Responses to the comments and questions raised by countries and contained in "Summary of Comments" (version of 25 September 2015) by WHO, ITU, UNCDF, UNICEF, UN-WTO

(as of 19 October 2015)

WHO's responses to the summary of SDG indicator comments received from IAEG-SDGs

Target   3.1   By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
Indicator: **Maternal deaths per 100,000 live births**
WHO Response: No changes. The indicator should be disaggregated, including age, where possible.

Indicator: **Proportion of births attended by skilled health personnel**
WHO Response: No changes. The indicator should be disaggregated, where possible and relevant. Other proposals such as antenatal care are also relevant but less predictive of maternal mortality, and it is proposed not to add to minimize the number of indicators

Target   3.2   By 2030, end preventable deaths of newborns 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.
Indicator: **Under-five mortality rate (deaths per 1,000 live births)**
WHO Response: No changes. The indicator should be disaggregated, where possible and relevant. Other proposals such as antenatal care are also relevant but less predictive of maternal mortality, and it is proposed not to add to minimize the number of indicators

Indicator: **Neonatal mortality rate (deaths per 1,000 live births)**
WHO Response: No changes. The indicator should be disaggregated where possible. See also under five mortality indicator. Adding causes of death is relevant but would be too extensive for an indicator here.

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: **Number of new HIV infections per 1,000 susceptible population (by age, sex, and key populations)**
WHO Response: No changes. The proposed HIV incidence indicator indeed aims to capture the whole population. This is not just those diagnosed but also includes data on those who have not been diagnosed, obtained through population surveys and surveillance data. Because incidence needs to be computed over those not already infected the correct indicator says susceptible population. It is proposed to change the word susceptible to uninfected, as agreed in a recent meeting of the UNAIDS reference group.

Indicator: **TB incidence per 1,000 persons per year**
WHO Response: No changes. Disaggegation is indeed important and should be done where possible and relevant.

Indicator: **Malaria incident cases per 1,000 person per year**

WHO Response: No changes. The target says End the epidemic of malaria - this implies no more new cases, that is why incidence is preferred over mortality, as with TB and HIV. Disaggregation should be done where feasible and relevant.

Indicator: **Estimated number of new hepatitis B infections per 100,000 population in a given year**

WHO Response: The word estimated should indeed be removed from the indicator (as it is also not mentioned in several other indicators). Hepatitis C would mean another indicator and that would be too many for this target.

WHO Response on NTD indicator proposal: Based on the comments from several countries we have added a NTD indicator, as proposed by the experts in the WHO NTD department "Number of people requiring interventions against neglected tropical diseases". This indicator is measured on a regular basis and derived from country reported data. This is a priority indicator, as it is specified in the target and addresses a major public health issue for many countries. The metadata have been provided elsewhere.

Target   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.

Indicator: **Probability of dying of cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages 30 and 70**

WHO Response on NCD indicator: suggest no change and consider it a Tier I indicator. The age range for the NCD mortality indicator was kept at 30-70 years because this is what was agreed upon by the member states in the World Health Assembly as a follow up to the UN General Assembly resolution on NCDs. The naming of the indicator is not a major issue and is clarified in the metadata for the indicator. Measurement is challenging for countries with no well-functioning death registration systems and other methods have been used by WHO and others to provide comparable estimates, using multiple sources of data, as intermediate measures until countries have such systems in place.

WHO Response on mental health indicator proposals: An indicator on mental health was added as priority indicator: suicide mortality rate. This indicator has been agreed upon by the member states in a World Health Assembly resolution as the most suitable. Comparable estimates are produced for all countries, even though data reliability varies between countries. The indicator has been described in the accompanying metadata. Others such as depression treatment coverage are also recommended by the World Health Assembly but are less subject to greater measurement problems and therefore not selected.

Target   3.5   Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Indicator: **Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders**

WHO Response: the proposal is focus on two indicators, one on substance abuse and one on harmful use of alcohol. Both directly relate to the target. The wording of the substance abuse indicator was slightly changed from the previous version and prevention is dropped as it is difficult to define both numerator and denominator:

Percentage of people who suffer from substance abuse disorders receiving treatment and care (by substance and type of treatment/care).

WHO Response: Suggest to add Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol. It has been proven that this indicator is a good proxy of the age-standardized prevalence of heavy episodic drinking or alcohol-related morbidity or mortality. This alcohol consumption indicator is the most reliable and is tracked through international databases with regular reporting for all countries. Metadata have been described.

Target 3.6   By 2020, halve the number of global deaths and injuries from road traffic accidents.

Indicator: **Number of road traffic fatal injury deaths per 100 000 population (age-standardized)**

WHO Response: no change proposed, this indicator fits with what has been accepted by governing bodies. Further disaggregation and analysis is however recommended, including by passenger cars as proposed (or other vehicles)

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

WHO Response: the proposed wording "Demand for family planning satisfied with modern methods among women of reproductive ages (15-49 years)" is fine and clear. In fact, if this indicator naming would be in the same convention as all other indicators it would simply be called "Coverage of family planning with modern methods among women of reporductive ages (15-49)", as it is about Women receiving/using the intervention among those who need it - which is the standard definition of intervention coverage.

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

WHO Response: no change. Most common naming of the indicator appears to be adolescent birth rate, although adolescent fertility rate would also be well understood.

Target 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.

Indicator: **Coverage of tracer interventions (e.g. child full immunization, ARV therapy, TB treatment, hypertension treatment, skilled attendant at birth, etc.)**

WHO Response: these valuable comments underscore the importance of having coverage indicators as part of the monitoring of the universal health coverage target. This cannot rely on just a single coverage indicator and has to rely on multiple coverage indicators that ideally measure health promotion, prevention, treatment, rehabilitation and palliation as UHC is defined that way. The other health targets include some health intervention or risk factor coverage indicators but not a sufficient number (skilled attendance at birth, family planning, (non) use of tobacco. It is possible to identify a set of tracer indicators - interventions that all countries must have no matter what epidemiology, health system, level of development or population expectations. These include: family planning, antental care, skilled attendance at delivery, full immunization coverage, antiretroviral therapy, TB treatment, hypertension treatment, diabetes treatment, but also non use of tobacco, improved water source and adequate sanitation. There are however also other indicators that countries can use to add further specificity to their own measuring of progress towards UHC. The coverage indators can be put together in a summary measure which can be giving equal weight to the indicators or use some kind of simple

transparent weighing procedure. Several examples exist. It is also possible to include equity component in the summary measure. The recent WHO/World Bank report is the first global application of the new framework for monitoring UHC that was developed with many countries involved. This work will be expanded in the coming months to further facilitate global monitoring of progress and provide advice to country specific monitoring of progress.

Target 3.9   By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

Indicator: **Population in urban areas exposed to outdoor air pollution levels above WHO guideline values**

WHO Response: the air pollution indicator was selected because it is the best measureable indicator with a rapidly increasing availability of quality data and is associated with a very large burden. Water and sanitation indicators are included elsewhere in the SDG. It is however also acknowledged that these are a risk factor and that capturing the burden would require another indicator. One proposal is to add a second indicator to capture the target as well as possible. "Number of deaths from air, water and soil pollution and contamination". The measurement is challenging but estimates can be made for air (indoor and outdoor pollution), water, sanitation and hygiene, using modeling.

Target 3.a   Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

Indicator: **Tobacco use among persons 18 years and older - Age-standardized prevalence of current tobacco use among persons aged 18 years and older**

WHO Response: 18 years is used as the lower age bound in the global moniotring framework for the prevention and control of NCD, approved by the World Health Assembly. The 15 years cutoff however is also used in reporting on tobacco use, and often adolescent use is reported separately.

Target 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.

Indicator: **Proportion of population with access to affordable essential medicines on a sustainable basis**

WHO Response: one change is proposed based on the comments : - Proportion of population with access to affordable essential medicines, vaccines and technologies on a sustainable basis (vaccines have been added). A second proposed change is response to the R&D comments: an indicator could be added -Total net official development assistance to the medical research and basic health sectors. This should include financing for R&D of vaccines and medicines.

Target 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.

Indicator: **Percentage of attributes of 13 core capacities that have been attained at a specific point in time.**

WHO Response: the core capacities as defined in the International Health Regulations are well defined and should capture all elements that the comments refer to.

ITU's responses to the summary of SDG indicator comments received from IAEG-SDGs

Target 4.4: By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.
Indicator: **Percentage of youth/adults with ICT skills by type of skill**
(NOTE: the correct indicator name should be: Proportion of individuals with ICT skills by type of skill)

General ITU comment: Answers to the various comments are addressed in the metadata file that ITU submitted for the Target 4.4 indicator on the *Proportion of individuals with ICT skills, by type of skill*. It should be noted that the indicator has been clearly defined and is collected by ITU. It is part of the Partnership on Measuring ICT for Development's core list of ICT indicators, which has been endorsed by the UN Statistical Commission (last in 2014).

Target 5.b: Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.
Indicator: **Proportion of individuals who own a mobile telephone, by sex**
(NOTE: the correct indicator name should be: Proportion of individuals owning a mobile telephone, by sex)

General ITU comment: The indicator on mobile phone ownership (and not use/subscription) was proposed mobile phone ownership is an important indicator to track gender equality. The mobile phone is a personal device that, if owned and not just shared, provides women with a degree of independence and autonomy, including for professional purposes. A number of studies have highlighted the link between mobile phone ownership and empowerment, and productivity growth. Existing data on the proportion of women owning a mobile phone suggest that less women than men own a mobile phone. This indicator highlights the importance of mobile phone ownership to track and to improve gender equality, and monitoring will help design targeted policies to overcome the gender divide. The inclusion of this indicator was proposed by the Partnership on Measuring ICT for Development and endorsed by the ITU Expert Group on ICT Statistics.

Target 9.c: Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020.
Indicator: **Percentage of the population covered by a mobile network, by technology**

ITU reply to Cabo Verde's question: Yes, this is common practise amongst operators and operators can produce data for this indicator.

ITU reply to China: The majority of countries are able to provide data to ITU in line with the internationally agreed definitions and methodology.

ITU comment to Malaysia: this indicator refers to coverage but not to the quality of service. Please refer to the metadata file for more information.

UNCDF's responses to the summary of SDG indicator comments received from IAEG-SDGs

Target 1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.

UNCDF Response: We note that the replacement/additional indicator previously proposed by UNCDF ("%adults with a formal account or personally using a mobile money service in the past 12 months"—which is disaggregated by income, gender, age, rural) addresses comments by the US that the proposed indicator does not include access to finance, and may respond to Mexico's and UK's observation that the proposed indicator is problematic. It also addresses UK and UN Women concern that indicator must be disaggregated by sex. Furthermore, it is multi-purpose indicator.

Target 5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.

UNCDF Response: We note that the suggestion of UNCDF and UN Women for an additional indicator--"% adults with a formal account or personally using a mobile money service in the past 12 months"—is disaggregated by gender, income, age, rural, and responds to comments by Palestine, Turkey, Germany, US, Brazil. Furthermore, it is multi-purpose indicator.

Target 8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services.

UNCDF Response: We note that the suggestion of UNCDF for replacement indicator "% of MSMEs with a loan or line of credit" responds to comments from US and Colombia. It is a multi-purpose indicator.

Target 8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all.

UNCDF Response: We note in response to Ecuador's comment on second indicator that it is not clearly related with the target that the indicator "% adults with a formal account or personally using a mobile money service in the past 12 months" is indeed a measure of capacity to expand access to financial services, as it reflects their ability to offer services through traditional and digital channels to the population as a whole. In the current context, the concept of "microcredit" is less useful, as it is recognized that people need access to a full range of financial services (credit, savings, insurance, payments) and that "micro" is a less useful distinction as people's needs will change over time and what is "micro" in one context may not be "micro" in another context. We would also like to note is response to the disagreement of the African IAEG-SDG members that such a measure that takes into consideration mobile and digital delivery of financial services is particularly important in Africa where such delivery channels are rapidly growing and in many places outnumber accounts in traditional banks. It is a multi-purpose indicator.

UNICEF's responses to the summary of SDG indicator comments received from IAEG-SDGs

Target 16.9 By 2030, provide legal identity for all, including birth registration

Suggested indicator: Percentage of children under 5 whose births have been registered with civil authority

Suggestions for Modifications and Replacement Indicators

This indicator is easily and routinely disaggregated both by child sex and age.

The suggestion by DSPD/DESA to disaggregate the indicator by child disability status would be feasible for countries that will collect also data on child disability. A major global effort is underway to improve the availability, quality and international comparability of methodologies and data on child disability and a new survey module has been developed by UNICEF and the Washington Group on Disability Statistics to measure child functioning and disability.

In response to the suggestion and comments to modify the indicator as "Percentage of children under 1 whose births have been registered with civil authority," UNICEF notes that the current formulation will allow for further disaggregation by age (including for children under age one). Additionally, in many places, children's births continue to be registered after the age of one and it is important to encourage countries to continue this process of registering children even beyond the first year of life to ensure that as many children as possible receive birth registration before they reach the age of five years.

Suggestions for Additional Indicators

The proposal to add an indicator on the adult population with an identity document is relevant however it is not clear from what source or sources such information could be obtained and how reporting on such an indicator would demonstrate additional progress towards achieving target 16.9, above and beyond the suggested indicator for birth registration.

Additional Comments

UNICEF acknowledges the concern regarding the lack of available and comparable data on this indicator but sees this as an opportunity to advocate for improving systems to monitor and track birth registration in countries where such information is currently lacking (including those in stateless populations). Currently comparable data exists for more than 100 countries.

With respect to the concern that the indicator is not relevant since all births are registered: this is the case for most high-income/OECD countries and does not mean the indicator is not relevant in such contexts but rather demonstrates the universality of birth registration (and functioning systems to track this) that are the "gold standard."

Target 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.

Suggested indicator: Percentage and number of children aged 5-17 years engaged in child labour, per sex and age group (disaggregated by the worst forms of child labour)

Suggestions for Modifications and Replacement Indicators

The proposal to modify the indicator as "Percentage of children 5-17 years old occupied in the employed population by sex and age groups" due to difficulties with capturing the worst forms of child labour would mean that only economic activities would be captured while we know that involvement in household chores above a certain number of hours can also be harmful to children's development and impacts their school attendance and that girls in particular are disproportionately involved in household chores. Additionally, many data collection efforts on child labour include the measurement of household chores so it is easily included in the calculation of child labour along with economic activities.

The proposal to replace the suggested indicator with the one currently proposed for target 16.2 does not include any measure of the elimination of child labour and UNICEF is concerned about the availability of accurate, reliable and comparable data on trafficking, slavery, exploitation and forced labour which are extremely difficult to measure while there are existing tools and mechanisms for data collection on child labour that countries have implemented to monitor the situation with regards to this indicator.

Additional Comments

UNICEF agrees with the comments that the definition and suggested method of calculation will need to be very clearly defined for countries but does not see this as a problem as there are international standards and classifications set forth by ILO Conventions and the ICLS.

UNICEF is also in agreement with comments that measuring the worst forms of child labour will not be feasible for most countries and that the proportion of children in child labour who are engaged in the worst forms is likely to be relatively small in most countries and therefore further disaggregation may not be possible due to small number of cases.

The African IAEG-SDG members flagged that the legal age for work varies across countries and while this is absolutely true, the purpose of a global indicator is to allow for comparison across countries by establishing a common age group for measurement.

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

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

Suggestions for Modifications and Replacement Indicators

The suggestion to also include the number (not just percentage) of women married before age 18 could easily be accommodated for those countries with available data but will not be possible for those lacking prevalence data.

The suggestion to remove the age range and simply report on "women" will be problematic as it leaves the age group for reporting open to interpretation by individual countries and will therefore limit the possibility for cross-country comparison.

The suggestion to also report on marriages before the age of 15 could easily be accommodated since the indicators can be further disaggregated to report on the time of the marriage.

The comment regarding the fact that the legal age of marriage is below 18 years in some contexts is valid, however, marriage before the age of 18 is considered a fundamental violation of human rights as outlined in a number of international conventions and agreements: The Convention on the Elimination of All Forms of Discrimination against Women (Article 16); Universal Declaration of Human Rights; Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages; African Charter on the Rights and Welfare of the Child; and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.

Additional Comments

In response to the concern regarding a lack of data on age at first marriage in some countries, this is a standard question asked in many international household survey programmes that could easily be adopted for use in national censuses or other national surveys. UNICEF notes that it is very difficult to collect reliable data on forced unions. UNICEF acknowledges that boys and men also affected by child marriage in some countries but (generally) to a much lesser extent than girls and women.

To clarify the question regarding the choice to focus on women aged 20-24, this is done because this provides insights into the levels of the practice in most recent years since it is the closest age cohort for which all women have completed the period of exposure (i.e., they are all above age 18).

In response to the comment to strengthen administrative records on civil unions in order to measure this indicator, UNICEF would note that both formal and informal unions are covered under this indicator. Informal unions are generally defined as those in which a couple lives together for some time, intends to have a lasting relationship, but for which there has been no formal civil or religious ceremony. Cohabitation raises the same human rights concerns as marriage. When a girl lives with a man and takes on the role of his caregiver, the assumption is often that she has become an adult, even if she has not yet reached the age of 18. Additional

concerns due to the informality of the relationship – in terms of inheritance, citizenship and social recognition, for example – may make girls in informal unions vulnerable in different ways than girls who are married.

As mentioned previously, it would be possible to also report on marriages before the age of 15, as highlighted by the USA; however, it is true that the number of women married before age 15 is very small and would not therefore be useful for meaningful analysis.

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

Suggestions for Modifications and Replacement Indicators

The age range for this indicator is restricted to women between the ages of 15 and 49 as this is (typically) the reproductive years of a woman's life. The majority of past research and available data suggest that practically all women in countries where FGM/C is concentrated have undergone the practice before age 15 and therefore the prevalence data are considered to reflect final FGM/C status among this age group.

The inclusion of disaggregation by age group addresses the concerns to monitor the prevalence among the youngest (i.e., girls aged 15-19).

Suggestions for Additional Indicators

There is the possibility to include additional country-specific measures that could capture the number of communities in a country that have declared to abandon FGM/C, but this would not be seen as a strong global indicator to measure progress towards eliminating FGM/C as it would only demonstrate a commitment to end the practice but not an actual reduction in the prevalence.

 Additional Comments

In response to the suggestion to expand the age range to include girls under the age of 15: While FGM/C prevalence data among girls under the age of 15 are available for a number of the countries in which the practice is concentrated, the issue with including girls of this age is that such data reflect current FGM/C status and not necessarily final prevalence for this age group. In other words, some girls under the age of 15 who have not yet undergone FGM/C may still be at risk of the practice once they reach the customary age for cutting in their respective setting. Therefore, FGM/C prevalence data for girls under the age of 15 includes a certain amount of censored data and since the age at cutting varies across contexts, so does the amount of censoring vary. This is why it is preferable to focus solely on the age group of women 15-49 years as these data are seen as reflecting final FGM/C status.

UNICEF acknowledges that FGM/C is known to be practised among some immigrant communities in certain pockets of North America and Europe; however, it is very difficult to estimate the number of girls and women living in these countries who have undergone (or at risk of undergoing) FGM/C and other methods of data

collection are needed to report on the practice outside of countries of origin. That said, UNICEF would certainly support the monitoring of such incidences among countries that are aware of the presence of the practice among certain populations of girls and women living in the country.

Target 16.2 End abuse, exploitations, trafficking and all forms of violence against and torture of children

Suggested indicator: Percentage of children aged 1-14 years who experienced any physical punishment by caregivers in the past month

Suggestions for Modifications and Replacement Indicators

There is no need to add a specification in the indicator itself for "by gender" as this indicator is easily disaggregated by child sex.

The suggestion to raise the age to 18 would be feasible as the existing, standardized and validated tools to measure violent discipline (including physical punishment) are applicable to older children.

In response to the comment to remove the indicator due to the lack of a consistent definition of "physical punishment", UNICEF would note that the definition will need to be very clearly defined for countries but does not see this as a problem as there is a wealth of available literature and research on the physical punishment of children and General Comment No.13 on the CRC also provides a definition for "corporal" or "physical" punishment.

In response to the proposal to replace with an indicator on violent deaths among children, we would note that this is already covered under the proposed indicator for target 16.1 as data will be disaggregated by age. With regards to the inclusion of an indicator on child recruitment by armed forces, this represents a completely different area that is addressed under target 8.7.

The suggestion to revise the indicator as "Percentage of children victims of maltreatment in the past year" is too vague and does not specify what types of maltreatment would be reported. It is not clear what the suggested source of such data would be.

Suggestions for Additional Indicators

Some of the additional indicators proposed will not be feasible for many low- and middle-income countries (such as investigated/substantiated cases of child maltreatment, children using victim services etc.) due to weak or inefficient administrative systems to capture such information. Additionally, many of the indicators suggested will be underestimates of the true extent of the problem since they will only capture those cases reported to authorities, which poses a serious challenge due to significant underreporting on violence against children.

The suggestion to use the rate of human trafficking as an indicator to measure this target would be challenging due to a lack of comparable and reliable data on the number of victims of trafficking.

<u>Additional Comments</u>

The comment that physical punishment is more narrow than "abuse, exploitation, trafficking and all forms of violence" is valid; however, physical punishment against children by their caregivers is the most widespread, and socially accepted, type of violence against children and will provide a good indication of children's overall exposure to violence and is seen as a realistic measure of progress towards achieving target 16.2.

With regards to concerns over the methodology for data collection, UNICEF notes that there are existing reliable, valid and fully tested data collection mechanisms already in place for many countries to collect data on, and monitor, this indicator. Additionally, there is an existing, standardized and validated measurement tool (the Conflict Tactics Scale, or CTS) that is widely accepted and has been implemented in a large number of countries.

In response to the question posed by the US on the availability of data on psychological aggression, such data are available for a relatively large cross-section of low- and middle-income countries and could be included in the indicator.

Target 8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products.

Suggested indicator: Tourism direct GDP (as % of total GDP and in growth rate); and Number of jobs in tourism industries (as % total jobs and growth rate of jobs, by gender)

Comments on Country Comments:

- Catering to this multidimensional target with only 1 indicator is difficult if not impossible. We agree with comments that the suggested indicator (in fact 2 complementary indicators) does not cater to all dimensions-- but it has 2 important advantages over other possible indicators: it is an existing indicator, it is based in a solid conceptual framework (i.e. basic tourism statistics and the Tourism Satellite Account, a satellite to the SNA 2008, as outlined in the UN's IRTS 2008 and TSA: RMF 2008), and a significant number of countries produce information on this.

- Regarding the possibility of dropping either the part on GDP or on employment, as different countries have different preferences we suggest to keep both for the moment as they provide complementary information on different dimensions of the target and also allow capitalizing on (different) data availabilities in countries.

- On ICAO suggestion, we see no possibility of merging with the "connectivity utilization" indicator.

- Agree to slight reformulation proposed by UN Statistical System organization.

- On UNCEEA comment, it is indeed intended that the indicator be sourced from SNA-based Tourism Satellite Accounts and UNWTO is working within UNCEEA to towards allignm0ent with SEEA.

Target   12.b   Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products.

Suggested Indicator: Residual flows generated as a result of tourism direct GDP (derived from an extended version of the System of Environmental-Economic Accounting (SEEA) for tourism)

Comments on Country Comments:

While we understand the ambition behind having such an indicator, in an attempt to to cater to the "sustainable development impacts for sustainable tourism" dimension of the Target, it poses important challenges: (1) lack of conceptual framework that can specifically accommodate for links between tourism and environmental accounts that this indicator requires. Int. agreed frameworks for tourism accounts (TSA) and for environmental accounts (SEEA) exist but the link between them needs to be developed first at the conceptual level. With UNCEEA support, UNWTO, a number countries, UNSD and OECD are starting to work on this but implementation

in countries and the production of internationally comparable data on (something that could approximate for) "sustainable tourism" in a significant number of countries still has some years to go.

We propose understanding the dimension of "develop and implement tools to monitor" as the focus of this target and propose the indicator "Stage of implementation of linked SEEA-TSA accounts". The Target itself calls for developing and implementing monitoring tools, and so an indicator that tracks precisely this in countries seems most appropriate at this stage. Such an indicator could be a motivator to further the necessary statistical development in countries and build the basis that will subsequently enable moving from this "soft" indicator to a "hard" indicator. The indicator should yield a value per country (like 5 out of 8 tables or 6/7 key aggregates). There is experience in similar exercises for SNA and for TSA.

Target 14.7   By 2030, increase the economic benefits to Small Island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism.

<u>Suggested Indicator</u>: Fisheries as a % of GDP

<u>Comments on country comments:</u>

agree with some comments that in order to better cater to the target, it would be interestesting to also consider tourism, possibly through an additional indicator, like Tourism direct GDP and employment (has the advantage of synergies because this is the suggested indicator for 8.9). Also agree with the comment by Denmark on the importance of subnational consideration.