



Shared Prosperity Dignified Life



World Health Organization

Series of SDG Webinars for the Arab Region:
WHO
SDG 3.6.1

An Interagency and Experts Collaboration to Improve the Production and Dissemination of SDG Indicators from Official National Sources

21 April 2021

Report of the Meeting

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BACKGROUND

The need to improve the production and dissemination of reliable comparable and timely data on SDG

In September 2015, the United Nations General Assembly adopted by consensus Resolution 70/1: Transforming our world: the 2030 Agenda for Sustainable Development (the 2030 Agenda). The Resolution reaffirms the need for the strengthening of national data systems through “collaboration between national statistical systems and the relevant international and regional organizations to enhance data reporting channels and ensure the harmonization and consistency of data and statistics for the indicators used to follow up and review the Sustainable Development Goals and targets”.

The resolution also urges countries, the specialized agencies, the regional commissions, and the Bretton Woods institutions among others “to intensify their support for strengthening data collection and statistical capacity-building, including capacity-building that strengthens coordination among national statistical offices”. Moreover, the resolution “Urges international organizations to base the global review on data produced by national statistical systems and, if specific country data are not available for reliable estimation, to consult with concerned countries to produce and validate modelled estimates before publication, urges that communication and coordination among international organizations be enhanced in order to avoid duplicate reports, ensure consistency of data and reduce response burdens on countries, and urges international organizations to provide the methodologies used to harmonize country data for international comparability and produce estimates through transparent mechanisms;”

Five years after the adoption of the 2030 Agenda several countries are facing considerable challenges in monitoring targets in many policy areas. The current COVID-19 pandemic highlights the value of measuring and monitoring: no strategy can be developed, and no measure can be implemented without a proper monitoring and evaluation system.

Many countries in the Arab region are reporting on SDG indicators, however, reporting on progress on many of the SDG indicators, remains limited in the region. Insufficient availability and quality of statistical information on SDG indicators hamper the capacity of policymakers to generate evidence-based and effective policy responses and implement the 2030 Agenda.

Translating these recommendations and resolutions into tangible results is imperative and will require intensive collaboration at the national, regional and global levels. Regional Commissions’ Statistical bodies “are the nexus between the Statistical Commission at the global level and the implementation at the national level of the norms endorsed by the Commission. In the context of the 2030 Agenda, the support provided by the regional commissions to assist Member States in adapting, implementing and measuring progress towards the implementation of national development plans is of particular significance as it influences the quality of statistics and methodologies used, as well as the use of new and innovative methodologies and sources of data, known as the transformative agenda for official statistics. The regional commissions carry out activities to strengthen the capacity of Member States to produce, use and dissemination official statistics and also provide a regional platform for sharing experiences and practices in statistics work¹.”

¹ Source: Relevance and effectiveness of the statistical work of regional commissions - thematic evaluation of regional commissions, Committee for Programme and Coordination, 57th session, April 2017 (E/AC.51/2017/8)

Interagency and Experts Collaboration- ESCWA & WHO

The need for improving road safety has been acknowledged by the United Nations and its Member States for over 60 years. United Nations General Assembly resolution 70/260 on Improving global road safety, adopted in April 2016, reaffirmed adoption of the targets on road safety, specifically targets 3.6 and 11.2, and acknowledged reducing road traffic deaths and injuries as an urgent development priority.

In this context, the Economic and Social Commission for Western Asia (ESCWA) implemented an assessment of data disseminated through the UNSD SDG Global database and those in national SDG official sources to identify those less produced, disseminated, or less understood by national statistical offices (NSOs), and are more available in UN Agencies' and UNSD databases.

Based on the assessment results, ESCWA and World Health Organization (WHO) representatives met on 23 March 2021 to discuss the organization of a joint webinar to build capacities of Arab countries to improve the production and dissemination of SDG indicators 3.6.1.

Indicators	Number of Arab countries with good death registration /vital data – UNSD Database (C-CA)	Number of Arab countries without eligible death registration data – UNSD Database (E-M-N-NA)	SDG in national reports
3.6.1 Death rate due to road traffic injuries per 100,000 population.	2 (C) Oman and Qatar 3 (CA) Bahrain, Egypt, Kuwait	17 (E)	C = Qatar E = State of Palestine E ≈ Comoros E ≠ Algeria, Iraq, Libya, Morocco, CA ≠ Bahrain, Egypt, Kuwait C ≠ Oman,

C: country data, CA: country adjusted data, E: estimated data, G: global monitoring data, M: modeled data, N: non-relevant data, NA: data nature not available as presented in UNSD SDG database, = : National data same as Country data and Estimated data, ≈: National data nearly same as Estimated data, ≠ National data is not equal to Country data, Country adjusted data and Estimated data

OBJECTIVE- WHY?

ESCWA and WHO organized a webinar to create a common understanding among data producers on how to collect, measure and disseminate SDG 3.6.1 data to increase data production and enhance national data flow to policy makers, other users and custodian agencies.

The main objectives of the regional training are:

- Enhancing understanding of metadata and nature of data in the UNSD SDG database.
- Improving statistical capacities to invigorate production and use of comparable SDG indicators.

- Strengthening inter-institutional coordination to invigorate production of SDG indicators and data flow.
- Sharing and discussing country challenges in measuring SDG indicators.

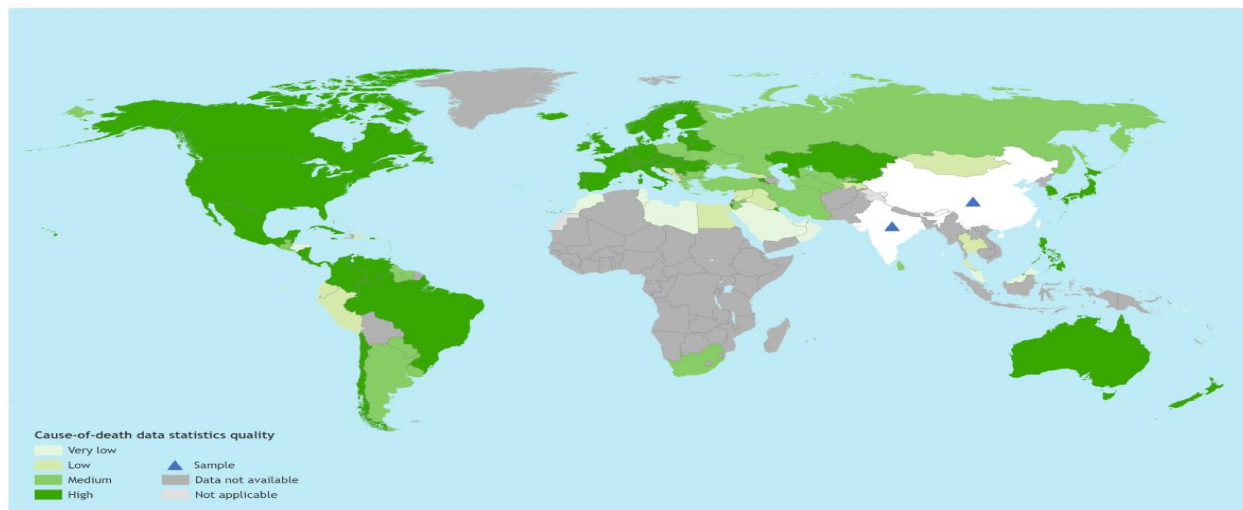
OUTCOME- FINDINGS AND RECOMMENDATIONS

The training familiarized the participating NSOs and other relevant stakeholders with the concepts, methodological tools, as well as an understanding of the challenges faced to measure the SDG indicator on death rate due to traffic injuries. The training encouraged interactive dialogue and participants were invited to share their national experiences in data collection including challenges, queries and concerns. In addition, Palestine presented their experience on production of indicator 3.6.1. Presentations to the meetings are available in the Arabic language. Discussions are provided in Q&A annexed to the report. The full webinar proceedings were recorded to develop training materials.

3.6.1 Death rate due to road traffic injuries

This indicator is collected every 2 to 3 years from police records, health facility records, vital registration, combine sources and insurance. Data collection method are either undertaken by National Data Coordinators (NDCs) or from publicly accessible databases and national official sites. The national statistical offices are not involved in the process. NDCs are officials nominated by their governments, either by Ministry of Health, Ministry of Transport or Ministry of Interior, and are trained. As representatives of their ministries, they are required to: send WHO information on national laws, identify up to eight other road safety experts within their country from different sectors (e.g. health, police, transport, nongovernmental organizations and/or academia), and facilitate a consensus meeting to agree on national data before submitting to WHO. The below map shows reporting performance by countries in the region

Quality of cause-of-death statistics, 2008-2019



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Based on data reported to WHO as of Nov 2020.
Map Production: WHO GIS Centre for Health, DNA/DDI

 World Health Organization
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As shown below very few countries are able to report on this indicator, mainly only those identified with good vital and death registration systems. WHO has identified Bahrain, Egypt, Kuwait, Oman, Qatar, and State of Palestine. Other GCC countries with good CRVs such as Bahrain did not respond to the questionnaire. Another issue in relation to data reporting as per ICD10 when not disaggregated to four digits will not provide the correct and reliable information

Most countries in the region have weak CRVs, therefore, reliance on obtaining data need to come from a variety of administrative records that differ in methodology including reference period for death that varies from 7 to 30 days and some countries up to 50 days (police records) and 1 year (Health Ministry) as the latter follows up with injured persons. WHO combines information from all different sources and applies a regression module to produce estimates for those countries with no eligible death registration systems. Data shared with countries before publishing. It was noted again that the NSOs are not involved in the process.

Although eleven countries provided data to WHO and they have reported on their national indicator in their VNRs, SDG reports and dashboards, some of them were labelled under “Estimated” instead of “Country” or “Country Adjusted” where it should. For example, State of Palestine reported the same exact numbers as the ones reported on UNSD and was labelled under “Estimated”. Many NSOs expressed concern for not being consulted on data before they were published on SDG Global database and related reports. This returns to the fact that the NSOs are not contacted as national data coordinators nor invited to the consensus meeting.

Recommendations for Countries:

- Elaborate a mapping of data systems to know what parties should be contacted once the accident occur.
- Develop a plan of action.
- Harmonize the definition used of the reference period.

- Link the data from different sectors: health, transport, police, and insurance.
- Include the NSOs in the consensus meeting so they will be able to share the data on their platforms as national data.
- Collaborate with WHO to improve the quality of data related to all cases of death and not only traffic injuries.

Recommendations for ESCWA/WHO:

- WHO to reconsider labelling nature from “Estimated” where the national data is the exact to ‘Country’ or “Country adjusted.
- WHO to provide assistance to countries if needed.
- ESCWA to provide the link between all parties when needed.

SCHEDULE AND LANGUAGE– PLATFORM?

The regional training will be held on the 21st of April 2021 from 11:00 a.m. to 12:40 p.m. on Zoom. (see attached Agenda).

TARGET AUDIENCE - WHO?

The meeting was attended by 23 representatives from 11 national statistical offices namely: Bahrain, Comoros, Egypt, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, Sudan, UAE and Yemen.

TRAINING CERTIFICATION

23 participants were awarded a training certificate by the organizers for full attendance and completion of Webinar evaluation.

REGISTRATION AND EVALUATION

20 participants completed the electronic evaluation out of the 23 participants who attended the webinar. The results are as follows:

- 50 per cent of respondents rated the overall quality of the webinar as “Excellent” and 50 per cent as “good”.
- 45 per cent indicated that the webinar was successful in reaching its intended objectives as “Excellent”, 55 per cent as “good”.
- 50 per cent rated the inputs provided by presenters in reaching the intended outcome of the webinar as “Excellent” and 45 per cent as “Good” and 5 per cent as “Fair”.
- 80 per cent rated the overall organization and logistics of the webinar as “Excellent” and 20 per cent assessed it as “Good”.

RESOURCES

- Global Status Report on Road Safety
http://www.who.int/violence_injury_prevention/road_safety_status/2018/en/
- Global Health Estimates
http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html
- Data visualization http://www.who.int/violence_injury_prevention/road_traffic/death-on-the-roads/en/
- WHO GRS App
https://www.who.int/violence_injury_prevention/road_safety_status/GRSInfo-App/en/
- Data systems [UN Road Safety Collaboration Resources \(who.int\)](#)
- Understanding and bridging the differences between country-reported and WHO-estimated road traffic fatality data https://etsp.eu/?page_id=24985&mdocs-cat=mdocs-cat-74&mdocs-att=null
- https://www.unescwa.org/sites/www.unescwa.org/files/events/files/guidelines_for_the_establishment_of_national_systems_on_road_safety_arabic.pdf

AGENDA

Day: 21 April		Speakers
11:00 – 11:05 a.m.	Introduction to the Webinar (objective, speakers, and content)	ESCWA – Neda Jafar
11:05– 11:35 a.m.	3.6.1 Death rate due to road traffic injuries	WHO- Kacem IAYCH
11:35 – 12:25 a.m.	Discussion – Q&A	
12:25– 12:40 p.m.	Way Forward and Conclusion	ESCWA – Neda Jafar WHO- Kacem IAYCH

GROUP PHOTO

The screenshot shows a Zoom meeting in progress. The main screen displays a presentation slide from the World Health Organization (WHO) with the following text in Arabic:

بيانات حركة المرور على الطرق:
البيانات المقدرة لمنظمة الصحة العالمية
مقابل البيانات المبلغ عنها
د. إعيش قاسم
iaychk@who.int

The slide also features an illustration of a city street scene with a police officer, a person on a bicycle, a person walking, a car, and a bus. The Zoom interface includes a top bar with 'Zoom Meeting', 'Recording...', and 'View Options'. A right-hand panel shows a list of 32 participants, including Ahmad Atiah, ahmed abuelela, AHMED BARDAN, Bushra, Cheikh Mouhidine, Elsa Rizk (Interpreter), Fatema Salem, Hilda Harb, kamel, Khadija Alalawi, lara amro, Magda Mohamed Elgaali.Sudan, Mayasa, and mubarkah jaber. The bottom of the screen shows the Windows taskbar with various application icons and the system clock indicating 11:06 AM on 21/04/2021.

LIST OF ANNEXES

Annex 1: ORGANIZERS AND LIST OF PARTICIPANTS

Annex 2: METADATA

Annex 3: Q & A

Annex 1: ORGANIZERS AND LIST OF PARTICIPANTS

LIST OF ORGANIZERS

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LIST OF PARTICIPANTS

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<p><u>Sudan</u> Magda Mohamed Elgaali Hamed Head of SDG Section /National Focal Point Central Bureau of Statistics Email: goda.07@hotmail.com Mobile: 00249 122000000</p>	<p><u>United Arab Emirates</u> Fayrouz Bekka Population and Social Statistics Department Federal Competitiveness and Statistics Centre Email: Fayrouz.Bekka@fcsc.gov.ae Mobile: 00971 509724161</p>
<p><u>Yemen</u> Tahani Alafifi Programmer CSO Email: tahanyalafifi78@gmail.com Mobile: 00967 772356014</p>	

Annex 2: METADATA

Indicators	Data Source	Metadata
3.6.1 Death rate due to road traffic injuries	Main source: Administrative records (Ministry of Health, police records, insurance, vital registration etc)	Death rate due to road traffic injuries as defined as the number of road traffic fatal injury deaths per 100,000 population.

Annex 3: Q & A

Country /Name	Questions	Answers
Indicator 3.6.1		
ESCWA	What is the reference period of this indicator?	As I already explained, we suggest for the police and the Ministry of Transport to use a reference period of 30 days. However, the health sector is using 1 year as a reference period.
ESCWA	There was no mention of the role of National Statistics Office. As you know, we consider them to be involved in the process of collecting data. At what level the NSOs should be included?	Usually, we send a letter to nominate a national data coordinator and usually they nominate NSOs who are statisticians and the process continues from here based on each country. Their role usually to coordinate between WHO and the different sectors of the country involved in the death related to traffic injuries. But WHO cannot force the countries to nominate NSOs and include them in the consensus meeting to validate the collected data.
Lebanon – Hilda Harb	As a country, we are facing a problem with the population estimates, since we don't have new data on the population which is causing some discrepancies between the data we provide, and the data estimated by the WHO. In my opinion the best source of data is hospital and this year	The best source of data is from ICD, but countries are not sharing this data and we cannot force them to do so. There is a big difference between data that comes from different sources and countries send the aggregated data without clarifications. As for your problem, the population should cover the citizens and the residents as well.

	<p>based on this data, we have found that 3% of deaths are coming from traffic injuries. Is it a good number?</p>	
<p>Bahrain – Fatema Salam</p>	<p>For Bahrain where we do have a good vital registration record, should we depend on the ministry of health data or is it better to have it combined with traffic records since as you mentioned both have different definition for road traffic death</p>	<p>Bahrain have a good vital registration, but sharing the data was a problem. If you consider the quality of the data of ICD to be good, you can send the data and I will share it with my colleagues of the CRVS department at WHO and we can help you to find the gaps and make the data better. Regarding the reference period, if it is 30 days or 1 year the difference between the data is of 2% for example which does not affect the quality of the data. When we have good combined data from the Ministry of Health or Ministry of Transport, we can use what was reported from any source.</p>
<p>UAE – Razan Ahmed</p>	<p>If statistics center police and ministry of health all agree and publish one number after checking data from different sources will WHO accept it or you will put in consideration the model, we also see that we need to discuss further the model proposed and if we can edit it and add other elements</p>	<p>The model is not fixed yet, we are working on it to improve it. This is the main objective of this meeting, to have the discussion on how to improve it and improve the quality of data for all the countries and not only for one country. And it is the time for you to share your experience with us to achieve our objective.</p> <p>For the UAE, we had recently a discussion with the Head of the road safety and they are very enthusiastic to collaborate with WHO to improve the quality of data and to do the mapping first to improve the vital registration of the data for all causes of death as well not only the ones related to traffic injuries.</p> <p>We are open to discuss with the NSO's and with anyone on how to improve our model</p>