Frontline Health Workers Coalition’s Feedback on Draft Indicators to the Sustainable Development Goals
August 2015

For 3.8

**Target:** 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

**Feedback:**

A crucial piece of achieving universal health coverage is achieving universal access to health services, the lack of adequate personnel standing as a major barrier in much of the world. The Frontline Health Workers Coalition strongly urges an indicator measuring access to health services:

**Consultations with a certified or licensed provider in a health facility or in the community, per person, per year.**

We also recommend this indicator for 3.C, as it has cross-cutting value. Our reasoning is contained in the comment for 3.C.

For 3.C

**Target:** 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

**Feedback:**

The proposed indicator (ratio of skilled health workers/population) should be kept as a secondary indicator for 3.8 and 3.C, but it is not the best measure of “distribution” of health workers. The Frontline Health Workers Coalition believes the SDSN Indicator & Monitoring Framework Indicator 26 (pg. 130) better captures improved access to essential health services, the intention of Goal 3.C:

**Consultations with a certified or licensed provider in a health facility or in the community, per person, per year.**

The indicator is also recommended for 3.8, as it has cross-cutting value. It captures:
1) Consultations with any licensed health worker. Data collected under the workers/population ratio only captures doctors, nurses & midwives, excluding cadres such as community health workers that provide substantial health services.

2) Measurement of access to health workers. Frequency of visits to health workers is important in determining whether citizens have consistent access to a health workforce.