



1.1 Availability of data to monitor health-related Sustainable Development Goals (SDGs) (%) (S-32)

1.1.1 Documentation sheet

Description	<p>Primary indicators</p> <ul style="list-style-type: none"> Percentage of relevant health-related SDGs for which data are available between 2013 and 2017 <p>Secondary indicators</p> <ul style="list-style-type: none"> Capacity to Survey population and health risks Capacity to Count births, deaths and causes of death Capacity to Optimise health service data Capacity to Review progress and performance Capacity to Enable data use for policy and action
Calculation	<p>Primary indicator</p> <ul style="list-style-type: none"> Numerator: Number of health-related SDGs for which data are available (in any year) Denominator: Total number of relevant health-related SDGs indicators (in any year) <p>Secondary indicators</p> <ul style="list-style-type: none"> Weighted sum of the elements under each SCORE intervention
Rationale	<p>SDGs</p> <p>The indicator on the availability of data to monitor health-related Sustainable Development Goals (SDGs) is related to transparency, an outcome of good governance. Transparency is essential to maintain public trust in healthcare decision makers and providers.¹ The availability of data ultimately “allows scrutiny of public actors and their decisions” and in this way can help to mitigate risks of corruption.² It is important for countries to have health data easily accessible to facilitate the assessment of health interventions, health research and evidence-based policy making. Ideally, health data should be collected over time on a regular basis and be disaggregated by inequality dimensions such as sex, age, economic status, education, place of residence and other context specific population subgroups.</p> <p>There exist 59 health and health-related SDG indicators, including 27 indicators under the overarching health goal (i.e. SDG3: Ensure healthy lives and promote well-being for all at all ages) that countries need to consider and monitor in national health strategies and policies, and 32 health-related indicators that fall within other SDGs (e.g. SDGs related to water and sanitation or nutrition).³ Some of the indicators are based on data sources outside of the health sector, such as civil registration and vital statistics systems (CRVS), satellite data, air-quality monitors for air pollution, and police data for suicide, homicide and road traffic mortality. Each country has the responsibility to monitor the progress</p>



made in implementing the SDGs and this requires high-quality, accessible and timely data collection and analysis to ensure that no one is excluded.

SCORE

In 2021, the WHO published the SCORE for Health Data Technical Package, which includes an instrument to evaluate a country's health information system according to five interventions represented by the acronym SCORE: Survey populations and health risks; Count births, deaths and causes of death; Optimise health service data; Review progress and performance; Enable data use for policy and action. Each intervention has a set of key elements, which is accompanied by a set of indicators. In total, there are 24 quantitative and qualitative indicators for assessing SCORE interventions at various levels.³

Primary data source

SCORE for Health Data Technical Package: Assessment Summary for Belgium (WHO)

Technical definitions

Primary indicator

To assess the performance of health information system in countries, the SCORE package used 53 indicators from health-related SDGs and one tracer variable for Universal Health Coverage index (UHC). The availability of data for these 54 indicators was evaluated and used to calculate an index.⁴ An indicator gets a score of 1 if data are available for this indicator for at least one year since 2013 in the country and a score of 0 if data are unavailable for all years. The total number of indicators depends on the number of indicators that are relevant in the country's context. In Belgium, indicators measuring: i) the incidence of malaria, ii) the population at risk sleeping under insecticide-treated nets for malaria prevention and iii) the total net official development assistance to medical research and basic health sectors per capita were removed as these were not relevant to the Belgian context.⁵

Secondary indicators

Each of the five interventions assessed by the SCORE is allocated a score 1-5, with 1 reflecting nascent capacity of the health information system and 5 representing sustainable capacity. The intervention score is a weighted mean of the element scores within the intervention. The allocation of weights to the elements are based on review by a set of experts and reflect the elements' relative importance to a country's ability to achieve high capacity for that intervention. Thus, elements considered critical are given higher weights. The element score is itself an average of the indicator scores (if more than one) within the element and each indicator is defined by a set of attributes or items. For simplicity, the final intervention score is rounded up to make an integer.⁴ More details on the indicators and attributes used for each element, their scoring methodology and their data sources can be found in the "SCORE for Health Data Technical Package: Assessment Methodology, 2020".⁴

Limitations

These indicators only cover the availability of data between 2013 and 2017 and more recent data are not available. The information on data availability for health-related SDGs was self-reported. Information for secondary indicators should be interpreted with caution as data sources are not provided.

International comparability

Data for this indicator were available in 23 other EU countries. Data for France, Ireland, Sweden and Lithuania were not available. Reporting practices might vary by country. The total number of health-related SDGs indicators varies by country, as not all indicators are relevant in a given country's context.

Performance dimensions

Sustainability

Related indicators

Reviewer

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1.1.2 Results

Belgium had data available for 82% of health-related SDGs for at least one year between 2013 and 2017. This was lower than the EU-27 (87%) and EU-14 averages (88%; see Figure 1). Belgium did not have data available for the following indicators: the proportion of births attended by skilled health personnel, proportion of married or in-union women of reproductive age who have their need for family planning, proportion of the population with large household expenditure on health as a share of household total consumption or income (>10% or >25%), prevalence of stunting in children under five, prevalence of overweight children under five, prevalence of wasting in children under five and average death rate due to natural disasters (per 100 000 population).

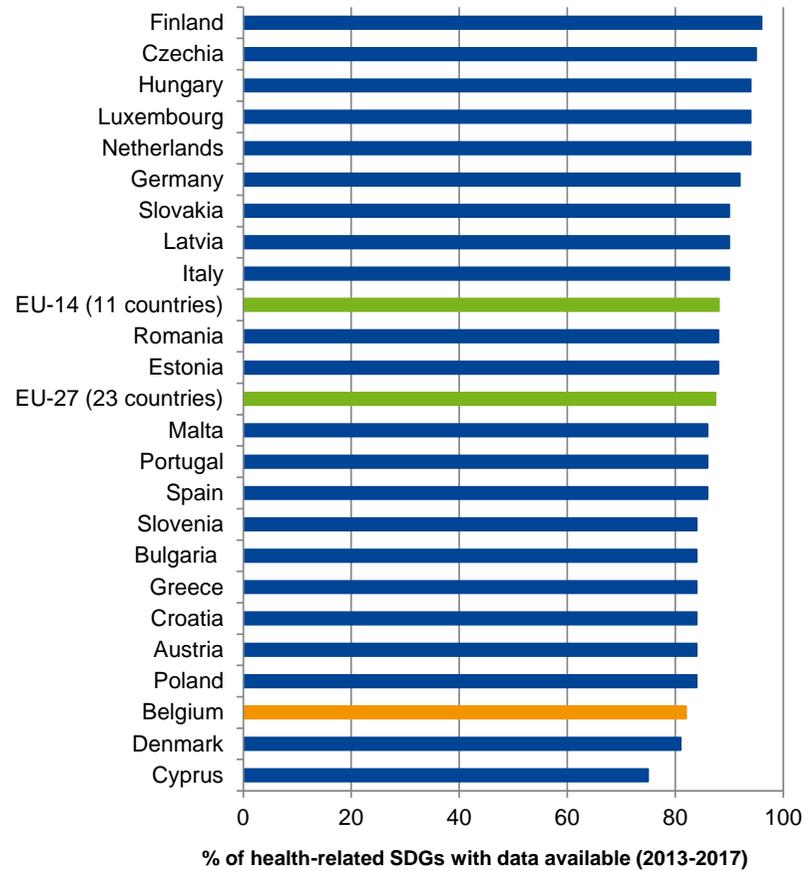
Based on the WHO SCORE assessment, Belgium has limited capacity to survey population and health risks, which is mainly due to a nascent capacity for regularly surveying population health (see Table 1). More precisely, it was reported that Belgium conducted 0 surveys in the last 5 years. This is likely to be due to the time period when the SCORE assessment was conducted in Belgium, as the European Health Interview Survey, which includes Belgium, has a 5-year periodicity (6-year since 2019). Belgium's capacity to count births, deaths and causes of deaths was sustainable. The country achieved moderate capacity to optimise health service data, as the capacity for routine facility reporting system with patient monitoring was nascent. This was due to Belgium having annual statistics for selected indicators derived from facility data mostly available at the national level and rarely at subnational level or disaggregated by age and gender. The capacity to review progress and performance was well-developed. The intervention "enabling data use for policy and action" scored moderate capacity because

of a nascent capacity for using data and evidence to drive policies and planning, which is driven by missing data for this element. Belgium performed worse than the European region on three of the five SCORE interventions (i.e. Survey, Review, Enable). Belgium only scored better than Europe on three elements: "Regular analytical reviews of progress and performance, with equity" (intervention: Review), "Data access and sharing" (intervention: Enable), and "Strong country-led governance of data" (intervention: Enable).

Furthermore, Belgium participated in the 2019-2020 OECD survey of health data development,⁶ which included a health dataset availability score and a health dataset governance score. The health dataset availability score (scale 0 to 8) is a composite indicator that incorporates eight measures including: timely data access that covers the national population across care settings and clinical registries; use of interoperable clinical data standards and identifiers that enable linking across datasets; use of linked data for primary and secondary health purposes.⁷ Belgium had a score of 4.42 (out of 8) for this indicator, which showed low agreement with the policies, regulations and practices that foster the development, use, accessibility and sharing of key national health datasets for research and statistical purposes. The health dataset governance score (scale 0 to 15) is a composite indicator that incorporates 15 measures including: training and operational controls for privacy and security, processes for data-sharing arrangements, and data catalogues and their contents.⁷ Belgium had a score of 11.86 (out of 15) for this indicator, indicating high agreement with the health data governance policies and practices that were measured.



Figure 1 – Percentage of health-related SDGs with data available (2013-2017): international comparison



Source: WHO data 2013-2017


Table 1 – Performance scores for health information systems in Belgium and Europe (34 countries) in 2013-2017

	Belgium	European region
Survey population and health risks		
System of regular population-based health surveys		
Surveillance of public health threats		
Regular population census		
Count births, deaths and causes of death		
Full birth and death registration		
Certification and reporting of causes of death		
Optimize health service data		
Routine facility reporting system with patient monitoring		
Regular system to monitor service availability, quality and effectiveness		
Health service resources: health finance data		
Health service resources: health workforce data		
Review progress and performance		
Regular analytical reviews of progress and performance, with equity		
Institutional capacity for analysis and learning		
Enable data use for policy and action		
Data and evidence drive policy and planning		
Data access and sharing		
Strong country-led governance of data		

	Nascent capacity
	Limited capacity
	Moderate capacity
	Well-developed capacity
	Sustainable capacity



Key points

- **Belgium had data available for 82% of health-related SDGs for at least one year between 2013 and 2017, which was lower than the EU-27 and EU-14 averages.**
- **Based on the WHO SCORE assessment, Belgium has limited capacity to survey population and health risks, a sustainable capacity to count births, deaths and causes of deaths, a moderate capacity to optimise health service data, a well-developed capacity to review progress and performance and a moderate capacity to enable data use for policy and action.**

References

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5. WHO. SCORE for Health Data Technical Package: Assessment Summary for Belgium. WHO; 2021.
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