Policy Research Institutions and the Health SDGs: Building Momentum in South Asia (Bangladesh study)

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Table of Contents

Page #

Summary i

Chapter 1 Introduction 1
Chapter 2 Methodology 4
Chapter 3 National-Level Institutional arrangements for SDGs 6
Chapter 4 National-Level Institutional arrangements for health related SDGs: Health System and Sustainable Development - National Scenario 16
Chapter 5 Potential Role of Policy Research Institutes for achieving the health related SDGs [3-4 pages] 23

Conclusions 24

References 25

Annexure

Annexure 1: Top 50 Ministries/Divisions' SDG indicators related responsibility 27
Annexure 2: Ministries/Divisions responsible for providing SDGs related data for monitoring ... 29
Annexure 3: List of Civil Society Organization / NGOs partnering with the Citizen's Platform ... 31
Annexure 4: List of all activities of the Citizen's Platform on SDGs 33
Annexure 5: Mapping of Ministries/Divisions by targets of SDG 3 35
Annexure 6: Details of data gap analysis for 26 indicators for tracking SDG 3 42
Annexure 7: Details of data gap analysis 22 health related indicators 47
Annexure 8: National targets for SDG 3 indicators 53
Annexure 9: National targets for health related indicators (other than SDG 3) 67

// Summary

Background

Bangladesh is one of the successful countries in achieving the Millennium Development Goals (MDGs). The country is also in track in developing strategies and action taking for attaining targets of the Sustainable Development Goals (SDGs). Considering importance of the topic, a 'SDG Co-ordination Cell' has been established at the Prime Minister's Office (PMO) to guide the national SDG agenda. The 2030 agenda of SDGs are reflected in the current 7th five-year plan (2017-2021) as well as the current (4th) Health, Population and Nutrition Sector Program (HPNSP) (2016-2020). In Bangladesh, although Government is the largest health care service provider, the share of the private sectors is also substantial. As efficient health service delivery depends on effective intra and inter departmental co-ordination involving public and private sectors, there is a need to know the role of the relevant stakeholders for their involvement and relations with other stakeholders for implementation and monitoring SDGs. Under this background, the study was conducted in Bangladesh as a component of a multi-country study in South Asia with an aim to address the following objectives -

- national-level institutional arrangements for SDGs implementation and identify the gaps
- multi-stakeholder engagement implementation of the health-related SDGs
- current role of health policy research institutions with respect to SDGs

To address the above objectives, we conducted document review and expert consultation of which the key findings are as follows:

National-Level Institutional arrangements for SDGs:

In Bangladesh General Economic Division (GED) under the Planning Commission has conducted an assessment on mapping of stakeholders in SDGs. The same study has identified 40 Ministries/Divisions as Lead along with 34 Ministries/Divisions as Co-lead, and 61 Ministries / Divisions / Independent Institutions as associate in the implementation of 169 targets of 17 SDGs. Government has also identified different Departments/Ministries for providing data for various SDG Indicators. An exercise of SDGs data gap analysis revealed that of the 241 SDG indicators, for 45% of the indicators data were readily available. However, for the rest of the indicators either data were partially available or not available at all. For SDG 3, for 12 indicators data is fully available, for 10 indicators data is partially available and for the rest 4 indicators data is not available.

The Government has also set national targets for health related SGD in line with the 7th Five Year Plan (2017-2021). Of 26 SDG3 indicators, specific targets have been set for 19 indicators. However, for the health related SDGs (other than SDG3), the national level preparedness is relatively poorer. Out of total 22 health related SDG indicators, for 13 indicators national level targets has not been set yet. The key stakeholders are working towards developing an SDG Monitoring & Evaluation Framework based on the Data Gap Analysis through a planned series of consultations involving all relevant stakeholders. By this time, a SDG Tracker has been developed to create a data repository for monitoring the implementation of the SDGs and facilitate the tracking of progress against each goal.

To make a link of SDGs with the community, Government has undertaken a project (Upazila Governance Project) to orient the key local government functionaries aware about 17 goals and 169 targets and roles and responsibilities of local government institutions (LGIs) in implementing and localizing the goals by preparing action plan at local level.

Multi-stakeholder approach for implementation of SDGs

Two important lessons from MDGs suggested that 'participation of all stakeholders (public representative, government, private sector, civil society, knowledge community and development partners) in the implementation process' and 'follow-up and review of progress' are critically important for attainment of the SDGs. Three such initiatives identified in Bangladesh are as follows:

People's Voice: Palli Karma-Sahayak Foundation (PKSF), an apex development organisation, established by the Government of Bangladesh (GoB) implements its sustainable poverty reduction activities through 300 NOGs across the county. To help Government achieve the UN-sponsored Sustainable Development Goals (SDGs) by 2030, PKSF has launched a new platform titled "People's Voice: Strengthening SDGs Implementation in Bangladesh", consisting of sector-related organizations and professionals.

Healthy Bangladesh: The Healthy Bangladesh a cross-sectoral civic society platform has been formed by a group of health professionals and service providers, fitness advocates, and civic and policy activists have to play role in energizing efforts at scaling up the strategic challenges of the health agenda. Healthy Bangladesh has a plan to focus on four inter-related agenda viz. a) UHC for accessible, affordable and quality healthcare b) nutrition c) cleanliness, and d) physical fitness.

Citizen's Platform: Being encouraged by the transformative and inclusive nature of SDGs, a group of individuals in Bangladesh has taken an initiative to set up a Citizen's Platform for SDGs with the objective to contribute to the delivery of the SDGs and enhance accountability in the process. So far the activities of this platform are mostly focused on SDG 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) to provide an opportunity to all concerned to work for the poor and marginalised (e.g. ethnic groups, physically challenged etc.). Health related SDGs are not a priority for this platform yet.

Role of Policy Research Institutes for achieving the health related SDGs

Though Bangladesh has a dominant presence of health research institutes, in true sense, the country has a lacking in health policy research institution. The Ministry of Health and Family Welfare (MoHFW) is responsible for health policy formulation within the framework of national plan. The Health Economics Unit (HEU), under the Ministry of Health has a mandate to conduct policy research on health economics and health financing, and giving policy support to the policy makers. In the public sector National Institute for Population Research and Training (NIPORT) plays major role in generating evidence as well as policy planning. As the current national health service delivery plan is developed and managed through Sector Wide Approach (SWAp), an institutional arrangement has been introduced for setting up of a unit called Program Management and Monitoring Unit (PMMU) under the Health Ministry for this purpose.

The PMMU assisted by a TA Support Team develop a Project Implementation Plan (PIP) through a consultative process with the relevant stakeholders. The PIP is the guideline for development of Operations Plan (OP) for implementation of the health sector program.

Conclusions

Bangladesh has made reasonably good progress is policy planning for implementation of the SDGs. Mapping of stakeholders in the public sector has been done including identification of data gaps. However, relatively less progress has been made in the multi-sectoral engagement for implementation of SGDs, though initiatives are underway by both the public and private sectors. Though the country has a pool of research institutions and local capacities to contribute in formulation of national health policies, there is a lacking in health policy institutions for policy synthesis for evidence-based policy making.

Chapter 1: Introduction

Country profile

Bangladesh is now Asia's fifth and world's eighth populous country with an estimated population of about 160 million. The country has achieved remarkable progress in improving the life expectancy at birth (72 years). The status of mean years of schooling and expected years of schooling has also improved significantly. The gross national income (per capita 3,341 PPP$) has also increased elevating the country in the group of medium-ranking Human Development Index (HDI) countries.

Since independence, Bangladesh has made significant progress in health outcomes. Strong policy interventions led to continuous reduction in the annual growth rate of population from the level of 2.52% (1974) to 1.37 (2011). The Total Fertility Rate (TFR) also went down from 6.3 (1975) to 2.1 (2015). The Contraceptive Prevalence Rate (CPR) increased from 7.7% (1975) to 62.1% (2015) [1].

The country's commitment to and support for women's development programmes over the past two decades have resulted in positive gains in female life expectancy, MMR, IMR and child mortality rates, and empowerment. Infant and child mortality rates, under-five mortality rate and maternal mortality rate have reduced significantly in 2015. The Neonatal Mortality Rate (NMR) also reduced from 81/1,000 (1981) to 20 (2015). Expanded Programme on Immunization (EPI) coverage evaluation survey 2015 reveals that 82.5% children were fully vaccinated. Deliveries attended by Skilled Health Personnel (SHPs) increased from 5% (1991) to 42% (2014). Proportion of birth in health facilities by wealth quintile from 4.4:43.4 in 2007 to 15.0:69.5 in 2014 indicates a sharp reduction in inequity in Bangladesh.

The prevalence of malaria dropped from 456 (2005) to 300 (2015) per 100,000 persons; the death rate has also reduced to 0.07 per 100,000 populations in 2015. According to the National Tuberculosis (TB) Prevalence Survey (2007-2009) Report of Bangladesh, the overall prevalence of new smear positive cases among adults aged 15 and older was estimated at 79.4 people over a population of 100,000. The overall case notification rate was 119 per 100,000 populations which have come down to 53 (2014). Polio and leprosy are virtually eliminated. HIV prevalence is still very low, but there is a high risk of infection. Regarding tobacco control, legislation was first enacted in Bangladesh in 2005 and was strengthened in 2013 to increase compliance with the WHO Framework Convention on Tobacco Control (FCTC). Most significant recent achievements include: (a) Introduction of pictorial health warnings covering 50% of tobacco packaging since March 2016; (b) Implementation of a strong taxation policy by raising tobacco taxes to 79% of the retail price of the most popular brand of cigarettes.

Four of the seven targets of the Sendai Framework for Disaster Risk Reduction are directly linked to health. These focus on reducing mortality and injuries, improving people's well-being and promoting the safety of health facilities and hospitals. Accordingly, the government has prioritized design, construction and retrofit hospitals, storage for emergency medicine, preservation of doctor and nurses' database to ensure healthy lives and wellbeing of its citizens.

Bangladesh has demonstrated remarkable achievements in natural disaster/emergency response through better preparedness and proper management. Health risks from natural disasters are minimized through the supply of emergency drugs and laboratory reagents in patient management.

Strategies for Ensuring Healthy Lives and Promote Well-being for All The Government of Bangladesh recently (March 21, 2017) approved a mega programme for the HNP sector development. The US $ 14.71 billion mega programme called 4th Health, Population and Nutrition Sector Program (4 th HPNSP)-2017/2022, is guided by Bangladesh's Vision 2021, and is in line with the SDGs. The 4th HPNSP incorporates appropriate strategies and activities for focused improvements in increasing access to and utilization of health care. It also aims at improving equity along with financial protection in order to meaningfully realize the objectives of universal health coverage (UHC) by 2030. Achieving sustainable levels of financing for the sector will depend on a combination of managing demand for health care. The 4th HPNSP will be translated into actions through implementation of a number of strategies.

Transition from MDGs to SDGs in Country (Bangladesh)

Bangladesh is one of the most successful countries in achieving the Millennium Development Goals (MDGs) [2]. During the formulation of the 7th plan document, the proposed goals by UN Open Working Group (OWG) were well taken into consideration so that the probable goals of the SDGs can be illustrated in the national plan. The goals of SDGs were also given emphasis while setting up the priority areas of the 7FYP. In addition, a Development Result Framework (DRF) for monitoring the 7FYP has been prepared considering the indicators of proposed SDGs. [3]

Bangladesh is also implementing the 4th Health, Population and Nutrition Sector Program (HPNSP) for 2017-2022 that acknowledges that improved health is a necessary for the achievement of the country's Vision 2021 (transition to a middle-income country) [4]. While the MDGs had a major focus on health sector-specific goals, the SDGs encompass a much broader agenda for change. The Ministry of Health and Family Welfare (MOHFW) is responsible to implement the 4th HPNSP through 29 Operational Plans (OPs) by engaging the (i) Secretariat - comprising of eight functional wings/units which is responsible for policy and administration and (ii) executing agencies comprising of nine Directorates/Units/ Institutes which is responsible for implementation of the plans.

To carry forward the SDG agenda, being the Hon'ble Prime Minister as the convenor, a 16-member "SDGs Implementation and Monitoring Committee" has been formed with Senior Secretary/Secretary of the most relevant Ministries/Divisions. The Principal Coordinator for SDGs Affairs, a new high level post, has been created in the Prime Minister's Officee (PMO) to spearhead the process and forge coordination. The first task of the "SDGs Implementation and Monitoring Committee" was to review the SDGs Mapping. It reflects concerted well thought-out efforts by the government following a whole society approach (involving NGOs, civil society and Development Partners) in delineating government responsibilities by the Ministries/ Divisions to each of the targets of the Sustainable Development Goals [5].

Rationale of conducting the study

In Bangladesh, although Government is the largest health care service provider, the share of the private (for-profit) sectors is also substantial as three-quarters of the health care services are provided by the private sector [6]. Many large NGOs are also actively involved in implementing health intervention under the leadership of the Government. There is a need to know the role of these stakeholders for their involvement and their relations with other stakeholders and the extent of their involvement in the SDGs implementation and monitoring. This will facilitate the better understanding of the institutional framework which is in place or need to be created for accelerating the progress towards health related SDGs.

Specific objectives of this study are:

- To document the existing national-level institutional arrangements for SDGs implementation and identify the gaps.
- To identify the key stakeholders involved in the implementation and monitoring of the health-related SDGs in Bangladesh and other South Asian countries.
- To document the current role of health policy research institutions with respect to SDGs and additional role could play in future to help strengthen national and regional-level institutional arrangements
- To document the priority and the sectoral primacy being accorded to the SDGs

Chapter 2: Methodology

To address the above objectives, we conducted document review and expert consultation. For identification of stakeholders on health and health-related SDG, snow-ball sampling method were used. The inclusion and exclusion criteria that followed for identification of stakeholders are as follows:

Inclusion criteria:

1. *Institutions/agencies directly involved in formulation of policy/plan for developing/strengthening of system for monitoring SDGs (such as planning commission, Ministry of health and other related Ministries)*
2. *Institutions/disciplines engaged in generating data/information for health and health-related SDGs (such as Bureau of Statistics, HMIS, National Health Research Institutes, Department of Vital Registration, major implementers of health related national surveys and surveillances, large NGOs working on health etc.)*
3. *Institutions/agencies (public and private) currently not directly engaged in systematically generating data/information for health and health-related SDGs but have potential role in filling the gaps*
4. *Research/policy institutions closely working with the government for planning and monitoring health and health related SDGs*
5. *High level professionals engaged in providing technical assistance for planning and monitoring health and health related SDGs at national level*
6. *Representative of development partners and UN agencies supporting the Government for monitoring health and health-related SDGs*

Exclusion criteria:

1. *Institutions/individuals not having significant role in planning/monitoring/implementing health and health-related SDGs*

Document review:

The review was conducted to gather preliminary information on national level institutional arrangements to monitor SDGs [2-5,7-17]. It helped preliminarily identify key stakeholders and document their role in implementation of health and health-related SDGs at national level. To define health related SDG indicators the WHO recommended targets and indicators were used. The required and available data sources including gaps to monitor health and health-related SDG indicators identified by document review.

Meetings with key stakeholders:

Meetings with (policy planers, program managers, key personnel at policy/research institutions) were conducted for comprehensive information regarding their role in implementation of health and health-related SDGs, availability of required data sources, current plan and engagement in monitoring SDG indicators and possible barriers in implementation of SDGs. The type of organizations/disciplines including the number of numbers of individuals consulted from each category is shown in the box below.

Type of organization	Number of key persons consulted
Ministries / SDG Co-ordination Cell	4
National Research Institute / Bureau of Statistics	2
National NGOs working with Govt. for implementation of SDGs	2
International NGOs working with Govt. for implementation of SDGs	3
Private Research Institute/Think Tank	2
Civil Society Representatives (Ex Bureaucrat)	1

They were also asked about their opinion regarding the current role of health policy research institutions with respect to SDGs and additional role they could play in future to help strengthen national and regional-level institutional arrangements. Their opinion were also sought on the priority and the sectoral primacy being accorded to the SDGs at national as well as global levels. Information were also sought on the role of other major stakeholders who might be related to health and health-related SDG in-terms of policy, monitoring and implementation. Thus through synthesizing the information from document review and informal consultation as stated above, a comprehensive list of stakeholders who are related to monitoring and implementation of health related SDG indicators were developed.

Chapter 3: National-Level Institutional arrangements for SDGs

Identification of lead Ministry for implementation of SDGs: In Bangladesh General Economic Division (GED) under the Planning Commission has conducted a study on mapping of stakeholders in SDGs. The same study has identified 40 Ministries/Divisions as Lead along with 34 Ministries/Divisions as Co-lead, and 61 Ministries / Divisions / Independent Institutions as associate in the implementation of 169 targets of 17 SDGs.

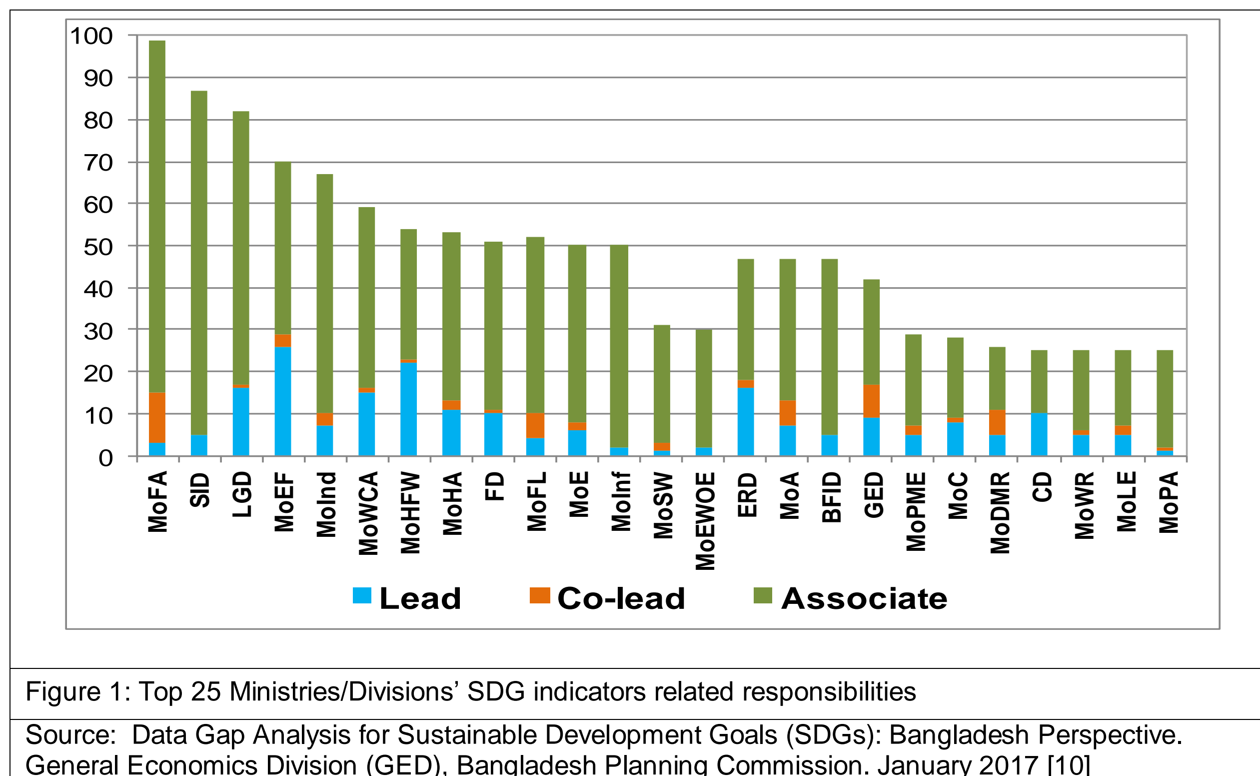

Figure 1: Top 25 Ministries/Divisions' SDG indicators related responsibilities

Source: Data Gap Analysis for Sustainable Development Goals (SDGs): Bangladesh Perspective. General Economics Division (GED), Bangladesh Planning Commission. January 2017 [10]

According to that study, Ministry of Environment and Forests (MoEF) has the highest level of responsibility as lead with 26 responsibilities, followed by the Ministry of Health and Family Welfare (MoHFW) with 22 responsibilities (Figure 1). With respect to co-lead, Ministry of Foreign Affairs (MoFA) has the highest level of responsibility with 12 responsibilities, followed by the General Economics Division (GED) with 8 responsibilities. With regard to associate responsibility, Ministry of Foreign Affairs (MoFA) has the highest role with 84 responsibilities, followed by the Statistics and Informatics Division (SID) with 82 responsibilities. More detailed list of Ministries/ Divisions with lead/co-lead responsible for monitoring SDGs is in **Annexure 1**.

Identification of data sources for monitoring progress in SDGs: Government has also identified different Departments/Ministries for providing data for various SDG Indicators (Figure 2). It has been noted the BBS (Bangladesh Bureau of Statistics) had data sources for 89 indicators followed by NIPORT (National Institute for Population Research and Training). The detailed list of various Government Department/Agencies having data for SDG indicators are provided in **Annexure 2**.

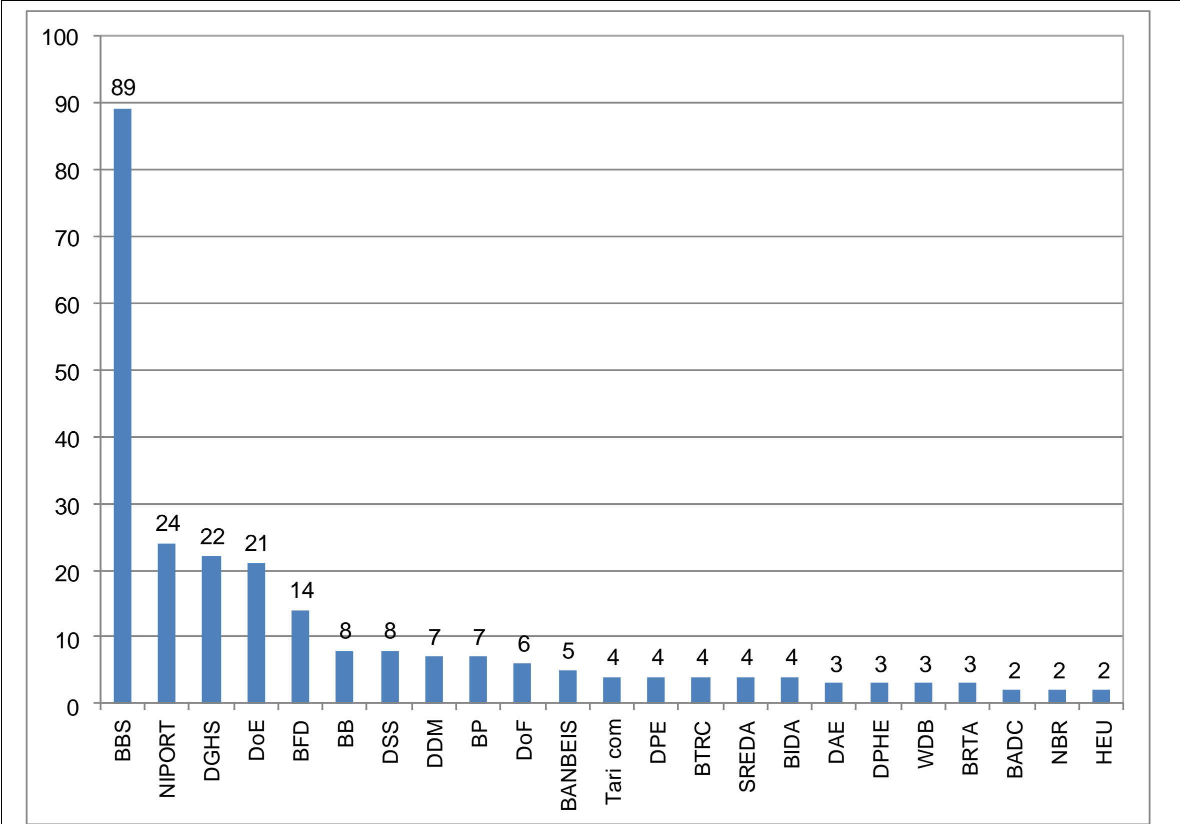

Figure 2: Top 30 Departments/Agencies responsible for providing data for number of indicators for monitoring SDGs

Source: Data Gap Analysis for Sustainable Development Goals (SDGs): Bangladesh Perspective. General Economics Division (GED), Bangladesh Planning Commission. January 2017 [10]

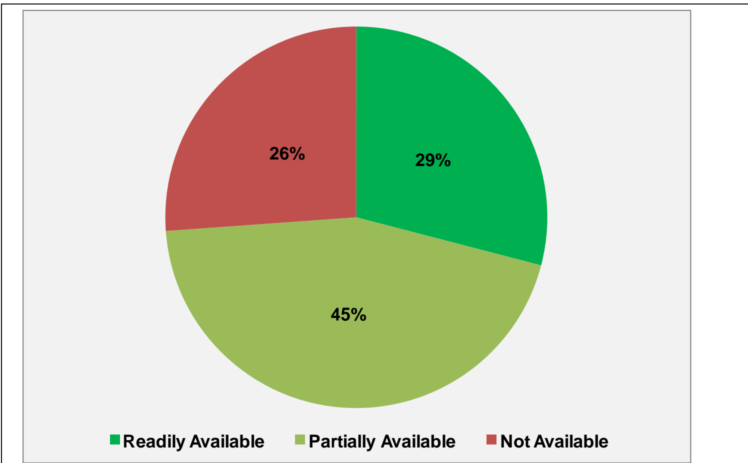

Figure 2: Availability of data to monitor SDGs indicators (%)

Source: Data Gap Analysis for Sustainable Development Goals (SDGs): Bangladesh Perspective. General Economics Division, Bangladesh Planning Commission. 2017 [10]

This exercise of SDGs Data Gap Analysis was done with the assistance of all data generating agencies including the National Statistical Organization (NSO) of Bangladesh viz. Bangladesh Bureau of Statistics. The Figure 2 represents the summary of availability of data to monitor SDGs in the context of Bangladesh. Among all the 241 SDG indicators, for 45% of the indicators data were readily available, for 29% indicators data were partially (data were available only on some of the required variables to estimate the indicators) available and for the rest

26% of the indicators data were not available. This data gap analysis was done involving only the public sector organization. Private sector organizations were not included in this analysis. However, consultation is still going on among the respective lead Ministries for adaptation of the relevant indicators at the national level.

Figure 3 represents the availability of data by SDGs. For none of the SDGs all the required das are available. For SDG 3, for 12 indicators data is fully available, for 10 indicators data is partially available and for the rest 4 indicators data is not available. Again for SDG 12 (Responsible Consumption and Production - Ensure sustainable consumption and production patterns), data is available for none of the indicators.

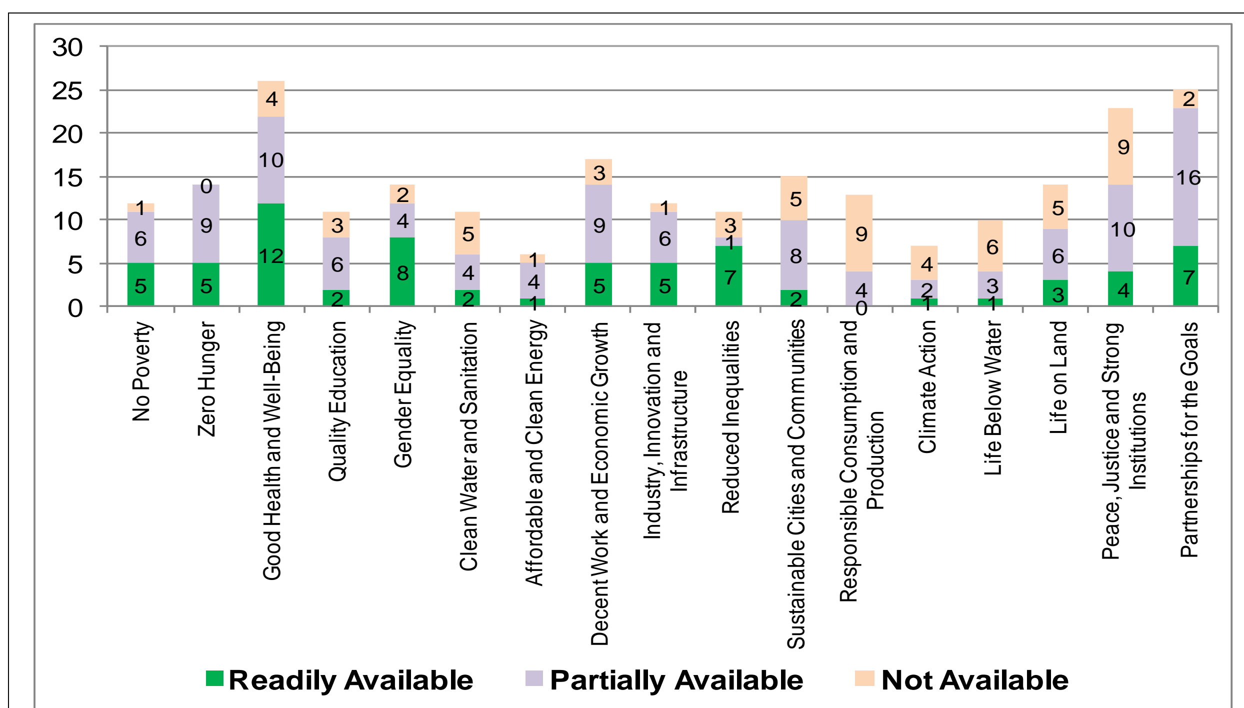

Figure 3: Availability of data (by no. of Indicators) by SDGs

Source: Data Gap Analysis for Sustainable Development Goals (SDGs): Bangladesh Perspective. General Economics Division (GED), Bangladesh Planning Commission. January 2017 [10]

Localization of SDGs targets with local development plans and strategies

For the first time in Bangladesh, 67 Upazila (sub-district) level workshops on Sustainable Development Goals (SDGs) Orientation and Localization were organized by the Government in seven selected districts of the country. The Upazila Governance Project (UZGP) and Union Parishad Governance Project (UPGP) under Local Government Division (LGD) have jointly organized the workshops to orient and make the key local government functionaries (community level administrative personnel and elected community leaders) aware about new global 17 goals and 169 targets and roles and responsibilities of local government institutions (LGIs) in implementing and localizing the goals. Making a link of SDGs with Upazila Parishad (UZP) activities and preparing a SDG-responsive UZP Planning and Budgeting was the prime objective of the workshop.

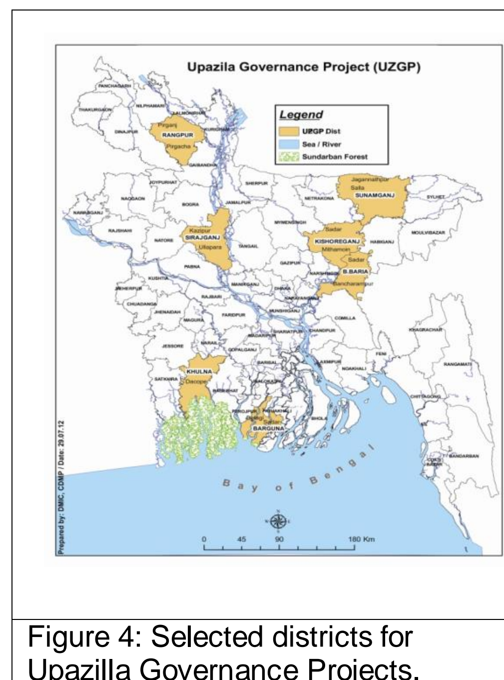

Figure 4: Selected districts for Upazilla Governance Projects.

The seven selected districts where the workshops were held are-Kishoreganj, Brahmanbaria, Sirajganj, Khulna, Rangpur, Sunamganj and Barguna (Figure 4). This is the part of UZGP's plan to hold seven district-level, 65 Upazila-level orientation and 65 Upazila-level SDG localization workshops by December this year.

Earlier, the project has provided a two-day Training of Trainers (ToT) on SDGs to 70 local government functionaries in two batches. The trainers were drawn from NILG, Dhaka; Bangladesh Institute of Management (BIM), Dhaka; Bangladesh Academy for Rural Development (BARD), Comilla and Rural Development Academy (RDA), Bogra, government officials from different ministries, seven Directors, Local Government (DLGs), seven Deputy Directors, Local Government (DDLGs) from seven selected districts and staff from UZGP and UPGP. They are now providing the orientations to field-level local government functionaries in a cascade manner.

Through the workshops, the field-level local government functionaries are being oriented on linking the local level planning and budgeting with SDGs, role of local government institutions (LGIs) in implementing the SDGs at local level and preparing action plan for Upazila and Union Parishads.

The UZGP, being implemented by LGD and supported by the European Union (EU), Swiss Agency for Development and Cooperation (SDC), UNCDF and the UNDP, is working to strengthen the Upazila Parishad as more effective, democratic, transparent and service-oriented accountable local government institution.

Development of Web-based Data Repository System for Result-based M&E of SDGs:

The Access to Information (a2i) Programme of the Prime Minister's Office, with technical support from UNDP and USAID–in collaboration with General Economics Division (GED) of Planning Commission and Bangladesh Bureau of Statistics designed and developed SDG Tracker to:

1. Create a data repository for monitoring the implementation of the SDGs and other national development goals;
2. Facilitate the tracking of progress against each goal and target through multiple visualization schemes;
3. Improve situation analysis and performance monitoring;
4. Create an environment of healthy competition among various organizations in terms of achieving the SDGs; and
5. Enable predictive analysis for achieving the goals within the set time-frame.

The SDG tracker is not merely a data repository, it will help process data for visualization, reporting progress tracking, evaluation as well as policy decision (Figure 4).

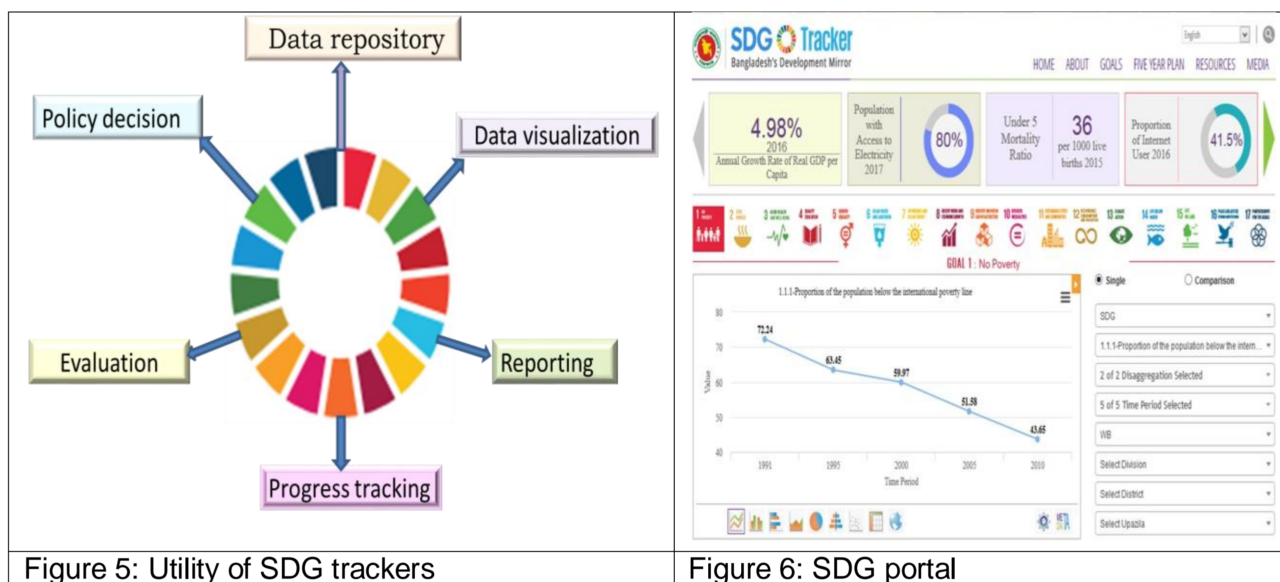

Figure 5: Utility of SDG trackers | Figure 6: SDG portal

Two major components of SDG Tracker are SDG Portal and Dashboard. SDG Portal enables policy makers, government agencies, private sector, Civil Society Organizations, International organizations, academia, researchers and the citizens to track year on year progress against each target and to create required visualizations (Figure 6). On the other hand SDG Dashboards facilitate individual Ministries/Divisions and Agencies to consolidate available data for each SDG and compare it visually against performance thresholds. The resulting dashboards highlight areas where a Ministry needs to make the greatest progress towards achieving the Goals by 2030.

Development of a national M&E Framework for SDGs: The key stakeholders (SDG Co-ordination Cell) are working towards developing an SDG Monitoring & Evaluation Framework

based on the Data Gap Analysis through a planned series of consultations involving all relevant stakeholders (Lead/Co-lead Ministries including the associated departments/agencies in public and private sectors).

Needs Assessment and Financing Strategy for SDGs: The Government has also undertaken an financial needs assessment for SDGs implementation with a view to mobilizing internal and external resources. The preliminary assessment reveals that around US$ 928.48 billion additional resources (than the current national budget) are required for full implementation of SDGs in the national context.

Multi-stakeholder approach involving private sector, NGOs, CSOs, Media and Major Group of Other Stakeholders

Two important lessons from MDGs suggested that 'participation of all stakeholders (public representative, government, private sector, civil society, knowledge community and development partners) in the implementation process' and 'follow-up and review of progress' will be critically important for attainment of the SDGs. Three such initiatives identified in Bangladesh are described below:

Citizen's Platform for SDGs, Bangladesh:

Being encouraged by the transformative and inclusive nature of SDGs, a group of individuals in Bangladesh has taken an initiative to set up a Citizen's Platform for SDGs with the objective to contribute to 1the delivery of the SDGs and enhance accountability in the process. So far the activities of this platform are mostly focused on SDG 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) to provide an opportunity to all concerned to work for the poor and marginalised (e.g. ethnic groups, physically challenged etc.). Health related SDGs are not a priority for this platform yet.

The Platform is led by a Core Group consisting of six-eight individuals with experience of working in a diverse set of organisations including think tanks; network and grassroot platforms, trade and business bodies and have expertise in dealing with SDG related issues (e.g. production and employment, education, health, human rights, accountability etc.). The private sector representatives are included in order to broaden the Platform's activities and making it more inclusive. Partnership with other like-minded organisations is also considered. Currently more than 60 organizations are in partnership with the Citizen's Platform of which the list is provided in **Annexure 3**. Since its formation, the Citizen's Platform and its partner organization has conducted a number of seminars, dialogues, workshops, advocacy meetings to leveraging knowledge on SGDs and sensitization of the relevant stakeholders of which a list of activities is in **Annexure 4**.

The Core Group is guided by an Advisory Group that include eminent citizens of the country with track record in public service. Representatives from religious and ethnic minority groups are also included in this group. The Core Group has selected a Convenor who steer the activities of the Citizen's Platform for the SDGs. The Core Group also share responsibilities in terms of carrying out specific activities. Centre for Policy Dialogue (CPD) is the Secretariat of the Platform.

The objective of the Platform is to i) track implementation of SDGs in Bangladesh ii) sensitize policymakers towards challenges in implementation and allocative efficiency in resource deployment and iii) bring more transparency in the implementation process (social accountability) iv) facilitate exchange of information and coordination with all those working on the SDGs v) provide an opportunity to all concerned to work for the poor and marginalised (e.g. ethnic groups, physically challenged etc.), particularly for achieving SDG16.

Programme Modalities of the Platform are to organize i) Public Dialogues Townhall meetings in Dhaka and outside Dhaka in order to build awareness among people and also to bring transparency and strengthen accountability of the process ii) Consultations with the government and lobbying with policymakers for policy influencing iii) Media Engagement to scale-up the influence of the initiative.

The platform also has an agenda to provide analytical inputs towards prioritization of the goals/targets by i) identifying quantitative and qualitative indicators of those goals/targets ii) examining how SDGs are aligned in the national context, with 7 FYP, sectoral plans and other policies. Iii) analyzing the appropriateness and effectiveness of new policies, programmes and reforms put in place by the government in order to address SDG implementation and also to ensure monitoring and accountability. It also has a plan to organize expert Group Meetings time to time to share research findings and policy advocacy.

People's Voice: Strengthening, the Implementation of SDGs in Bangladesh by Palli Karma Sahayak Foundation (PKSF) – a Govt. Autonomus Body for supporting NGOs

Palli Karma-Sahayak Foundation (PKSF), an apex development organisation, established by the Government of Bangladesh (GoB) implements its sustainable poverty reduction activities through 300 NOGs across the county. To help Government achieve the UN-sponsored Sustainable Development Goals (SDGs) by 2030, PKSF has launched a new platform titled "People's Voice: Strengthening SDGs Implementation in Bangladesh", consisting of sector-related organizations and professionals.

The purposes of this initiative are:

2. Review the activities, progress and challenges relating to SDGs, by the partner NGOs
3. Determine how the process can be strengthened and expanded for sustained and effective implementation of SDGs
4. Develop partnership with other institutions (government and non-government) to maximize benefits from the available resources.

Within the framework of the People's Voice Platform, the PKSF will relate to the programming being developed by the SDG Steering Committee, established in Prime Minister's Office. At the same time, the PKSF will also work with other institutions, government and non-government, to maximize benefits from the available resources. So far, five such institutions have been identified, which agreed to participate in this Platform. These are Dhaka School of Economics (DScE), Bangladesh Unnayan Parishad (BUP), Institute of Inclusive Finance and Development (InM), Credit and Development Forum (CDF), and NGO Forum for Public Health. In future,

Other Institutions may also be included in the process. PKSF identified 12 priority SDGs to pursue in collaboration with these partner organizations as shown in Table X.

Goal No.	SDG Goal	Priority	Responsible organization
1	No Poverty - End poverty in all its forms everywhere	Yes	PKSF
2	Zero Hunger - End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Yes	PKSF
3	Good Health and Well-being - Ensure healthy lives and promote well-being for all at all ages	Yes	PKSF
4	Quality Education - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Yes	PKSF
5	Gender Equality - Achieve gender equality and empower all women and girls	Yes	BUP
6	Clean Water and Sanitation - Ensure availability and sustainable management of water and sanitation for all	Yes	NGO Forum
7	Affordable and Clean Energy - Ensure access to affordable, reliable, sustainable and modern energy for all	Yes	Not identified yet
8	Decent Work and Economic Growth - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Yes	DScE
9	Industry, Innovation and Infrastructure - Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	No	Not applicable
10	Reduced Inequalities - Reduce income inequality within and among countries	Yes	InM
11	Sustainable Cities and Communities - Make cities and human settlements inclusive, safe, resilient and sustainable	Yes	CUS
12	Responsible Consumption and Production - Ensure sustainable consumption and production patterns	No	Not Applicable
13	Climate Action - Take urgent action to combat climate change and its impacts by regulating emissions and promoting developments in renewable energy	Yes	PKSF and BUP
14	Life Below Water - Conserve and sustainable use the oceans, seas and marine resources for sustainable development	No	Not Applicable

15	Life on Land - Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	No	Not Applicable
16	Peace, Justice and Strong Institutions - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	Yes	PKSF
17	Partnerships for the Goals - Strengthen the means of implementation and revitalize the global partnership for sustainable development	No	Not Applicable

The PKSF will pursue its activities keeping relevant SDGs and targets under them in perspective, and will also coordinate the activities of the Platform that includes the above mentioned organizations.

For the PKSF to carry forward its activities, within the framework of the Platform, in a focused and coordinated manner and organize dissemination and idea-generating workshops/seminars/conferences and other related activities, as appropriate, by the PKSF on its own and initiate and coordinate such activities to be implemented by the Platform, in consultation, a Working Group has been formed. For the purpose of supporting, facilitating and monitoring the activities of the Platform a Steering committee has been formed. On the top of all an a high level advisory committee consisting of eminent personalities have been formed to provide overall policy guideline to the Platform and effectively engage the high level Government, Non-Government and International Organizations involved in the process of implementation of SDGs.

Healthy Bangladesh, A Platform to Promote Solutions, Empower Drivers

The Healthy Bangladesh a cross-sectoral civic society platform has been formed by a group of health professionals and service providers, fitness advocates, and civic and policy activists have to play an important role in energizing efforts at scaling up the strategic challenges of the health agenda. The decision to form a new civic platform titled Healthy Bangladesh was taken at a final meeting on 18 March, 2017. Healthy Bangladesh has a plan to focus on four inter-related agenda:

1. Universal Health Coverage (UHC) for accessible, affordable and quality healthcare
2. Nutrition
3. Cleanliness, and
4. Physical fitness.

Healthy Bangladesh has four prioritize activities as follows:

1. School Health campaign amongst students, teachers and guardians through school visit program
2. Clean Cities campaign on multi-component collaboration with municipal authorities
3. Policy Dialogues on emerging issues
4. UHC Summit for periodic civic assessment of progress on UHC indicators.

Currently Healthy Bangladesh is open to both General Membership and Institutional Partnership. To promote ownership, a small membership fee has been instituted. The platform is governed by a provisional national committee constituted eminent personalities.

The planned milestone activities of Healthy Bangladesh for 2007 are i) Signing MOU with Dhaka South City Corporation ii) Visiting different Schools in Dhaka South City Corporation for awareness building for health and nutrition iii) Organizing Dialogues in elected district for awareness building in line with the agenda and iv) Organizing a UHC Progress Review summit.

Chapter 4: National-Level Institutional arrangements for health related SDGs: Health System and Sustainable Development - National Scenario

Although Ministry of Health and Family Welfare is the Lead Organization for implementation of SDG3, 28 other Ministries/divisions have been identified as associates to extend support to achieve this agenda. Moreover 9 other Ministries/divisions/departments have been identified to provide data for SDG3. Government has also chalked-out the actions to be undertaken by different Ministries to achieve SDG3 in line with the 7th Five Year Plan (7thFYP). The relevant policy documents in-line with various SDG targets also has been identified to develop the action plan. For example for SDG 3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births) the planned actions in line with the Strategic document are - i) provision of ANC services for all pregnant women including TT ii) training of CSBAs (Community Skilled Birth Attendants); iii) Expansion of CEmOC (Comprehensive Emergency Obstetric and Newborn Care) services in more health complexes iv) Piloting of demand-side financing through providing maternal vouchers v) Demand creation for utilization of ANC, PNC and institutional deliveries vi) Training of CSBAs etc. Similarly, similarly detailed action plan has been chalked out for each of the 13 targets of SDG3 of which the details is in **Annexure 5**.

Data gap analysis for SDG 3: The Government has also identified gaps in data availability for SDGs 3. It has been revealed that of the 26 indicators of SDG 3, for 12 indicators data is readily available; for 10 indicators data is partially available (means additional data is needed to estimate the indicators) and for the rest 4 indicators data is not available yet. Indicator-wise data availability is shown in Table 1. This preliminary exploration of the data gap analysis helps take decision by the relevant lead/co-lead Ministries/agencies to take necessary measures to fill-up gaps in data for estimation of the relevant indicators for monitoring progress in SDGs.

Table 1: Data availability status of 26 indicators of SDGs 3*		
Readily Available (12 indicators)	**Partially Available (10 indicators)**	**Not Available (4 indicators)**
3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel 3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations 3.3.2 Tuberculosis incidence per 1,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.6.1 Death rate due to road traffic injuries	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol 3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene

3.3.5 Number of people requiring interventions against neglected tropical diseases 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group 3.c.1 Health worker density and distribution	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) 3.8.2 Number of people covered by health insurance or a public health system per 1,000 population 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older 3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis 3.b.2 Total net official development assistance to medical research and basic health sectors 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	(exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
*Irrespective of applicability of all these indicators in Bangladesh		

The details of the data availability by different sources and gaps also have been shown in **Annexure 6**.

Data gap analysis for health related SDGs: Other than SDG3, 22 health related indicators associated with 8 different SDGs (1, 2, 5, 6, 7, 11, 16, 17) are related to health. The data gaps analysis of these health related indicators revealed, among them for 10 indicators data is readily available; for 10 indicators data is partially available and for the rest 2 indicators data is not available yet (Table 2).

Table 2: Data availability status of of 22 health related indicators

Readily Available (10 indicators)	**Partially Available (10 indicators)**	**Not Available (2 indicators)**
1.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people	1.5.2 Direct disaster economic loss in relation to global gross domestic product (GDP)	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)
2.2.1 Prevalence of stunting height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	7.1.2 Proportion of population with primary reliance on clean fuels and technology	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	11.5.2 Direct disaster economic loss in relation to global GDP, including disaster damage to critical infrastructure and disruption of basic services	
5.2.1 Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	11.6.1 Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities	
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age	
6.1.1 Proportion of population using safely managed drinking water services	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	
6.2.1 Proportion of population using safely managed sanitation	17.18.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics	
	17.18.3 Number of countries with a national statistical plan that is fully funded and under	

services, including a hand-washing facility with soap and water 7.1.1 Proportion of population with access to electricity 11.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people 16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	implementation, by source of funding 17.19.1 Dollar value of all resources made available to strengthen statistical capacity in developing countries 17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration	

The details in availability for health-related indicators (other than SDG 3) by different Ministries/department as lead/co-lead along with relevant organization/agencies for providing data sources also has been analyzed as shown in **Annexure 7**.

Setting targets for health and health related SDGs: The Government has also set national targets for health related SGD in line with the 7th Five Year Plan (2017-2021) as well as the milestone targets upto the year 2030 (**Annexure 8**). According the list, of 26 SDG3 indicators Bangladesh set specific targets for all the indicators except the followings:

1. Hepatitis B incidence per 100,000 population (3.3.4)
2. Coverage of treatment interventions for substance use disorders (3.5.1)
3. Harmful use of alcohol (committed to global targets) (3.5.2)
4. Mortality rate attributed to household and ambient air pollution (3.9.1)
5. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (3.9.2)
6. Mortality rate attributed to unintentional poisoning (3.9.3)
7. International Health Regulations capacity and health emergency preparedness (3.d.1)

However, for the health the health related SDGs (other than SDG3), the national level preparedness is relatively poorer. Out of total 20 health related SDG indicators identified in our study (as per WHO framework), for 13 indicators national level targets has not been set yet that reflects lack of multi-sectoral engagement in planning monitoring of the health-related SDGs (**Annexure 9**).

Alignment of the national health system with the health and health-related SDGs: The current (4th) Health, Population and Nutrition Sector Program (HPNSP) (2016-2020) of the MOHFW falls under the 7th five-year plan (2017-2021) of the Government of Bangladesh and the first 5 year of the SDGs. So, major thrust of the 4th HPNSP is to create a condition for attainment of the health-related goals and targets of both 7th five-year plan and SDGs. While SDG 3 specifically relates to 'good health and well-being', several SDGs have bearing on the determinants of health like improvements in hunger, food security and nutrition (SDG2),

inclusive and equitable quality education (SDG 4), water and sanitation (SDG 6), environments (SDG 11 & 16), reducing inequality (SDG 10), gender equity and empowerment of women and girls (SDG 5), etc. Goal 3 aims- among others - to achieve universal health coverage (UHC), and provide access to safe and effective medicines and vaccines for all.

The 4th HPNSP has been designed keeping the above mentioned background in view. It incorporates appropriate strategies and activities for focused improvements in increasing access to, and quality of health care and improving equity along with financial protection in order to meaningfully realize the objectives of UHC by 2030. The SDGs provide new background to looking at health, nutrition and population in a more holistic and multi-sectoral way which is reflected in the 4th HPNSP document for Bangladesh. Though in national policies and strategic documents emphasis has been given in strengthening of the multi-sectoral approach in implementation of the SDGs, yet necessary actions has to be taken for execution of those strategies. Lack of leadership is a major challenge in implementation of the strategies.

The 4th HPNSP has three major components - (i) governance and stewardship of the sector; (ii) stronger health systems; and (iii) quality health service.

The first component gives priority to addressing issues in the areas of stewardship and governance, regulation of drug administration and quality drug management, legal and regulatory framework, and strengthening roles of the autonomous organizations and effective use of the NGOs and public private partnership.

The second component relates to strengthening health system with focus on planning and budgeting, monitoring and evaluation, health sector financing, management information system, research and development, strengthening of human resources for health, pre-service education and in-service training, nursing and midwifery services and training, establishing quality assurance system, procurement and supply chain management, maintenance of physical facilities, inter-sectoral coordination, financial management, etc. for strengthening the health systems.

The third component aims at improving priority health services in order to accelerate the achievement of the health related SDGs by capitalizing on and scaling up the interventions undertaken under the previous health sector programs as well as introducing new interventions. This component supports the priority interventions such as reproductive, maternal, newborn, child and adolescent health; immunization, population and family planning services; nutrition and food safety; communicable and non-communicable diseases; alternative medical care; and behaviour change communication related programmes.

To embrace the challenges of the upcoming SDGs and UHC with limited resources, the MOHFW has developed an updated essential service package (ESP) for provision of quality health, nutrition and FP services from the community to the district level. In order to implement the updated ESP cost-effectively, a harmonized service delivery system put in place during the implementation of the 4th HPNSP.

Bangladesh's target to achieve UHC by 2032 is entirely aligned with the UN SDG's target 3.8. The Health Economic Unit (HEU) of the Health Ministry has been given the lead in promoting UHC in Bangladesh. During the last sector programme, the HEU has undertaken different activities including stakeholder analysis, promotional meeting/advocacy meeting with major stakeholders, arranging national/international conferences and workshops. To achieve the UHC by 2032, HEU has designed and has started implementing a social health protection scheme for the below poverty line people. HEU also has designed separate schemes for the readymade garments (RMG) workers and for civil servants. It is planned that in next five years these 2 schemes will start their pilot phase.

With the adaptation of SDGs and UHC, planning context has changed. Therefore, in the new Sector Program, substantial provisions has been kept for training for capacity development of Program Managers to make them acquainted fully with the SDGs and UHC agenda.

Multi-sectoral approaches: Achievements in the Health and Nutrition Program (HNP) sector do not solely result from MOHFW's success; other sectors like agriculture, education, information, etc. also contribute enormously. As the SDGs begin to gain traction in national level discussions, it is clear that the HNP needs to work closely with other sectors.

To address the current gaps in multi-sectoral collaboration [18], MOHFW has planned to work closely through the different Operations Plans with other sectors to achieve the HNP related SDG targets. Under the current Sector Program, provisions has been created for effective coordination mechanism in the areas of program designing, planning, review and budgeting with the other relevant ministries for improving urban health and tribal health services. Coordination panels will be established with the relevant Ministries, agencies and other stakeholders to improve sharing information and strategy as well synchronizing actions on health aspects related to traffic accidents (SDG 3.6), substance abuse and narcotics (SDG 3.5), and pollution of air, water and food (SDG 3.9) - all three of which are included as targets of goal-3 in the SDGs.

Health MIS of Directorate General Health Services (DGHS): In Bangladesh, the MIS of DGHS has made a prototype of national health information system that can exactly serve this purpose alongside generating other useful health data. Currently this health MIS captures the health service data in public sector from the whole country. However, the private sector data is still not covered by the health MIS. Moreover, the health service provided by the Family Planning Department is maintained in a separate MIS system owned by the Family Planning Directorate. There is a need to integration of these two major national MIS for effective monitoring of the SDGs.

MIS-DGHS has adapted DHIS2, a globally recognized software system for public health data gathering and population-based electronic health records, which has been recommended by the Health Data Collaborative for measurement of country progress on health-related SDGs. It is possible that all health stakeholders, public, private or NGO, which provide citizen health service, can access the software system concurrently, without breaching the personal privacy or confidentiality of data, subject to strict boundary of business rules, accountability, ethical considerations, and access control.

Currently, all Community Health Workers and all hospitals under DGHS and a good number of private hospitals, NGOs in Bangladesh using the same national DHIS2 platform running in the national health data center of MIS-Health. The web portal of DGHS also presents an intelligent data dashboard (http://www.dghs.gov.bd/index.php/en/data) which pulls data from various databases real-time and summarizes the data in easy to understand visualization, which includes GIS maps and boundaries as well, for quick understanding and decision making at each level of health delivery and decision making hierarchies down to the grassroots. It has demonstrated that real time estimation of different health-related SDGs and other indicators is possible, both for national and subnational level, through this dashboard. Access to this dashboard is open from anywhere and requires just internet connectivity and an internet browser.

Further to DHIS2, the MIS-DGHS introduced OpenMRS+, an open source customized software, for hospital automation to be distributed free of cost to all public and private health facilities. Until, full scale up of the OpenMRS+ in all hospitals, DHIS2 is capable to collect core health data from hospitals, clinics, and individual health records, even financial data on health facilities and organizations.

The MIS-Health also initiated a process of Civil Registration and Vital Statistics (CRVS) Systems, in Bangladesh, through a whole of government approach, which is working under a multi-ministerial CRVS Steering Committee headed by Cabinet Secretary of the Government with at least secretaries of 15 ministries to lead a unifying approach to electronically registering and tracking birth, death, cause of death and other vital event data of every citizen in the country.

An integrated human resource information system (iHRIS) also is in use, quite satisfactorily by DGHS. It has recently been further customized to capture health workforce data for public and non-public sector HR data inclusive of private practitioners, self-employed, and even informal healers. The iHRIS has been owned by HRM program of the HPNSDP 2011-16, however, will need to be fully enforced in other agencies and departments of the ministry. The same ICT infrastructure created for HIS is being used for improving health service delivery, efficiency of health systems, and transparency and accountability. Currently, all these databases function independently, and efforts are underway for establishing interoperability among the major relevant data sources.

All the above initiatives are comprehensive enough towards the long term vision of health-related SDGs. Successful use of these technologies can help acting on and reporting country-progress on health-related SDGs.

Chapter 5: Potential Role of Policy Research Institutes for achieving the health related SDGs [3-4 pages]

In Bangladesh, 'SDG Co-ordination Cell' established at the Prime Minister's Office (PMO) is responsible to guide the national SDG agenda, through a 16-member "SDGs Implementation and Monitoring Committee" headed by a Principal Coordinator for SDGs Affairs. This Co-ordination committee primarily guides policy planning and monitoring SDGs at the national level by engaging the Ministries/Divisions. The General Economic Division (DEG) of Planning Commission plays a major role in mapping national stakeholders and identifying data gaps in monitoring SDGs.

The Health Economics Unit (HEU), an institution under the Ministry of Health had a mandate to conduct policy research on health economics and health financing, and giving policy support to the policy makers, but lately it has expanded its activities to other relevant health issues too. It has now been working as the focal point for Universal Health Coverage (UHC) and coordinating all activities geared to that SDG target being undertaken by government, non-government, academia and research organizations.

Though Bangladesh has a dominant presence of health research institutes, in true sense, the country has a lacking in health policy research institution. Research institution like International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), engaged in health research for about last 50 years contributed in numerous ways in health policy formulations through evidence-based research findings in the areas of communicable and non-communicable diseases and health systems. In the public sector National Institute for Population Research and Training (NIPORT) plays major role in conducting national surveys to monitor progress in health indicators as well as policy planning and intervention development. NIPORT usually functions in collaboration with the Health Ministry and major research institutions of the country like icddr,b. In addition, a good many number of universities in both public and private sectors including a NGOs and for-profit private institutions are also involved in health research. All these organizations, contribute in generating evidences based-on their researches that that are ultimately reviewed by the Ministry for policy formulation. The country has a lacking in true policy research institutions or think tanks for systematic review/analysis of the past and existing health policies to recommend new policies based-on evidences.

In Bangladesh Ministry of Health and Family Welfare (MoHFW) is responsible for health policy formulation within the framework of national plan. As the current national health service delivery plan is developed and managed through Sector Wide Approach (SWAp), an institutional arrangement has been introduced for setting up of a unit called Program Management and Monitoring Unit (PMMU) under the Health Ministry for this purpose. The PMMU assisted by a TA Support Team provide necessary support to develop a Project Implementation Plan (PIP) through a consultative process with the national level stakeholders viz. researchers, academia, program personnel, representatives of professionals bodies and development partners. The PIP is the guideline for development of Operations Plan (OP) for implementation of the health sector program.

Conclusions:

Bangladesh has made reasonably good progress is policy planning for implementation of the SDGs. Mapping of stakeholders in the public sector has been done including identification of data gaps. However, relatively less progress has been made in the multi-sectoral engagement for implementation of SGDs, though initiatives are underway by both the public and private sectors. For health SGDs, under the leadership of the Health Ministry and the Health MIS the country is on track for monitoring health SDGs by pooling data from various sources. Though the country has a pool of research institutions and local capacities to contribute in formulation of national health policies, there is a lacking in health policy institutions for policy synthesis for evidence-based policy making.

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Annexure 1: Top 50 Ministries/Divisions' SDG indicators related responsibility

Sl.	Ministries/Divisions	Lead	Co-lead	Associate	Total Responsibility
1	Ministry of Foreign Affairs (MoFA)	3	12	84	99
2	Statistics and Informatics Division (SID)	5	0	82	87
3	Local Government Division (LGD)	16	1	65	82
4	Ministry of Environment and Forests (MoEF)	26	3	41	70
5	Ministry of Industries (MoInd)	7	3	57	67
6	Ministry of Women and Children Affairs (MoWCA)	15	1	43	59
7	Ministry of Health and Family Welfare (MoHFW)	22	1	31	54
8	Ministry of Home Affairs (MoHA)	11	2	40	53
9	Ministry of Fisheries and Livestock (MoFL)	4	6	42	52
10	Finance Division (FD)	10	1	40	51
11	Ministry of Education (MoE)	6	2	42	50
12	Ministry of Information (MoInf)	2	0	48	50
13	Economic Relations Division (ERD)	16	2	29	47
14	Ministry of Agriculture (MoA)	7	6	34	47
15	Bank and Financial Institutions Division (BFID)	5	0	42	47
16	General Economics Division (GED)	9	8	25	42
17	Ministry of Social Welfare (MoSW)	1	2	28	31
18	Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE)	2	0	28	30
19	Ministry of Primary and Mass Education (MoPME)	5	2	22	29
20	Ministry of Commerce (MoC)	8	1	19	28
21	Ministry of Disaster Management and Relief (MoDMR)	5	6	15	26
22	Cabinet Division (CD)	10	0	15	25
23	Ministry of Water Resources (MoWR)	5	1	19	25
24	Ministry of Labour and Employment (MoLE)	5	2	18	25
25	Ministry of Public Administration (MoPA)	1	1	23	25
26	Ministry of Food (MoF)	1	5	19	25
27	Information and Communication Technology Division (ICTD)	2	1	21	24
28	Ministry of Youth and Sports (MoYS)	2	0	20	22
29	Ministry of Science and Technology (MoST)	5	0	16	21
30	Legislative and Parliamentary Affairs Division (LPAD)	1	1	19	21
31	Internal Resources Division (IRD)	1	0	19	20
32	Ministry of Chittagong Hill Tracts Affairs (MoCHTA)	0	0	20	20
33	Ministry of Shipping (MoS)	0	2	17	19

34	Ministry of Religious Affairs (MoRA)	0	0	19	19
35	Law and Justice Division (LJD)	2	0	16	18
36	Prime Minister's Office (PMO)	3	0	14	17
37	Programming Division (Prog.Div.), Planning Commission	0	0	17	17
38	Ministry of Land (MoL)	0	1	15	16
39	Ministry of Defence (MoD)	0	1	14	15
40	Ministry of Textile and Jute (MoTJ)	0	1	13	14
41	Energy and Mineral Resources Division (EMRD)	0	2	12	14
42	Ministry of Housing and Public Works (MoHPW)	3	1	9	13
43	Post and Telecommunication Division (PTD)	1	2	9	12
44	Ministry of Labour and Employment (MoLE)	0	0	12	12
45	Ministry of Civil Aviation and Tourism (MoCAT)	3	0	8	11
46	Road Transport and Highways Division (RTHD)	4	0	6	10
47	Ministry of Railways (MoR)	0	1	9	10
48	Power Division (PD)	5	0	4	9
49	Ministry of Cultural Affairs (MoCA)	1	2	5	8
50	Bridges Division (BD)	0	0	8	8

Annexure 2: Ministries/Divisions responsible for providing SDGs related data for monitoring

Sl.	Ministries/Divisions	No of SDGs data Indicators
1	Statistics and Informatics Division (SID)	93
2	Ministry of Health and Family Welfare (MoHFW)	52
3	Ministry of Environment and Forests (MoEF)	46
4	Economic Relations Division (ERD)	26
5	Finance Division (FD)	20
6	Local Government Division (LGD)	16
7	Ministry of Disaster Management and Relief (MoDMR)	12
8	Ministry of Home Affairs (MoHA)	11
9	Ministry of Agriculture (MoA)	11
10	Bank and Financial Institutions Division (BFID)	10
11	Ministry of Social Welfare (MoSW)	10
12	Ministry of Commerce (MoC)	9
13	Ministry of Education (MoE)	9
14	Ministry of Fisheries and Livestock (MoFL)	8
15	Ministry of Foreign Affairs (MoFA)	7
16	General Economics Division (GED)	6
17	Ministry of Primary and Mass Education (MoPME)	6
18	Ministry of Water Resources (MoWR)	6
19	Power Division (PoD)	5
20	Ministry of Women and Children Affairs (MoWCA	5
21	Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE)	5
22	Legislative and Parliamentary Affairs Division (LPAD)	5
23	Prime Minister's Oce (PMO)	5
24	Ministry of Labour and Employment (MoLE)	5
25	Ministry of Shipping (MoS)	5
26	Ministry of Science and Technology (MoST)	4
27	Post and Telecommunication Division (PTD)	4
28	Road Transport and Highways Division (RTHD)	4
29	Ministry of Land (MoL)	3
30	Ministry of Defence (MoD)	3
31	Ministry of Housing and Public Works (MoHPW)	3
32	Energy and Mineral Resources Division (EMRD)	3
33	Ministry of Chittagong Hill Tracts Affairs (MoCHTA)	2
34	Ministry of Public Administration (MoPA)	2
35	Ministry of Civil Aviation and Tourism (MoCAT)	2
36	Ministry of Cultural Affairs (MoCA)	2
37	Internal Resources Division (IRD)	2

38	Ministry of Railways (MoR)	2
39	National Human Rights Commission (NHRC)	2
40	Implementation, Monitoring & Evaluation Division (IMED)	1
41	Ministry of Youth and Sports (MoYS)	1
42	Ministry of Industries (MoInd)	1
43	Law and Justice Division (LJD)	1
44	Registrar, Supreme Court (R,SC)	1

Annexure 3: List of Civil Society Organization / NGOs partnering with the Citizen's Platform

1. ActionAid Bangladesh
2. Ain o Salish Kendra (ASK)
3. Article 19, Bangladesh and South Asia Region
4. Association of Development Agencies in Bangladesh (ADAB)
5. Banchte Shekha
6. Bandhu Social Welfare Society (Bandhu)
7. Bangladesh Indigenous Peoples Forum (BIPF)
8. Bangladesh Environmental Lawyers Association (BELA)
9. Bangladesh Legal Aid and Services Trust (BLAST)
10. Bangladesh Mahila Parishad
11. Bangladesh NGOs Network for Radio and Communication (BNNRC)
12. Bangladesh National Woman's Lawyers Association (BNWLA)
13. Bangladesh Protibandhi Kallyan Somity (BPKS)
14. Bangladesh Youth Leadership Center (BYLC)
15. BRAC
16. BROTEE
17. Business Initiative Leading Development (BUILD)
18. Campaign for Popular Education (CAMPE)
19. CARE Bangladesh
20. Caritas Bangladesh
21. Centre for Policy Dialogue (CPD)
22. Change Makers
23. COAST Trust
24. Dhaka Ahsania Mission
25. Dnet
26. Federation of NGOs in Bangladesh (FNB)
27. Friends in Village Development Bangladesh (FIVDB)
28. Gandhi Ashram Trust
29. International Centre for Climate Change and Development (ICCCAD)
30. JAAGO Foundation
31. Madaripur Legal Aid Association (MLAA)
32. Manusher Jonno Foundation (MJF)
33. National Forum of Organizations Working with the Disabled (NFOWD)
34. Oxfam in Bangladesh
35. PRIP Trust
36. RDRS Bangladesh
37. Save the Children in Bangladesh
38. The Hunger Project Bangladesh
39. Transparency International Bangladesh (TIB)
40. World Vision Bangladesh
41. Sightsavers Bangladesh

42. Avijan
43. Voice of Poor People (VPP)
44. WaterAid Bangladesh
45. Access Bangladesh Foundation
46. Bangladesh Shishu Adhikar Forum (BSAF)
47. Dhrubotara Youth Development Foundation (DYDF)
48. Turning Point Foundation
49. Ghashful
50. Kapaeeng Foundation
51. Rupantar
52. Steps
53. Hilfswerk der Evangelischen Kirchen Schweiz (HEKS)
54. Nagorik Uddyog (NU)
55. Management and Resources Development Initiative (MRDI)
56. Concern Worldwide
57. Nabolok
58. National Development Programme (NDP)
59. Uttaran
60. Bangladesh Poribesh Andolon (BAPA)

Annexure 4: List of all activities of the Citizen's Platform on SDGs

Sl	Activities	Organized by	Date/venue
1	A seminar titled **"Understanding Climate Change from SDG Perspective"** for Experts and policymakers	International Centre for Climate Change and Development (ICCCAD) and the Citizen's Platform for SDGs, Bangladesh	22 May 2017, Westin Hotel Dhaka
2	The citizen's dialogue captioned ***Community intervention for SDG Delivery: Listening to the Grassroots Voices***	The Hunger Project and the Citizen's Platform for SDGs, Bangladesh	*Saturday 20 May 2017, CSS Ava Centre*, Khulna
3	The conference on **"Role of NGOs in Implementation of SDGs in Bangladesh"**	NGO Affairs Bureau, the Prime Minister's Office and the Citizen's Platform for SDGs, Bangladesh	18 May, 2017, Bangabandhu International Conference Center, Dhaka
4	Published a book titled ***Framework for Action – Education 2030 in Bangladesh: A Civil Society Perspective***	Campaign for Popular Education (CAMPE) and the Citizen's Platform for SDGs, Bangladesh	-
5	A dialogue titled *"**Accountability for SDG-4 and Citizen Participation"***	CAMPE and Citizens' Platform of SDGs, Bangladesh	29 April 2017, BRAC Centre, Dhaka
6	A dialogue on ***Global development agenda and women's rights: new considerations***	Bangladesh Mahila Parishad and Citizen's Platform for SDGs, Bangladesh	18 April 2017, CIRDAP auditorium
7	A validation meeting to address the concern that **"no one will be left behind"** in our economic, social and environmental plans and programs	*Manusher Jonno Foundation (MJF)* partnered with Citizen's Platform for SDGs, Bangladesh	6 April 2017, BRAC Centre, Dhaka
8	A pre-budget dialogue titled **"Recommendations on Social Protection in the National Budget"**	Centre for Policy Dialogue (CPD), RDRS Bangladesh, and Citizen's Platform for SDGs, Bangladesh	1 April 2017, Begum Rokeya Auditorium of the RDRS Bangladesh, in Rangpur
9	A Dialogue on ***"The New Global Development Agenda: Peace and Security, Human Rights and Governance,"***	Citizen's Platform for SDGs, Bangladesh	18 March 2017, Hotel Saint Martin, Chittagong
10	A dialogue titled **"The New Global Development Agenda: Peace and Security, Human Rights, and Governance,"**	Madaripur Legal Aid Association (MLAA), Transparency International Bangaldesh (TIB), and TIB's conscious citizen's group at Madaripur	Saturday, 4 March 2017, MLAA's training centre, Madaripur
11	A meeting with Focal Persons of the Citizen's Platform for SDGs, Bangladesh to discuss **how they can contribute to the Platform website in order to strengthen the effectiveness of communication and outreach activities of the Platform**.	Centre for Policy Dialogue (CPD), the Platform Secretariat	31 January 2017
12	A meeting of the Advisory Group of the Citizen's Platform to prepare **the state of delivery of the**	*Citizen's Platform for SDGs, Bangladesh*	4 January 2017, BRAC Centre.

	global agenda in Bangladesh, as government of Bangladesh prepares itself to undertake a Voluntary National Review (VNR) of the implementation of the SDGs for the United Nations.		
13	A meeting titled ***Reaching Education 2030: 7th Five Year Plan and Beyond***	Citizen's Platform for SDGs, Bangladesh and the Campaign for Popular Education (CAMPE)	Wednesday 28 December 2016, CIRDAP Auditorium Dhaka
14	A workshop titled **Appreciation Course on 2030 Agenda: Framework Issues and Implementation Challenges** with non-government and civil society organizations.	The Citizen's Platform for SDGs, Bangladesh in partnership with Centre for Policy Dialogue (CPD)	19 November 2016, BRAC Conference Room, Dhaka
15	The second Partners' meeting of the Citizen's Platform for SDGs, Bangladesh	Citizen's Platform for SDGs, Bangladesh	30 October 2016 at Meghomala Conference Room, Transparency International Bangladesh (TIB), Dhaka
16	A dialogue on "Role of Private Sector in SDG Implementation"	Citizen's Platform for SDGs, Bangladesh and the Metropolitan Chamber of Commerce and Industry (MCCI)	2 October 2016, MCCI Auditorium
17	A briefing session with policy makers to share the objectives of the platform to track implementation of SDGs in Bangladesh	The Citizen's Platform for SDGs, Bangladesh	4 October 2016, BRAC Centre Inn, Dhaka
18	A citizen dialogue titled **SDG 16 in the Bangladesh Context: Peace and Security*, Human Rights and Governance***	The Citizen's Platform for SDGs, Bangladesh	18 July 2016, BRAC Centre Inn Auditorium
19	Announcing the formal launch of **the national platform** at media briefing	The Citizen's Platform for SDGs, Bangladesh	18 June 2016, CIRDAP Auditorium, Dhaka
20	First Partners meeting of the Citizen's Platform for SDGs, Bangladesh to focus on **developing a work plan for the Platform and formulate strategies to engage all the relevant stakeholders in the SDG implementation process**	The Citizen's Platform for SDGs, Bangladesh	5 May 2016, Dialogue Room, Centre for Policy Dialogue (CPD)

Annexure 5 : Mapping of Ministries/Divisions by targets of SDG 3				
Sustainable Development Goal and associated Targets	**Lead Ministries/ Divisions**	**Associate Ministries/ Divisions**	**Actions to achieve the SDG targets within 7thFYP (2016-2020)**	**List of Existing Policy Instrument (Acts/ Policies/ Strategies etc.)**
Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	MoHFW	LGD; MoInf; MoSW; MoWCA; SID	• Provision of ANC services for all pregnant women including TT • Training of CSBAs • Expansion of CEmOC in more upazila health complexes • Piloting of demand-side financing through providing maternal vouchers • Demand creation for utilization of ANC, PNC and institutional deliveries	National Health Policy, 2011; Bangladesh Population Policy, 2012;
	MoHFW	LGD; MoInf; SID	• Training of CSBAs • Expansion of CEmOC in more upazila health complexes • Demand creation for utilization of ANC, PNC and institutional deliveries	
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	MoHFW	MoInd; MoInf; MoPME; MoWCA; SID	• Essential Services Delivery • Expanded Programme on Immunization • Control of Acute Respiratory Tract Infection • Control of Diarrhoeal Diseases • Integrated Management of Childhood Illness	Strategic Plan for Health, Population & Nutrition Sector Development Program;
	MoHFW	LGD; MoInf; MoWCA; SID	• Ensue Expanded Programme on Immunization (EPI) • Provision of ANC	

			services for all pregnant women including TT • Demand creation for utilization of ANC, PNC and institutional deliveries	
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	MoHFW	MoInf; MoE; MoPME; MoYS; MoFL	• Increase social awareness programme • Ensure health education on HIV AIDS • Take regular HIV prevention programme • Make laws and policies that facilitate the HIV response and work • National AIDS/STD Programme • Targeted HIV/AIDS interventions with high risks groups like sex workers, injectable drug users, migrant workers, transport workers, HIV positive etc. and young people • HIV testing and counselling would be scaled up among key populations and high risk groups and awareness amongst migrant laborers and their spouses need be promoted. • Prevention of Mother to Child Transmission services will be scaled up for HIV infected women.	
	MoHFW	MoInf; MoE; SID	• Increase attention for detection and prevalence rates including the progress on cure rate • National TB programme	

	MoHFW	MoInf; SID	• Increase attention for detection and prevalence rates including the progress on cure rate • Malaria control programme	
	MoHFW	MoInf; SID	• Increase attention for detection and prevalence rates including the progress on cure rate	
	MoHFW	MoInf; MoE	• Some facilities are in place and others are planned for combating emerging threats	
3.4 By 2030, reduce by one third premature mortality from non communicable diseases through prevention and treatment and promote mental health and well-being	MoHFW	MoE; MoInf; MoWCA; SID	• Strategic plan for surveillance and prevention of non-communicable diseases in Bangladesh • Public information campaign for awareness creation	
	MoHFW	MoHA; MoInf; SID; MoRA; MoYS		
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	MoHFW	MoHFW; MoInf; MoRA; MoYS		Narcotics Control Act 1990, amended in 2000 and 2004;
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	RTHD	BD; MoE; MoHA; MoInf; LGD; CD; MoPME; MoHFW	• Take measures to maintain the roads • Provide special attention while planning and designing for construction of a road • Gradual increase in socio-economic activities of the growing	Motor Vehicle Ordinance 1983; 7th Road Safety Action Plan 2014-16

			population for road widening • Improving on transport safety standards to reduce incidence of accidents by implementing safety audit periodically. • Improvement of road safety engineering in rural roads to minimize road accidents. • achieving 50% reduction in road traffic accident fatalities by 2020 in line with the UN Decade of Action for Road Safety	
3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	MoHFW	LGD; MoE; MoInf; MoLE; MoRA; SID	• Counselling on population control and reproductive health and behaviour will be continued and expanded in health care centres. • Steps will be taken to ensure women's decision making over reproductive health through proper education and information.	Bangladesh Population Policy 2012
	MoHFW	LGD; MoInf; MoWCA; SID		
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	MoHFW	BFID (IDRA); LGD; MoC; MoSW; MoWCA; MoST (BAEC); MoInd (BAB)	• Set certain objectives and targets towards Universal Health Coverage (UHC) in the HNP sector.	Expanding Social Protection for Health: Towards Universal Coverage-Health Care Financing Strategy 2012-2032
	MoHFW	BFID; SID		
3.9 By 2030, substantially reduce the	MoEF	MoHFW; MoLE;	• Expanding air quality management activities,	

number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination		SID	focusing on gross diesel polluters, and the extension of air quality monitoring to major cities. • Strict enforcement to control dust and other emissions at the construction site • Strict enforcement of Brick Kiln Act 2013 for phasing out of traditional brick Kiln. • Introduce cleaner fuel & transport standards to achieve environmental sustainability. • Facilitate greater investment in public, mass transit options for cities	
	LGD	MoHFW; MoEF; MoInf; MoPME	• Protecting surface water resource base of greater Dhaka • Encouraging future industrial development only in designated industrial development zones • Drainage rehabilitation of Dhaka city through excavation of canals • • Shifting the dependence on water supply from groundwater to surface water, with improvement in surface water quality	
	MoHFW	MoInf; MoRA		
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	MoHFW	MoInf; MoHA	GoB will ensure effective implementation of tobacco control laws and policies as well as rigorous compliance of Framework Convention on Tobacco Control (FCTC)	The Smoking and Tobacco Products Usage (Control) Act, 2005, amended in 2009 and 2013; The Smoking and Tobacco Products Usage (Control) Rules, 2015;

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	MoHFW	MoC; MoFA	• Increase availability of medicine at all levels of health services • Introduce telemedicine services • Establish nuclear medicine centre	
	ERD	MoHFW; FD	• Strengthen Bangladesh Medical Research Council (BMRC)	
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	MoHFW	FD; MoPA; ERD; Prog. Div.; SEID; BFID (BB)	• The HR strategy is being developed to address the issues related to HRH stock and trends, imbalances in skill-mix, distribution and mobility of health workers etc. will be implemented efficiently.	
3.d Strengthen the capacity of all countries, in particular developing countries,	Lead: MoHFW *Co-Lead:* LGD	ERD; MoFA; MoInf; MoInd	• In-service training for continuous and essential component of HNP sector development programs	

for early warning, risk reduction and management of national and global health risks			for capacity development of the health work force. • Government will conduct a number of programmes to strengthen human resources • Conduct proper Planning, Monitoring and Evaluation inclusive of governance and stewardship.	

Annexure 6 : Details of data gap analysis for 26 indicators for tracking SDG 3			
Sustainable Development Goal and associated Targets	Proposed Global Indicators for Performance Measurement	Status of Data Availability	Relevant Ministry/Division/ Agency to Generate/Provide Data
Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	Readily Available	a) BBS (SVRS), SID b) NIPORT (BMMS), MoHFW
	3.1.2 Proportion of births attended by skilled health personnel	Readily Available	a) BBS (MICS), SID b) NIPORT (BDHS), MoHFW c) NIPORT (UESD), MoHFW
3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	Readily Available	a) BBS (SVRS), SID b) NIPORT (BDHS), MoHFW
	3.2.2 Neonatal mortality rate	Readily Available	a) BBS (SVRS), SID b) NIPORT (BDHS), MoHFW
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Readily Available	a) DGHS (NASP), MoHFW b) IEDCR, MoHFW c) NIPORT, MoHFW
	3.3.2 Tuberculosis incidence per 1,000 population	Readily Available	a) BBS (HMSS), SID b) NTP, DGHS, MoHFW c) NIPORT, MoHFW
	3.3.3 Malaria incidence per 1,000 population	Readily Available	a) BBS (HMSS), SID b) MCP, DGHS,

			MoHFW c) NIPORT, MoHFW
	3.3.4 Hepatitis B incidence per 100,000 population	Readily Available	a) BBS (HMSS), SID b) CDC Unit, DGHS, MoHFW c) NIPORT, MoHFW
	3.3.5 Number of people requiring interventions against neglected tropical diseases	Readily Available	a) CDC Unit, DGHS, MoHFW b) NIPORT, MoHFW
3.4 By 2030, reduce by one third premature mortality from non communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Partially Available	a) NCDC Unit, DGHS, MoHFW b) MIS, DGHS, MoHFW c) BBS (SVRS), SID d) NIPORT, MoHFW
	3.4.2 Suicide mortality rate	Partially Available	a) BP, MoHA b) NIPORT, MoHFW
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Partially Available	a) Dept. of Narcotics Control, MoHA b) MIS, DGHS, MoHFW
	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol		
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries	Partially Available	a) BP, MoHA b) MIS, DGHS,

			MoHFW c) BRTA, RTHD
3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Readily Available	a) BBS (SVRS), SID b) NIPORT (BDHS), MoHFW c) BBS (MICS), SID d) MIS, DGFP, MoHFW
	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	Readily Available	a) BBS (SVRS), SID b) NIPORT (BDHS), MoHFW
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Partially Available	a) DGHS, MoHFW b) NIPORT (BDHS), MoHFW c) HEU, MoHFW
	3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	Partially Available	HEU, MoHFW
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution	Not Available	a) DGHS, MoHFW b) Inspection for Factories and Establishments, MoLE c) NIPORT, MoHFW
	3.9.2 Mortality rate	Not Available	a) DGHS, MoHFW

	attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)		b) NIPORT, MoHFW
	3.9.3 Mortality rate attributed to unintentional poisoning	Not Available	a) DGHS, MoHFW b) NIPORT, MoHFW
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Partially Available	MoHFW
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	Partially Available	DGHS, MoHFW
	3.b.2 Total net official development assistance to medical research and basic health sectors	Partially Available	a) ERD b) MoHFW
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least	3.c.1 Health worker density and distribution	Readily Available	MIS, DGHS, MoHFW

developed countries and small island developing States			
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	Partially Available	a) NHCMC&CR, DGHS, MoHFW b) NCDC Unit, DGHS, MoHFW c) IEDCR, DGHS, MoHFW

Annexure 7: Details of data gap analysis 22 health related indicators					
Sustainable Development Goal and associated Targets	Lead Ministries/ Divisions	Associate Ministries/ Divisions	Proposed Global Indicators for Performance Measurement	Status of Data Availability	Relevant Ministry/Division/Agency to Generate/Provide Data
1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	*Lead:* MoEF *Co-Lead:* MoDMR	BFID (BB); LGD; MoA; MoE; MoEWOE; MoF; MoFL; MoHA; MoHFW; MoInf; MoLWA; MoSW; MoWCA; MoWR; PTD; SID	1.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people	Readily Available	a) DDM, MoDMR b) BBS (ICCHL), SID c) MIS, DGHS, MoHFW d) BFD, MoEF
	Lead: MoEF *Co-Lead:* MoDMR	BFID (BB); LGD; MoA MoE; MoEWOE; MoF; MoFL, MoHA; MoHFW; MoInf; MoLWA; MoSW; MoWCA; MoWR; PTD; SID	1.5.2 Direct disaster economic loss in relation to global gross domestic product (GDP)	Partially Available	a) BBS, SID b) DDM, MoDMR
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age,	*Lead:* MoHFW *Co-Lead:* MoF	MoA; MoDMR; MoE; MoFL; MoInd; MoInf; MoPME; MoSW; MoWCA;	2.2.1 Prevalence of stunting height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child	Readily Available	a) BBS (FSNSP), SID b) NIPORT (BDHS), MoHFW c) BBS (MICS), SID

and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons		SID	Growth Standards) among children under 5 years of age		d) BBS (CMNS), SID
	Lead: MoHFW *Co-Lead:* MoF	MoA; MoDMR; MoE; MoFL; MoInd; MoInf; MoPME; MoSW; MoWCA; SID	2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	Readily Available	a) BBS (FSNSP), SID b) NIPORT (BDHS), MoHFW c) BBS (MICS), SID d) BBS (CMNS), SID
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	*Lead:* MoWCA	LJD; LPAD; MoEWOE; MoFA; MoHA; MoLE; MoRA; MoTJ; SID	5.2.1 Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Readily Available	a) BBS (VAW), SID b) MoWCA
	Lead: MoWCA	MoHA; SID	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	Readily Available	a) BBS (VAW), SID b) MoWCA
6.1 By 2030, achieve universal and equitable access to	*Lead:* LGD	MoInd (BAB); MoInf;	6.1.1 Proportion of population using safely managed	Readily Available	BBS (MICS), SID

safe and affordable drinking water for all		MoPME; SID	drinking water services		
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	*Lead:* LGD	MoE; MoEF; MoF; MoHFW; MoInf; MoPME; MoWCA; PMO; SID	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	Readily Available	BBS (MICS), SID
7.1 By 2030, ensure universal access to affordable, reliable and modern energy services	*Lead:* PD	EMRD; MoFA; MoST	7.1.1 Proportion of population with access to electricity	Readily Available	PD
	Lead: PD	MoInf; MoST	7.1.2 Proportion of population with primary reliance on clean fuels and technology	Partially Available	SREDA, PD
11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water- related disasters, with a focus on protecting the poor and people in vulnerable situations	*Lead:* MoDMR	MoD; MoHA; MoHFW; MoS; MoWR	11.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people	Readily Available	a) DDM, MoDMR b) BBS (ICCHL), SID c) MIS, DGHS, MoHFW d) BFD, MoEF
	Lead: MoDMR	MoD; MoHA; MoHFW; MoS; MoWR; SID	11.5.2 Direct disaster economic loss in relation to global GDP, including disaster damage to critical infrastructure and disruption of basic	Partially Available	a) BBS, SID b) DDM, MoDMR

			services		
11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management	*Lead:* LGD	MoEF; MoInd; PD	11.6.1 Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities	Partially Available	LGD (City Corporations)
	Lead: LGD	MoEF; MoInd; PD	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	Not Available	DoE, MoEF
16.1 Significantly reduce all forms of violence and related death rates everywhere	*Lead:* MoHA	CD; LJD; LPAD; MoSW; MoWCA; NHRC	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age	Partially Available	BP, MoHA
	Lead: MoHA	NHRC	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	Partially Available	BP, MoHA
	Lead: MoHA	LJD; MoWCA; SID	16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	Readily Available	BBS (VAW), SID
Data, monitoring and accountability 17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island	*Lead:* SID (BBS)	BFID (BB); EMRD; ERD; FD; GED; ICTD; IRD; LGD; MoA; MoCHTA; MoE; MoEF; MoEWOE; MoF; MoFA;	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental	Not Available	a) GED b) SID

developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts		MoFL; MoHA; MoHFW; MoHPW; MoPA; MoPME; MoWCA; PTD	Principles of Official Statistics		
	Lead: SID (BBS	BFID (BB); EMRD; ERD; FD; GED; ICTD; IRD; LGD; MoA; MoCHTA; MoE; MoEF; MoEWOE; MoF; MoFA; MoFL; MoHA; MoHFW; MoHPW; MoPA; MoPME; MoWCA; PTD	17.18.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics	Partially Available	SID
	Lead: SID (BBS)	BFID (BB); EMRD; ERD; FD; GED; ICTD; IRD; LGD; MoA; MoCHTA; MoE; MoEF; MoEWOE; MoF; MoFA; MoFL; MoHA;	17.18.3 Number of countries with a national statistical plan that is fully funded and under implementation, by source of funding	Partially Available	SID

		MoHFW; MoHPW; MoPA; MoPME; MoWCA; PTD			
17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	*Lead:* SID	BFID (BB); ERD; FD; GED	17.19.1 Dollar value of all resources made available to strengthen statistical capacity in developing countries	Partially Available	a) ERD b) SID
		LGD	17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration	Partially Available	a) BBS, SID b) LGD

Annexure 8: National targets for SDG 3 indicators			
Name of the indicators	**Baseline**	**7th five year plan**	**Targets to be achieved by 2030**
3.1.1 Maternal mortality ratio	176	105 per 100,000 live births by 2021	Less than 70 per 100,000 live births
3.1.2 Proportion of births attended by skilled health personnel	42.1	65% by 2021	N/A
3.2.1 Under-five mortality rate	46	37 per 1000 live births by 2021	Less than 25 per 1000 live births
3.2.2 Neonatal mortality rate	28	21 per 1000 live births by 2021	Less than 12 per 1000 live births
3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	<1	Keep the AIDS epidemic from expanding beyond this current level (<1%) Avoid a gradual spread of HIV infection from high-risk groups to the general population.	By 2030 end the endemic of AIDs
3.3.2 Tuberculosis incidence per 1,000 population	53%	75%	End epidemics of TB by 2030
3.3.3 Malaria incidence per 1,000 population	High endemic (three districts): 1.0-10/1000 population Low endemic (10 districts): .1 - 1.0/1000 population*	Reduce malaria morbidity and mortality until the disease is no longer a public-health problem in the country	End epidemics by 2030
3.3.4 Hepatitis B incidence per 100,000 population	N/A	N/A	Combat hepatitis
3.3.5 Number of people requiring interventions against neglected tropical diseases	N/A	Kala-azar: Annual incidence rate to <1/10,000 population in all endemic upazils by 2015 Elimination of Filiariasis Prevention and control of dengue	End epidemic by 2030
3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory	18% (World Health Organization-Non-communicable	Reduce one-third of premature mortality due to NCDs* from current rate	Reduce one-third of premature mortality by 2030

disease	Diseases (NCD)		
3.4.2 Suicide mortality rate	8 per 100,000 according to WHO 2014 report	Reduce one-third of premature suicidal death from current level	Reduce one-third of premature mortality by 2030
3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	N/A	N/A	Strengthen the prevention and treatment of substance-abuse, including narcotic drug-abuse and harmful use of alcohol
3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	Almost zero alcohol consumption (0.2 in 2010)* *WHO report 2014	Committed to global target	Strengthen the prevention and treatment of substance-abuse, including narcotic drug-abuse and harmful use of alcohol
3.6.1 Death rate due to road traffic injuries	According to World Bank statistics, annual fatality rate from road accidents is found to be 85.6 fatalities per 10,000 vehicles. According to a study conducted by the Accident Research Centre (ARC) of BUET, road accidents claim, on average, 12,000 lives annually and lead to about 35,000 injuries report 2012)	Committed to global targets	By 2020, halve the number of global deaths and injuries from road-traffic injuries
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	12%, 7% for limiting and 5% for birth spacing	Reduce unmet need to 7% by 2021	By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national

			strategies and programs
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	0.8% in 2014 (BDHS)	25% by 2021 (HNPSIP 2016-2021)	Universal access to sexual and reproductive healthcare by 2030
3.8.1: Coverage of essential health services Total fertility rate	2.3 in 2014 (BDHS)	1.7 by 2021(HNPSIP 2016-2021)	Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Contraceptive prevalence rate (CPR)	62.4 in 2014 (BDHS)	75% by 2021, CPR in lagging region : 60% by 2021	Achieve universal health coverage
ANC 4 coverage	31.2 (BDHS 2014)	ANC 4 coverage 50% by 2021	Achieve universal health coverage
Measles immunization coverage	86.6% (CES Report 2014)	95%	Achieve universal health coverage
3.1.1 % of children aged less than 6 months receiving exclusive breastfeeding	55.3% (BDHS 2014)	65 %	Achieve universal health coverage
% of infants aged 6-23 months are fed with minimum acceptable diet	22.8% (BDHS 2014)	45 %	Achieve universal health coverage
Estimated Prevalence of diabetes and hypertension among adult men and women aged 35 years and older	Diabetes: 11.2%; Hypertension: 31.9% (BDHS 2011)	Diabetes: 10% Hypertension : 30%	Achieve universal health coverage
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	N/A	N/A	Achieve universal health coverage, including financial risk protection
3.9.1 Mortality rate attributed to household and ambient air pollution	N/A	N/A	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals, and air, water and soil pollution and contamination
3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation	N/A	N/A	By 2030, substantially reduce the number of deaths and illnesses due to unsafe water, sanitation and Lack of hygiene

and Hygiene for All (WASH) services)			
3.9.3 Mortality rate attributed to unintentional poisoning	N/A	N/A	By 2030, substantially reduce the number of deaths and illnesses
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Tobacco-use of male: 48%, female: 2%, total: 25% in 2011 (2014 WHO Report)	Reduce tobacco-use from current prevalence	Strengthen the implementation of World Health Organization Framework Convention on Tobacco Control in all countries as appropriate
3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	Facilities with essential drugs: 66%; FP methods: 84.4% (HFS2014)	Facilities with essential drugs: 75%; FP methods: 90% by 2021 (HNPSIP2016-2021)	Ensure availability in all facilities
3.b.2 Total net official development assistance to medical research and basic health sectors			
3.c.1 Health worker density and distribution	Physician : 30.5% in 2014 Nurse: 7.8% in 2014 (BHFS) Paramedic: 7.1% in 2014	Physician : 15% by 2021 Nurse: 4% by 2021 Paramedic: 4% by 2021 (HNPSIP 2016-2021)	Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the Least developed countries and small island developing States
3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	N/A	N/A	Strengthen the capacity of all countries, in particular, developing countries, for early warning, risk reduction and management of national and global health risks

Annexure 9: National targets for health related indicators (other than SDG 3)			
Name of the indicators	**Baseline**	**7th five year plan**	**Targets to be achieved by 2030**
1.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people	N/A	N/A	N/A
1.5.2 Direct disaster economic loss in relation to global gross domestic product (GDP)	N/A	N/A	N/A
2.2.1 Prevalence of stunting height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	36.1 in 2014	25% by 2021	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally-agreed targets on stunting and wasting in children below 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	36.1 in 2014	25% by 2021	N/A
5.2.1 Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	N/A	N/A	N/A
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	N/A	N/A	N/A
6.1.1 Proportion of population using safely managed drinking water services	98%	100%	By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	45%	N/A	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
7.1.1 Proportion of population with access to electricity	18%	N/A	By 2030, ensure universal access

7.1.2 Proportion of population with primary reliance on clean fuels and technology	N/A	N/A	N/A
11.5.1 Number of deaths, missing persons and persons affected by disaster per 100,000 people	N/A	N/A	N/A
11.5.2 Direct disaster economic loss in relation to global GDP, including disaster damage to critical infrastructure and disruption of basic services	N/A	N/A	N/A
11.6.1 Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities	N/A	N/A	By 2030, reduce the adverse per-capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	N/A	N/A	N/A
16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age	N/A	Prevalence of intimate partner violence: 15-71%	N/A
16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	N/A	N/A	N/A
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	N/A	N/A	N/A
17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	N/A	N/A	N/A
17.18.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics	N/A	N/A	N/A
17.18.3 Number of countries with a national statistical plan that is fully funded and under implementation, by source of funding	N/A	N/A	N/A