) 3.

Numerous health and health-related SDGs play an essential role in this context. Although health is only one of the 17 goals, other goals encompass a variety of health-related issues that, while not directly related to goal 3: "Good Health and Well-being," are no less significant4, 5. The fact that the Sustainable Development Goals are all connected in a growth system is widely acknowledged. Government plans and policies must consider these complex and dynamic relationships to achieve the SDGs6.

Context and importance of the problem

To track and ensure the progress of achieving the health-related goals and targets of Sustainable Development Goals (SDGs), finding the data gap in relevant data flow and formulation is necessary. We found there needed to be significant systematic research on the data gap analysis focusing on the attainment of health-related SDGs in Bangladesh. It has been more than seven years since the adoption of the SDGs on 25 September 2015. To realize the SDGs, the data and information on the indicators remain at the core. To meet the need for data and statistics to monitor the progress on health-related SDGs, it is essential to identify the current state of data availability and explore the nature and extent of data deficit to monitor progress and make informed policy decisions on the implementation of the post-2015 agenda especially the 2025 milestone before the 2030-target agenda achievement. This policy brief will help the policymakers understand the current standings, relevant trends, and challenges in achieving health-related SDGs.

1. Problem statement: Primary and Root Cause Primary Cause

Data gap in the achievement of Health-related SDGs in Bangladesh.

Root Cause

- Limited Coordination among inter-agencies and intra-agencies of SDG stakeholders
- Liminality of Respective Employee of SDG Creates Data Gap
- Diverse Data Sources and Distinct Data within the SDG Database
- Administrative Data Not Used Directly in the SDG Parameter
- Lacking Adequate Funds for Running SDG Tracker

2. Research Approach

- Cross-sectional survey following the mixed method.
- Key informants interview the focal persons responsible for health-related SDG from organizations, ministries, divisions, and custodians/partner agencies.
- A series of consultancy workshops.
- For secondary data, national and global project documents, census data from BBS, administrative data from DGHS, innovative data from a2i, and GED were systemically reviewed.

Research findings

The research team selected 40 health and health-related SDG indicators through consultancy workshops. Among those, 4 indicators had no data available, 10 had partially available data, and 26 had readily available data.

This study developed new data sources for health and health-related (SDG-HHR) indicators with no available data and partially available data for a few indicators. To improve the data flow mechanism for the indicators that have partially available data, the study findings suggested enhancing the active participation of all the SDG focal persons in all the relevant essential steps, like appointing fixed focal persons for SDG activities. Moreover, refresher training and fixed schedule meetings with relevant stakeholders are necessary for the personnel involved with SDG data reporting. To ensure proper data flow of administrative data, monitoring from the divisional and central levels by monitoring cells needs to be established. For readily available data, the research revealed that infrequent and delayed survey reports (by respective organizations/agencies) are hampering sustainable data generation. Therefore, respective organizations should ensure timely surveys with the help of government or development partners' funds. Finally, the successful alignment of health programs (of DGHS) with the SDGs must accelerate data-driven policy to harness the best use of resources and improve the country's overall health. This will ultimately contribute to achieving health-related SDG targets effectively, improving healthcare outcomes, and promoting sustainable development.

Policy Options and Implications

Three policy options that could address the data gaps are changes in-

Service delivery arrangements: The frequent transfer of SDG employees can disrupt the continuity and institutional memory necessary for effective database management. Addressing this issue requires strategies such as Create new posts for the appointment of fixed focal persons for SDG activities with clear job descriptions, provide comprehensive training programs, and implement measures to retain experienced personnel within the SDG database

Financial arrangements

Ensure timely and adequate financial support for different surveys that generate SDG indicator-wise data.

Governance arrangements

Ensuring proper data flow of administrative data and monitoring from divisional and central levels by monitoring cells need to be established.

POLICY BRIEF 2023

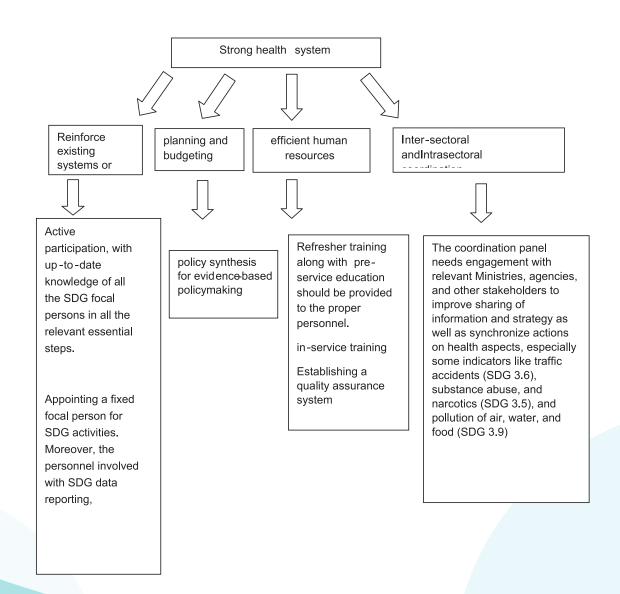
Successful alignment of health programs (of DGHS) with the SDGs must accelerate data-driven policy to harness the best use of resources and improve the country's overall health.

To improve the integrity of the data flow, administrative data should be aligned with SDG indicators. Revise some indicators according to our country's perspective.

Recommendations

- Strong collaborations between all inter-agency and intra-agency SDG stakeholders
- Priority to survey data as well as administrative data
- Methodological selection of survey sites
- Frequent refresher training along with quarterly meetings with BBS for data collectors and data entry operators
- Efficient monitoring from divisional and central levels by SDG monitoring cells.
- Timely survey to be ensured by respective organizations with the help of GoB/DP fund
- Successful alignment of health programs (of DGHS) with the SDGs
- Ensure the active involvement of every focal person.

Strengthening the health system elicits efficient human resources for health, with some other factors -



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