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## COUNTDOWN 2015 EUROPE RECOMMENDATIONS

### on Open Consultation on Indicators Proposed by IAEG-SDGs

### Following IAEG-SDGs Meeting 26-28 October 2015

### Consultation on Green Indicators

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## GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

**Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

**Indicator 3.1.1:** Maternal deaths per 100,000 live births

**Countdown 2015 Europe comments:** We welcome this indicator. However, we would like to suggest the following: add cause of death. The addition of “by cause of death” will reflect how data is reported at global level by WHO, according to the five leading maternal mortality causes – postpartum haemorrhage (PPH), infections, high blood pressure (pre-eclampsia and eclampsia), complications during delivery, and unsafe abortion.

Sources of data: This data is already being collected bi-annually at global level for all Member States from vital statistics, household surveys, health facility data, censuses and modelling, with global monitoring by the Maternal Mortality Expert and Inter-Agency group led by WHO with UNFPA, UNICEF, the World Bank and UNDESA.

**Indicator 3.1.2:** Proportion of births attended by skilled health personnel

**Countdown 2015 Europe comments:** We welcome this indicator.

**Target 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.

**Indicator 3.3.1:** Number of new HIV infections per 1,000 uninfected population (by age, sex, and key populations)

**Countdown 2015 Europe comments:** We welcome this indicator. However, we are concerned that it only focuses on transmission and does not reflect the impact that prevention and access to treatment can have. Therefore, we would recommend continuing to use at least two of the existing MDG indicators which capture access to ARV and behaviour change related to reducing risk: Percent of people living with HIV and AIDS receiving antiretroviral treatment, by sex, age, income quintile. Sources of data: Information on this MDG indicator is

reported annually to UNAIDS and WHO, disaggregated by age, sex and public/private facility.

Condom use at last high risk sex. Sources of data: Collected through household surveys, such as Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), Reproductive and Health Surveys (RHS), Behavioural Surveillance Surveys (BSS), and other nationally representative household surveys.

**Target 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

**Indicator 3.7.1:** Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods.

**Countdown 2015 Europe comments:** We welcome this indicator.

**Indicator 3.7.2:** Adolescent birth rate (10-14; 15-19) per 1,000 women in that age group

**Countdown 2015 Europe comments:** We welcome the inclusion of the 10-14 and 15-19 age groups, however we would recommend using three age groups (10 to 14, 15 to 17 and 18 to 19) to reflect the different needs and experiences of individuals in each of these age categories. The risk of 10-14 year olds of dying from childbirth-related complications is five times higher than for women in their 20s, and childbearing is often rooted in coercion and discriminatory practices, such as child, early and forced marriage, and sexual violence; 15-17 year olds account for the majority of unplanned and unwanted teenage pregnancies; among 18-19 year olds a significant share of births occurs within marriage and union and is thus more likely to be planned. We would also recommend adding an additional indicator measuring access to sexual and reproductive health services, e.g. ‘percentage of women and girls who have made an informed choice about their contraceptive method’ (collected by DHS, FP2020). This would support a tracking of rights-based empowered decision making in relation to sexual and reproductive health services.

## GOAL 5 ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

**Target 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.

**Indicator 5.2.1:** Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months

**Countdown 2015 Europe comments:** We welcome this indicator. In order to track changes in the underpinning social norms that lead to violence against women and girls, and to ensure that the 2030 Agenda is achieving the transformative social change that it has set out to achieve, we would recommend adding a behaviour indicator to target 5.2, in addition to the two already proposed indicators: ‘Percentage of people who think it is never justifiable for a man to physically and/or sexually abuse his intimate female partner, by sex, by age’ (collected by DHS, WHO multi-country studies).

**Indicator 5.2.2:** Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15

**Countdown 2015 Europe comments:** We welcome this indicator.

**Target 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

**Indicator 5.3.1:** Percentage of women aged 20-24 who were married or in a union before age 18 (i.e. child marriage)

**Countdown 2015 Europe comments:** We welcome this indicator. However, we would suggest to add “and before age 15” to the indicator, which would then read “Percentage of women aged 20-24 who were married or in a union before age 18 and before age 15”. This is relevant given that younger girls are especially at risk of forced marriage, while older adolescents may enter marriage and/or unions voluntarily in accordance with their evolving capacities and maturity level. Disaggregation for those under 15 requires no additional effort, as data is available from existing survey questions (eg. DHS and MICS) that ask at ‘what age’ the marriage occurred.

**Indicator 5.3.2:** Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group (for relevant countries only)

**Countdown 2015 Europe comments:** We welcome this indicator. However, we would suggest deleting “for relevant countries only”, as girls and women living in countries of low prevalence may be subject to FGM due to immigration from practising countries. The European Commission estimates that hundreds of thousands of women in Europe have been subjected to FGM; thousands of girls are at risk; it is a global phenomenon.

**Target 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

**Indicator 5.6.1:** Proportion of women (aged 15-49) who make their own sexual and reproductive decisions.

**Countdown 2015 Europe comments:** We welcome this indicator. The indicator responds to a core element and prerequisite for achieving gender equality and the human rights and empowerment of women — the exercise of their reproductive rights. It fills a critical gap in data collection twenty years after reproductive rights were affirmed in the landmark 1994 ICPD Programme of Action and the 1995 Beijing Platform for Action and multiple inter-governmental agreements adopted since. Worldwide, women face multiple barriers and restrictions rooted in gender discrimination, including violence, in making basic decisions about their own health and lives, which is at the core of the concept of reproductive rights.

It is fundamental for data under this indicator to be disaggregated by income quintile, education, marital status, HIV-status and disability, among other characteristics, since these represent barriers to making decisions about sexual and reproductive health.

**Indicator 5.6.2:** Proportion of countries with laws and regulations that guarantee all women and adolescents access to sexual and reproductive health services, information and education (official records)

**Countdown 2015 Europe comments:** We welcome this indicator. The indicator reflects that the ability to exercise reproductive rights and make decisions in these aspects of women’s lives requires legal and regulatory protections that safeguard the right to access the means to do so – that is, the relevant information, education and services. The indicator measures whether normative and legal frameworks are in place to protect that right and complements the above indicator on “Proportion of women (aged 15-49) who make their own sexual and reproductive decisions”, which reflects women’s real-lived experiences and perceptions. One of the major factors why the 1994 ICPD goal—and unfinished MDG – of universal access to sexual and reproductive health remains elusive for so many around the world is because such basic rights so intrinsic to the health, well-being and empowerment of women and adolescent girls are neglected and denied without adequate protections in place.