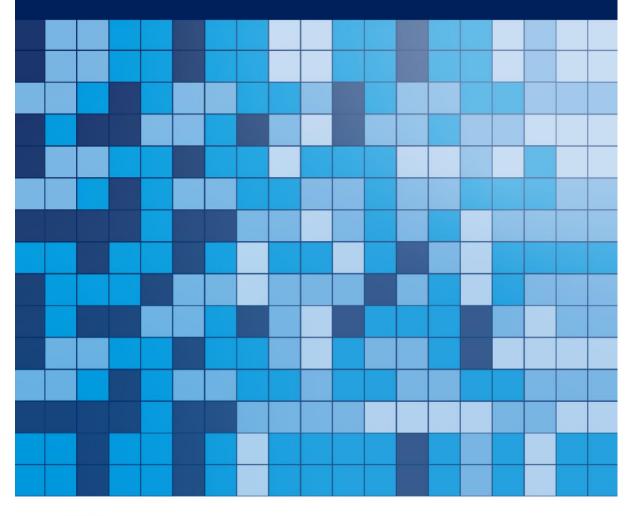
Technical paper

WHO Results Framework: Delivering a measurable impact

Fourteenth General Programme of Work (GPW 14)

22 May 2024





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Executive summary

In September 2023, the United Nations Heads of State and Government Meeting voiced an urgent need to double the rate of advancement on the Sustainable Development Goals (SDGs). With the 2030 Agenda deadline fast approaching, WHO must address two fundamental and related problems: slow progress and insufficient information.

Transformation of the World Health Organization is succinctly stated by the Director-General, Dr Tedros: "We can only make progress if we measure progress." As such, WHO's strategic plan is predicated on a results-based ethos. Supporting countries to improve data quality and accessibility. Using evidence to drive measurable impact. Aligning biennial budgets with the organization's priorities and with measurable and measured improvements in outcomes.

The GPW 14 further builds on the report by the Director-General to extend the GPW 13, 2019–2023 to 2025, with a focus to promote, provide, and protect health, and power the work of the entire global health ecosystem towards the SDGs while enhancing its own organizational performance.

The GPW 14 results framework transforms health goals into measurable targets.

The GPW 14 **results framework** consists of the results chain and its measurement. The results chain links the work of the Secretariat (i.e., outputs) to the health and development changes to which it contributes (i.e., outcomes and impact). HALE will continue to be used to measure impact at the highest level of the results chain. Outcome indicators and recalibrated triple billion indices will measure results at the outcome level and for each of the goal areas (promote, provide and protect). Output indicators and the output scorecard will measure results at the output level. The Delivery for Impact approach and country impact stories will be used as additional tools to accelerate and communicate results.

Anchored in the health-related SDGs, the GPW 13 provided a roadmap to increase healthy lives and well-being for all. The conceptual framework for this was to achieve the Triple Billion targets by 2025:

- 1 billion more people living with better health and well-being
- 1 billion more people benefiting from universal health coverage
- 1 billion more people better protected from health emergencies

The **triple billion targets have been recalibrated** to account for changes in the health context and improve impact measurement for 2025–2028. They now reflect absolute population coverages to be achieved by 2028. The preliminary targets are: 6 billion people with better health and well-being; 5 billion people who benefit from universal health coverage without financial hardship; and 7 billion people better protected from health emergencies.

The **GPW 14 joint outcome indicators ensure continuity with GPW 13 and have been updated** to reflect current global health issues (e.g., climate impact on health; physical activity; mental health; and foregone health care) and the need to track progress made in improving population health at both the national and global levels. Outcomes are measured against an agreed set of indicators from the health-related SDG indicators and WHA resolutions.

The world was not on track to reach the Triple Billion targets by 2023 and health-related SDGs before the COVID-19 pandemic. We are further off track now.

WHO's projections reveal that an additional 1.26 billion people are expected to have better health by 2023 compared to 2018. While the target for healthier populations is within reach by 2025, the pace of progress remains insufficient to meet SDG targets by 2030.

Notably, 477 million more people are expected to be covered by essential health services without facing financial hardship. The world must double the pace of progress to achieve the universal health coverage

target by 2030. Projections suggest that 690 million more people are expected to be better protected from health emergencies. There is an urgent need to ensure everyone is protected.

There was significant improvement in Healthy Life Expectancy (HALE) at birth at the global level from 2000 to 2019. The forecasted progress is tempered for the next three decades largely due to a slowdown in improvements in mortality. Halving premature mortality and improving quality of life at all ages will put the world back on track by 2050.

WHO recalibrated the Triple Billion targets for GPW 14 to set ambitious goals with thorough assessments of where there has been progress and where we have more ground to cover. The Triple Billion targets are tentatively recalibrated to absolute targets as follows, with further updates based on the final list of outcome indicators to be included in GPW 14:

- 6 billion people will enjoy healthier lives (promote health)
- 5 billion people will benefit from UHC without financial hardship (provide health)
- 7 billion people will be protected from health emergencies by 2028 (protect health)

The Delivery for Impact approach is WHO's response to the slow pace of implementing solutions.

Delivery for Impact uses country-specific, co-developed, quantifiable objectives and a plan, which can result in a country's targets being met, with continuous progress monitoring, evaluations and course correction.

WHO convenes stocktakes and reports on global and country progress using delivery dashboards. At the country level, these dashboards support the Secretariat and our partners to manage and accelerate country priorities. Over 50 WHO country offices have applied delivery approaches including developing acceleration scenarios through application of WHO's normative guidance.

At the global level, delivery dashboards provide accountability and constructive collaboration with UN agencies, multilateral organizations, academia, and civil society, spanning national and international spheres.

WHO will lead collective efforts to accelerate information system and digital transformation at the country level.

The WHO SCORE for Health Data Technical Package, the World Health Data Hub, the WHO Hub for Pandemic and Epidemic Intelligence, the Global Digital Health and AI Strategy and Research for Health are all assets for countries to strengthen health information systems. They better enable countries to monitor existing and new health challenges, analyse real-time data, and update their health targets to improve programmes and policies.

WHO will continue to enhance its accountability to deliver measurable impact in countries.

Maximizing impact requires focus at country, regional and global levels especially when faced with needs that increase more rapidly than the resources to address them. To better serve countries, WHO will prioritize investments based on maximum health benefits to reduce premature deaths and improve quality of life for all at all ages. This strategic alignment is expected to save billions by reducing health costs and boosting productivity.

This technical paper has been updated following feedback from Member States and partners for the World Health Assembly along with the GPW 14 strategy. For further queries and comments, please use the following email address: impactmeasurement@who.int

Section 1. Improve the results framework for GPW 14

1. GPW 14 results framework

Delivering measurable impact in countries is integral to WHO's transformation. The Thirteenth General Programme of Work, 2019-2023 (GPW 13), extended to 2025, enhanced WHO's effectiveness in improving global health outcomes. The GPW 14 results framework will continue to serve as a tool to improve transparency, efficiency, and accountability for GPW 14.

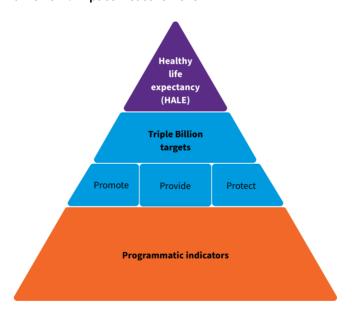
The GPW 14 results framework, established with best-practice methodologies, extensive and transparent consultation, and accountable indicators, provides a comprehensive evaluation of progress. Through this framework, WHO aims to assess and demonstrate its tangible impact improving the health of individuals worldwide. The GPW 14 results framework consists of two parts: (a) the overall results chain (i.e., inputs, activities, outputs, outcomes and impact); and (b) results measurement. The results framework underpins WHO's biennial programme budget, which in turn constitutes WHO's primary accountability mechanism (figure 1a). Impact is measured through the Triple Billion indices, that are used to track the triple billion targets, and healthy life expectancy (HALE). Impact measurement also includes outcome/programmatic indicators that reflect the three areas of WHO's core work: promote, provide, and protect the health of the world's population (figure 1b).

Figure 1a. **GPW 14 results framework**



Figure 1b.

GPW 14 results framework: impact measurement



2. Impact measurement and updates

Impact measurement assesses and demonstrates tangible improvements in global health and the contributions WHO has made. The framework allows transparent monitoring of progress towards our objectives. Co-developed by the WHO Secretariat, Member States and partners, it tracks joint efforts to meet the Triple Billion targets and to achieve the health-related SDGs. It underwent a rigorous technical development and review process, followed by consultations and discussions at governing bodies in 2018 and 2019 to finalize its development.¹

The impact measurement assesses progress at three levels, monitoring inequality and improving equity in health at all levels:

- 1. Healthy life expectancy (HALE), quantifying expected years of life in good health as a measure of the overall health of populations;
- 2. The Triple Billion targets to be achieved by 2025 for the period of GPW 13 are:
 - one billion more people benefiting from universal health coverage;
 - one billion more people better protected from health emergencies;
 - one billion more people enjoying better health and well-being.

For GPW 14, the Triple Billion targets are tentatively recalibrated to absolute targets as follows, with further updates based on the final list of outcome indicators:

- 6 billion people will enjoy healthier lives (promote health)
- 5 billion people will benefit from UHC without financial hardship (provide health)
- 7 billion people will be protected from health emergencies by 2028 (protect health)
- 3. For GPW13, there are forty-six outcome (programmatic) indicators (39 indicators are SDG indicators and seven are from WHA resolutions). An updated list of proposed joint outcome indicators for GPW 14 are presented in Annex 4.

¹ Governing bodies documents: <u>EB144/7</u>, <u>EB146/28 Rev 1</u>, <u>A72/5</u>, <u>A73/16 Rev 1</u>, <u>A76/16</u>

The three components of the impact measurement are closely connected. They show a clear pathway: from relevant interventions to improve population health (outcome indicators) to relative contribution in changes in the Triple Billion targets (for example, how many more people have access to essential health services) to related impact as measurement by the changes in both morbidity and mortality, which are integrated in the summary index of HALE.

The outcome (programmatic) indicators aim to measure changes in coverage of specific health services as the results of actions taken by both WHO and its Member States. Such changes and efforts are ultimately reflected in improvements in mortality and morbidity among populations stratified by age and sex. HALE is a summary metric of such impacts, ultimately reflecting all efforts made in improving population health.

The Triple Billion targets are a comprehensive and coordinated effort by WHO to increase accountability to improve global health outcomes. By strategically focusing on the three specific billions and utilizing existing data sources, WHO aims to bring tangible and measurable improvements to the well-being of billions of people worldwide.

WHO's global health strategy aims to support countries in achieving the health-related SDGs by catalysing progress and accountability through the Triple Billion targets. To streamline data collection and minimize burden on countries, it primarily relies on data from the SDGs.

Counting the Triple Billion targets serves as a powerful tool to measure the impact of interventions and improvements on global health. The Triple Billion targets offer easily understandable concepts and targets, drawing the world's attention and inspiring change.

By packaging the health-related SDGs and a few additional WHA-approved indicators together, the Triple Billion targets drive countries to accelerate their implementation strategies, aiming for maximum impact. Moreover, they reveal data availability, frequency, and quality gaps, urging Member States to address them.

This approach identifies three core areas of health progress: health promotion (Promote), healthcare provision (Provide), and health emergency protection (Protect). This is a strategy focused on delivering ambitious improvements in global health. Member States have approved this approach, signifying a new direction that enhances and welcomes WHO's accountability to the people it serves.

There are several important reasons for implementing the Triple Billion approach:

- a) Matching the global commitment to the SDGs with specific, measurable implementation;
- b) Identifying and closing data gaps;
- c) Increasing accountability through accurate measurement of health outcomes.

The Triple Billion targets are designed to attract the attention of the world in a clear, understandable way. They serve as a catalyst for change. By measuring each of them, we identify data gaps and work towards better data and understanding and towards health protection and improvement. This creates a cycle of progress, leading to clearer choices, more precise actions, and improved lives.

To monitor country progress toward these targets, a counting scheme is necessary. Counting the Triple Billion targets encourages positive changes and accelerates improvements to global health. The Triple Billion methods, including the baseline estimation for outcome (programmatic) indicators and forecasts, will continue to evolve beyond GPW 13, adapting to advancements in data and knowledge.

The methods chosen for monitoring progress in achieving the Triple Billion targets have undergone extensive review and consultations with experts, regions, and countries. In 2017, the Director General empanelled an Expert Reference Group (ERG) and Task Force to rigorously assess means of tracking progress on each of the billions, resulting in an in-depth methodological ap proach to track GPW 13, published as the 'Methods for impact measurement' report.

The ERG, after intensive review and multiple meetings, summarized its findings as follows:

- The Task Force believes that the Triple Billion targets for GPW 13 can be measured and provide a
 very valuable approach to tracking the joint efforts of Member States, the WHO Secretariat, and
 other partners to achieve the GPW 13 goals and SDGs. The development of the measurement
 framework is a major step towards accountability and transparency and is a new approach, which
 is to be appreciated.
- 2. GPW 13 and the included Triple Billion targets can be measured but will be further improved by Member States' efforts, with the support of WHO, to strengthen measurement systems especially cause of death measurement.
- 3. It will also require refinement of existing WHO approaches for each of the Triple Billion targets, particularly measuring UHC service coverage.
- 4. The indicator framework should add the GPW 13 healthy life expectancy (HALE) as an overall integrative measure of population health.

Detailed technical notes on the construction of each of the Triple Billion targets can be found in the 'Methods for impact measurement' report.

Updates to impact measurement for GPW 14 includes recalibrating the triple billion targets and refreshing the outcome and programmatic indicators. These are summarized in sections 5 and 6, and table 1.

3. Healthy life expectancy

Healthy life expectancy (HALE) serves as a valuable indicator that concisely represents overall population health levels. It quantifies the projected number of years individuals can expect to live in good health. Doing so aligns with the WHO Constitution's commitment to achieving the highest attainable standard of health for all populations.

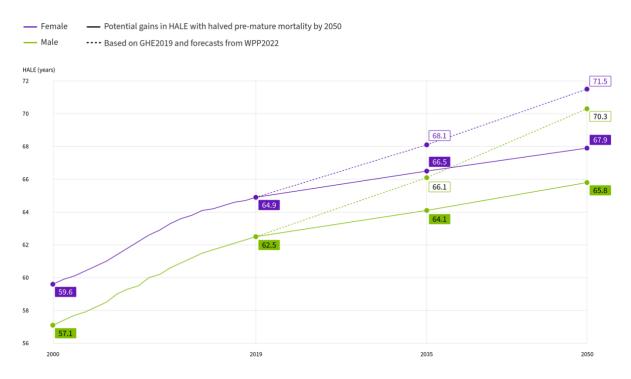
HALE plays a fundamental role in GPW 13 baseline reporting and serves as a monitoring tool to track progress for each Member State. Its utility extends to facilitating cross-country comparisons and allowing for assessments of health changes within countries over time.

As a comprehensive measure for both the length and the quality of life, HALE is calculated using sex and age-specific mortality rates by country, a key input for the calculation of life expectancy, and age and sex-specific proportion of years spent with morbidity, estimated by examining years of life lost due to disability across a spectrum of diseases and injuries after accounting for severity for the sequela of such conditions. The standard life table calculation method is used in calculating HALE after years of life lost due to disability are deducted from each life table age group.

The computation of HALE, and the associated mortality and morbidity estimates, is based on standardized global health estimation methodologies for both input data processing and demographic and statistical estimations that synthesize input data from different data sources and underlying data collection mechanisms to produce comprehensive yet internally comparable estimates among countries and across time for sensible benchmarking and accurate measurement in tracking progress made at both the national and international levels.

It is important to note the various estimation models utilized in the estimation of HALE where data sparsity for certain key inputs such as incidence or prevalence of certain diseases and conditions exists in all countries, even though the level of data sparsity varies. Details on the methodologies used by WHO can be found in the methods report and in the 'methods and data sources for global cause of death and life tables, 1990-2019' report.

Figure 2. Healthy life expectancy at the global level



Source: Estimates and preliminary forecasts based on Global Health Estimates 2019 and UNPD World Population Prospects 2022.

The world has significantly improved HALE for the past two decades. On average, we observed a five-year increase in HALE for both men and women between 2000 and 2019. However, the latest mortality forecasts from the <u>United Nations Population Division</u> show much-tempered progress in improving all-cause mortality and life expectancy from 2020 onward. This will slow down the improvement of HALE at the global level between 2019 and 2050.

Yet much could still be done to correct the course. By halving premature mortality and ensuring quality of life for all by 2050, we can put the world back on track. WHO can help achieve such ambitious goals through its GPW 14 and beyond.

HALE will remain as the pinnacle of impact measurement for GPW 14.

4. Outcome (programmatic) indicators

In GPW 13, forty-six outcome indicators covering a wide range of health issues form the basis of the impact measurement and the calculation of the Triple Billion targets. After extensive internal and external consultation, these indicators were approved at the World Health Assembly in May 2019 (WHA72). Among the indicators, 39 were derived from the SDGs (26 from SDG 3; 13 from other SDGs), and seven address priorities identified by Member States, such as antimicrobial resistance, polio, noncommunicable diseases (hypertension, obesity, trans fats policy), and health emergencies (vaccine coverage for epidemic-prone diseases, provision of essential services to vulnerable populations).

While the Triple Billion targets provide succinct summaries of the outcome (programmatic) indicators in each of the three areas, this comprehensive set also allows countries to prioritize indicators based on their national health strategy. Countries will track progress towards the targets for their chosen indicators. Not

every country will necessarily track every indicator. These indicators also form the basis for improving global health and achieving the Triple Billion targets and SDGs.

For GPW 14, WHO technical programmes evaluated the need for new and updated outcome indicators to reflect the current landscape of global health and the need to track progress made in improving population health at both the national and global levels. A total of 98 outcome indicators, including GPW 13 indicators, have been proposed, covering Promote (30 indicators), Provide (58 indicators), and Protect (10 indicators).

Indicators are divided into two groups, according to the reliability of their data. Greater focus will be placed on the first group, for which data are readily available and, particularly, where improvements would correlate with substantial improvements in health outcomes. For the second, where estimates are less reliable, the focus will be on improving measurement and/or defining indicators that can be readily tracked and that correlate with improved health outcomes. Where needed, WHO will work to shape the relevant Sustainable Development Goal indicators through the Inter-Agency Expert Group in 2025.

The refresh of the programmatic indicators for GPW 14 serves as a solid foundation for updating the Service Coverage Index of Universal Health Coverage in SDG. The Secretariat is working with WHO technical programmes and Member States closely to ensure maximum consistency.

Table 1 shows a high-level results framework and number of current and proposed indicators by outcome. Details on outcome (programmatic) indicators can be found in Annex 4.

5. Statistical forecasting methods for trajectories of outcome indicators and the Triple Billion targets

As the summary indices of the 46 programmatic indicators, the estimates and forecasts of the Triple Billion targets need to be based on the levels of, and trends in, the programmatic indicators and to account for the impact of COVID-19 when empirical data allows.

Forecasts of the programmatic indicators are produced in a two-step process. A 'baseline' model is fit using 2000-2019 data to capture pre-pandemic trends and project to 2030 what might have occurred without the COVID-19 pandemic. The baseline projections are then adjusted during pandemic years to account for disruption due to the COVID-19 pandemic.

To account for the impact of COVID-19, we also developed a method to adjust baseline forecasts for years during the pandemic based on observed and empirical data and the baseline forecasts based on input data to forecast before the COVID-19 pandemic occurred. The adjustment predicts the difference between the baseline forecast and input estimates given the estimated per capita number of COVID-19 infections. Indicator-specific assumptions are also made about when indicator forecasts will return to baseline forecast trends. Annex 1 comprehensively describes the methods and how they are applied to each outcome indicator.

Table 1.

High level results for GPW 14 with number of current and proposed outcome (programmatic) indicators by six outcomes

	Number of outcome (programmatic) indicators for GPW 13
	Number of proposed outcome (programmatic) indicators for GPW 14 (including GPW 13 indicators)

Impact

More people, everywhere, attain the highest possible standard of health and well-being.

GPW 14 overarching goal:

To promote, provide and protect health and well-being for all people, everywhere.

Strategic objectives and joint outcomes:

Strategic objectives and joint outcomes:					
Respond to climate change , an escalating health threat in the 21st century	 1.1 More climate-resilient health systems are addressing health risks and impacts. 1.2 Lower-carbon health systems and societies are contributing to health and wellbeing. 	0	2		
Address health determinants and the root causes of ill health in key policies across sectors	 2.1 Health inequities reduced by acting on social, economic, environmental and other determinants of health. 2.2 Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches 2.3 Populations empowered to control their health through health promotion programmes and community involvement in decision-making. 	21	28		
Advance the primary health care approach and essential health system capacities for universal health coverage	 3.1 The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved 3.3 Health information systems strengthened and digital transformation implemented. 	2	18		
Improve health service coverage and financial protection to address inequity and gender inequalities	 4.1 Equity in access to quality services for noncommunicable diseases, mental health conditions, and communicable diseases while addressing antimicrobial resistance. 4.2 Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved 4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable. 	20	40		
Prevent, mitigate & prepare for risks to health from all hazards	 5.1 Risks of health emergencies from all hazards reduced and impact mitigated. 5.2 Preparedness, readiness and resilience for health emergencies enhanced. 	2	7		
Rapidly detect and sustain an effective response to all health emergencies	6.1 Detection of and response to acute public health threats is rapid and effective.6.2 Access to essential health services during emergencies is sustained and equitable.	1	3		

6. Recalibrating the Triple Billion targets

While considerable progress has been made since 2018, the Triple Billion targets set for GPW 13 will likely not be achieved by 2025 unless significant efforts are made.

At the global level, about 585 million more people are expected to have access to essential health services without incurring financial hardship by 2025.²

Significant strides were also made in making about 777 million people better protected from health emergencies.

The healthier populations billion is the bright spot, with 1.55 billion more people expected to have better health by 2025. Yet such progress is still not sufficient to put the world on track to achieve SDG targets by 2030.

Looking ahead, Triple Billion targets are recalibrated for GPW 14, rooted in realistic assessments of where we have more ground to cover. New programmatic indicators will be added, and their impact will be reflected in the recalibrated targets.

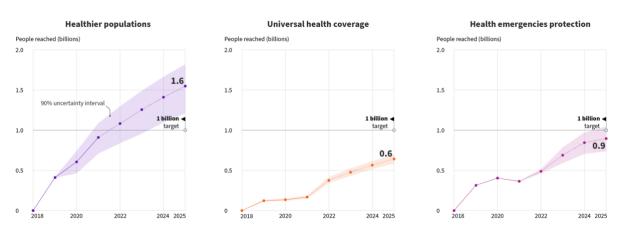
The statistical forecasts shown in Figure 3 and Figure 4 provide the "floor" value for recalibration. In other words, values such as 640 million more in 2025 and 856 million more in 2025 for the universal health coverage billion are likely to occur, given the commitment and efforts of the Member States and the global community.

On the other hand, more ground could be gained by setting a more ambitious rate of progress in different scenarios in the coming decade. The final Triple Billion targets should be balanced between projected achievement based on past trends and maximum achievable outcome based on the ambitious rates of improvement.

The scenario-specific exercise is vital to the recalibration of the Triple Billion targets for GPW 14, which will be based on the updated list of outcome indicators. It will also take into account the assessed progress made in achieving the Triple Billion targets in GPW 13 and the likely trajectories for each outcome indicator at country and global levels.

Figure 3.

Progress in achieving the Triple Billion targets



Source: Forecasts based on data from World Health Statistics 2023.

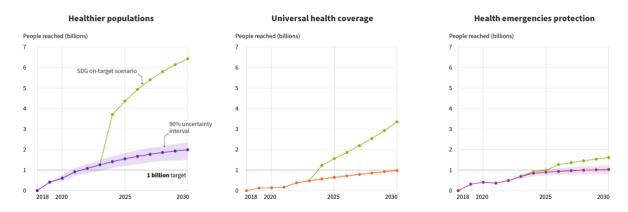
² Updated numbers of progress towards the Triple Billion targets will be available at the Triple Billion Dashboard: https://www.who.int/data/triple-billion-dashboard

There are significant technical considerations the Secretariat needs to consider for the recalibration of the targets:

- Scenarios analysis based on global targets such as the SDGs and WHO WHA resolutions;
- Achievable health interventions for individual outcome indicators for each region and country;
- Statistical forecasting based on past levels and trends at the indicator and country level;
- Best practice at regional and/or global levels through benchmarking assessment;
- A balance between being realistic and aspirational;
- Account for uncertainty in observed data and forecasts;
- Equity: no one should be left behind and unprotected.

Figure 4.

Triple Billion target projections to 2030 and associated SDG achieving scenarios



Source: Forecasts based on data from World Health Statistics 2023.

WHO's forecast for the coming decade shows promising trends towards a healthier global population, as shown in Figure 4. If current trajectories hold, an additional 1.86 billion people will live healthier lives by 2028 compared to the baseline in 2018. Yet, there's potential for an even more significant impact: if every country meets the health-related SDG targets at the global level by 2030, 2.7 billion more people will live healthier lives by 2028 instead of 1.86 billion projected based on the observed trend so far. Furthermore, meeting these goals could mean an extra 934 million people having access to essential health services without incurring financial hardship by 2028 and an additional 158 million people safeguarded against health emergencies by 2028.

While it is welcome news for the healthier population billion, the progress made so far and the implied trajectories up to 2030 are far from enough to achieve health-related SDG targets by 2030. Table 2 below shows the baseline value 2018 for each outcome indicator, the associated target to achieve by 2030, and the forecasted values 2030 based on the statistical forecasting method described in section 1.5. In addition, we show the annualized rate of change (AROC) between 2018 and 2030, implied AROC to achieve the 2030 target, and the needed acceleration when applicable.

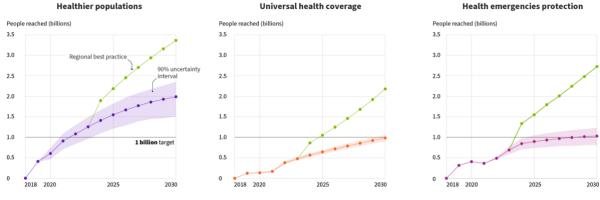
Table 2. Processes in achieving outcome indicators at the global level, 2018-2030

Category	Indicator	SDG	2030 Target	2018	2030	% Change 2018-2030	Forecast AROC (%)*	Target AROC (%)*	Required times of acceleration
HPOP	Childhood Stunting	SDG 2.2.1	17	25.4	20.2	-20.5	-1.9	-3.3	1.8
HPOP	Childhood Wasting	SDG 2.2.2	3	5.6	7.8	38.8	2.8	-5.2	
HPOP	Childhood Overweight	SDG 2.2.3	3	5.3	6	13	1	-4.7	
HPOP	Suicide Mortality	SDG 3.4.2	6	9	7.9	-12.7	-1.1	-3.4	3.1
HPOP	Alcohol Consumption	SDG 3.5.2	5	5.6	6	6	0.6	-0.9	
HPOP	Road Deaths	SDG 3.6.1	9	17.1	16.4	-4	-0.3	-5.3	15.4
HPOP	Tobacco Use	SDG 3.a.1	18	22.3	17.9	-19.6	-1.8	-1.8	
HPOP	Developmentally on Track	SDG 4.2.1		67.4	67.4	0	0	-	_
HPOP	Intimate Partner Violence (F)	SDG 5.6.1	0	26.7	26.7	0	0	-	_
HPOP	Safely Managed Water	SDG 6.1.1	96	63.5	67.8	6.7	0.5	3.4	6.3
HPOP	Safely Managed Sanitation	SDG 6.2.1	95	54.2	70.9	30.8	2.2	4.7	2.1
HPOP	Clean Household Fuels	SDG 7.1.2	96	65.6	78	19	1.4	3.2	2.2
HPOP	Mean Particulates (PM 2.5)	SDG 11.6.2	5	35.9	30.3	-15.5	-1.4	-16.4	11.6
HPOP	Violence Against Children	SDG 16.2.1	0	79.6	79.6	0	0	_	_
HPOP	Adolescent / Child Obesity	-	5	6.7	13.9	105.8	6.1	-2.4	
HPOP	Adult Obesity	-	11	13.2	19.2	45.3	3.1	-1.5	
HPOP	Trans Fat Policy	-	100	7.1	20.2	185.9	8.7	22	2.5
UHC	Family planning	SDG 3.8.1	75	73.7	77.1	4.7	0.4	0.1	
UHC	Pregnancy and delivery care	SDG 3.8.1	95	77.6	82.2	5.9	0.5	1.7	3.5
UHC	Child immunization	SDG 3.8.1	93	89.5	89.7	0.3	0	0.3	17.2
UHC	Child Health Care Seeking	SDG 3.8.1	85	74.7	79.4	6.3	0.5	1.1	2.1
UHC	TB treatment	SDG 3.8.1	91	74.9	84.2	12.4	1	1.6	1.7
UHC	HIV treatment	SDG 3.8.1	92	56.4	89.2	58	3.8	4.1	1.1
UHC	Malaria prevention	SDG 3.8.1	80	47.8	76.8	60.6	4	4.3	1.1
UHC	Water and sanitation	SDG 3.8.1	96	76.1	84.1	10.5	0.8	1.9	2.3
UHC	Prevention of cardiovascular disease	SDG 3.8.1	80	38.9	42.7	9.8	0.8	6	7.7
UHC	Management of diabetes	SDG 3.8.1	8	9.2	11.5	24.4	1.9	-1.2	
UHC	Tobacco control	SDG 3.8.1	20	22.8	17.7	-22.1	-2.1	-1.1	
UHC	Hospital access	SDG 3.8.1	34	26.1	30.7	17.5	1.4	2.2	1.6
UHC	Health workforce	SDG 3.8.1	71	51.5	69.6	35.1	2.5	2.7	1.1
HEP	Preparedness	SDG 3.8.1	80	74.4	80.7	8.5	0.7	0.6	
HEP	Prevent	-		91.2	91.3	0.1	0	-	_
HEP	Time to detect and respond	-		59	81.7	38.6	2.7	_	_

Preliminary estimates subject to changes based on Member State consultation. Do not distribute

Benchmarking progress made in other countries can be another useful scenario to examine potential gains countries could make in the future. The charts in Figure 5 shows the potential Billions with the red lines, assuming that every country achieves the 80th percentile best rate of improvement in each outcome indicator by WHO region. Similar scenarios can be computed using different assumptions and then used to guide setting the Triple Billion targets up to the year 2028. It is clear that more than 90% of the outcome indicators need a solid plan for acceleration in order to achieve the intended target by 2030.

Triple Billion target scenario: best regional practice in improvement

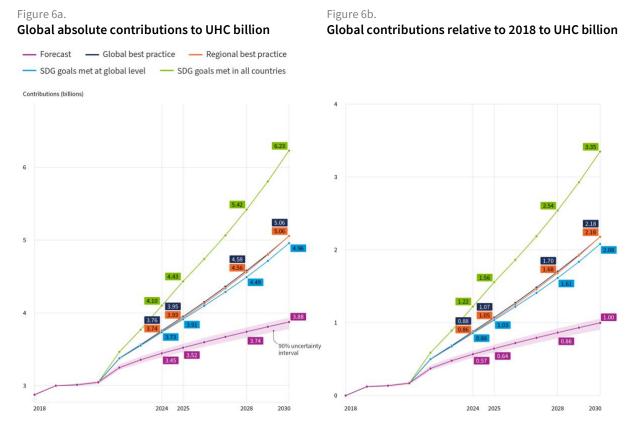


Source: Forecasts based on data from World Health Statistics 2023.

The Triple Billion targets for GPW 13 are in relative changes space. In other words, the targets are set for the relative changes in healthier population, universal health coverage, and health emergency protection between the target year in 2023 (or 2025 for GPW 13 extension) and the baseline year in 2018. However, for ease of communication, an alternative would be setting each target in absolute population space: the number of people enjoying healthier lives, the number of people covered by UHC, or the number of people protected from health emergencies globally.

Annualized rate of change (AROC) = ln(target value / baseline value) / (target year - baseline year)
Required times of acceleration = Target AROC / Forecast AROC

Figures 6 (a and b) below shows statistical forecasts and different scenarios in both the absolute and relative billions contribution spaces for the universal health coverage (UHC) billion between 2018 and 2030. The Triple Billion contributions in relative (right) and absolute (left) correspond for each scenario and the statistical forecast.



Source: Forecasts based on data from World Health Statistics 2023.

Through the evaluation of potential targets based on different scenarios and the statistical forecast based on empirical data before the baseline in 2018, it is evident that the final target for UHC (Provide) should be between the likely outcome of 3.7 billion in 2028 and the value given by fully achieving SDG targets in every country by the same year, around 5.4 billion. A balance between being realistic and ambitious gives a potential target (absolute population coverage) for UHC at approximately 5 billion in 2028. A similar exercise can be done for the healthier population billion (Promote). A global target for 2028 could be tentatively set at six billion, given the potential gains between 2018 and 2028 based on similar scenario-specific analysis and the above statistical forecasts.

However, it is important to point out that the programmatic indicators remain as the foundation of the GPW 14 impact measurement. The Triple Billion targets for 'Provide, Promote and Protect', whether it is in relative or absolute spaces, remains the same summaries of progress for the programmatic indicators at the country and global levels. In addition, as shown in Figure 6 on the UHC billion recalibration, each relative coverage number corresponds to an absolute coverage for the same scenario or statistical forecasts.

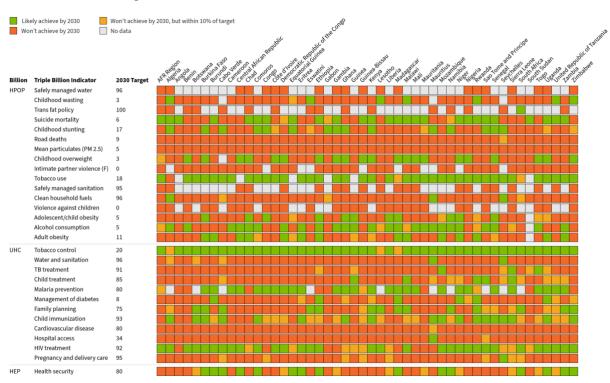
7. Triple Billion and impact measurement for country priority setting

While the Triple Billion targets are set at the global level, they are simply high-level aggregates of country and indicator-level information. In addition to a succinct summary of progress made at the global level and an effective communication tool, much detailed information is available to help the Member States and the Secretariat to identify the gaps and priorities. In other words, the Impact measurement allows deeper dives into each region and Member State's unique situations.

The heatmap below shows the trajectories for outcome indicators under each billion up to year 2030 in terms of achieving the SDG targets for countries in a WHO Region. In the heatmap shown in Figure 7, green indicates countries that are likely to achieve the global goal for a specific indicator with numeric SDG or WHA goals by 2030. Yellow shows any country that is not on track to achieve the global target by 2030 but only off track by less than 10%, and orange means the country is not on track to achieve the global target by 2030 given its observed/estimated pace by 2019. Equally important, the cells in grey indicate empirical data gaps for an indicator and country combination.

Figure 7.

Outcome indicators under each billion up to the year 2030 in terms of achieving the SDG targets for countries in a WHO Region

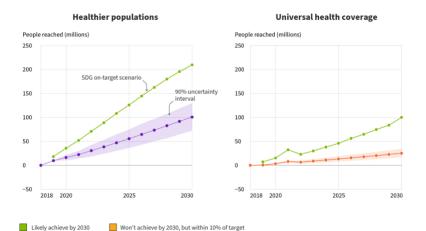


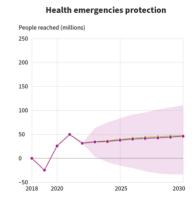
Source: Forecasts based on data from World Health Statistics 2023. Subject to changes based on forthcoming Member States consultation.

Figures 8 (a and b).

Won't achieve by 2030

Country progress: Triple Billion targets and health-related SDGs





Billion	Triple Billion indicator	2030 target	2030 forecast
Healthier	Safely managed water	96	67.8
populations	Childhood wasting	3	7.8
	Trans fat policy	100	20.2
	Suicide mortality	6	7.9
	Childhood stunting	17	20.2
	Road deaths	9	16.4
	Mean particulates (PM 2.5)	5	30.3
	Childhood overweight	3	6.0
	Intimate partner violence (F)	0	26.7
	Tobacco use	18	17.9
	Safely managed sanitation	95	70.9
	Clean household fuels	96	78.0
	Violence against children	0	79.6
	Adolescent/child obesity	5	13.9
	Alcohol consumption	5	6.0
	Adult obesity	11	19.2
Universal	Tobacco control	20	17.7
health	Water and sanitation	96	84.1
coverage	TB treatment	91	84.2
	Child treatment	85	79.4
	Malaria prevention	80	76.8
	Management of diabetes	8	11.5
	Family planning	75	77.1
	Child immunization	93	89.7
	Prevention of cardiovascular disease	e 80	42.7
	Hospital access	34	30.7
	HIV treatment	92	89.2
	Pregnancy and delivery care	95	82.2
Health			
emergencies protection	Preparedness	80	80.7

Source: Forecasts based on data from World Health Statistics 2023. Subject to changes based on forthcoming Member States consultation.

The information related to programmatic indicators is not just the cornerstone of the Triple Billion targets; it is also a critical tool for countries to identify and prioritize strategies to enhance the health of their populations. By examining a country's contributions to these three targets, policymakers can gauge progress in improving general health, responding to health emergencies, and achieving the SDGs set by the global community.

Graphical representations, like the heatmaps, clearly show a country's progress benchmarked against other countries. These visual tools allow for an at-a-glance comparison of a country's improvements in various health outcome indicators against set benchmarks, such as the global SDG targets.

Figure 8 above succinctly summarizes a Member State's contribution to achieving the global Triple Billion targets and forecasted trajectories for each outcome (programmatic) indicator by 2030 in terms of achieving the numeric global target, if there is any. In Figure 8, the black lines in healthier population, UHC, and the health emergency protection graphs are the billion contributions from each country based on empirical data and estimates provided by the responsive technical programmes and associated statistical forecasts up to the year 2030.

In the same graph, the green lines represent potential contributions to the billions for a Member State if the country achieves a global target for those programmatic indicators with a numeric global target by 2030. The difference between the two lines indicates room for further improving population health at the country level. Similarly, the bottom right heatmap in Figure 8 shows a similar target achievement assessment for a Member State, further illustrating the progress made in each programmatic indicator by the country and its likely trajectory by 2030.

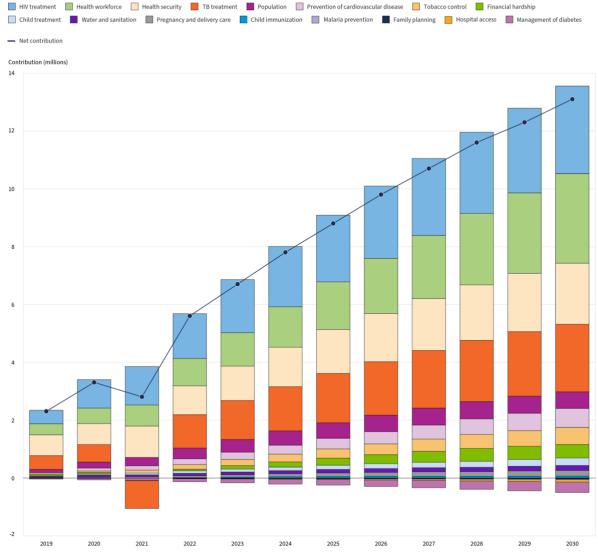
Further analysis can break down a country's specific contributions to the Triple Billion targets by programmatic indicators. For instance, by dissecting the elements contributing to the UHC billion over time, policymakers and the Secretariat can pinpoint significant advancements or identify areas where progress is stagnant or regressing—such as the negative impact of rising adult obesity rates, shown in Figure 9.

This graph's black line over time represents the net contribution the example country made to the global UHC billion between 2019 and 2030. The stacked bar for each year further dissects the net annual billions contribution into positive or negative numeric contributions made by each programmatic/outcome indicator for the same calendar year, represented by different colour blocks as shown in the legend.

For example, the blocks in teal show the negative contributions the programmatic indicator, 'Adult Obesity', made over the period of 2019 to 2030. Such analysis enables the country and the Secretariat to investigate the performances of each outcome indicator further to amplify and show what significant progress was made by the country and the area that lacks progress, or even worse, negative contributions from specific outcome indicators.

Figure 9.

Decomposition of how a specific country has contributed to the UHC billion target



Source: Forecasts based on data from World Health Statistics 2023. Subject to changes based on Member States consultation.

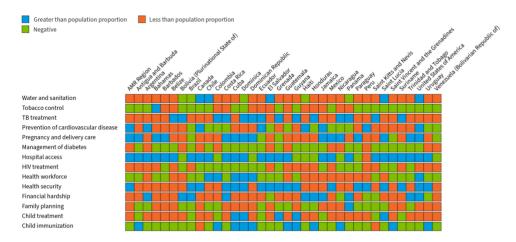
It is also essential to account for population size when assessing a country's contribution to global targets. Countries with larger populations can substantially impact the global billions if they show improvements in health outcomes. This impact can be accounted for by comparing the ratio of a country's contribution to its population size against a global average—allowing for a fair comparison of progress among countries of varying sizes.

For example, Figure 10 illustrates the relative contributions to the UHC billion in the Americas. A green indicator signifies that a country's contribution exceeds the global average, orange indicates below average, and blue denotes a negative contribution.

Moreover, there is a need for similar detailed analyses at the subnational level. Such localized data is vital for designing and implementing targeted and effective health interventions within specific regions or communities.

Figure 10.

Relative contributions to the UHC billion by a WHO region (e.g., PAHO), 2023



 $Source: Forecasts\ based\ on\ data\ from\ World\ Health\ Statistics\ 2023.\ Subject\ to\ changes\ based\ on\ member\ states\ consultation.$

Section 2. Accelerate progress in countries using the Delivery for Impact approach

As the world stands at the halfway mark of a critical race, the SDG timeline, WHO must catalyse, and support accelerated progress in countries. Recognizing the urgent need for progress, WHO adopted the Delivery for Impact approach. This is a commitment to action and to intensified support to countries, harnessing data and delivery, science and innovation, digital technologies and partnerships, and improving the performance of the Secretariat to support countries most effectively.

Introduced in GPW 13, the Delivery for Impact approach strengthens capacities within the WHO Secretariat and Member States to make faster progress on the health-related SDGs and Triple Billion targets. This approach demonstrates measurable impact and supports governments, ministries of health and in-country health programme managers to priorities and make progress on their health priorities.

Align inputs, activities, outputs, outcomes and impact: WHO is intensifying support in countries by improving data quality, accessibility and use to drive policies and programmes. By aligning its Programme Budget with strategic priorities, WHO ensures accountability and credibility towards accelerated health improvements.

WHO has identified four key inputs: secure full and flexible financing, a skilled well-placed workforce, robust planning and budgeting grounded in results-based management, and governance mechanisms that emphasize accountability, transparency, and efficiency.

Output/leading indicators demonstrate how the WHO Secretariat will measure its contribution to health outcomes and impacts. More specifically, these indicators will measure the contribution WHO products and services make in influencing, enabling and catalyzing joint action by Member States and partners. Output/leading indicators measure immediate and intermediate changes that occur through the delivery of the outputs. These indicators can be pitched: (a) short-term (closer to output) for example knowledge transfer, policy changes; (b) medium-term: institutional capacity improvements; or (c) longer-term (closer to outcome) such as risk reduction, access improvements.³

WHO Theory of Change: Achieving the outcomes of GPW 14 will require the joint action of Member States, the WHO Secretariat, partners and key constituencies. The theory of change explains at a strategic level how the work and unique role of the Secretariat will contribute to that joint action in order to achieve the outcomes, strategic objectives and impacts of the GPW 14. It summarizes: (a) the problems that the GPW 14 will address (that is, the problem statement); (b) the principles and approaches that guide the strategy, as reflected in the common themes identified in the consultation process; (c) WHO's pathways of change, which align with the Organization's core functions, the strategic shifts of the GPW 13 and the WHO corporate outcomes of the GPW 14 to accelerate progress towards SDGs and the Triple Billion targets; and (d) the critical actions that will be required by Member States, partners and key constituencies in order to deliver on the strategic objectives and joint outcomes of the GPW 14.

1. Operationalize the Delivery for Impact approach

The pathway from planning to implementation to impact is addressed with the following five questions:

1. What are we trying to achieve? By using data to identify indicators that are off track to inform prioritization and setting time-bound acceleration targets for key priorities.

³ WHO. White paper on output development: WHA77 update. 21 May 2024.

- 2. How are we planning to do it? Developing a delivery or acceleration plan through prioritized application of WHO guidance on solutions (policies, strategies, interventions) that will most rapidly achieve results.
- 3. How will we regularly track progress? *Identifying indicators that are regularly tracked and establishing routines such as stocktakes to track progress on a regular basis.*
- 4. If we are not on track, what will we do about it? *Identifying bottlenecks and using data and problem-*solving tools to find solutions and rapidly course correct when progress is not on track.
- 5. What can be improved? *Implementing a monitoring, evaluation and learning approach with feedback loops to continually adapt to the environment.*

Delivery stocktakes and delivery milestones are used to set priorities and track progress:

Delivery stocktakes shift the focus from problem identification to the implementation and management of solutions. They help assess the real-world impact of strategies and provide a means for WHO governing bodies to track the Secretariat's programmatic accountability. Strategic leadership sessions are held where WHO assesses its progress towards SDGs and the Triple Billion targets and sets specific, time-bound delivery milestones.

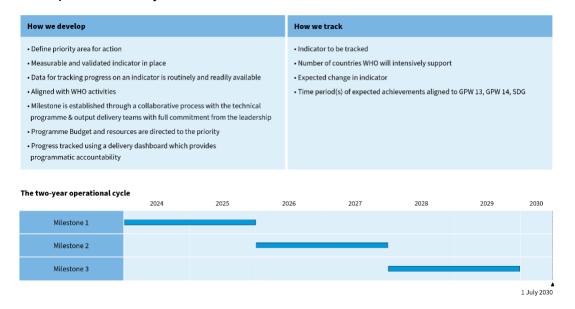
This process is key to align WHO's actions with its overarching goals and boost the confidence of stakeholders in the organization's effectiveness and their investments in global health. Delivery stocktakes have been undertaken to track progress on each of the three billion targets and focusing on several programme areas such as climate and health, obesity, TB, health workforce, health emergency preparedness, primary health care, equity and tobacco control. During these stocktakes, delivery milestones are discussed and agreed across the 3 levels of WHO.

Delivery milestones are priorities established by WHO to direct its resources and efforts towards accelerating progress in a defined area of public health within agreed-upon timelines. Simply, delivery milestones are what WHO will do, where, by when and how. These milestones, designed for a two-year operational cycle, are closely linked to the specific actions WHO undertakes to assist Member States through intensified support to achieve measurable outcomes (Figure 11).

Progress toward these milestones will be tracked using the delivery dashboard. At the global level, the delivery dashboard is used for accountability. At the country level, it facilitates WHO and partner support of national efforts to manage and accelerate progress toward their strategic priorities. Examples of the global and country dashboards are presented in this section.

Figure 11.

Development of delivery milestones



Five steps of the delivery pathway are tracked using the delivery dashboard (Figure 12). This approach has been used in more than 50 countries. The progress towards these milestones is a collaborative effort, with a shared vision to prioritize actions to improve public health, and the details of these milestones are presented in Annex 3.

Figure 12.

Five components of the Delivery for Impact approach tracked using the delivery dashboard (These steps are non-linear and often occur in parallel)

Acceleration scenarios	Communities identified for acceleration	Delivery plan developed	Delivery plan costed and financed	Execution, tracking, and problem solving
Considering current progress toward targets, by how much can progress be accelerated?	Which are the high burden/high-impact countries/communities?	What are the most effective interventions WHO can support to be implemented to accelerate progress in countries?	Is the delivery plan costed? Is a resource mobilization plan developed? Is the resource mobilization plan actioned?	Including accountability routines for regular progress tracking, problem solving, and course-correction.

The 100-day sprint to catalyse progress: To accelerate our transformation, WHO has launched a model of a 100-day delivery sprint to increase collaboration and innovation, accelerate progress, increase integration between teams, and build sustainability and scalability for several transformation initiatives. The 100-day methodology aims to stimulate participants to rethink how government works by introducing a unique model that is built on accelerated results, increased collaboration, and implementing innovative solutions.

The 100-day sprint model works in three phases. In phase one (20 days), the challenge is designed, and stakeholders identified. In phase two (20 days), acceleration targets are set. In phase three (60 days), the results are achieved, sustained, and scaled. Implementation of solutions within the health sector often requires sustained focus and attention. The 100-day sprint model aims to kick-start implementation efforts with a renewed sense of urgency, bringing measurable impact and some quick-wins.

2. WHO's contribution to health impact: examples

As global health challenges evolve, WHO reshapes its operations around three strategic shifts: stepping up leadership, catalysing public health impact across countries, and prioritizing global public goods. WHO plays a multifaceted role in global health. It sets international health standards and provides guidance on best practices. It also conducts vital research and offers technical support to countries. It helps shape health policies worldwide and responds to health emergencies. WHO initiates and enables international health treaties and provides technical support and evidence-based policy options that underpin major decisions by governments and international health agencies.

For example, the leadership function involves negotiating key international treaties and agreements for health such as the Framework Convention on Tobacco Control (FCTC) and the International Health Regulations (IHR 2005). Examples of WHO establishing norms and standards include the MPOWER technical policy package for tobacco control, or WHO's pre-qualification of vaccines and medical products enabling procurement of life-saving products.

Reinforcing technical support, from WHO's guidelines to its in-country experts and operations, plays a significant role in the rapid and effective translation of critical policy actions. Strengthening data systems and using evidence that shapes policy and resource allocation such as how reporting on Pandemic Preparedness and Response capacities drives decisions made by the Pandemic Fund.

Integrating the approach across WHO: The Delivery for Impact approach has become part of WHO's DNA, influencing every level of its operation. It's evident in initiatives like the Health Impact Investment Platform, supported by the Multilateral Development Banks focusing on reinforcing primary health care and health security.

Country Focus: The prioritization within WHO's country offices is influenced by the Programme Budget, the Country Cooperation Strategy, and the Country Support Plan. Together these determine whether countries are receiving adequate support.

For countries lagging on their health goals, WHO offers a suite of Technical Products, outlined in the delivery policy matrix, to help develop targeted plans for rapid progress. WHO collaborates with regions and countries on capacity-building initiatives to tackle implementation hurdles and prioritize impactful planning.

Partnerships: WHO's leadership in the global health arena is critical in aligning efforts of multilateral partners towards the health-related SDGs. By engaging actively with SDG Global Action Plan (SDG GAP) partners, WHO is using the Delivery for Impact approach across various countries and health issues, like increasing vaccinations for 'zero-dose' children. This is not just an expansion; it's a commitment to leaving no one behind.

In summary, WHO's Delivery for Impact approach is multifaceted and addresses the complexities of global health. By addressing challenges head-on, measuring and amplifying impact, and collaborating globally, WHO aims not just to catch up but to leap forward in the race towards the SDGs.

3. An example on health workforce

Incorporating the concept of a delivery milestones, an example is the focused analysis on the role of the health workforce (HWF) in advancing the Triple Billion targets. Analysis undertaken for the global stocktake show that the health workforce is critical for accelerating progress towards the health-related SDGs and progress throughout the Triple Billion targets, particularly influencing progress toward the UHC and Health Emergencies Protection Billions. Even with a growing workforce it is still expected that by 2030, the world will have a shortfall of 10 million workers.

Glaring inequalities are evident in health workforce density across WHO regions. The AFRO and EMRO regions will bear 72% of the workforce shortage by 2030, an increase from 37% in 2020. AFRO is expected to double its share of the total shortage by 2030.

The Support and Safeguard list highlights those countries with the biggest challenges facing their health workforce and is complemented by the Small Island Developing States (SIDS) with some francophone African countries showing a relatively high gap in HWF. Beyond inequalities across WHO regions and between countries, there are also inequalities within countries that need to be tackled.

Proposed actions to reduce the HWF shortage are built on the 5th Global Forum on HRH, with a specific target to double HWF in the LMICs with greatest shortages over the next 10 years.

Following on from the global stocktake, WHO has intensified its work across the three levels to prioritize investment in health workforce, by committing to achieving the time-bound delivery milestones (Figure 13). In practice, this means Country Offices will receive additional support to define acceleration scenarios, develop delivery plans, and establish routines to ensure progress is on track.

Figure 13.

Delivery stocktake commitments (milestones) to double health workforce in LMIC by 2030

Countries	Commitments
40 safeguard and support list countries (AFRO, EMRO)	Intensified support to countries to double workforce by 2030
7 Francophone countries (Benin, Cameroon, Central African Republic, Chad, Madagascar, Mali, and Niger)	Investment in training and employment focused on primary health and public health in rural areas
Small Island Developing States (SIDS)	Initiate actions on retention, employment and implementation of the WHO Global Code of Practice
100 countries	Strengthen public health and emergency workforce
10 HIC (Australia, Belgium, Canada, France, Germany, Saudi Arabia, Switzerland, United Arab Emirates, UK, and the USA)	Adopt domestic and international policies on self- sufficiency

4. Scale up the use of Delivery for Impact approach in countries

At the country level, the delivery dashboard supports WHO and our partners to manage and accelerate country priorities. Over 50 WHO country offices have embraced this approach, developing policy-sensitive proposals to accelerate impact amenable to change through application of WHO's normative guidance (Figure 14). Integral to this approach is the constructive collaboration with UN agencies, multilateral organizations, academia, and civil society, spanning national and international spheres.

Figure 14. Delivery for Impact applications. These include diverse hybrid and online supports, in-person workshops, tailored-country supports applying the delivery approach, distinct from technical team priority countries.



- 10 countries have completed an end-to-end process
- 52 WHO country offices are using delivery approach for at least 1 priority area
- More than 400 colleagues and MoH staff trained on the delivery approach
- Active collaboration with over 20 technical teams in HQ and regional offices

Country examples showing acceleration scenarios across the healthier populations (promote), universal health coverage (provide) and health emergencies protection (protect) billions are shown in Figures 15-17.

As can be seen in Figures 15 through 17, each of the three countries have nine indicators on track to achieving global targets by 2030, and varying targets projected to be within 10% of the goal. Based on this analysis, countries can prioritize areas for accelerated action.

Figure 15a.

Viet Nam: progress toward SDGs and Triple Billion targets

Billion	Triple Billion indicator	2030 target	2030 forecast
Healthier	Childhood wasting	3	
populations	Suicide mortality	6	
	Childhood stunting	17	
	Road deaths	9	
	Mean particulates (PM 2.5)	5	
	Childhood overweight	3	
	Intimate partner violence (F)	0	
	Tobacco use	18	
	Clean household fuels	96	
	Violence against children	0	
	Adolescent/child obesity	5	
	Alcohol consumption	5	
	Adult obesity	11	
Universal	Tobacco control	20	
health	Water and sanitation	96	
coverage	TB treatment	91	
	Child treatment	85	
	Management of diabetes	8	
	Family planning	75	
	Child immunization	93	
	Prevention of cardiovascular disease	80	
	Hospital access	34	
	HIV treatment	92	
	Pregnancy and delivery care	95	
Health			
emergencies protection	Preparedness	80	

Figure 15b.

Viet Nam: adult male tobacco use prevalence current trend and target

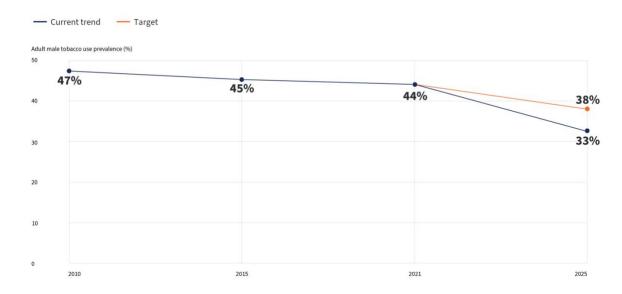


Figure 15c.

Viet Nam: country delivery dashboard



Figure 16a.

Tajikistan: progress toward SDGs and Triple Billion targets

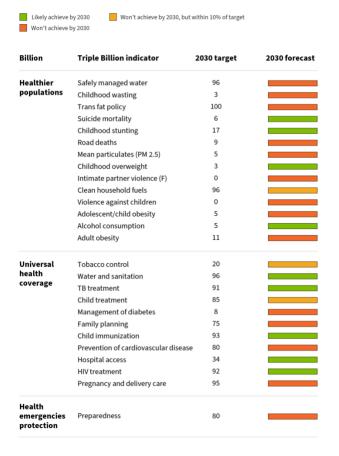


Figure 16b.

Tajikistan: acceleration needed to achieve HIV 95-95-95 global targets

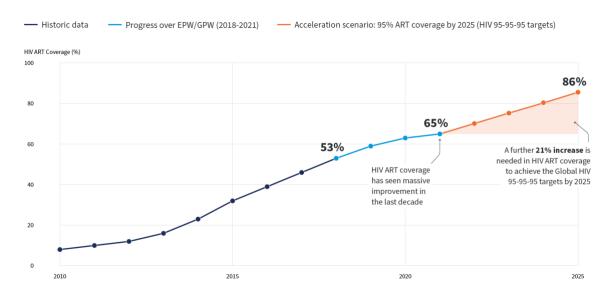


Figure 16c. **Tajikistan: country delivery dashboard**



Figure 17a.

Nepal: progress toward SDGs and Triple Billion targets

Billion	Triple Billion indicator	2030 target	2030 forecas
lealthier	Safely managed water	96	
oopulations	Childhood wasting	3	
	Trans fat policy	100	
	Suicide mortality	6	
	Childhood stunting	17	
	Road deaths	9	
	Mean particulates (PM 2.5)	5	
	Childhood overweight	3	
	Intimate partner violence (F)	0	
	Tobacco use	18	
	Safely managed sanitation	95	
	Clean household fuels	96	
	Violence against children	0	
	Adolescent/child obesity	5	
	Alcohol consumption	5	
	Adult obesity	11	
Universal	Tobacco control	20	
health	Water and sanitation	96	
coverage	TB treatment	91	
	Child treatment	85	
	Management of diabetes	8	
	Family planning	75	
	Child immunization	93	
	Prevention of cardiovascular disease	e 80	
	Hospital access	34	
	HIV treatment	92	
	Pregnancy and delivery care	95	
Health			
emergencies protection	Preparedness	80	

Figure 17b.

Nepal: IHR core capacity score acceleration compared to global and regional averages

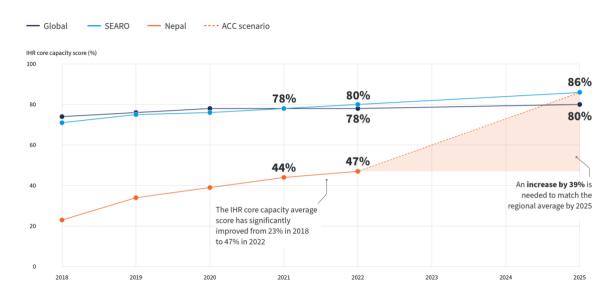


Figure 17c.

Nepal: country delivery dashboard

The delivery end to end planning process identifies priorities and targets and is consistently applied across workstreams. Using the DFI approach brings a sustained focus on achieving impact, when used as a routine tracking mechanism updated quarterly. Following the 100 days Challenge, priorities selected with the Nepal country office are being implemented and tracked in this delivery dashboard.



5. Delivery Dashboard for global accountability

The delivery dashboard (Figure 18) tracks the progress of global delivery milestones identified through the stocktaking process. Countries can use the delivery dashboard to monitor their progress on selected milestones that are most relevant to their specific challenges, as depicted on the previous pages.

This tool not only promotes accountability within the WHO Secretariat but also supports Member States in their governance reform efforts in alignment with recommendations from the Agile Member States Task Group (AMSTG).

The delivery dashboard provides a snapshot on accountability for achieving global results. The recent evaluation of the WHO's Results-Based Management (RBM) approach identified areas for improvement, including the need for more cohesive RBM practices and addressing the previously noted disconnection between outputs and outcomes. Institutionalizing the Delivery for Impact approach forms part of the response to these findings, supporting a realignment of WHO's RBM components, and strengthening the causal link between the organization's outputs and the health outcomes observed in Member States.

This also responds to the report of the GPW 13 evaluation⁴ which also highlights the lack of an explicit link between outputs and outcomes. Delivery for Impact provides an explicit link between outputs and outcomes at the Member State level.

⁴ WHO. Evaluation of WHO 13th General Programme of Work: report. 2023; https://www.who.int/publications/i/item/who-dgo-evl-2023.8

Figure 18.

Global delivery dashboard



Despite knowing how to tackle global health issues, implementation can be impeded by limited data analysis, insufficient political will, and inadequate resource distribution. The Delivery for Impact approach overcomes these barriers by fostering accountability, pushing for the adoption of evidence-based solutions, and enabling effective execution for real-world outcomes.

WHO is committed to ensure responsive problem-solving and strategic adjustments throughout the implementation process.

6. Operationalizing the GPW 14 results framework

The GPW 14 results framework consists of the results chain and its measurement. The results chain links the work of the Secretariat (i.e., outputs) to the health and development changes to which it contributes (i.e., outcomes and impact). It will apply existing tools such as country stocktakes and a unified process for planning (including prioritization) at the country level. A single streamlined corporate prioritization mechanism is proposed that will ensure a single set of priorities for the Country Cooperation Strategy, operational planning, and for applying the delivery for impact approach. Based on this work, delivery milestones that define what WHO will deliver to achieve the results, will be identified specific to the country.

Section 3. Improve data, digital and health information systems

In today's rapidly evolving landscape of global health, the ability to clearly comprehend our current standing and make informed decisions has never been more important.

To this end, WHO harnesses the power of data, digital and cutting-edge technologies to ensure timely, reliable, and actionable data is readily available. Data is not only about monitoring health challenges but also about closing the inequality gap through provision of disaggregated data.

WHO, along with partners, provides countries with advanced tools and resources to upgrade their health data and digital systems, ensuring they can effectively monitor emerging health challenges, analyse fresh data, and update their health targets accordingly. These efforts are essential in a world where health dynamics are constantly shifting and investments in improving health information systems need to be prioritised.

At the core of this effort is the <u>WHO SCORE for Health Data Technical Package</u>, a comprehensive suite of validated strategies for strengthening health information systems. The SCORE Package encompasses a wide array of functions, including surveying population health risks, tracking births, deaths, and causes of death, optimizing health service data, reviewing progress and performance, and enabling data use for policy and action. This multifaceted approach covers diverse sources of health data, ranging from public and disease surveillance systems to civil registration and vital statistics (CRVS), hospital records, and health facility data.

Continuous improvements are made to key statistical reports and tools to accurately reflect the everchanging global health landscape. Notable examples include the World Health Statistics Report, Global Health Estimates, and the UHC Global Monitoring Report. WHO is fostering collaboration to expand the implementation of interoperable digital solutions, such as the 11th International Classification of Diseases (ICD-11) in countries.

The World Health Data Hub, the WHO Hub for Pandemic and Epidemic Intelligence, the Global Digital Health Strategy, and the Geographic Information System (GIS) Center for Health, and Research for Health are platforms pivotal to facilitate access and use of health data, empower public health experts and policymakers worldwide with the tools necessary to predict, detect, and assess epidemic and pandemic risks. These tools enable swift decision-making to prevent and respond to future public health emergencies, and enhance the relevance of data to real-time scenarios, bolstering predictive capabilities.

WHO remains committed to forging multi-sectoral partnerships that extend the reach and impact of its health content while concurrently combating the proliferation and impact of misinformation.

A contemporary data architecture underpins these efforts, ensuring data digitization and secure storage. Comprehensive data governance is a priority for WHO, safeguarding the reliability and confidentiality of health information. This governance allows for a seamless flow of primary and secondary data, facilitating its use across various health sectors. Access to complete and accurate data paints a clearer picture of population health trends, enabling more precise and effective public health interventions.

These collective efforts serve to accelerate the digital transformation at the country level, thereby propelling progress towards achieving the Triple Billion targets and the SDGs, paving the way for a healthier and safe future for all. Investments in improving these systems need to be prioritized.

⁵ WHO. WHO Results Report 2022-23. https://www.who.int/about/accountability/results/who-results-report-2022-2023 (last accessed 21 May 2024)

As requested by Member States, the Secretariat is working with health ministries, ministries of information and technology, national statistics offices and registrar generals' offices to improve public health surveillance, civil registration and vital statistics, routine health information systems and digital health.

Moving Forward: A WHO the world can depend on – maximizing WHO's impact protecting and improving health

Faced with needs that increase more rapidly than resources to address them, maximizing impact requires focus at country, regional and global levels. The GPW 14 results framework proposes to increase the real-time monitoring of and accountability for progress. Based on maximum health impact for the investment, focusing on priority areas will be important to support countries and partners to prevent premature deaths and improve the quality of life at all ages, while saving tens of billions of dollars through reduced health cost and increased productivity.

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Annexes

Annex 1. Statistical forecasting method for outcome indicators

Statistical forecasting methods for trajectories of the Triple Billion targets

The Triple Billion indices are calculated as a function of 46 outcome indicators. To forecast the Triple Billion to 2030 each tracer indicator must be forecast to 2030. For the few indicators where data is available the forecast captures the impact of the COVID-19 pandemic.

Forecasts are generally produced in a two-step process:

- 1. A "baseline" model is fit using 2000-2019 data to capture pre-pandemic trends and project to 2030 what might have occurred without the COVID-19 pandemic.
- 2. The baseline projections are then adjusted during pandemic years to account for disruption due to the COVID-19 pandemic.

a. Baseline Projections

For each of the tracer indicators one of the following modelling strategies is used to produce baseline projections to 2030. Table 2 lists the modelling strategy used for each indicator.

- 1. Constant: The latest data point is held constant until 2030 and all draws are equal to this constant value
- 2. Auto Regressive Integrated Moving Average (ARIMA): ARIMA time series models are fit for each indicator-location to project to 2030.

b. Auto Regressive Integrated Moving Average (ARIMA)

Without shocks like the COVID-19 pandemic, each tracer indicator in each country should follow previous time trends. One of the most common time series forecasting methods is the Auto Regressive Integrated Moving Average (ARIMA) model. ARIMA models can be used to forecast each indicator for each country to 2030.

See Chapter 9 of 'Forecasting: Principles and Practice' for a brief description of ARIMA time series models. A basic subtype of ARIMA models is the random walk model with drift, also known as ARIMA(0,1,0). This can be written as

$$y_t = c + y_{t-1} + \epsilon_t$$

where y_t is the sum of the previous data point y_{t-1} , the average trend or drift c, and random noise e_t .

A non-seasonal ARIMA model can generally be defined by three parameters p, d, and q where: p = the autoregressive order d = the order of differencing q = the moving average order

The non-seasonal ARIMA model can then be written as:

$$y_{t}' = c + \phi_{1}y_{t-1}' + \dots + \phi_{n}y_{t-n}' + \theta_{1}\epsilon_{t-1} + \dots + \theta_{q}\epsilon_{t-q}\epsilon_{t}$$

where y_t ' is the series of values differenced by order d. Differencing a time series is simply calculating the difference between consecutive observations.

Another common method for time series modelling is exponential smoothing models (ETS). ETS (.,,,,) models can be classified by the error (E), trend (T) and seasonal (S) components. For this work we only consider additive error and non-seasonal ETS models which can also be written as ARIMA models. Chapter 8 of 'Forecasting: Principles and Practice' again provides descriptions of ETS models and Table 9.4 from the

textbook is reproduced below to show equivalency between additive errors and non-seasonal ETS models and ARIMA models.

Table 3.1: 'Equivalence relationships between ETS and ARIMA models'. From Table 9.4 of 'Forecasting: Principles and Practice'.

ETS model	ARIMA model	Description
ETS(A,N,N)	ARIMA(0,1,1)	Simple exponential smoothing
ETS(A,A,N)	ARIMA(0,2,2)	Holt's linear trend method
ETS(A,Ad,N)	ARIMA(1,1,2)	Damped trend method

The fable R package provides functions to fit ARIMA and ETS models and does model selection and validation for each model class. fable uses the Hyndman-Khandakar algorithm to automatically iterate through the space of possible ARIMA models and uses corrected Akaike's Information Criterion (AIC) to select the best ARIMA(p,d,q). For ETS models the fable package also uses AIC to select the best ETS model. This procedure as implemented in the fable package is described in more detail at the following links for ARIMA and ETS models.

Most tracer indicators are bounded between a minimum and maximum value. For indicators measured as percentages the logit transformation is used to constrain values between 0 and 100. For indicators that are positively constrained the scaled logit transformation is used to constrain values between 0 and twice the maximum observed value in the time series across all countries.

The general algorithm used to produce a baseline time series forecast for each indicator-location is:

- For most indicators only data points in 2019 and before are used to fit the ARIMA models. See Table 3 for a list of indicators where all available data is used.
- Fit the random walk model with drift ARIMA (0,1,0).
- In specific cases, the forecasts from the random walk model with drift are inconsistent with prior expectations about future trends. For all locations *fable* is also used to fit and select a best:
 - i. non-seasonal ARIMA model.
 - ii. additive and non-seasonal ETS model.
- By default, the random walk model with drift is used to make final baseline projections to 2030. Visual review is used to select for which indicator-locations the automatically selected model from fable should be used instead. In total 96.5% of indicator-locations did not use the default random walk model with drift ARIMA (0,1,0) or the default constant model. Table 2 shows this percentage separately for each indicator.
- 1000 draws of the baseline forecast are then sampled from the selected model to feed into the next covid adjustment step.

c. COVID-19 Pandemic Adjustment

A subset of Triple Billion tracer indicators account for the COVID-19 Pandemic in input estimates for the year 2020 and 2021.

There are three different scenarios for whether or not a tracer indicator has been adjusted for the impacts of the COVID-19 Pandemic.

1) The tracer indicator does not include any estimates after 2019. In this case we do not attempt to predict the impact of the COVID-19 Pandemic in forecasts. Table 3 column '2020-2021' shows the percentage of location-years with data.

- 2) The tracer indicator accounts for the COVID-19 Pandemic in a small subset of locations. For example, the anc4 tracer indicator included data points for 2.8% of location-years in 2020 and 2021. In these cases, we adjust forecasts to exactly match input estimates in 2020 and 2021 where they are available but do not attempt to predict the impact of the COVID-19 Pandemic in other locations.
- 3) The tracer indicator accounts for the COVID-19 Pandemic in a substantial number of locations that allows us to predict potential impacts of the COVID-19 Pandemic in other locations where input estimates are not included. Table 3 column 'COVID Adjustment' shows for which indicators this adjustment is applied.

This adjustment predicts the difference between the baseline forecast and input estimates given the estimated per capita number of covid infections.

$$\delta_{l,t} = \hat{y}_{ct} - y_{ct}$$
 where: \hat{y}_{ct}

- = baseline prediction of indicator in transformed space in country c and time t y_{ct}
- = input estimate of indicator in transformed space in country c and time t $\delta_{l,t}$
- $= \ residual \ difference \ between \ baseline \ prediction \ and \ input \ estimate \ in \ transformed \ space \ in \ country \ c \ and \ time$
- $= \alpha_0 + \beta X_{c,t} + \epsilon_{c,t} \epsilon_{c,t} \sim Normal(0, \sigma)$

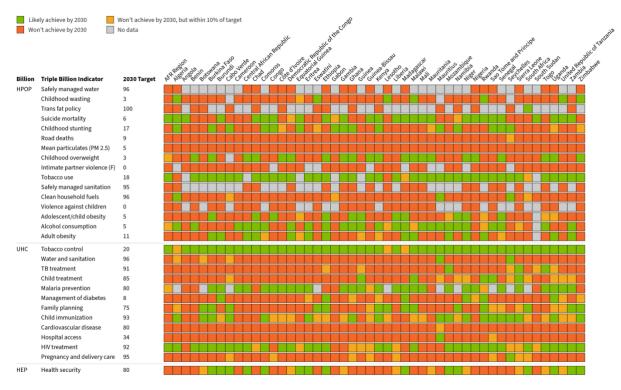
In scenario 3 the predicted difference from the baseline forecast is used for location-years where data does not exist for 2020 or 2021. Where input data does exist for 2020 or 2021 the forecasts are adjusted to exactly match the input data point. Indicator specific assumptions are then made about when indicator forecasts will return to baseline forecast trends. The 'Return to Baseline Year' column in Table 3 shows the year that each covid adjusted indicator is assumed to return to baseline forecast trends after 2021 data points or predicted 2021 covid adjusted estimates. In cases where it is assumed that the indicator will return to baseline levels in 2024, 2022 and 2023 are filled in using linear interpolation between 2021 and 2024 estimates.

Annex 2. Achieving SDG targets at the country and regional levels

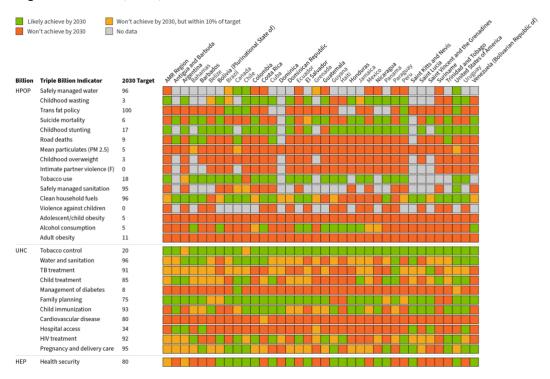
Measurable impact in countries serves as the foundation of the GPW strategy. The table below is a guide to shape the GPW 14 outcomes and the way the Secretariat can measure and manage the outputs. It presents the three priorities — Promote, Provide, Protect – and six related strategic objectives with 15 outcomes proposed by the three-level Working Groups. The three priorities are mapped to the Triple Billion targets that are being recalibrated. The six strategic objectives and outcomes are mapped to the GPW 13 programmatic indicators (SDG and WHA resolutions).

The 22 proposed outputs (delivery milestones) have been provided by technical programmes using the Delivery for Impact approach and stocktakes. These 22 milestones are currently for 2024-25 and discussions are underway to update these to PB 2025-26 and 2027-28. These outputs with refinements could become WHO's priorities for the GPW 14 period. For the investment case, three priorities – climate and health, health systems resilience including primary health care and health workforce, and pandemic preparedness – could be elevated in addition to the elements outlined in the table that explain how WHO strategy is grounded in tangible results.

African Region (AFRO)



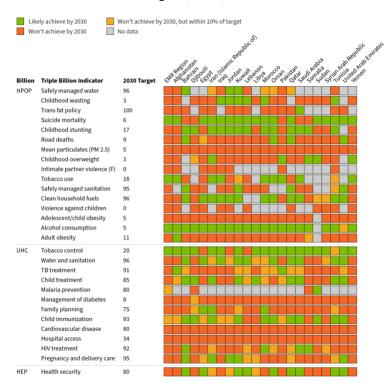
Region of Americas (PAHO)



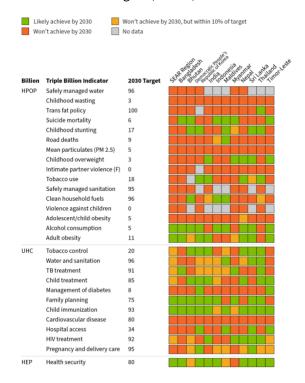
European Region (EURO)



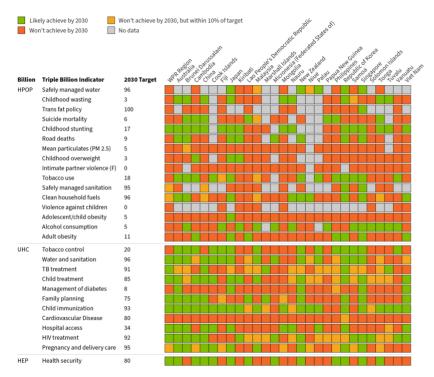
Eastern Mediterranean Region (EMRO)



South-East Asia Region (SEARO)



Western Pacific Region (WPRO)



Annex 3. Global Delivery Milestones: Dashboard



Note: All indicators marked '*'are not included in the billion calculations. All data as of November 2022. Data will be regularly updated as implementation progresses. Suicide mortality is included in the healthier population billion calculation, but is grouped with NCD care within this dashboard

Annex 4. Mapping of GPW 14 priorities, strategic objectives, joint outcomes and joint outcome (programmatic) indicators

The "joint outcomes" of the GPW 14 are Member States-led and establish the specific results to be achieved during the four-year period from 2025 to 2028 through the collective work of countries, partners, key constituencies and the Secretariat. The proposed indicators for the joint outcomes include:

- (i) those that are globally relevant, have high data coverage among Member States, and can reflect the joint efforts of Member States, the Secretariat and partners; and
- (ii) selected indicators that reflect important global health topics, but have limited data availability, and will be areas of intensified focus for data strengthening during the course of GPW 14 (indicated with an asterisk "*").

Table 1. GPW 14 joint outcomes and indicators

Joint outcomes	Draft joint outcome indicators for GPW 14
GPW 14 goal: PROMOTE HEALTH	(Target: 6 billion people will enjoy healthier lives)
Progress is measured by the health	nier populations billion index¹
Strategic objective 1 Respond to climate change, an escalating health threat in the 21st century	
1.1. More climate-resilient health systems are addressing health risks and impacts	Index of national climate change and health capacity (New)
1.2. Lower-carbon health systems and societies are contributing to health and wellbeing	Health care sector greenhouse gas emissions (New)
Strategic objective 2 Address health determinants and t	the root causes of ill health in key policies across sectors
2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health	SDG ² indicator 10.7.2. Does the government provide non-national (including refugees and migrants) equal access to (i) essential and/or (ii) emergency health care (New)
	Proportion of refugees and migrants that have equal access to (i) essential and/or (ii) emergency health care (New)*
	SDG indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (New)*
	SDG indicator 1.3.1. Proportion of population covered by at least one social protection benefit (%) (New and cross-referenced with related indicator under outcome 5.1)

Joint outcomes	Draft joint outcome indicators for GPW 14
2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches	SDG indicator 2.2.1. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
	SDG indicator 2.2.2. Prevalence of overweight (weight for height more than
	+2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age
	(GPW 13) SDG indicator 2.2.2. Prevalence of wasting (weight for height less than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
	SDG indicator 2.2.3. Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%) (GPW 13)
	Resolution WHA69.9. Exclusive breastfeeding under six months (New)
	SDG indicator 3.9.1. Mortality rate attributed to household and ambient air pollution (GPW 13)
	SDG indicator 3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services)
	(GPW 13) Resolution WHA73.5. Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis (New)
	SDG indicator 3.9.3 Mortality rate attributed to unintentional poisoning (GPW 13)
	SDG indicator 6.1.1. Proportion of population using safely managed drinking water services (GPW 13)
	SDG indicator 6.2.1. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water
	(GPW 13) SDG indicator 7.1.2. Proportion of population with primary reliance on clean fuels and technology
	(GPW 13) SDG indicator 11.6.2. Annual mean levels of fine particulate matter (e.g., PM2.5 and PM10) in cities (population weighted)
	(GPW 13) Resolution WHA66.10. Prevalence of obesity among children and adolescents (aged 5–19 years) (%) (GPW 13)

Joint outcomes	Draft joint outcome indicators for GPW 14
	Resolution WHA66.10. Prevalence of obesity among adults aged ≥18 years (GPW 13)
	SDG indicator 3.6.1. Death rate due to road traffic injuries (GPW 13)
	Decision WHA75(11). Proportion of population aged 15+ with healthy dietary pattern (New) ¹
	SDG indicator 16.2.1. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (GPW 13)
	Resolution WHA71.6. Prevalence of insufficient physical activity (New)
	SDG indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (GPW 13)
	Resolution WHA66.10. Prevalence of raised blood pressure in adults aged ≥18 years (GPW 13)
	SDG indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (GPW 13)
2.3. Populations empowered to control their health through health promotion	Proportion of a country's population living in a healthy municipality, city or region (%) (New)
programmes and community involvement in decisionmaking	Proportion of countries with national-level mechanisms or platforms for societal dialogue for health (%) (New)

Joint outcomes

Draft joint outcome indicators for GPW 14

GPW 14 goal: PROVIDE HEALTH (Target: 5 billion people will benefit from universal health care without financial hardship)

Progress is measured by the universal health coverage billion index¹

Strategic objective 3

Advance the primary health care approach and essential health system capacities for universal health coverage

3.1. The **primary health care** approach renewed and strengthened to accelerate universal health coverage

SDG indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 4.1)

Resolution WHA72.2. Primary health care-oriented governance and policy composite

(New)

Resolution WHA72.2. Institutional capacity for essential public health functions (meeting criteria)

(New)

Resolution WHA72.2. Health facility density and distribution (by type and level of care)

(New)

Resolution WHA72.2. Integrated services and models of care composite indicator

(New)

Resolution WHA72.2. Service utilization rate (primary care visits, emergency care visits, hospital admissions)

(New)

Resolution WHA72.2. % of population reporting perceived barriers to care (geographical, sociocultural, financial)

(New)*

Resolution WHA72.2. Service availability and readiness index (% facilities with service availability, capacities and readiness (WASH, infection prevention and control, availability of medicines, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver universal health care package)

(New)*

Gender equality advanced in and through health²

(New)

Resolution WHA72.2. People-centredness of primary care (patient experiences, perceptions, trust)

(New)*

Joint outcomes	Draft joint outcome indicators for GPW 14
3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved	SDG indicator 3.c.1. Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex) (GPW 13)
	Resolution WHA64.9. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita (New)
	Access to Health Product Index (New) ¹
	Resolution WHA67.20. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics) (New)
	Resolution WHA64.9. Government domestic spending on primary health care as a share of total primary health care expenditure (New)
3.3 Health information systems strengthened, and digital transformation implemented	Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (New)
	SCORE index (New)
	Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type)
	(New)*
Strategic objective 4 Improve health service coverage a	nd financial protection to address inequity and gender inequalities
4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance	SDG indicator 3.3.1/Resolution WHA75.20. Prevalence of active syphilis in individuals 15 to 49 years of age (%) (New)
	SDG indicator 3.3.1/Resolution WHA75.20. Number of new HIV infections per 1000 uninfected population, by sex, age and key populations (GPW 13)
	SDG indicator 3.3.2 Tuberculosis incidence per 100 000 population
	(GPW 13) SDG indicator 3.3.3. Malaria incidence per 1000 population (GPW 13)
	Vector-borne disease incidence (New)
	SDG indicator 3.3.4/resolution WHA75.20. Hepatitis B incidence per 100 000 population
	(GPW 13)

Joint outcomes	Draft joint outcome indicators for GPW 14
	Resolution WHA75.20. Hepatitis C incidence per 100 000 population (New)
	SDG indicator 3.3.5. Number of people requiring interventions against neglected tropical diseases (GPW 13)
	SDG indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
	(GPW 13) Decision WHA75(11). Prevalence of controlled diabetes in adults aged 30–79 years
	(New)
	SDG indicator 3.4.2. Suicide mortality rate
	(GPW 13) SDG indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services) for substance use disorders (GPW 13)
	Document WHA72/2019/REC/1. Service coverage for people with mental health and neurological conditions
	(New) SDG indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (GPW 13)
	Decision WHA74(12). Effective refractive error coverage (eREC) (New)
	Resolution WHA66.10. Prevalence of controlled hypertension, among adults aged 30–79 years (New)
	Resolution WHA68.7. Patterns of antibiotic consumption at national level (GPW 13)
	SDG indicator 3.8.1. Coverage of essential health services
	(GPW 13) (cross-referenced with related indicator under outcome 3.1)
	Resolution WHA74.5. Proportion of population entitled to essential oral health interventions as part of the health benefit packages of the largest government health financing schemes (New)
	Resolution WHA73.2. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime (New)
4.2. Equity in access to sexual ,	Resolution WHA67.10. Postnatal care coverage
reproductive, maternal,	(New)
newborn, child, adolescent, and older person health and	SDG indicator 3.1.1. Maternal mortality ratio (GPW 13)
nutrition services and immunization coverage improved	SDG indicator 3.1.2. Proportion of births attended by skilled health personnel (GPW 13)
IIIPIOVCU	1

Joint outcomes	Draft joint outcome indicators for GPW 14
	SDG indicator 5.6.1. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (GPW 13)
	SDG indicator 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (GPW 13)
	Resolution WHA67.15. Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines (New)
	SDG indicator 3.2.1. Under-5 mortality rate (GPW 13)
	SDG indicator 3.2.2. Neonatal mortality rate (GPW 13)
	Resolution WHA67.10. Stillbirth rate (per 1000 total births) (New)
	Obstetric and gynaecological admissions owing to abortion (New)
	SDG indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
	(GPW 13) SDG indicator 3.7.2. Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group (New)
	SDG indicator 3.b.1. Proportion of the target population covered by all vaccines included in their national programme (GPW 13)
	SDG indicator 4.2.1. Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex
	(GPW 13) SDG indicator 5.6.2. Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
	(New) Treatment of acutely malnourished children (New)

Joint outcomes	Draft joint outcome indicators for GPW 14
	Decision WHA73(12) Percentage of older people receiving long-term care at a residential care facility and home. (New)*
	SDG indicator 5.3.2. Proportion of girls and women aged 15–49 who have undergone female genital mutilation (New)*
4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available) (New)
	Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available) (New)
	Resolution WHA64.9. Out-of-pocket payment as a share of current health expenditure (New)
GPW 14 goal: PROTECT HEALTH (Target: 7 billion people will be better protected from health
emergencies by 2028)	
Progress is measured by the health	n emergencies protection billion index¹
Strategic objective 5 Prevent, mitigate and prepare for	risks to health from all hazards
5.1. Risks of health emergencies from all hazards reduced and impact mitigated	Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens: yellow fever, ² cholera, ³ meningitis, polio and measles
	(New) Social protection
	(New and cross-referenced with related indicator under outcome 2.1)
	Number of cases of poliomyelitis caused by wild poliovirus
	(GPW 13)
	Probability of spillover of zoonotic diseases
	(New)
	Coverage of WASH in communities and health care facilities
	(New)*
	Trust in government
	(New)*

Joint outcomes	Draft joint outcome indicators for GPW 14
5.2. Preparedness, readiness and resilience for health emergencies	National health emergency preparedness (New)
enhanced	SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness (GPW 13)
Strategic objective 6 Rapidly detect and sustain an effective response to all health emergencies	
6.1. Detection of and response to acute public health threats is rapid and effective	Timeliness of detection, notification and response of International Health Regulations (2005) notifiable events (7–1–7 as new target in GPW 14) (GPW 13)
6.2. Access to essential health services during emergencies is sustained and equitable	Composite indicator comprising three tracer indicators for essential health services among population in settings with humanitarian response plan (New)
	Proportion of vulnerable people in fragile settings provided with essential health services (%) (GPW 13)

The "corporate outcomes" of the GPW 14 reflect the cross-cutting technical and enabling outputs of the Secretariat that are key to achieving the joint outcomes. These corporate outcomes are led by the Secretariat but nevertheless require the commitment and collaboration of Member States and partners. Corporate outcomes 1–3 reflect the unique contribution and added value of WHO based on its constitutional function to act as the "directing and co-ordinating authority on international health work". The fourth corporate outcome is focused on enhancing the Secretariat's organizational performance.

Table 2 provides the planned scope for each of the corporate outcome indicators that will be developed as part of the programme budget process for 2026–2027.

Corporate outcomes	Planned indicator scopes
Corporate outcome 1.	These indicators will measure WHO's work in engaging and
Effective WHO health	aligning health actors around a common agenda for health and
leadership through	well-being at global, regional and country levels. The scope of
convening, agenda-	these indicators will include assessing, for example, how GPW 14
setting, partnerships	priorities are reflected in:
and communications	 United Nations resolutions and other international and
advances the GPW 14	regional political declarations
outcomes and the goal	 the strategic agendas of major international health
of leaving no one behind	organizations
	 relevant national health and other frameworks²

Corporate outcomes	Planned indicator scopes
Corporate outcome 2. Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level	These indicators will monitor the uptake of WHO normative, technical and data products at country level, including the impact of the WHO prequalification process, and measure progress in scaling up science, innovation and digital transformations in countries. The scope of these indicators will include assessing, for example, the degree to which, during the course of GPW 14: - new national strategies for advancing health and well-being reflect WHO norms or technical guidelines - national approaches to expand innovation, science or digital technologies for health reflect WHO guidance - WHO data products include disaggregated data by sex, age and at least one additional stratifier, to support country and partner decision-making
Corporate outcome 3. WHO-tailored country support and cooperation accelerates progress on health	These indicators will measure the extent to which WHO's technical support is aligned with agreed national technical cooperation priorities,¹ and will reflect the spectrum of WHO's differentiated support to countries, ranging from strategic and normative support to operational support in emergencies. The scope of these indicators will include assessing, for example: - how WHO technical cooperation contributes to accelerating national progress towards improved health outcomes, leaving no-one behind - how WHO uses its theory of change approach to demonstrate its unique contribution to improving health outcomes and impacts - the extent of WHO surge support to countries in graded emergencies and its coordination of the health cluster
Corporate outcome 4. A sustainably financed and efficiently managed WHO, with strong oversight and accountability and strengthened country capacities, better enables its workforce, partners and Member States to deliver the GPW 14	These indicators will measure the extent to which WHO's funding is aligned with GPW 14 priorities, the strengthening of WHO country office core capacities and capabilities, and transparency and joint accountability for results. The scope of these indicators will include assessing, for example: - how well the WHO budget for the GPW 14 priority outcomes is funded - the percentage of WHO country workforce positions that are filled and the roll out of the core predictable country presence model - the joint Member State-Secretariat assessment of GPW 14 results