You may be wondering why women’s organizations have been so invested in the process of developing indicators. The answer is simple: data can save lives. Data can change lives. It’s the basic underpinning of good policy making and programs.

One of the targets in the 2030 Agenda is to reduce the global maternal mortality ratio to less than seventy deaths per 100,000 live births. The proposed indicator is the maternal mortality ratio, which is important, but, I would argue, insufficient. The data will tell us the scale of the problem, but it will do little to tell us why, what’s driving it. And without that, we risk creating and investing in policies and programs that address the symptoms, but not necessarily the root causes.

Let me give you some examples.

In 2005, Ethiopia’s maternal mortality ratio was one of the highest in the world at 743 deaths per 100,000 live births. When Ethiopia’s Ministry of Health got serious about addressing maternal deaths and injuries it looked not just at the maternal mortality ratio, but at what was behind them. There were a number of major causes: hemorrhage, obstructed labor and infection among them, but one stuck out in particular: unsafe abortion. Although exact figures are not known, studies by WHO and others in 1999 found that abortion was widespread, usually performed by unskilled providers. In Addis Ababa, it was estimated that unsafe abortion cause of 54% of direct maternal deaths. An earlier study estimated that unsafe abortion was the leading cause of women’s hospitalization in the country, accounting for 16% of all admissions and 10% of deaths. It was clear that unsafe abortion was leading to unnecessary deaths and injuries; it was also putting significant strain on the country’s already-stressed health system. The answer was relatively simple and inexpensive: decriminalize abortion, train and equip doctors and midwives to provide safe services, and increase access to contraceptives for women who desired them so that they could avoid unintended pregnancies. In the years that followed, significant work was done by the Ministry of Health and NGO partners to develop guidelines, train providers and equip them with the safest and most effective technologies. In a least developed country of 90 million, scaling up this work takes time. But by 2014, improvements were tangible: more women were accessing safe abortion services, earlier in their pregnancies; the number of women experiencing post-abortion complications declined significantly, and complications that women did experience were less severe. And most importantly, fewer women died. In 2015, the MMR had dropped to an estimated 353 deaths per 100,000 live births and while that is not solely due to a decline in unsafe abortions, it certainly contributed to it.

The United States is one of the few countries in the world where maternal mortality is increasing, rather than decreasing. But it’s important to look beyond the maternal mortality ratio to understand why and to design appropriate policies and programs to address it. When we disaggregate data on maternal deaths in the US, by age, geographic location, income levels and race, we learn that the women that are most likely to die are African American (3-4 times greater risk), live in low-income neighborhoods, have
Medicaid or no insurance, are less healthy and have less prenatal care. In order to have the most impact, policies and programs to improve maternal health outcomes need to be tailored accordingly.

And that is why we need indicators that are both quantitative and qualitative in nature: that tell us the scale of a problem and a little something about the context. In the case of the maternal mortality ratio, in addition to collecting the aggregate numbers, we are asking for the data to be disaggregated by cause of death, as well as disaggregated by age, geographic location, income level, education level, among other factors so that we have the information we need to be able to truly tackle the problem.

Let’s be clear: data, when collected and used appropriately, can be extremely empowering for women and girls. And if we are going to really leave no one behind, we will need not just a data revolution, but a data revolution that is focused on making sure that women and girls, as well as people living with disabilities, the elderly, adolescents, indigenous people, racial minorities, people of diverse sexual orientations and gender identities, migrants and others on the margins, are made visible.

So given that, what do we need? We need an indicator framework for the SDG goals and targets that measures the factors that are most likely to lead to transformative change and the realization of gender equality and human rights.

To do this, we can not only measure what is easy, what we already have on hand. We need to go beyond and identify indicators that provide us with the information we need to really understand the barriers to equality, as well as the myriad of other issues, and effectively address them. Ambassador Petersen has already mentioned the indicator on child marriage as one example. Some of the other indicators proposed for the global indicator framework, such as on targets 5.1 and 5.6 are good examples of new indicators that may be difficult to collect at first, but will ultimately provide us with the information we need to achieve them.

We need all indicators to be disaggregated by sex, age, geography, income, disability, race and ethnicity at a minimum, as well as other grounds that are relevant. The SDGs are a women’s and girls’ agenda, beyond goal 5, and so we need to understand the differential impacts of its implementation on them across the board.

Indicators must comply with and promote current human rights standards.

There must be scope to elaborate on the indicator framework in the coming years in order to adapt to changing development environments.

The global indicator framework in itself is not sufficient. We need more indicators to be developed and used at the country, regional and global levels to give us more than a high level snapshot of our achievements and challenges, but a rich and detailed picture.

And to do all of this, we need increased efforts to build the capacity of and supporting national and international statistics offices in the collection and analysis of data. This should include a particular focus on gender indicators.

Finally, we need women and women’s, feminist and HR organizations involved in the process: not just to develop indicators but to collect data, to monitor, to help devise responses, and most of all to hold our governments and ourselves accountable, to drive the change we need.