Draft Fourteenth General Programme of Work (GPW 14)

WHO Results Framework: Delivering a measurable impact in countries

Global Technical Consultation (Virtual)

Date: 11–12 March 2024 | Time: 11:00 – 14:00 CET

https://who.zoom.us/j/96483042190

Passcode: RESULTS#24

World Health Organization

Welcome

- Representatives from all Member States

- Ministries of Health and National Statistics Offices

- National and international experts

- Partners and stakeholders (UN, health and development agencies)

- WHO Country and Regional Offices and Headquarters

  - GPW 14 Working Groups

  - Action Results Group (ARG): WHO Representatives of the Country Offices

  - Planning Results Group (PRG) Network

  - Country Strategy and Support (CSS)

Objectives

1. Introduction to the draft fourteenth general programme of work (GPW 14)
2. Review updates to the WHO Results Framework
3. Accelerate progress in countries using the delivery for impact approach
4. Improve data, digital and health information systems
5. Integrate WHO Results Framework into GPW 14

Outcomes

The outcomes from this consultation will inform the integration of the WHO Results Framework into GPW 14 and its Programme Budget, operational plans, Results Reports and Investment Case ahead of the Seventy-Seventh World Health Assembly in May 2024.
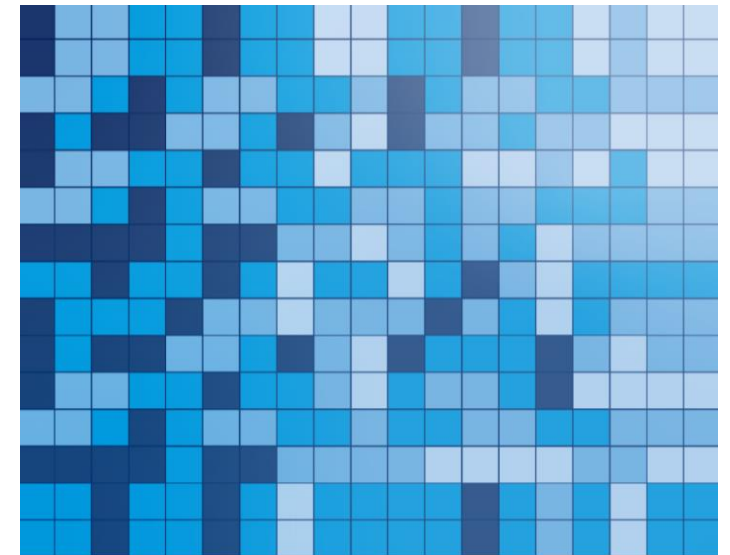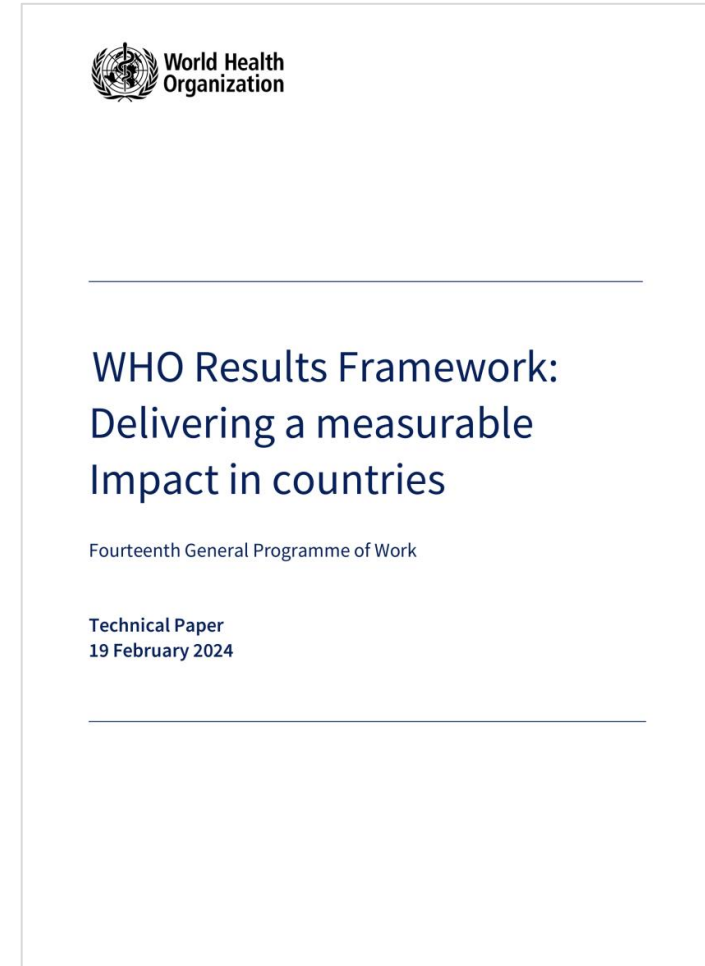
Road map to the global technical consultation

- Draft GPW14 (8 March 2024)

- Technical paper: WHO Results Framework: Delivering a measurable impact in countries (19 February 2024; translations available)

- Mapping table (updated and replaces annex 3 and 4 of the Technical Paper)

- Data availability

- Metadata
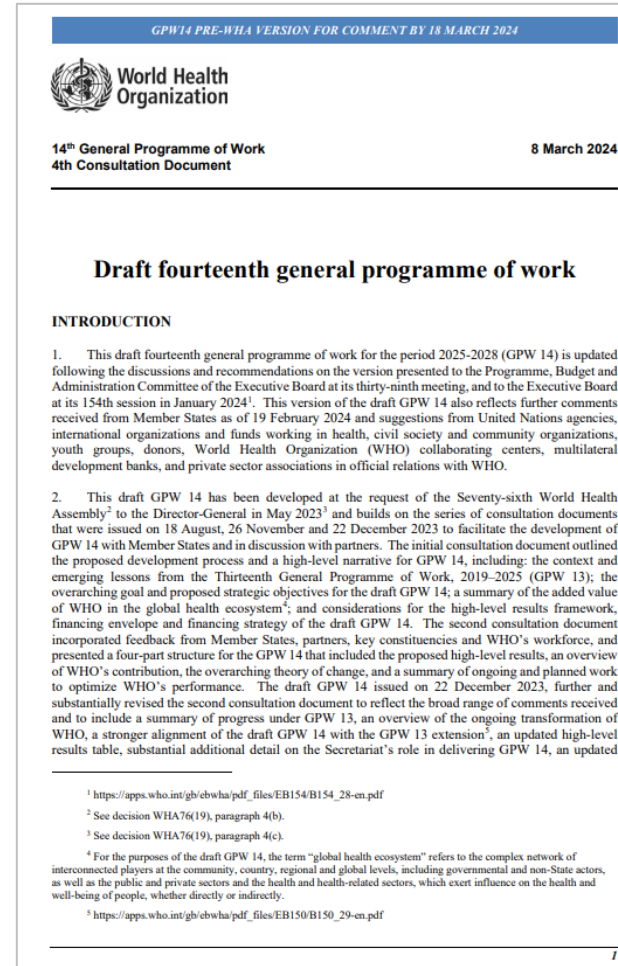
Link: Draft GPW 14

Link: Technical Paper

Agenda - Day 1

Monday, 11 March 2024; 11:00 – 14:00 CET

11:00 – 11:15	Welcome and introduction Draft fourteenth general programme of work (GPW 14) and the WHO Results Framework	Co-chairs: Samira Asma, ADG/DDI Jeremy Farrar, Chief Scientist Bruce Aylward, ADG/UHL

11:15 – 12:30	WHO Results Framework: Impact measurement
	  - Healthy Life Expectancy
	  - Triple Billion targets
	  - Outcome indicators
		Haidong Wang, Unit Head/MFI
		
		Elaine Borghi, Unit Head/MNF
		Theresa Diaz, Unit Head/EME
		Scott Pendergast, Director/SPP

	Discussion and feedback	All participants
12:30 – 12:45	*Break*	
12:45 – 14:00	Outcome indicators – facilitated discussion	All participants

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Update on the development & release of the pre-WHA version of the draft GPW14

Promoting, providing & protecting health and wellbeing

World Health Organization

RECAP| GPW14 development process (June 2023 to WHA77)

1st consultation paper on GPW14
18 Aug 2023

2nd consultation paper on GPW14
26 Nov 2023

Draft GPW14 (EB document)
22 Dec 2023

Revised Draft GPW14 (pre-WHA version)
8 Mar 2024
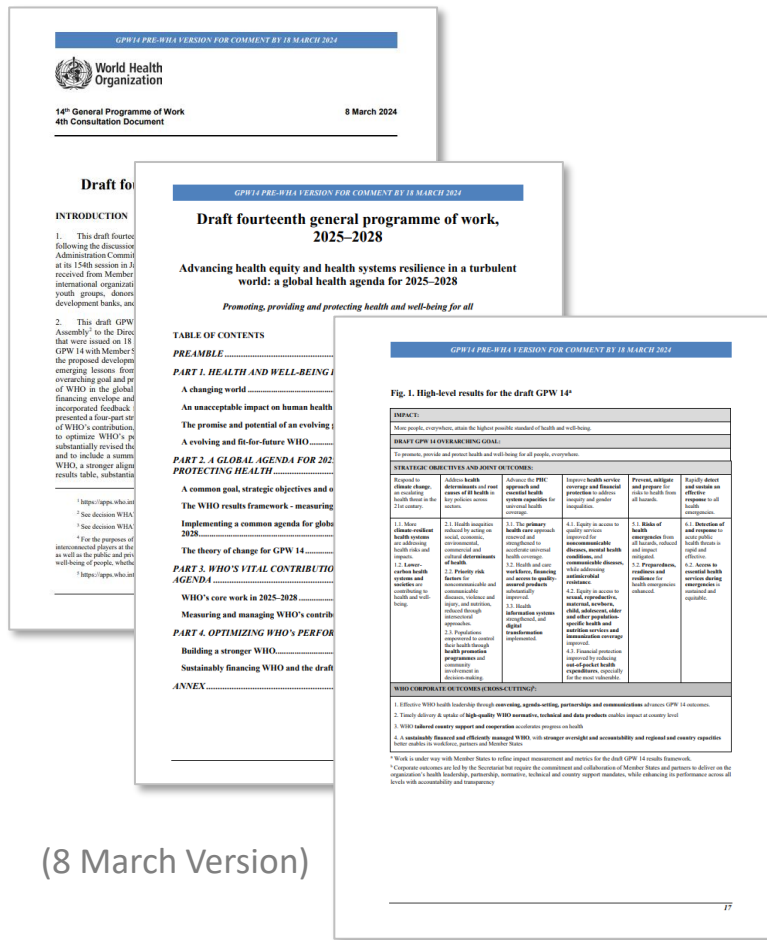
TODAY

Draft GPW14 (WHA 77 version)
mid-Apr 2024

See next slides

*Please send written comments on revised (pre-WHA) draft **by 18 March 2024** to GPW14-SteerCo-Sec@who.int*

World Health Organization

RECAP| 4-part structure for the draft GPW14

(8 March Version)

Structure

Global

Part 1: Health & Well-being in an Increasingly Complex World

Part 2: A global health agenda for 2025-28: *Promote, Provide, Protect*

- -

WHO

Part 3: WHO's Vital Contribution: *Powering* the Global Health Agenda

Part 4: Optimizing WHO's *Performance* in 2025-2028

Related documents

Technical Paper: WHO Results Framework: Delivering a Measurable Impact in Countries *(19 Feb 2024)*

White Paper: WHO Contribution to GPW14 – draft outputs *(updating)*

Part 1| Health & well-being in an increasingly complex world

Climate change & environ. degradation

Human migration & displacement

Zoonotic spillover events

Geopolitical change

Evolving science & technology

Demographic shifts

Part 2| A **Global health agenda for 2025-28**: *Promote, Provide, Protect*

Fig. 1. High-level results for the draft GPW 14[a]

IMPACT:					
More people, everywhere, attain the highest possible standard of health and well-being.					
DRAFT GPW 14 OVERARCHING GOAL:					
To promote, provide and protect health and well-being for all people, everywhere.					
STRATEGIC OBJECTIVES AND JOINT OUTCOMES:					
Respond to **climate change,** an escalating health threat in the 21st century.	Address **health determinants** and **root causes of ill health** in key policies across sectors.	Advance the **PHC approach and essential health system capacities** for universal health coverage.	Improve **health service coverage and financial protection** to address inequity and gender inequalities.	**Prevent, mitigate and prepare** for risks to health from all hazards.	Rapidly **detect and sustain an effective response** to all health emergencies.
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 well-being.	2.1. Health inequities reduced by acting on social, economic, environmental, commercial and cultural **determinants of health.** 2.2. **Priority risk factors** for noncommunicable and communicable diseases, violence and injury, and nutrition, reduced through intersectoral approaches. 2.3. Populations empowered to control their health through **health promotion programmes** and community involvement in decision-making.	3.1. The **primary health care** approach renewed and strengthened to accelerate universal health coverage. 3.2. Health and care workforce, **financing and access to quality-assured products** substantially improved. 3.3. Health **information systems** strengthened, and **digital transformation** implemented.	4.1. Equity in access to quality services improved 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, older and other population-specific health and nutrition services and immunization coverage** improved. 4.3. Financial protection improved by reducing **out-of-pocket health expenditures,** especially for the most vulnerable.	5.1. **Risks of health emergencies** from all hazards, reduced and impact mitigated. 5.2. **Preparedness, readiness and resilience** for health emergencies enhanced.	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.

[a] Work is under way with Member States to refine impact measurement and metrics for the draft GPW 14 results framework.

(8 March version)

UPDATED! Part 2| a global health agenda for 2025-2028

Strategic Objective

Respond to **climate change**, an escalating health threat in the 21st century

Address health determinants and **root causes of ill health** in key policies across sectors

Outcomes – *'promoting health'*

Strategic Objective

Advance **PHC approach & essential health system capacities** for universal health coverage

Improve **health service coverage & financial protection** to address inequity and gender inequalities

Outcomes – *'providing health'*

Strategic Objective

**Prevent, mitigate & prepare** for risks to health from all hazards

Rapidly detect & sustain an effective response to all health emergencies

Outcomes – *'protecting health'*

5.1 **Risks of health emergencies** from all hazards reduced and impact mitigated

5.2 **Preparedness, readiness & resilience** for health emergencies enhanced

6.1 **Detection of and response** to acute public health threats is rapid and effective

6.2 Access to **essential services during emergencies is sustained** & equitable

NEW! redesigned **Theory of Change…**
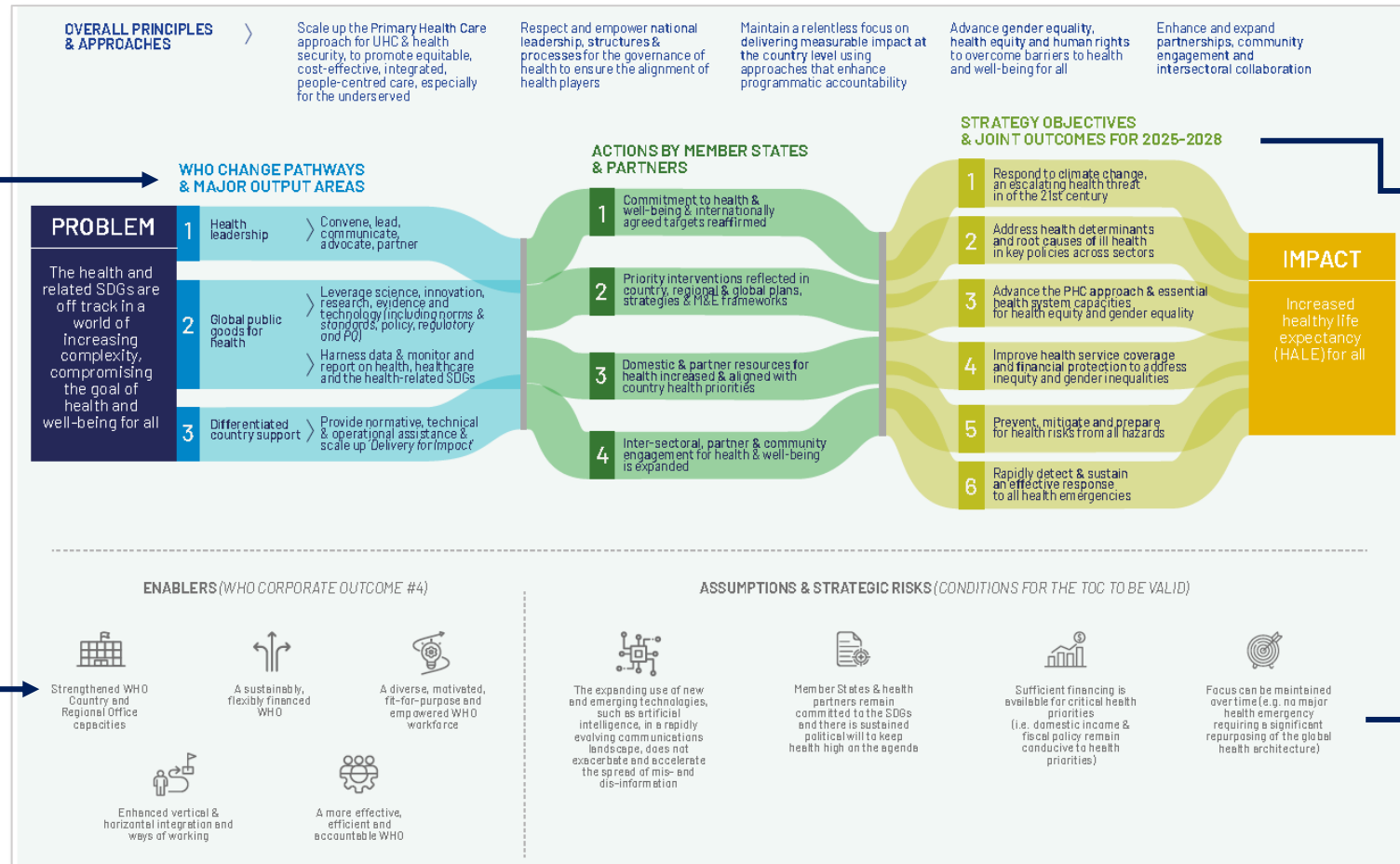
Shows how WHO outputs contribute…

… shows link to Joint Outcomes

… & new subsection on **risks**

NEW! Parts 3 & 4| delineating 'joint' & 'corporate' outcomes

'joint' outcomes – Member States-led, collective work with WHO & partners

'corporate' outcomes – WHO-led cross-cutting work with commitment and collaboration of Member States & partners

STRATEGIC OBJECTIVES AND JOINT OUTCOMES:

Respond to **climate change**, an escalating health threat in the 21st century.	Address **health determinants** and **root causes of ill health** in key policies across sectors.	Advance the **PHC approach and essential health system capacities** for universal health coverage.	Improve **health service coverage and financial protection** to address inequity and gender inequalities.	**Prevent, mitigate and prepare** for risks to health from all hazards.	Rapidly **detect and sustain an effective response** to all health emergencies.
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WHO CORPORATE OUTCOMES (CROSS-CUTTING)[b]:

1. Effective WHO health leadership through **convening, agenda-setting, partnerships and communications** advances GPW 14 outcomes.

2. Timely delivery & uptake of **high-quality WHO normative, technical and data products** enables impact at country level

3. WHO **tailored country support and cooperation** accelerates progress on health

4. A **sustainably financed and efficiently managed WHO,** with **stronger oversight and accountability and regional and country capacities** better enables its workforce, partners and Member States

UPDATED! Parts 3 & 4 | how WHO will contribute to GPW 14

WHO's vital contribution *(powering)*

The **core work of WHO:**

- *convening, agenda-setting, partnerships & comms.*
- *high-quality WHO normative, tech & data products*
- *tailored country support & cooperation*

Measuring & **managing WHO's contribution**

- *output measurement*
- *'Delivery for impact' approach*

Optimizing WHO in 2025-2028 *(performing)*

Major Areas of Work

- ***Workforce** & **organizational change***
- *Capacitated **country & regional offices***
- *Enhanced **oversight & accountability functions***
- ***Strengthened RBM** - PB, allocation & financial mgmt*
- *Secure **digital platforms** aligned with user needs*
- *Optimized infrastructure, **services & supply chains***

Sustainably **financing GPW 14**

*Indicative **WHO Outputs** – separate White Paper & Investment Case*

World Health Organization

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Guidance from Executive Board (EB 154) on draft GPW 14

The Committee (PBAC39) recommended that the Executive Board note the draft fourteenth general programme of work, 2025–2028. It further proposed, as guidance for the Secretariat's implementation of existing mandates, that the Secretariat should:

a) develop **indicative outputs** for the Secretariat's cross-cutting technical, administrative, oversight and managerial functions and **incorporate the outcomes for Secretariat performance (referred to as 'intermediate outcomes') into the results framework as a basis for measuring and monitoring Secretariat accountability**;

b) further refine its proposed **indicative outputs**, and enunciate the **linkage between these and the outcomes, including intermediate outcomes for the Secretariat, in the draft GPW 14 and results framework**;

c) continue work on updating the **results** framework and theory of change, particularly the **outcome indicators**, in consultation with Member States and on integrating the indicators into the draft GPW 14;

d) Continue to **engage with Member States** on the further evolution of the indicative budget envelope for the draft GPW14 in advance on the Seventy-seventh World Health Assembly;

e) Further clarify **how recommendations from the independent evaluation of GPW13 are addressed** in the draft GPW 14.

NEW! GPW13 Evaluation – informing a better GPW 14 *(preamble)*

EVALUATION OF WHO'S 13TH GENERAL PROGRAMME OF WORK

World Health Organization

Box 1: The Independent Evaluation of GPW 13 – informing a better GPW14

The independent evaluation team for the 13th General Programme of Work (GPW 13)[1] regularly engaged with WHO's GPW14 Steering Committee to help ensure that its emerging findings could be considered in real time and that its major recommendation were reflected in GPW 14, with an emphasis on:

- **Agenda Setting for Global Health**: GPW 14 now sets out a global agenda for 2025-2028, developed through extensive consultation with Member States, partners and constituencies.

- **A Theory of Change**: an overarching theory of change now articulates how WHO's core work enables the joint actions needed by Member States, WHO and partners to achieve GPW14 strategic objectives and joint outcomes.

- **Priority Focus Areas**: the GPW 14 includes among the priorities reflected in its strategic objectives and joint outcomes, an emphasis on health systems resilience, global health equity and access, climate change, and disease prevention.

- **Results Framework**: a sharper results chain and logic has been developed for GPW 14 with both joint and corporate outcomes, recalibrated measurement indices, stronger outcome indicators and indicative outputs[2]. (NOTE: the results framework will be finalized once consultations on the impact measurement dimension are completed).

- **Data Collection and Management**: GPW 14 emphasizes stronger data foundations, with a specific outcome on stronger country health information, data and digital systems and a corporate emphasis on improving WHO's own data management systems and capacities for timely, reliable, accessible and actionable data.

In addition, GPW 14 incorporates the GPW 13 evaluation's recommendations on institutionalizing WHO organizational changes and Transformation Agenda, scaling up, mainstreaming and integrating results-based management approaches and tools, improving the prioritization, production and integration of WHO technical products, and enhancing the quality, predictability and alignment of financing to strategic priorities (see WHO Corporate Outcomes, Parts 3 & 4).

*GPW 13 Evaluation Final report 8 Jan 2024

Consultations on WHO Results Framework

11 Sep 1st MS consultation on Impact Measurement of the WHO Results Framework

26 Sep WPR MS briefing

27 Nov 2nd MS consultation on Impact Measurement of the WHO Results Framework

13 Oct 1st Internal consultation

23 Nov 2nd Internal consultation

31 Jan 3rd Internal consultation

PBAC39 / EB154

Feb-Mar 2024 Online MS technical consultation on results framework

Feb 14 Partners consultation

Feb 29 4th Internal consultation

6 Mar ARG briefing

11-12 Mar Global Technical Consultation on WHO Results Framework

15 Mar Finalize WHO Results Framework

March Integrate WHO Results Framework into GPW 14

May 2024 WHA 77
GPW 13 WHO Annual Results Report 2022-2023
GPW14 for MS consideration

In addition to the above, WHO Results Framework was included in the MS and partner consultations on draft GPW 14

Feedback from Member States and partners

Results Framework	Impact measurement	Deliver results (linking indicative outputs to outcomes)	Country focus
Further discuss with Member States on how WHO will **measure and align outputs, outcomes and impact**	**Recalibrate triple billion targets** to account for additional topics along with realistic target setting	**Prioritization** should reflect **country needs and priorities**	**Reporting burden** on Member States should not be increased
Address inconsistency of outputs and outcome indicators and **clarify linkages** between them and with **theory of change**	Strengthen routine collection and analysis of **disaggregated data** to avoid leaving vulnerable populations invisible	Use of **dashboards** has been shown to be extremely helpful to **exchange best practices**	**Data availability** from existing data and information systems should be used when identifying new outcome indicators
Integrate results framework into GPW 14 and clearly articulate of **WHO's contribution**	Suggestions to consider specific indicators provided by Member States & partners e.g., forgone healthcare, eye care, nutrition, climate impact		Strengthen **country capacity** in data and health information systems

WHO Results Framework

Over the past **six years,** WHO has carefully established, and WHO Governing Bodies have approved a transparent and rigorous approach to **monitor and manage** progress (A72/5, A73/16 Rev 1)
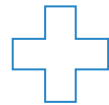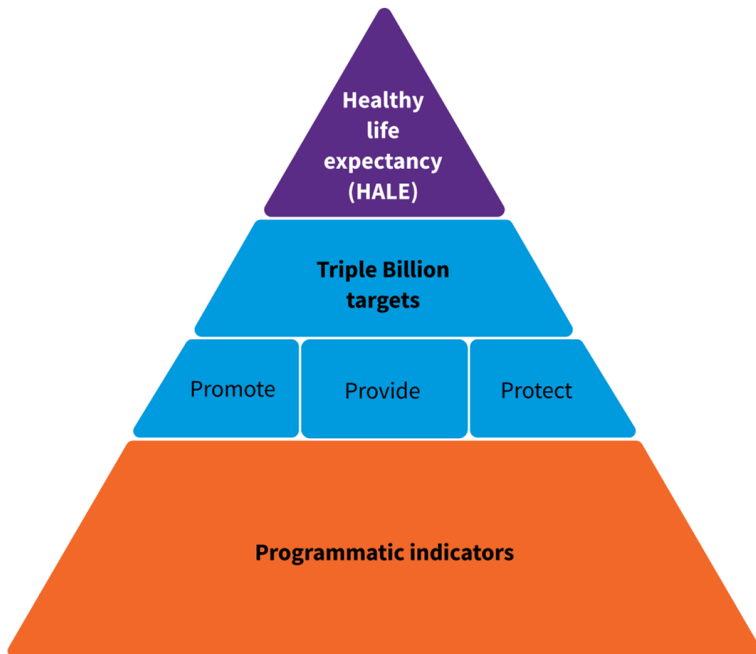
The **WHO Results Framework** is an accountability tool that tracks the **collective contributions of the Secretariat, Member States, and partners** toward the **Triple Billion targets** and **health-related SDGs**.

The WHO Results Framework will serve as the accountability framework for GPW 14 and its Programme Budget, operational plans, Results Reports and the investment case.

WHO Results Framework underpins GPW strategy (GPW 13 and 14)

Impact measurement

- Healthy Life Expectancy (HALE)
- Triple billion targets tracking Promote, Provide, Protect
- Programmatic indicators (SDGs & WHA resolutions)

Output measurement

- Output scorecard
- Country case studies
- Delivery milestones/dashboard

Putting the Results Framework into practice

Understand country priorities

| | Likely achieve by 2030 | Won't achieve by 2030, but within 10% of target |
| Won't achieve by 2030 | | |

Billion	Triple Billion indicator	2030 target	2030 forecast
Healthier populations	Childhood wasting	3	
	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 health coverage	Tobacco control	20	
	Water and sanitation	96	
	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	

Viet Nam: progress toward SDGs and Triple Billion targets

Accelerate: develop a plan and improve implementation to drive continued results

— Historic data — Progress over EPW/GPW (2018-2021) — Acceleration scenario: 95% ART coverage by 2025 (HIV 95-95-95 targets)

HIV ART Coverage (%)

95%

65%

53%

HIV ART coverage has seen massive improvement in the last decade

A further **30% increase** is needed in HIV ART coverage to achieve the Global HIV 95-95-95 targets by 2025

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

Stay on track

		Acceleration scenarios	Communities identified for acceleration	Delivery plan developed	Delivery plan costed and financed	Execution, tracking, and problem solving
Complete	On track					
In progress	High risks					
Not started						
Reproductive, newborn, and child health						
Maternal mortality		▬	▬	▬	▬	▭
Infectious disease control						
Tuberculosis		▬	▬	▬	▬	▭
Non-communicable diseases						
Cervical cancer		▬	▬	▬	▬	▭
Mental health		▬	▬	▬	▬	▭
Service capacity and access						
IHR core capacity		▬	▬	▬	▬	▭

Nepal: country delivery dashboard

Global delivery milestones & dashboard

Global delivery dashboard is one of the **output measurement** that keeps WHO accountable for achieving the Triple Billion targets.

This dashboard puts a spotlight on pressing health challenges, keeping WHO accountable and transparent to achieve global targets.

Legend: Complete · In progress · Not started · On track · High risks

	Acceleration scenarios	Communities identified for acceleration	Delivery plan developed	Delivery plan costed and financed	Execution, tracking, and problem solving
PROMOTE (ex HPOP)					
Climate change (1.0)					
Reduce carbon emissions HCF*	In progress	In progress	In progress	Not started	Not started
Address root causes (2.1)					
Tobacco use	On track	On track	On track	Not started	On track
Alcohol use	On track	In progress	In progress	Not started	Not started
Road safety	On track	In progress	In progress	Not started	Not started
Priority risk factors (2.2)					
Obesity and overweight	On track	In progress	In progress	Not started	Not started
Air pollution	On track	In progress	Not started	Not started	Not started
Health promotion programmes (2.3)					
Physical activity	In progress	Not started	Not started	Not started	Not started
PROVIDE (ex UHC)					
Health and care workforce, financing and product availability (3.2)					
Health workforce density	On track	On track	Not started	Not started	Not started
Equity in access to NCD, communicable and mental health services (4.1)					
HIV treatment (ART) coverage	On track	On track	In progress	Not started	Not started
Tuberculosis treatment coverage	On track	On track	In progress	Not started	In progress
Malaria prevention (ITN use)	On track	On track	In progress	Not started	Not started
Hepatitis B (Links with HIV)	Not started	Not started	Not started	Not started	Not started
Neglected tropical diseases*	Not started	Not started	Not started	Not started	Not started
Hypertension	On track	On track	In progress	Not started	Not started
Mental health, neurological, substance use*	On track	In progress	In progress	Not started	Not started
Equity in access to population specific health services & immunization (4.2)					
Maternal mortality (Antenatal care)	On track	Not started	In progress	Not started	Not started
Under-5 mortality (Treatment of childhood pneumonia)	On track	Not started	In progress	Not started	Not started
Family planning	On track	Not started	Not started	Not started	Not started
Immunization coverage	On track	Not started	In progress	Not started	Not started
Financial protection (4.3)					
Financial hardship	On track	In progress	In progress	In progress	Not started
PROTECT (ex HEP)					
Prevent, mitigate and prepare (5.0)					
Mitigate risks – vaccination (5.1)	On track	In progress	In progress	Not started	In progress
Prepare (5.2)	On track	In progress	In progress	Not started	In progress
Rapid detect and sustain response (6.0)					
Notify and respond (6.1)	On track	In progress	In progress	Not started	In progress

WHO Results Framework:

Impact measurement

Recalibrate Triple Billion targets and update programmatic indicators
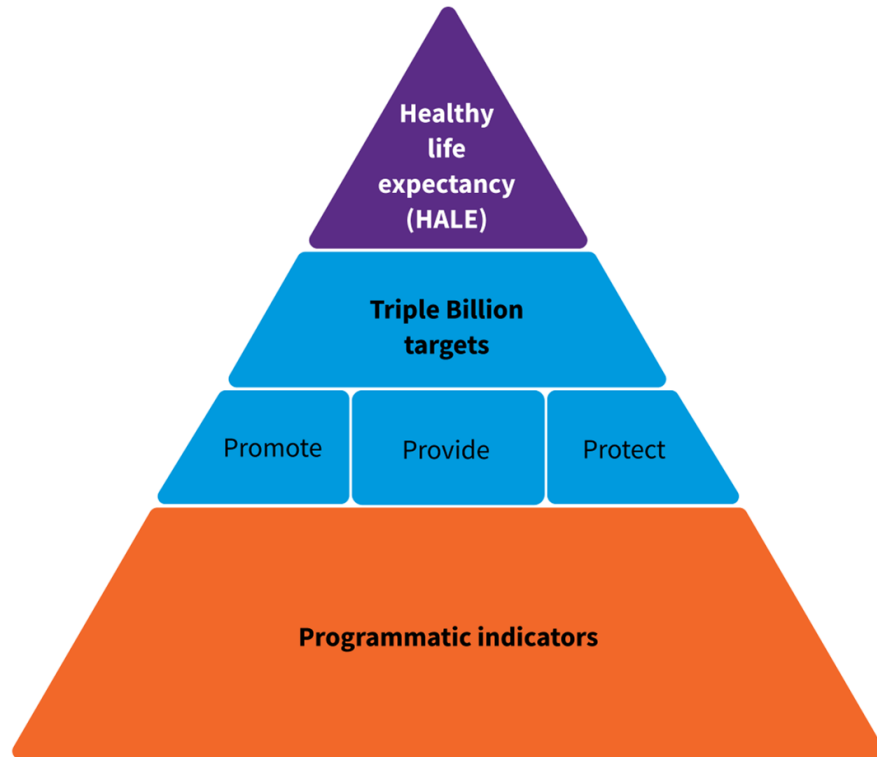
Healthy life expectancy (HALE)

Triple Billion targets

Promote   Provide   Protect

Programmatic indicators

HALE remains the overarching measure of population health and GPW 14

Recalibrate the triple billion targets for Promote (Healthier Populations), Provide (UHC) and Protect (Health Emergencies Protection). Set more ambitious goals where there is progress and make realistic assessments where we have more ground to cover

Update programmatic indicators to include emerging public health priorities: climate-related health, physical activity, and mental health

Healthy Life Expectancy (HALE) at the global level, 2000-2050

HALE (years)

Female — Based on GHE2019 and forecasts from WPP2022

Male ···· Potential gains in HALE with halved pre-mature mortality by 2050
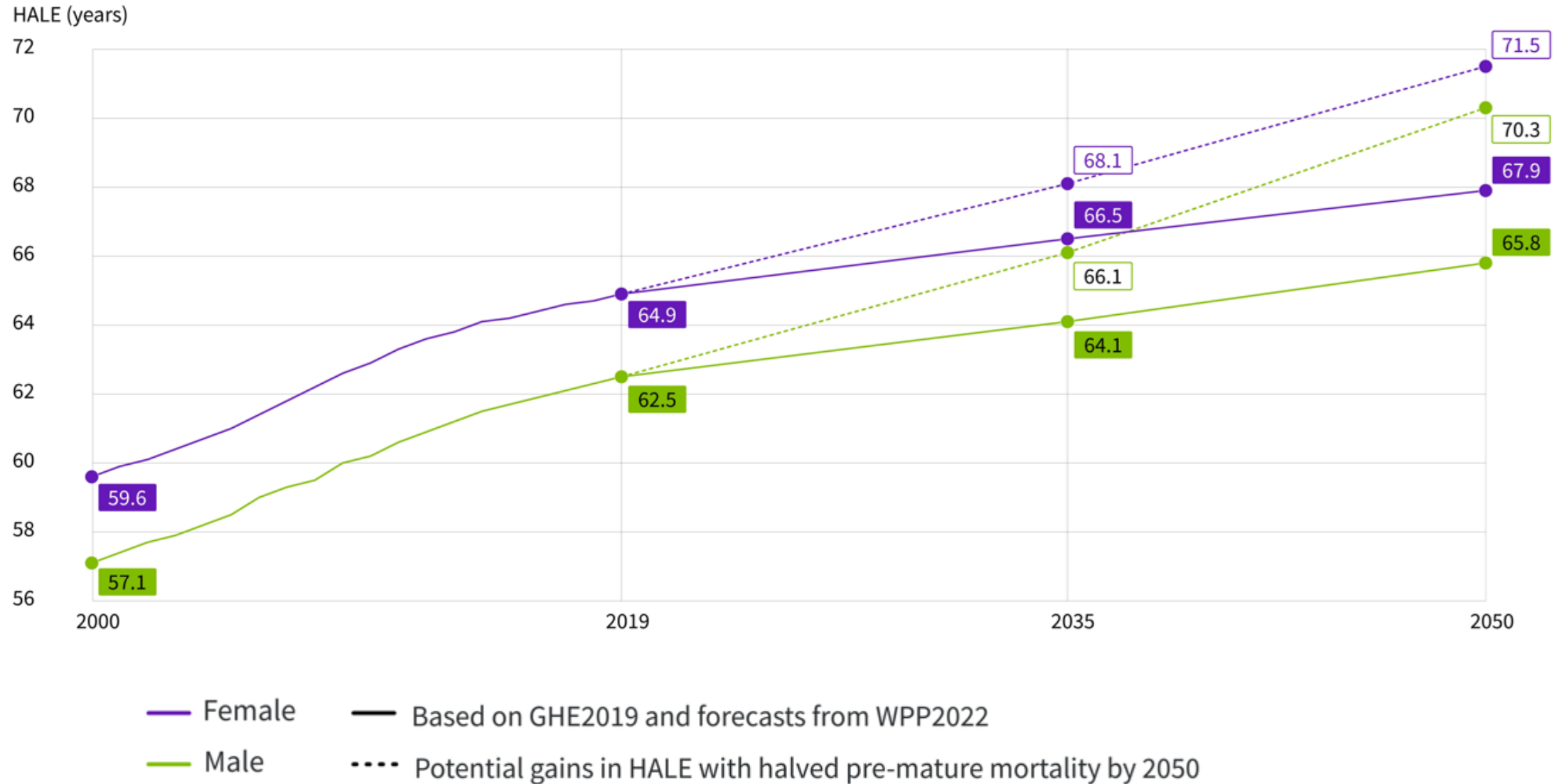
Source: Estimates and preliminary forecasts based on Global Health Estimates 2019 and United Nations World Population Prospects 2022.

Progress in achieving the Triple Billion targets, 2018-2025

Healthier populations

People reached (billions)

90% uncertainty interval

1.6

1 billion target

Universal health coverage

People reached (billions)

1 billion target

0.6

Health emergencies protection

People reached (billions)

1 billion target

0.9
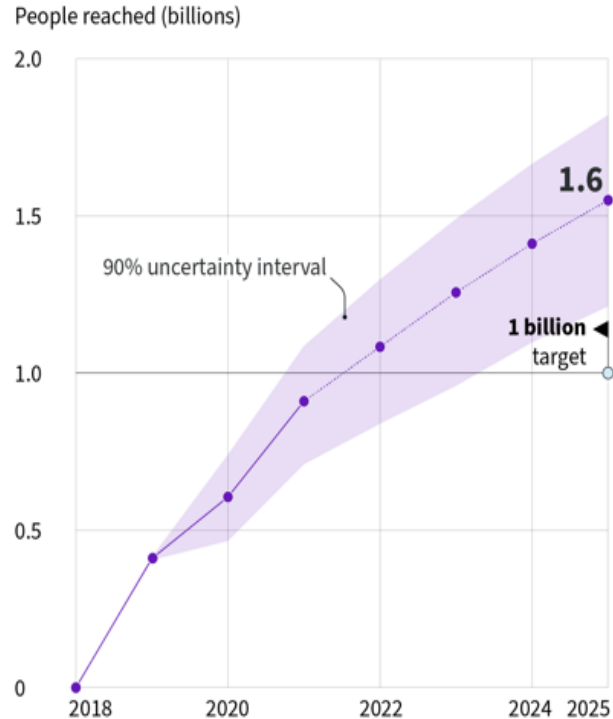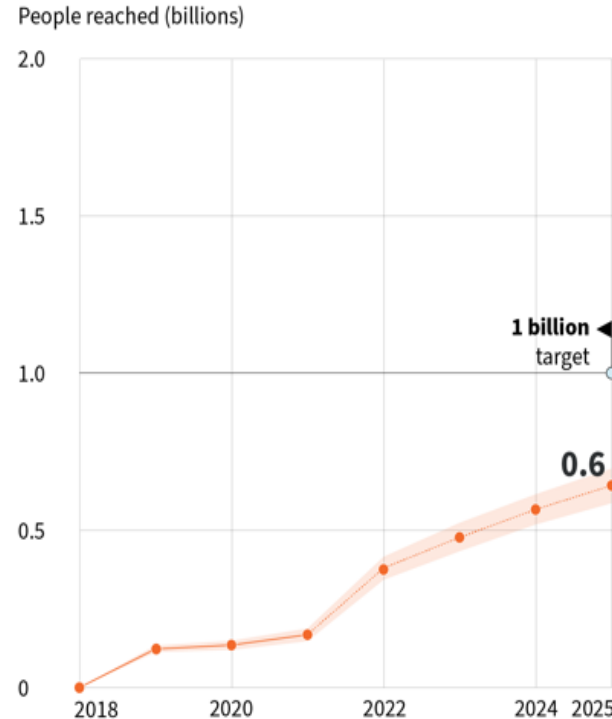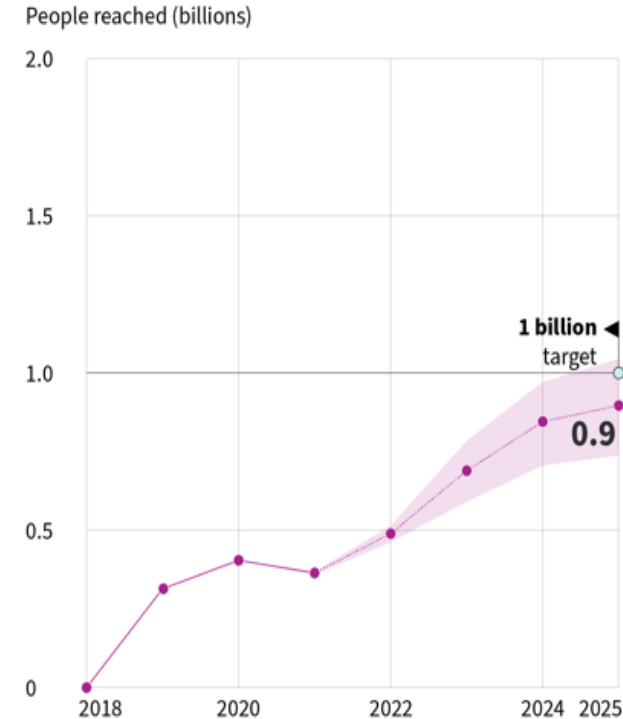
- While the Triple Billion targets are set at the global level, they are the sum of country and indicator level progress
- Triple Billion targets examine the overall progress of programmes or areas WHO works in
- There are rich information in the impact measurement for countries to set and track priorities

Source: Forecasts based on data from World Health Statistics 2023

The world is off track to reach the SDG targets and our efforts need to redouble

Billion	Triple Billion indicator	2030 target	2030 forecast
Healthier populations	Safely managed water	96	67.8
	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 health coverage	Tobacco control	20	17.7
	Water and sanitation	96	84.1
	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	90	89.7
	Prevention of cardiovascular disease	80	42.7
	Hospital access	34	30.7
	HIV treatment	90	89.2
	Pregnancy and delivery care	95	82.2
Health emergencies protection	Preparedness	80	80.7

■ Likely achieve by 2030 ■ Won't achieve by 2030, but within 10% of target
■ Won't achieve by 2030

Tangible acceleration to achieve SDGs and the Triple Billion targets: Regional best practice scenarios

Healthier populations

People reached (billions)

Regional best practice

90% uncertainty interval
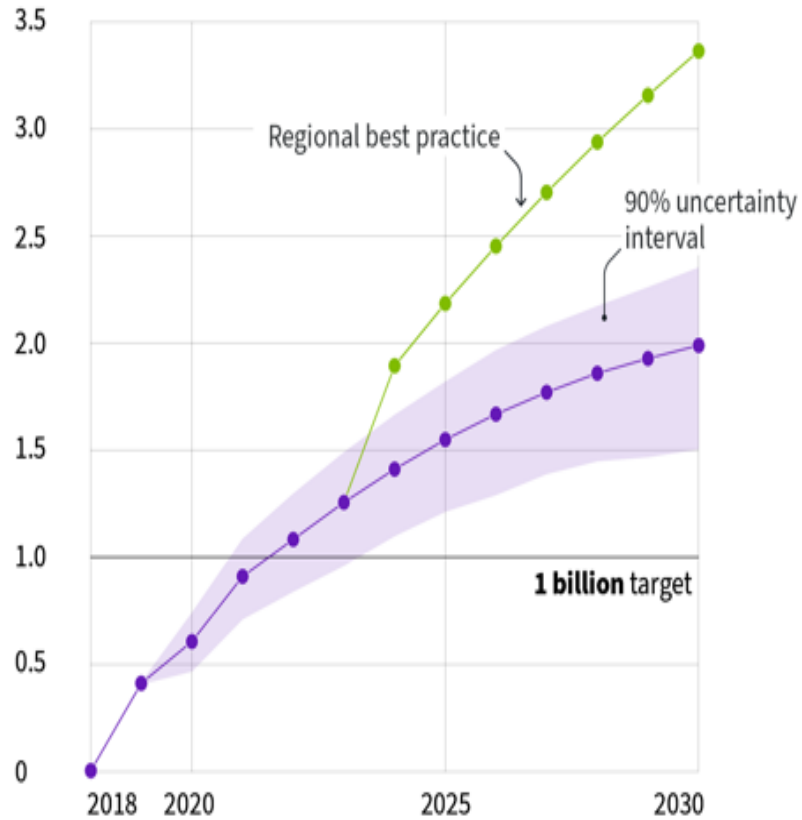
1 billion target

Universal health coverage

People reached (billions)
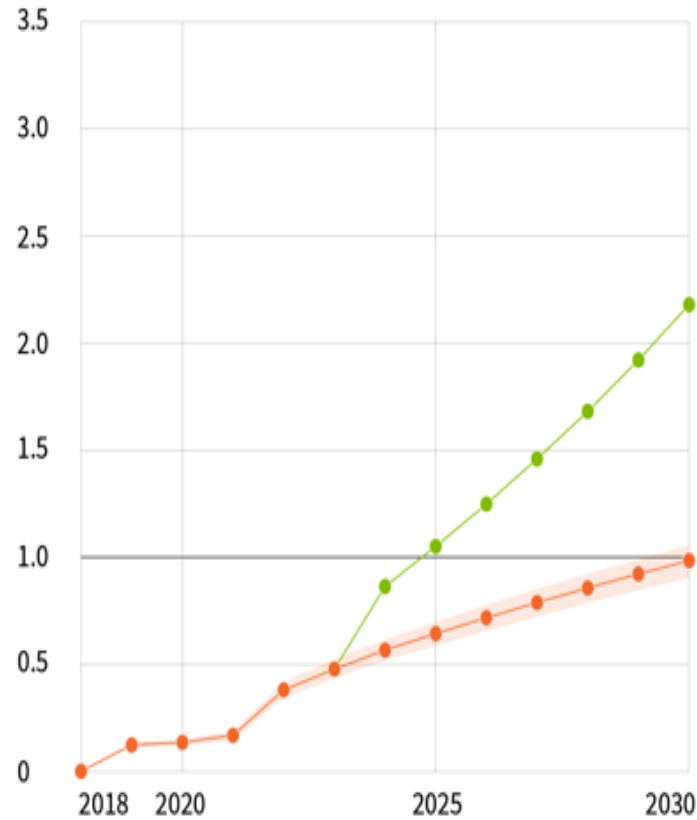
Health emergencies protection

People reached (billions)
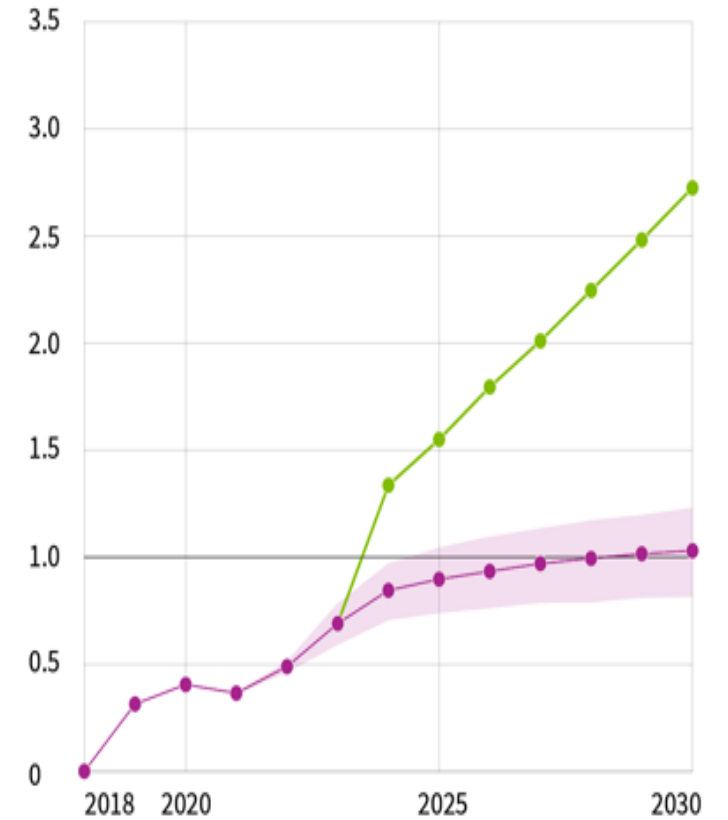
Technical considerations to recalibrate the Triple Billion targets

- Statistical forecasting based on past levels and trend at the indicator and country level

- Scenario analysis based on global targets for SDGs and WHO WHA resolutions

- Best practice at regional and/or global levels through benchmarking assessment

- *Achievable health interventions for individual outcome indicators for each region and country using a bottom-up process*

- Balance between being realistic and aspirational

- Equity: no one should be left behind and unprotected

Billions target setting: absolute and relative coverage are two sides of the same coin
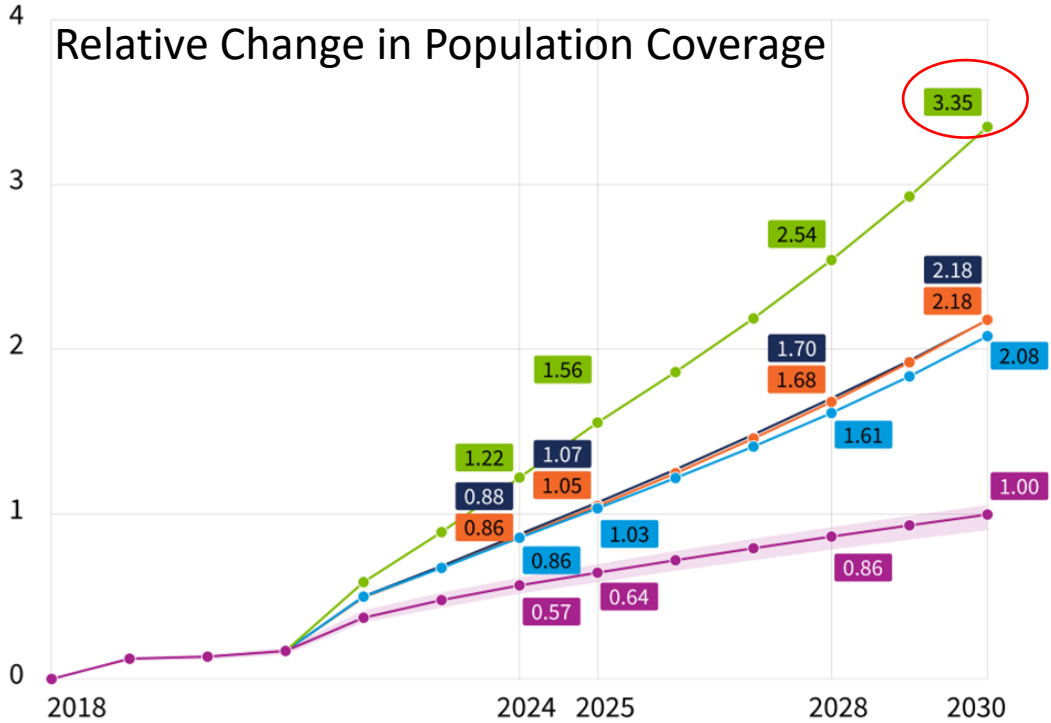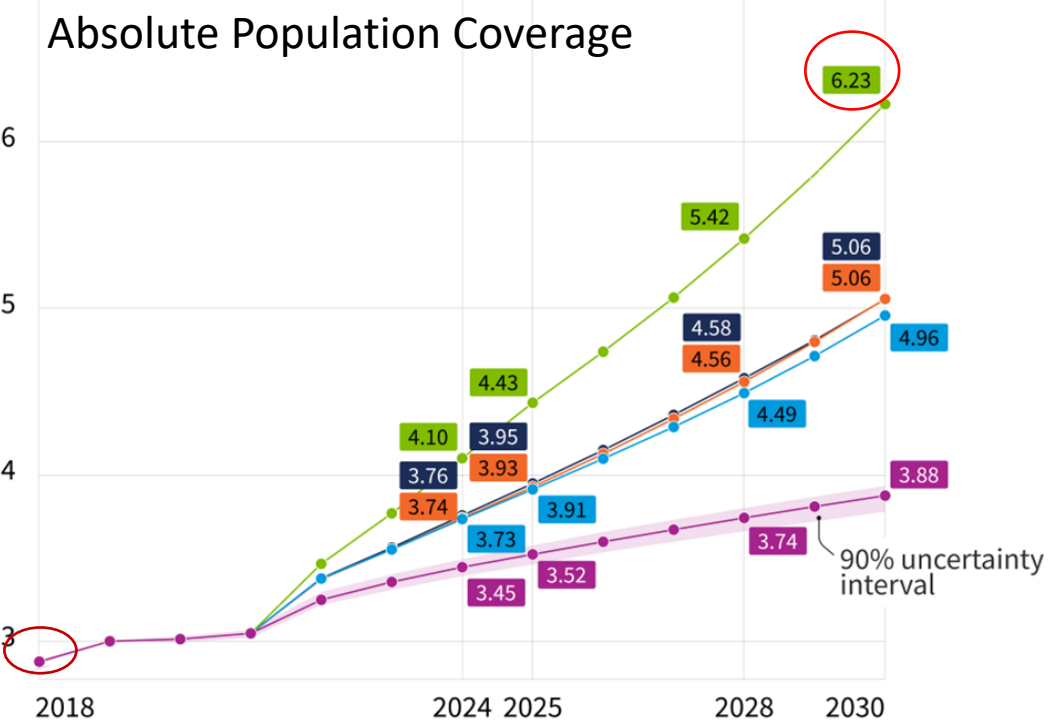
Source: Forecasts based on WHO World Health Statistics 2023. Subject to changes based on the ongoing member states consultation

Triple Billion targets for GPW 14 in billions

	PROVIDE (UHC)	PROMOTE (Healthier Populations)	PROTECT (Health Emergencies Protection)
GPW 13 targets [*Relative*]	1	1	1
GPW 14 targets [*Absolute*]	5	6	7

Note: Preliminary assessment based on current GPW13 outcome indicators and subject to change with additional programmatic indicators proposed

Outcome indicators- countries choose relevant indicators
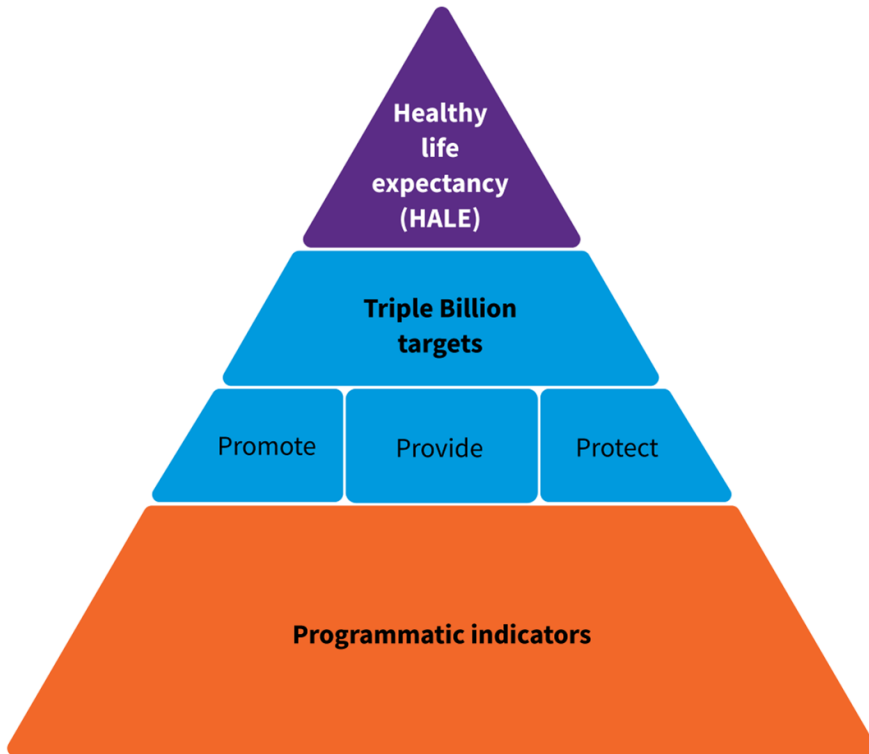
HALE remains the overarching measure of population health and GPW 14

Recalibrate the triple billion targets for Promote (Healthier Populations), Provide (UHC) and Protect (Health Emergencies Protection). Set more ambitious goals where there is progress and make realistic assessments where we have more ground to cover

Update outcome (programmatic) indicators to include emerging public health priorities: climate-related health, physical activity, and mental health

Number of outcome indicators for GPW 13 and proposed new ones for GPW 14

	PROMOTE Healthier Populations	PROVIDE Universal Health Coverage	PROTECT Health Emergencies Protection
GPW 13 **46** indicators*	17	24	5
GPW 14 **67** proposed indicators	17	45	5

*Four GPW 13 outcome indicators (elimination of trans-fats, SDG 1.a.2, polio and SDG 3.b.3) are proposed to be replaced by indicators proposed for GPW 14

Criteria to consider for the new outcome indicators for GPW 14

1. Relevant to GPW14 and address emerging priorities

2. Established methodology exists

3. Data are available for most countries or will become available in the following year

4. Agreed, preferably, as an SDG indicator

5. Should not create any further reporting burden for countries

6. Clear baseline for 2025 and proposed target for 2028/2030

WHO Results Framework: Impact measurement
Discussion and feedback

WHO Results Framework: impact measurement
Proposed outcome (programmatic) indicators for GPW 14
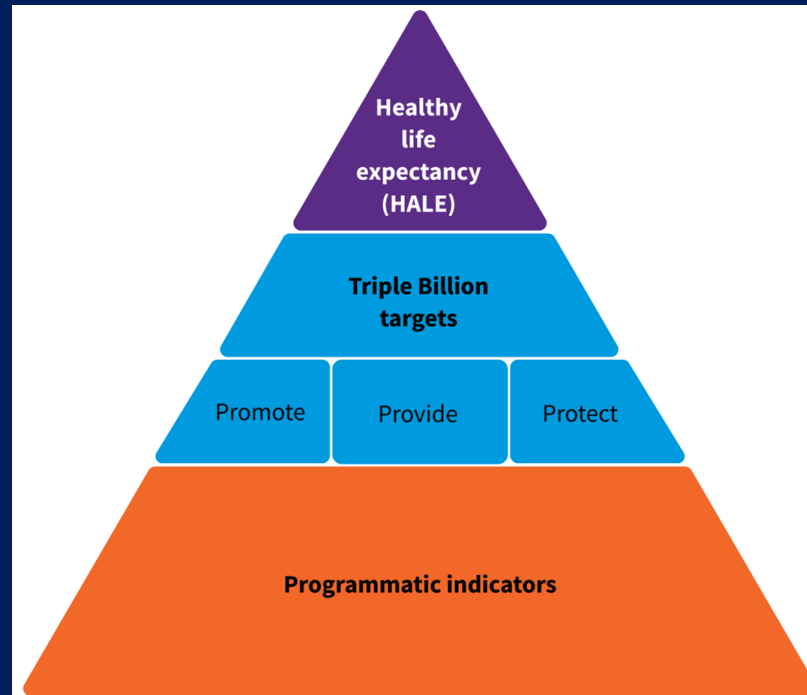
Strategic Objective

Respond to **climate change**, an escalating health threat in the 21st century

Address health determinants and **root causes of ill health** in key policies across sectors

Outcomes – *'promoting health'*

1.1 More **climate-resilient health systems** are addressing health risks & impacts

1.2 **Lower-carbon health systems & societies** are contributing to health & wellbeing

2.1 Health inequities reduced by acting on social, economic, environmental, commercial & cultural **determinants of health**

2.2 **Priority risk factors** for noncommunicable & communicable diseases, violence & injury, and mental health reduced through intersectoral approaches

2.3 Populations empowered to control their health through **health promotion programmes & community involvement** in decision-making

World Health Organization

By defining measurable results for every country and how those results will be tracked, the Results Framework can demonstrate WHO's accountability where it makes a difference to people's lives.

It ensures that country-level progress directly fuels accelerated progress on global targets – the Triple Billion targets and the SDGs.

Strategic Objective 1 indicators: Respond to climate change, an escalating health threat in the 21st century

Outcomes	GPW14 PROMOTE additional outcome indicators	Mandate
1.1 More climate resilient health systems are addressing health risks and impacts	Per-capita mortality from climate-sensitive diseases	WHO global strategy on health, environment and climate change: the transformation needed to improve lives and wellbeing sustainably through healthy environments
	Per-capita mortality from extreme heat in over 65 population	Resolutions WHA65(9), 2012 WHA69.19, 2016
	Index of national climate change and health capacity	GPW13 target 44 reduce by 10% mortality from climate-sensitive diseases (through climate change action rather than other drivers)
1.2 Lower-carbon health systems and societies are contributing to health and wellbeing	Healthcare Sector Greenhouse Gas Emissions	
	Attributable mortality from outdoor air pollution caused by fossil fuel combustion	

Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

Outcomes	GPW13 Healthier Population outcome indicators	GPW14 PROMOTE additional outcome indicators
2.1 Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health	SDG 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	SDG 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
	SDG 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	SDG Target 17.18 Proportion of countries that feature data disaggregation in their national health statistics reports
		SDG 10.7.2 Does the government provide non-national equal access to i) essential and/or ii) emergency healthcare?
		SDG 5.1 Gender equality advanced in and through health SDG 5.1.1 Legal frameworks that promote, enforce and monitor gender equality (percentage of achievement, 0 - 100) Area 1: overarching legal frameworks and public life

Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

Outcomes	GPW13 Healthier Population outcome indicators	GPW14 PROMOTE additional outcome indicators
2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches	SDG 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	WHA 69.9 Exclusive breastfeeding under six months
	SDG 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	WHA73.5 Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis
	SDG 2.2.2 Prevalence of wasting (weight for height more than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	Proportion of countries that implement policy measures aiming to reduce free sugars intake
	SDG 2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status ((%)	WHA75(11) Proportion of population aged 15+ with healthy dietary pattern (Replacing the elimination of trans-fatty acids indicator in GPW 13)
	SDG 3.9.1 Mortality rate attributed to household and ambient air pollution	WHA71 (6) Prevalence of insufficiently physically active adults
	SDG 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)	
	SDG 3.9.3 Mortality rate attributed to unintentional poisoning	
	SDG 6.1.1 Proportion of population using safely managed drinking water services	
	SDG 6.2.1a Proportion of population using safely managed sanitation services	
	SDG 6.2.1b Proportion of population using a hand-washing facility with soap and water	
	SDG 7.1.2 Proportion of population with primary reliance on clean fuels and technology	
	SDG 11.6.2 Annual mean levels of fine particulate matter (e.g., PM2.5 and PM10) in cities (population weighted)	
	WHA 66.10 (2013) Prevalence of obesity among children and adolescents (aged 5-19 years) (%)	
	WHA 66.10 (2013) Prevalence of obesity among adults aged ≥18 years	
	SDG 3.6.1 Death rate due to road traffic injuries	
	WHA 66.10 (2013) Best practice policy implemented for industrially produced trans-fatty acids (Y/N) (Replaced in GPW 14)	
	SDG 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	

Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

Outcomes	GPW14 PROMOTE additional outcome indicators	Mandate
2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	SDG 11.3.2 Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically SDG 12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment	WHA75.19 (2022) Well-being and health promotion WHA76 (22) Adoption of the framework for integrating well-being into public health utilizing a health promotion approach

Strategic Objective

Advance **PHC approach & essential health system capacities** for universal health coverage

Improve **health service coverage & financial protection** to address inequity and gender inequalities

Outcomes – *'providing health'*

Outcomes for essential systems capacities

3.1 The **primary health care approach** renewed & strengthened to accelerate UHC

3.2 Health & care **workforce, financing & product** access substantially improved

3.3 Health **information systems** strengthened & **digital transformation** implemented

4.1 Equity in access to quality services for **NCDs, communicable diseases & mental health** conditions improved

4.2 Equity in access to **SRMNCAH,** older & other population-specific health and nutrition services & **immunization** coverage improved

4.3 Financial protection improved by reducing **out of pocket health expenditures,** especially for the most vulnerable

World Health Organization

Purpose and logic to measure PROVIDE (UHC)

- Focus of measurement is to assess progress toward **strengthening health systems** to **deliver high impact interventions**

- To do so, measures must assess strength of health systems based on access to health services and outcomes and impacts

Inputs → Processes → Outputs → Outcomes → Impact

Access & utilization

Coverage

Mortality, incidence, prevalence

Equity, sex, age* disaggregation of indicators
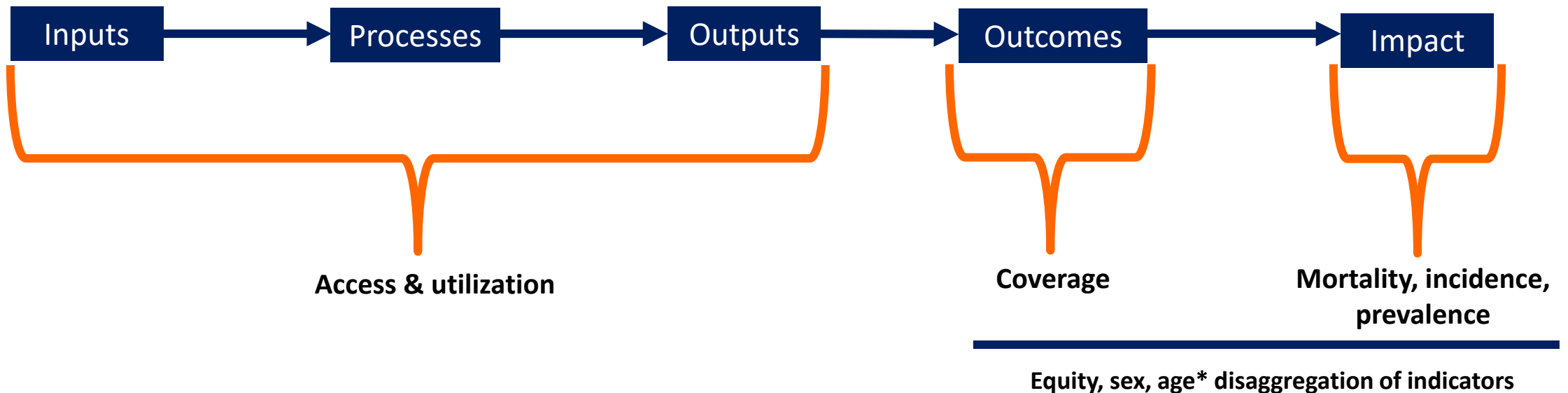
*Strongly encourage collection of data in persons 60+ & disaggregation by 5-year age groups for older persons, not grouping all into a single 65+ category

Address gaps in UHC (Provide health)

- Align with WHA resolutions and SDGs

- Include a set of measures to address notable gaps in GPW13 to monitor HSS and PHC (systematically developed with all regions)

- Include other measures missing from GPW13:
  - priority conditions and services
  - impact measures to monitor progress

- Prioritize indicators with existing data and/or data collection systems (no additional reporting burden)

GPW 14 Outcome indicators for PROVIDE (UHC)

Inputs → Processes → Outputs → Outcomes → Impact

Access & utilization

- Health and care workforce
- Large household expenditures on health
- Essential medicines

  +

- PHC oriented polices, strategies for UHC
- UHC service packages
- Health care financing
- Multisectoral & community engagement
- Essential public health functions
- Perceived barriers to care
- Service availability, readiness & resilience
- Access to health products & regulatory mechanisms
- People centeredness
- Out of pocket payments & impoverishment
- Health Information Systems & digital transformation

Coverage

- Coverage of rehab, family planning
- Skilled health personnel at birth & immunization
- UHC index

  +

- Coverage of post-natal care, long-term care, effective refractive error, malnourished child treatment
- Cervical cancer screening
- Admissions due to abortion

Mortality, incidence, prevalence

- HIV, TB, Malaria, Hepatitis B, NTDs incidence
- Prevalence of sepsis, raised blood pressure/hypertension, violence against women
- Mortality (suicide, noncommunicable diseases, maternal, newborn, child)

  +

- Stillbirth
- Adolescent birth rate
- Prevalence of controlled diabetes & hypertension, syphilis, female genital mutilation
- Hepatitis C, vector-borne disease incidence

GPW13 UHC Billion + additional indicators for GPW14

Strategic Objective

Prevent, mitigate & prepare for risks to health from all hazards

Rapidly detect & sustain an effective response to all health emergencies

Outcomes – *'protecting health'*

5.1 **Risks of health emergencies** from all hazards reduced, and impact mitigated

5.2 **Preparedness, readiness & resilience** for health emergencies enhanced

6.1 **Detection of and response** to acute public health threats is rapid and effective

6.2 Access to **essential services during emergencies is sustained** & equitable

Evolving from GPW13 to GPW14 Impact Framework for Protect health

GPW 13

PREPARE

Measures country's preparedness for emergencies

Indicator: IHR States Parties self-assessment Annual Reporting (SPAR)

PREVENT

Measures efforts to prevent emergencies via vaccination coverage

Indicator: Vaccine coverage of at-risk groups for epidemic- or pandemic-prone diseases

DETECT, NOTIFY AND RESPOND

Measures timeliness of detection, notification, and response to public health emergencies

Indicator: Timely detection and response to potential health emergencies

World Health Organization

Under GPW14 WHO will work with Member States & partners to better protect seven billion people from health emergencies by...
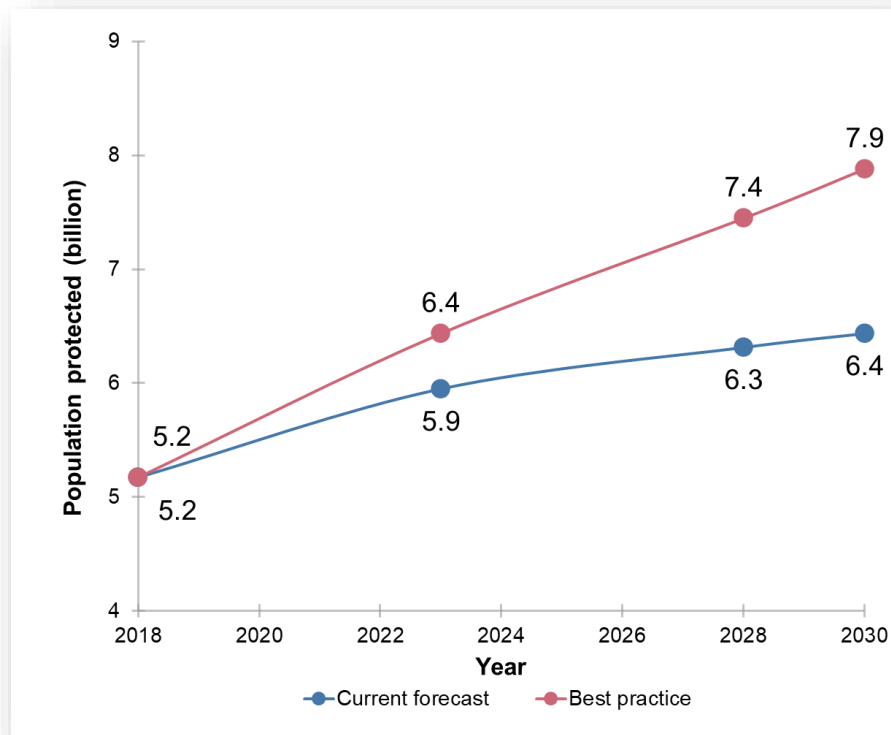
Seven billion* people better protected from health emergencies by 2028

provisional

- **Preventing, preparing & mitigating impact for emerging risks to health from all hazards**

  5.1 Reducing the risks & mitigating the impact of health emergencies from all hazards

  5.2 Enhancing preparedness, readiness & resilience for health emergencies

- **Rapidly detecting & sustaining effective response to all health emergencies**

  6.1 Rapidly detecting & effectively responding to acute public health threats

  6.2 Ensuring sustained & equitable access to essential health services during emergencies

GPW14 Impact Framework for Protect health

Impact

> **7 billion people better protected from health emergencies by 2028**

Preventing, preparing & mitigating impact for risks to health from all hazards

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

5.1 Risks of health emergencies from all hazards reduced & impact mitigated	**5.2 Preparedness, readiness & resilience for health emergencies enhanced**	**6.1 Detection & response to acute public health threats is rapid & effective**	**6.2 Access to essential health services during emergencies is sustained & equitable**

Outcome indicators

5.1

Current:

- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens

Proposed:

- Vaccination campaigns for polio & measles
- WASH in communities & healthcare facilities
- Trust in government/social protection
- Mitigating risks related zoonotic spillover

5.2

Current:

- IHR States Parties Self-Assessment Annual Reporting (SPAR)

Proposed:

Additional indicators relating to:

- Complementary areas (e.g. R&D, access to countermeasures)
- Functionality (e.g. funding of national plans, functional reviews, simulation exercises)

6.1

Current:

- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

Proposed:

- Increase number of events which are measured
- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

6.2

Current:

- Delivery of essential health services to people in need in FCV settings

Proposed:

Create index using the available data for the following tracer indicators:

- Total outpatient department (OPD) consultations/ person/ year
- % of deliveries in a health institution
- Measles vaccination coverage (alternate: PENTA coverage)

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 5.1

Impact

7 billion people better protected from health emergencies by 2028

Preventing, preparing & mitigating impact for risks to health from all hazards

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

5.1 Risks of health emergencies from all hazards reduced & impact mitigated	**5.2 Preparedness, readiness & resilience for health emergencies enhanced**	**6.1 Detection & response to acute public health threats is rapid & effective**	**6.2 Access to essential health services during emergencies is sustained & equitable**

Outcome indicators

5.1 Risks of health emergencies from all hazards reduced & impact mitigated

Current:
- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens

Proposed:
- Vaccination campaigns for polio & measles
- WASH in communities & healthcare facilities
- Trust in government/social protection
- Mitigating risks related zoonotic spillover

5.2 Preparedness, readiness & resilience for health emergencies enhanced

Current:
- IHR States Parties Self-Assessment Annual Reporting (SPAR)

Proposed:
Additional indicators relating to:
- Complementary areas (e.g. R&D, access to countermeasures)
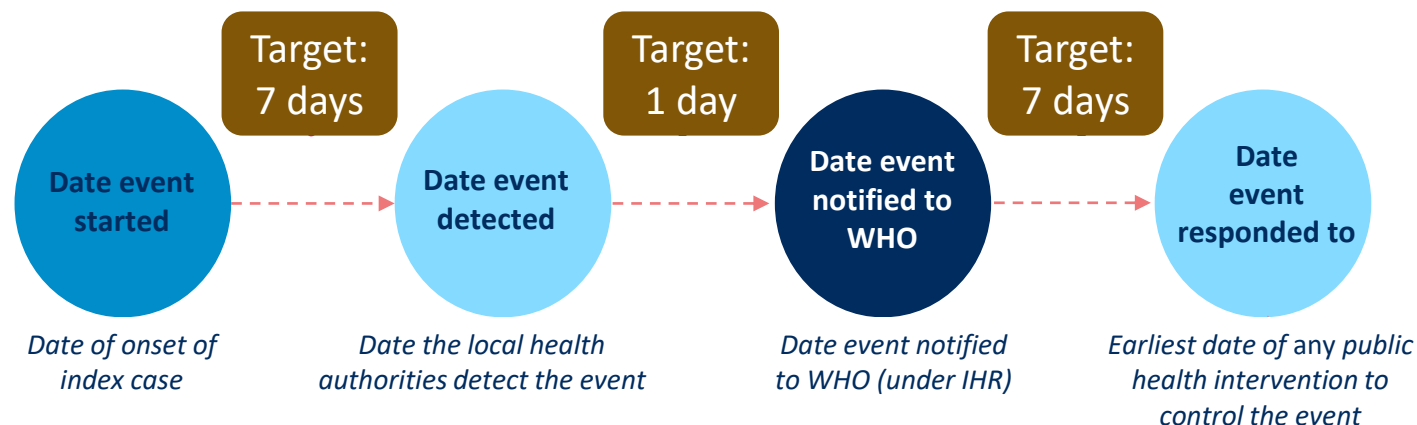- Functionality (e.g. funding of national plans, functional reviews, simulation exercises)

6.1 Detection & response to acute public health threats is rapid & effective

Current:
- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

Proposed:
- Increase number of events which are measured
- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

6.2 Access to essential health services during emergencies is sustained & equitable

Current:
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Create index using the available data for the following tracer indicators:
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World Health Organization

GPW14 Impact Framework for Protect health | Outcome 5.1

Outcomes

5.1 Risks of health emergencies from all hazards reduced & impact mitigated

Outcome indicators

Current:
- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens

Proposed:
- Vaccination campaigns for polio & measles
- WASH in communities & healthcare facilities
- Trust in government/social protection
- Mitigating risks related zoonotic spillover

Outcome indicators

Rationale

5.1 Outcome index

Vaccination

Vaccination is a key public health intervention which can prevent and contain outbreaks of infectious diseases

Risk of zoonotic spillover

Mitigating the risk of spillover of zoonotic pathogens from animals to humans is crucial as this is the predominant cause of emerging infectious diseases and recent pandemics

Trust and social protection

The level of trust a community has in government affects the effectiveness of preparedness and response measures while social protection services are necessary to mitigate the indirect impacts of health emergencies

Water, sanitation, & hygiene (WASH)

WASH is a highly effective way to protect communities and healthcare workers from health emergencies

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 5.1

Weights			85%	5%	5%	5%
AVERAGE SCORES	82.6		85.8	65.8	76.3	43
MISSING COUNTRIES			1%	0%	1%	15%
State Party of IHR	5.1 Outcome indicator	LEVEL	Vaccination	Risk of zoonotic spillover	water, sanitation, and hygiene (WASH)	trust and social protection
Afghanistan	62.4	4	67	61.1	40.3	7.5
Albania	90.3	5	92.5	65.6	91	77.6
Algeria	86	5	85.5	90	90.1	
Andorra	98.7	5	98.5	100	100	
Angola	77.2	4	85.7	43.3	32.6	10.5
Antigua and Barbuda	88.8	5	88.5	84.4	97.4	
Argentina	57.7	3	53.7	86.7	96.3	58.4
Armenia	90.4	5	93.5	67.8	96.9	54.4
Australia	93	5	94	87.8	100	75
Austria	90.2	5	90	95.6	97.6	79.8
Azerbaijan	88.9	5	93	62.2	95.2	39
Bahamas	78.3	4	78.5	84.4	97.3	49.1

GPW14 Impact Framework for Protect health | Outcome 5.1

Comparison of GPW13 'Prevent' indicator with GPW14 indicator for 5.1
Proportion (%) of countries per level (1-5)
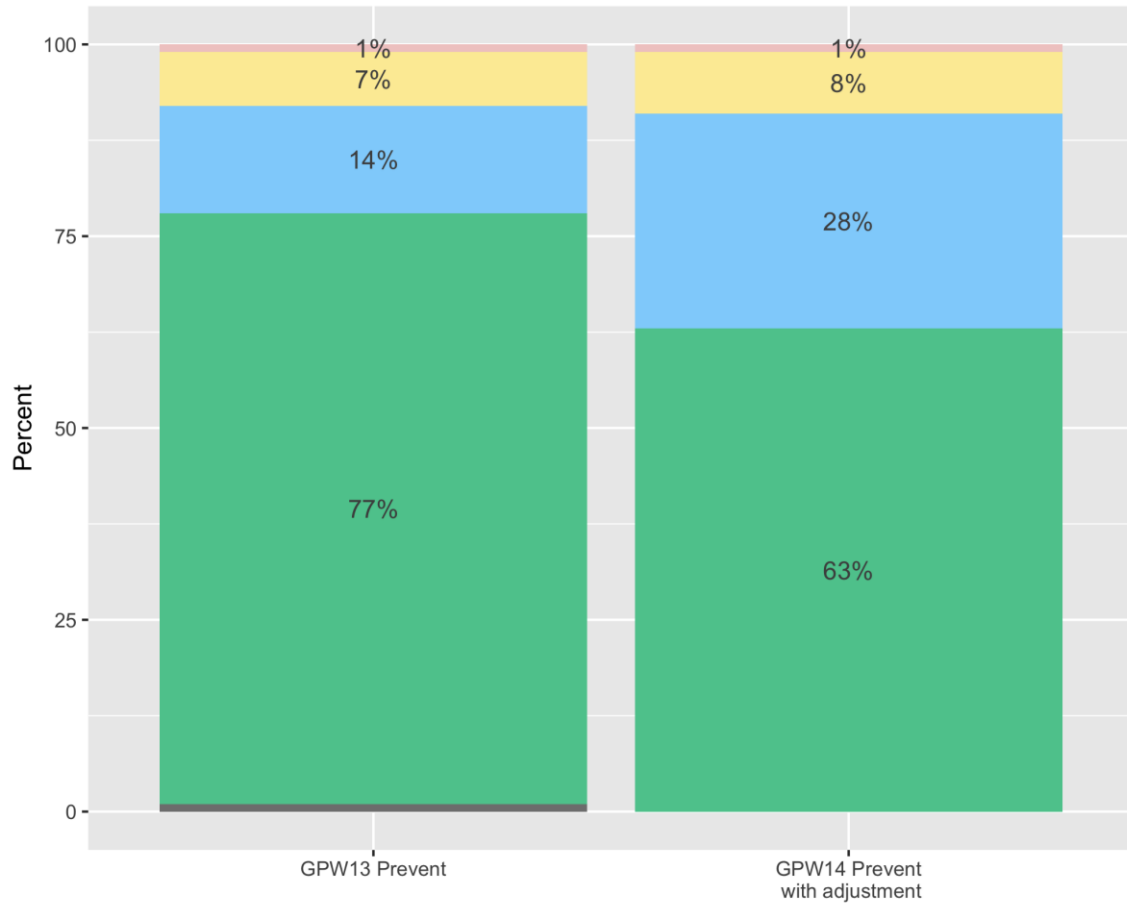
Comparison of GPW13 'Prevent' indicator with GPW14 indicator for 5.1
Proportion (%) of countries per level (1-5) by WHO region
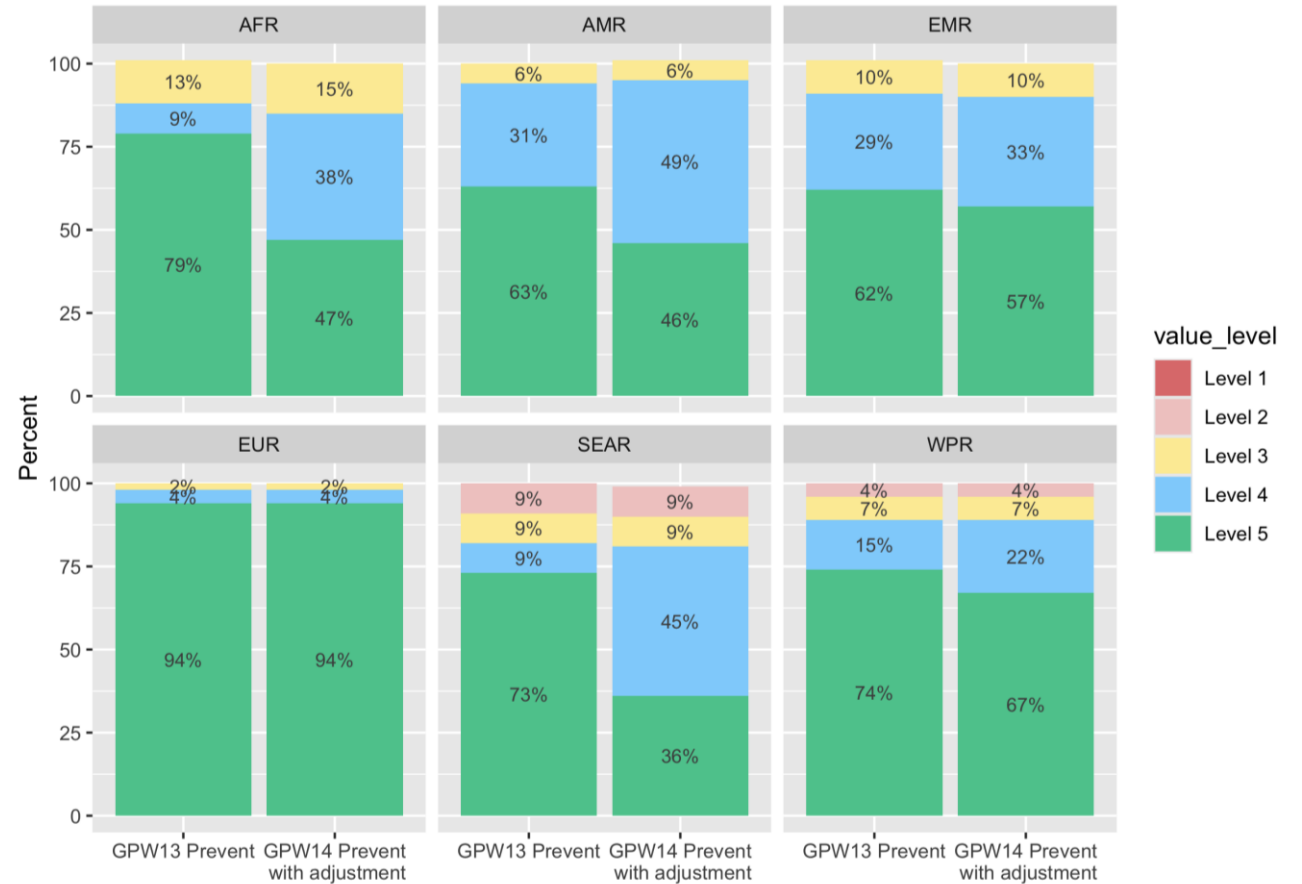
GPW14 Impact Framework for Protect health | Outcome 5.2

Impact

| 7 billion people better protected from health emergencies by 2028 |

Preventing, preparing & mitigating impact for risks to health from all hazards

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

| **5.1 Risks of health emergencies from all hazards reduced & impact mitigated** | **5.2 Preparedness, readiness & resilience for health emergencies enhanced** | **6.1 Detection & response to acute public health threats is rapid & effective** | **6.2 Access to essential health services during emergencies is sustained & equitable** |

Outcome indicators

5.1

Current:
- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens

Proposed:
- Vaccination campaigns for polio & measles
- WASH in communities & healthcare facilities
- Trust in government/social protection
- Mitigating risks related zoonotic spillover

5.2

Current:
- IHR States Parties Self-Assessment Annual Reporting (SPAR)

Proposed:
Additional indicators relating to:
- Complementary areas (e.g. R&D, access to countermeasures)
- Functionality (e.g. funding of national plans, functional reviews, simulation exercises)

6.1

Current:
- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

Proposed:
- Increase number of events which are measured
- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

6.2

Current:
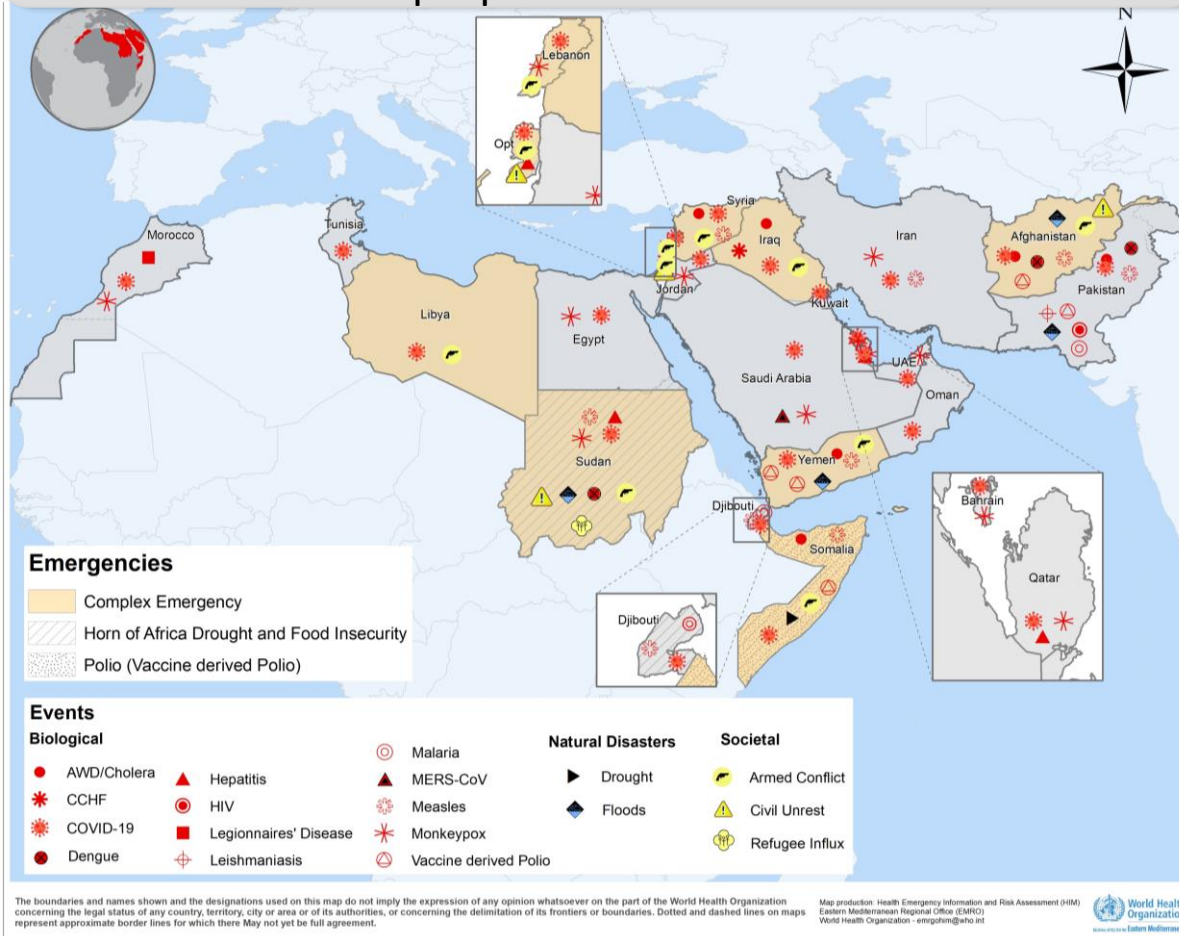- Delivery of essential health services to people in need in FCV settings

Proposed:
Create index using the available data for the following tracer indicators:
- Total outpatient department (OPD) consultations/ person/ year
- % of deliveries in a health institution
- Measles vaccination coverage (alternate: PENTA coverage)

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 6.1

Impact

7 billion people better protected from health emergencies by 2028

Preventing, preparing & mitigating impact for risks to health from all hazards

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

5.1 Risks of health emergencies from all hazards reduced & impact mitigated	**5.2 Preparedness, readiness & resilience for health emergencies enhanced**	**6.1 Detection & response to acute public health threats is rapid & effective**	**6.2 Access to essential health services during emergencies is sustained & equitable**

Outcome indicators

Current: • Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens **Proposed:** • Vaccination campaigns for polio & measles • WASH in communities & healthcare facilities • Trust in government/social protection • Mitigating risks related zoonotic spillover	**Current:** • IHR States Parties Self-Assessment Annual Reporting (SPAR) **Proposed:** Additional indicators relating to: • Complementary areas (e.g. R&D, access to countermeasures) • Functionality (e.g. funding of national plans, functional reviews, simulation exercises)	**Current:** • Timeliness of detection, notification & response of IHR notifiable events (7-1-7) **Proposed:** • Increase number of events which are measured • Refine response activation measurement for the first 7 days based on ERF • Expand to include performance measure for the first 28 days of an emergency response	**Current:** • Delivery of essential health services to people in need in FCV settings **Proposed:** Create index using the available data for the following tracer indicators: • Total outpatient department (OPD) consultations/ person/ year • % of deliveries in a health institution • Measles vaccination coverage (alternate: PENTA coverage)

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 6.1

6.1 Detection & response to acute public health threats is rapid & effective

Current:
- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

Proposed:
- Increase number of events which are measured
- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

Date event started
Date of onset of index case

Target: 7 days

Date event detected
Date the local health authorities detect the event

Target: 1 day

Date event notified to WHO
Date event notified to WHO (under IHR)

Target: 7 days

Date event responded to
Earliest date of any public health intervention to control the event

	AFR	EMR	EUR	AMR	SEAR	WPR	TOTAL
# of events (2018–2023)	97	58	61	83	20	45	364
No data on timeliness	8%	22%	10%	10%	10%	16%	12%
Met 7-1-7 targets	19%	22%	28%	16%	10%	16%	19%
Did not meet 7-1-7 targets	73%	55%	62%	75%	80%	69%	69%

Detailed study of 41 events (Bochner et al.)*

	Time to detect	Time to notify	Time to respond*	7-1-7
Median (n=41 events in 5 countries)	6 days	0 days	38 days	-
% meeting target	54%	79%	49%	27%

Source: Bochner et al., 2023

7 components: response initiation, epidemiological investigation, laboratory confirmation, medical treatment, countermeasures, communications and community engagement, and response coordin

GPW14 Impact Framework for Protect health | Outcome 6.1

6.1 Detection & response to acute public health threats is rapid & effective

Current:

- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

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- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

ERF | EMERGENCY RESPONSE FRAMEWORK
Internal WHO procedures
World Health Organization

Table 4. WHO performance standards for emergency response

Performance standard (PS)	IMS critical function	Primary responsibility	Indicators	Timeline from grading
PS 1: Ensure safety and security of all staff; activate system as per WHO guidance on business continuity planning to ensure safety and whereabouts of all WHO personnel, dependents and visitors, and liaise with UNDSS locally	Leadership	Country office	I. Safety and whereabouts of all WHO staff, dependents and visitors ensured	12 hours
			II. System shared with UNDSS	12 hours
PS 2: Activate incident management system (IMS); assign critical incident management team functions by repurposing country office staff; identify and communicate critical gaps in IMS functions	Leadership, finance and administration	Country office	I. Incident management team set up and communicated to regional office and headquarters	24 hours
			II. Gaps in critical incident management team functions communicated to regional office and headquarters	72 hours
PS 3: Assess the need for CFE support, review against checklist, issue request and clearance	Leadership	Country office and regional office / Headquarters	I. Assess need and request financial support as per CFE operating procedures	24 hours
			II. Decision after reception of request as per CFE operating procedures	48 hours
PS 4: Convene first meeting with stakeholders	Partner coordination	Country office	I. Meeting convened and minutes shared	72 hours
PS 5: Issue initial internal situation report (sitrep)	Leadership, health information	Country office	I. Sitrep logged in EMS 2	72 hours
PS 6: Operations support ensured for critical items	Operations support and logistics	Regional office / Headquarters	I. Critical emergency supplies available at country level	72 hours

(continues ...)

Expanding to include performance measures for 7 and 28 days into a response to an acute public health emergency based on the Emergency Response Framework (ERF)

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 6.2

Impact

7 billion people better protected from health emergencies by 2028

Preventing, preparing & mitigating impact for risks to health from all hazards

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

| **5.1 Risks of health emergencies from all hazards reduced & impact mitigated** | **5.2 Preparedness, readiness & resilience for health emergencies enhanced** | **6.1 Detection & response to acute public health threats is rapid & effective** | **6.2 Access to essential health services during emergencies is sustained & equitable** |

Outcome indicators

5.1 Risks of health emergencies from all hazards reduced & impact mitigated

Current:

- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens

Proposed:

- Vaccination campaigns for polio & measles
- WASH in communities & healthcare facilities
- Trust in government/social protection
- Mitigating risks related zoonotic spillover

5.2 Preparedness, readiness & resilience for health emergencies enhanced

Current:

- IHR States Parties Self-Assessment Annual Reporting (SPAR)

Proposed:

Additional indicators relating to:

- Complementary areas (e.g. R&D, access to countermeasures)
- Functionality (e.g. funding of national plans, functional reviews, simulation exercises)

6.1 Detection & response to acute public health threats is rapid & effective

Current:

- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)

Proposed:

- Increase number of events which are measured
- Refine response activation measurement for the first 7 days based on ERF
- Expand to include performance measure for the first 28 days of an emergency response

6.2 Access to essential health services during emergencies is sustained & equitable

Current:

- Delivery of essential health services to people in need in FCV settings

Proposed:

Create index using the available data for the following tracer indicators:

- Total outpatient department (OPD) consultations/ person/ year
- % of deliveries in a health institution
- Measles vaccination coverage (alternate: PENTA coverage)

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 6.2

Pilot study in 4 countries as part of EMRO's response monitoring KPI project with JHU indicated high feasibility for the proposed tracer indicators

Generally Feasible

OPD consultations
Maternal health and immunization
Surveillance for ID
Nutrition

Generally not feasible but alternatives exist

Medicine Availability
Chronic conditions
IPC/WASH

Generally not feasible and more challenging to find alternatives

Mortality (high variability)
GBV(culturally sensitive)

GPW14 Impact Framework for Protect health | Outcome 6.2

Outcomes

6.2 Access to essential health services during emergencies is sustained & equitable

Outcome indicators

Current:
- Delivery of essential health services to people in need in FCV settings

Proposed:

Create index using the available data for the following tracer indicators:

- Total outpatient department (OPD) consultations/ person/ year

- % of deliveries in a health institution

- Measles vaccination coverage (alternate: PENTA coverage)

Outcome indicators

Rationale

6.2 Outcome index

Outpatient department (OPD) consultations per person

Tracer indicator to measure the availability and utilization of clinical services in humanitarian settings/protracted crises

Deliveries in a health institution

Tracer indicator to assess maternal and reproductive health which is a vulnerable group often importunately affected by humanitarian crises

Measles vaccination coverage (*alternate*: PENTA coverage)

Tracer indicator to monitor child health which is a vulnerable group often importunately affected by humanitarian crises

World Health Organization

GPW14 Impact Framework for Protect health | Outcome 6.2
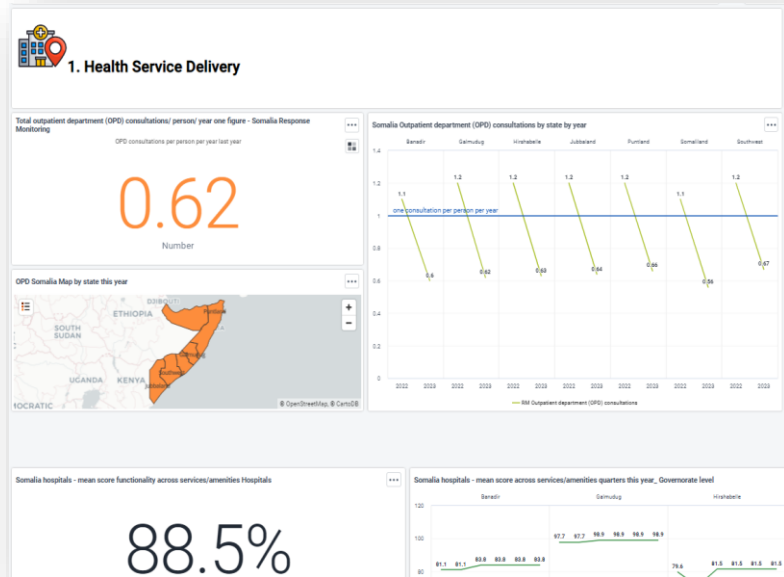
Somalia
0.62 OPD/ person/ year
Target: 2
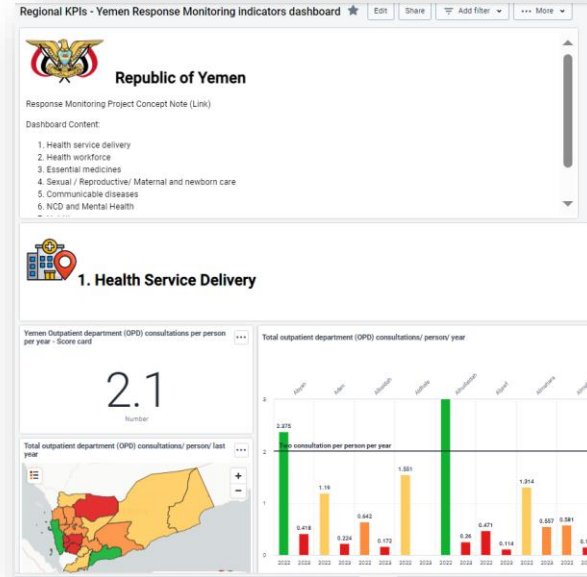
Yemen
2.1 OPD/ person/ year
Target: 2
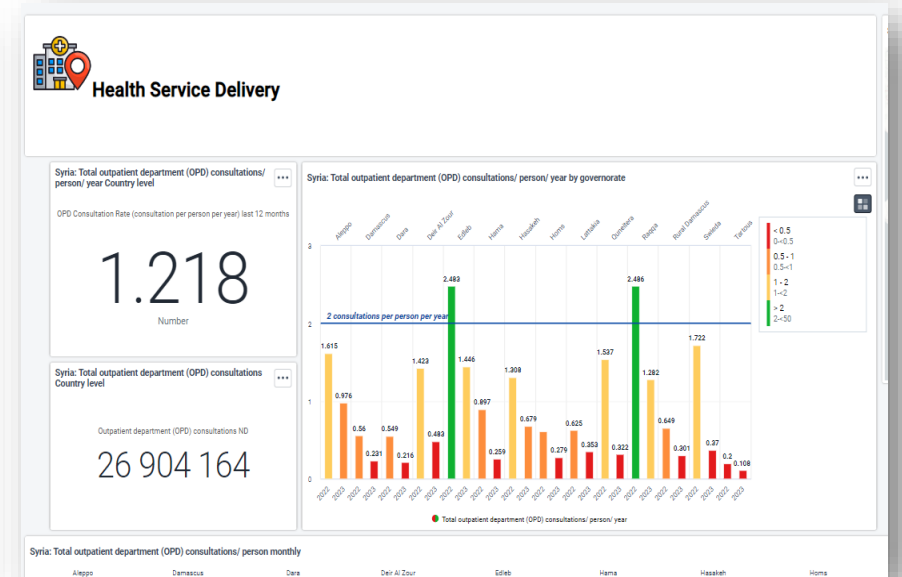
Syria
1.3 OPD/ person/ year
Target: 2

Data collection supported by DHIS2 and other health information systems

Outcome indicators for GPW 13 and proposed for GPW 14

	PROMOTE Healthier Populations	PROVIDE Universal Health Coverage	PROTECT Health Emergencies Protection
GPW 13 **46** indicators*	17	24	5
GPW 14 **67** proposed indicators	17	45	5

*Four GPW 13 outcome indicators (elimination of trans-fats, SDG 1.a.2, polio and SDG 3.b.3) are proposed to be replaced by indicators proposed for GPW 14

Mapping table: GPW 14 priorities, strategic objectives, outcomes, outcome indicators for GPW13, proposed outcome indicators for GPW 14, indicative delivery milestones (TBD), and indicative outputs

Outcomes	Outcome indicators for GPW 13 SDG and WHA resolution based	Proposed outcome (programmatic) indicators for GPW 14 (In addition to outcome indicators for GPW 13)	Indicative delivery milestones Used to drive outcome indicators and links to indicative outputs	Indicative outputs
GPW 14 priority: PROMOTE HEALTH (Target: 6 billion people will enjoy healthier lives) Progress is measured by the healthier populations billion index				
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		Per-capita mortality from climate-sensitive diseases	Stabilize and reduce carbon emissions from the global healthcare sector on a path to halve emissions by 2030	
		Per-capita mortality from extreme heat in over 65 population		
		Index of national climate change and health capacity		

This table, once finalized, in consultation with Member States will be featured in GPW 14 and in the updated WHO Results Framework

Discussion

- The primary focus should be on indicators for which data are readily available and improvement correlate with health outcomes

- For indicators where estimates are less reliable, the focus should be on improving measurement and/or defining indicators that can be readily tracked

- Data collection and reporting burden on Member States should be considered

- Process to finalize indicators for GPW 14

Invite feedback

Decision tree to prioritise
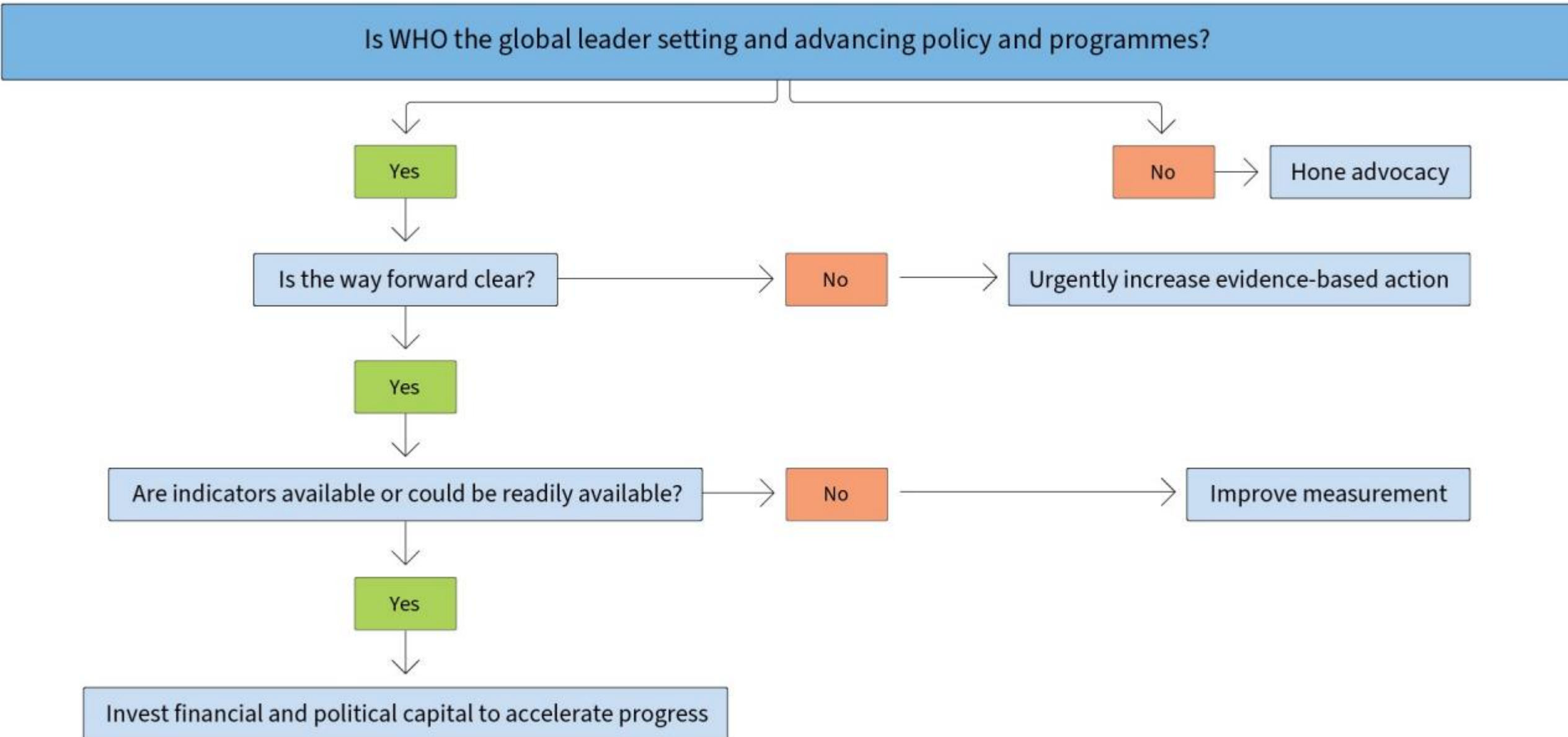
Priority	Indicator name	Classification based on inclusion	SDG/WHA	Dataset available on WHO/partner online db	Number of countries and...	Year range	Time series
2.2	Prevalence of insufficiently physically active persons aged 18+ years		WHA71(6)	Yes (GHO)	168	2016	N
2.2	Prevalence of insufficiently physically active adolescents		WHA71(6)	on GHO with old definition	at least one da	2001-2016	Y
4.2	Proportion of girls and women aged 15 - 49 who have undergone female genital mutilation		SDG 5.3.2	Yes (UNICEF)	around 30	2004-2021	N
2.1	Proportion of population aged 15+ with healthy dietary patterns		WHA 75(11)	Shared by Programme	41	2022-2021	Y
4.2	Treatment of acutely malnourished children			Shared by Proramme	64	2022	N
7.2	Number of datasets available in the WHO Health Inequality Data Repository		SDG 17.18	Yes (Inequity)	up to 194	2023	
7.2	Proportion of GPW outcome indicators with data disaggregation, weighted by the proportion of countries with data available		SDG 17.18	Yes (Inequity)	NA	2000-2021	Y
7.2	Proportion of countries that feature data disaggregation in their national health statistics reports		SDG 17.18	2020 SCORE report	132	2013-2018	
2.1	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex		SDG 5.1.1	Yes (UN SDG)	120	2022	
7.2	Gender equality advanced in and through health		SDG 5.1/3.8	to be constructed and included in GH	194	2018-	
4.1	Proportion of population satisfied with their last experience of public health services		SDG 16.6.2	Yes (UN SDG)	5	2022	N
2.3	Proportion of population reporting having personally experienced discrimination against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international law		SDG 10.3.1/ 16.b.1	Yes (UN SDG)	2	2022	N
4.2	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group.		SDG 3.7.2	Yes (GHO)	117	1991-2020	Y
2.2	Proportion of people who have suffered a foodborne diarrhoeal episode of non-typhoidal salmonellosis		WHA73.5	Shared by Programme	194	2010	
2.2	Exclusive Breastfeeding under Six Months		WHA 69.9	Yes (GHO)	around 120	1986-2021	Y
4.2	Proportion of population entitled to essential oral health interventions as part of the health benefit packages of the largest government health financing schemes		WHA 74.5	GHO Oral health data portal	114	2015, 2020/21	N
4.2	Prevalence of the main oral diseases and conditions		WHA 74.5	GHO Oral health data portal	194	1990-2022	Y
4.2	The number of dentists per 10 000 population		WHA 74.5	NHWA	191	2000-2021	Y
4.2	Proportion of countries that implement policy measures aiming to reduce free sugars intake		WHA 74.5	GHO Oral health data portal	194	2012-2023	Y
1.1	Per-capita mortality from climate-sensitive diseases		WHA 61.19	likely GHE	182	2000-	Y
1.1	Per-capita mortality from extreme heat in over 65 population		WHA.61.19	Lancet countdown	194	up to 2022	Y
1.1	Index of national climate change and health capacity		WHA 61.19	Biennial WHO health and climate change global surveys; 2023 WHO review of health in nationally determined contributions and long-term strategies: health at the heart of the Paris Agreement	95+	2018, 2021	N
1.2	Healthcare Sector Greenhouse Gas Emissions		WHA 61.19	Lancet Countdown Committee	187	2000-2020	Y
1.2	Attributable mortality from outdoor air pollution caused by fossil fuel combustion		WHA 61.19	GHO		2019	N
4.1	Prevalence of controlled diabetes in adults aged 30-79 years		WHA75(11)	under development by programme	192	1990-2022	Y
4.1	Effective coverage of refractive error (eREC)		WHA74(12)		80	2023	Y
4.2	Cervical cancer screening coverage in women aged 30 - 49 years, at least once in lifetime		WHA73(2)	Yes (GHO)	201	2019	N
4.1	Prevalence of controlled hypertension, among adults aged 30-79 years with hypertension		WHA66 (10)	Yes (GHO)	194	1990-2019	Y
4.2	Obstetric and gynaecological admissions owing to abortion		-	expected in GHO by 2025	around 60	2022	Y
4.2	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		SDG 5.6.2	Yes (MCA/UN)	153	2019, 2022	N
4.2	Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines		WHA 67.15	Yes (MCA/UNAIDS)	around 85	2017, 2019, 2021	N
4.1	Prevalence of active syphilis in individuals 15 to 49 years of age (%)		-	Yes (GHO)	Regional only	2016, 2020	Y
4.1	Hepatitis C incidence per 100,000 population		-	Yes (WHO HHS and GHO April 24)	167	2019, 2022	N
4.1	Does the government provide non-national equal access to i) essential and/or ii) emergency healthcare		SDG 10.7.2	Yes (UN SDG)	Around 170	2019, 2021	Y
4.2	Percentage of older people receiving long-term care at a residential care facility and home		WHA 73(12)	Yes (MCA)	33	2000-2021	Y
4.1	Service coverage for people with mental health and neurological conditions		WHA72/2019/REC	Yes (UNICEF)	194	2000-2021	Y
4.2	Stillbirth rate (per 1000 total births)		WHA 67.10	Yes (GHO)	195	2000-2021	Y
4.2	Postnatal Care Coverage (woman)		WHA69/16	Yes (MCA)	107	2008-2021	Y

Legend (Classification based on inclusion):

Green	Met all criteria
Purple	Not meeting data availability criteria
Grey	need evidence for continued data collection

Thank you for your engagement, time and contribution

We will incorporate your inputs

Back tomorrow, Day 2, Tuesday 12 March

11:00 – 14:00 CET

https://who.zoom.us/j/96483042190

Agenda – Day 2

Tuesday, 12 March 2024; 11:00– 14:00 CET

11:00 – 12:30	Day One recap Discussion and feedback	Samira Asma, ADG/DDI Amit Prasad, Technical Officer/DDI
	WHO Results Framework: Output Measurement - Delivery for Impact - Country impact studies Discussion and feedback	Melanie Bertram, Unit Head/DFI Shambhu Acharya, Director/CSS
12:30 – 12:45	*Break*	
12:45 – 13:30	Operationalising WHO Results Framework in countries	Angela Pratt, WR* Viet Nam Adham Abdel Moneim, WR* Saudi Arabia
13:30 – 13:45	Strengthening data and health information systems	Sebastian Garcia, Director/EIH, PAHO Arash Rashidian, Director/SID, EMRO
13:45 – 14:00	Next steps and timelines	Samira Asma, ADG/DDI

*WR: WHO Representatives to countries

WHO Results Framework for GPW 14 is an accountability tool

Link: Draft GPW 14

Link: Technical Paper

GPW 14: 4-part structure

(8 March Version)

Structure

Global

Part 1: Health & Well-being in an Increasingly Complex World

Part 2: A global health agenda for 2025-28: *Promote, Provide, Protect*

WHO

Part 3: WHO's Vital Contribution: *Powering* the Global Health Agenda

Part 4: Optimizing WHO's *Performance* in 2025-2028

Related documents

Technical Paper: WHO Results Framework: Delivering a Measurable Impact in Countries *(19 Feb 2024)*

White Paper: WHO Contribution to GPW14 – draft outputs *(updating)*

The **WHO Results Framework** is an **accountability tool** that tracks the collective contributions of the Secretariat, Member States, and partners toward the Triple Billion targets and health-related SDGs.

The WHO Results Framework will serve as the accountability framework for GPW 14 and its Programme Budget, operational plans, Results Reports and the investment case.

WHO Results Framework underpins GPW strategy (GPW 13 and 14)

Impact measurement

- Healthy Life Expectancy (HALE)

- Triple billion targets tracking Promote, Provide, Protect

- Programmatic indicators (SDGs & WHA resolutions)

Output measurement

- Output scorecard

- Country case studies

- Delivery milestones/dashboard

Updates to WHO Results Framework: impact measurement

	PROVIDE (Universal Health Coverage)	**PROMOTE** (Healthier Populations)	**PROTECT** (Health Emergencies Protection)
Recalibrated Triple Billion targets	5	6	7
Proposed new outcome indicators for GPW14	45	17	5

Total number of outcome indicators: 42 for GPW13 and 67 for GPW14 = 109

Criteria to review, prioritise, shortlist and finalize the outcome indicators for GPW14

An essential, complementary set of indicators are needed which are:

1. **Measurable** easily and well at country level

2. **Meaningful** to accelerate progress at country and sub national levels

3. **Minimal** – the fewer, the better

4. **Maximal impact** on morbidity and mortality and advance progress on the triple billion targets and SDGs with <u>baseline and targets</u>

- For Promote (Healthier Populations), tracking incidence of core risk factors both enable accountability and progress.
- For Provide (UHC), a short list of tracers that can influence service coverage and financial protection.
- For Protect (Health Emergency Protection, an annual, validated capacity assessment of specific preparedness capacities that a country has 'stepped up' in an area or multiple areas.

Next steps

1. Secretariat will regroup, take feedback from this consultation and finalize outcome indicators by 18 March

2. Request Member States and all partners to send written feedback on the [technical paper](#) to impactmeasurement@who.int by 18 March

3. Online consultation underway on triple billion targets and projections completed

4. Updated Methods and Metadata available by April 2024

5. Secretariat will integrate WHO results framework as an accountability framework for draft GPW 14

WHO Results Framework: Impact Measurement

Day 1 recap

Discussion

WHO Results Framework: Output Measurement
Delivery for Impact

Delivering a measurable impact in countries using a better way to measure and manage how WHO supports countries to accelerate progress towards the Triple Billion targets and SDGs

Relevance delivery for impact in GPW 14

SDG progress is off track & need for acceleration

Country focus & focus on priorities

Programme Budget & Investment Case for WHO's contributions
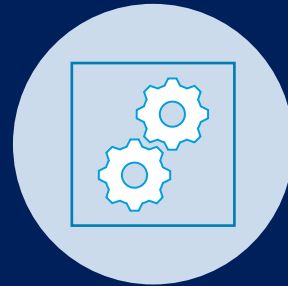
Operationalizing & Results Reporting

Delivery for impact

- WHO remains committed to support countries to deliver on the Triple Billion targets and health-related SDGs.

- The WHO Results Framework emphasizes local solutions to global challenges, guiding countries in monitor, plan, and implement health strategies efficiently.

- This practical way not only aims for better health outcomes but also ensures efficiency, transparency, and accountability.

Guiding questions that helps us to keep a focus on results

What are we trying to do?

How are we planning to do it?

How will we know whether we are on track?
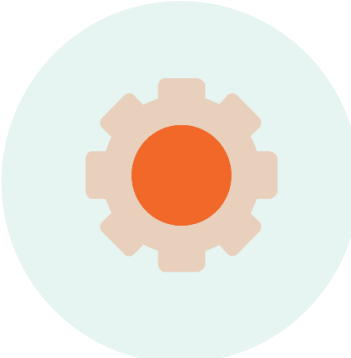
If we are not on track, what will we do about it?
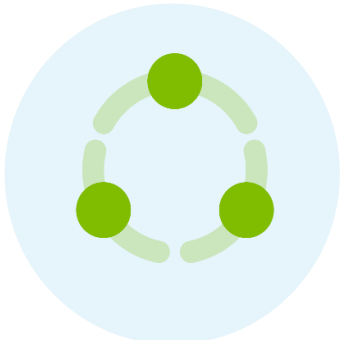
How can we concretely support?

More than 50 countries are using the delivery for impact tools and methods

- ○ 100-day challenge
- ○ Maternal mortality
- ○ PHC-oriented models of care
- ○ Other DFI support
- ○ STOP obesity acceleration plan
- ○ Road safety delivery

Country focus

Understand country priorities

Likely achieve by 2030
Won't achieve by 2030, but within 10% of target
Won't achieve by 2030

Billion	Triple Billion indicator	2030 target	2030 forecast
Healthier populations	Childhood wasting	3	
	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 health coverage	Tobacco control	20	
	Water and sanitation	96	
	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	

Viet Nam: progress toward SDGs and Triple Billion targets

Accelerate: develop a plan and improve implementation

— Historic data — Progress over EPW/GPW (2018-2021) — Acceleration scenario: 95% ART coverage by 2025 (HIV 95-95-95 targets)

HIV ART Coverage (%)

95%

65%

53%

HIV ART coverage has seen massive improvement in the last decade

A further **30% increase** is needed in HIV ART coverage to achieve the Global HIV 95-95-95 targets by 2025

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

Stay on track

Complete
In progress
Not started
On track
High risks

	Acceleration scenarios	Communities identified for acceleration	Delivery plan developed	Delivery plan costed and financed	Execution, tracking, and problem solving
Reproductive, newborn, and child health					
Maternal mortality	▮	▮	▮	▮	▯
Infectious disease control					
Tuberculosis	▮	▮	▮	▮	▯
Non-communicable diseases					
Cervical cancer	▮	▮	▮	▮	▯
Mental health	▮	▮	▮	▮	▯
Service capacity and access					
IHR core capacity	▮	▮	▮	▮	▯

Nepal: country delivery dashboard

Delivery milestones (intermediate outcomes)

Outcomes	Outcome indicators for GPW 13 SDG and WHA resolution based	Proposed outcome (programmatic) indicators for GPW 14 (In addition to outcome indicators for GPW 13)	Indicative delivery milestones Used to drive outcome indicators and links to indicative outputs	Indicative outputs
GPW 14 priority: PROMOTE HEALTH (Target: 6 billion people will enjoy healthier lives) Progress is measured by the healthier populations billion index				
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		Per-capita mortality from climate-sensitive diseases	Stabilize and reduce carbon emissions from the global healthcare sector on a path to halve emissions by 2030	
		Per-capita mortality from extreme heat in over 65 population		
		Index of national climate change and health capacity		

Development of delivery milestones

GPW 13 milestones finalized and cleared for launch **in May** prior to WHA

GPW 14 milestones through a more structured process

Identification of countries off track for each indicator **March 2024**

Information on the leadership and technical support activities that can support acceleration **March 2024**

This data provided to CO during strategic planning for them to identify priorities

Opt-in for acceleration scenarios/milestones on high priority areas

Delivery milestones development for GPW 14

Strategic objective 4: Improve equity and quality in health service coverage and financial protection			
Outcome	Leadership: Partnerships, Agenda Setting	Global Public Goods/Technical Products	*Differentiated country support Countries off track for SDG targets*
4.1 Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved.	• UN HLM political declarations on TB, NCD with associated targets • Certification of elimination of NTD	• NCD Best buys • MH Gap and related resources for MNS • Guidelines for communicable disease treatment and elimination	135 countries off track to achieve UHC 3.8.1 measure • HIV coverage 53 countries off track • TB coverage 89 countries off track • CVD 189 countries off track • Diabetes 189 countries off track
4.2 Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved.	• Global Immunization Agenda 2030 • Big catch-up • GAVI board membership • Hosting of UHC 20230 • Hosting of SDG 3 GAP Secretariat	• Immunization guidelines, Immunization Agenda 2030 • UN-IGME joint estimates on SDG progress • WUENIC joint estimates on Vaccine coverage	• SDG 3.2.1 U5M: XX countries off track MMR: 27 countries off track to meet EPMM targets AND have high MMR • Immunization 60 countries off track

Delivery milestones allow us to identify required type of support needed for each country, and target our work where it can be most beneficial

Global delivery dashboard is one of the **output measurement** that keeps WHO accountable for achieving the Triple Billion targets.

This dashboard puts a spotlight on pressing health challenges, keeping WHO accountable and transparent to achieve global targets.

Legend: Complete | On track | In progress | High risks | Not started

	Acceleration scenarios	Communities identified for acceleration	Delivery plan developed	Delivery plan costed and financed	Execution, tracking, and problem solving
PROMOTE (ex HPOP)					
Climate change (1.0)					
Reduce carbon emissions HCF*	In progress	In progress	In progress	Not started	Not started
Address root causes (2.1)					
Tobacco use	On track	On track	On track	Not started	On track
Alcohol use	On track	In progress	In progress	Not started	Not started
Road safety	On track	In progress	In progress	Not started	Not started
Priority risk factors (2.2)					
Obesity and overweight	On track	In progress	In progress	Not started	Not started
Air pollution	On track	In progress	Not started	Not started	Not started
Health promotion programmes (2.3)					
Physical activity	In progress	Not started	Not started	Not started	Not started
PROVIDE (ex UHC)					
Health and care workforce, financing and product availability (3.2)					
Health workforce density	On track	On track	Not started	Not started	Not started
Equity in access to NCD, communicable and mental health services (4.1)					
HIV treatment (ART) coverage	On track	On track	In progress	Not started	Not started
Tuberculosis treatment coverage	On track	On track	In progress	Not started	In progress
Malaria prevention (ITN use)	On track	On track	In progress	Not started	Not started
Hepatitis B (Links with HIV)	Not started	Not started	Not started	Not started	Not started
Neglected tropical diseases*	Not started	Not started	Not started	Not started	Not started
Hypertension	On track	On track	In progress	Not started	Not started
Mental health, neurological, substance use*	On track	In progress	In progress	Not started	Not started
Equity in access to population specific health services & immunization (4.2)					
Maternal mortality (Antenatal care)	On track	Not started	In progress	Not started	Not started
Under-5 mortality (Treatment of childhood pneumonia)	On track	Not started	In progress	Not started	Not started
Family planning	On track	Not started	Not started	Not started	Not started
Immunization coverage	On track	Not started	In progress	Not started	Not started
Financial protection (4.3)					
Financial hardship	On track	In progress	In progress	In progress	Not started
PROTECT (ex HEP)					
Prevent, mitigate and prepare (5.0)					
Mitigate risks – vaccination (5.1)	On track	In progress	In progress	Not started	In progress
Prepare (5.2)	On track	In progress	In progress	Not started	In progress
Rapid detect and sustain response (6.0)					
Notify and respond (6.1)	On track	In progress	In progress	Not started	In progress

WHO Results Framework: Output Measurement
Country Stories

[Link](#)

Country stories

Country stories are a WHO three-level product jointly prepared by country office teams, regional Country Support Units and the headquarters Department of Country Strategy and Support.

Country stories aim to:
- document pathways to successes and challenges;
- provide narrative texture to complement output scorecards and delivery milestones/dashboards; and
- highlight the linkages between output-level contributions and outcomes/impact.

The **Impact Measurement** is based on the Sustainable Development Goals and World Health Assembly resolutions

The **Country Case Studies** paint a qualitative picture giving texture to both Impact Measurement and the Output Scorecard

The **Output Scorecard** assesses WHO's contribution to impact across six dimensions

WHO Results Framework. GPW13 (page 50)
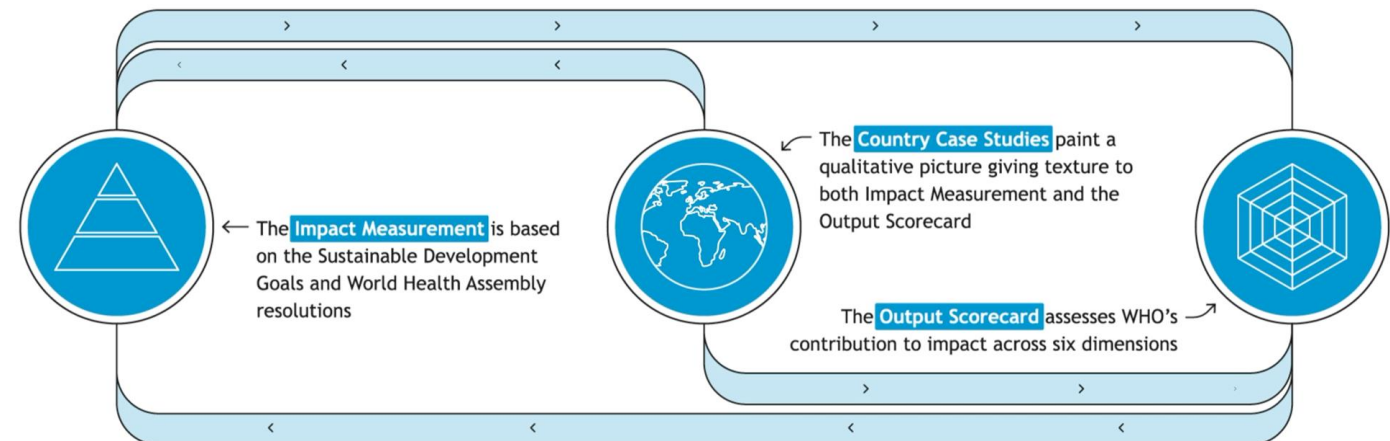
70 country stories published each year

Rich resource for all stakeholders and informs:
- WHO results reporting;
- Thematic compilations; and
- Communications, including social media and photo exhibits.

STORIES OF WHO'S IMPACT

Selection of stories that exemplify how WHO is achieving impacts where it matters most

MONTENEGRO — INTRODUCING HPV VACCINES FOR A CERVICAL-CANCER FREE GENERATION IN MONTENEGRO

SOMALIA — LEVERAGING COMMUNITY HEALTH WORKERS TO OPERATIONALIZE AND EXPAND COMMUNITY SERVICE DELIVERY IN SOMALIA

LIBERIA — LIBERIA TAKES GIANT STEPS TOWARDS 90 PERCENT COVID-19 VACCINATION COVERAGE

2021

2021

2022

2023

Tedros Adhanom Ghebreyesus @DrTedros · 17h

The Results Report illustrates our commitment to accountability, transparency & delivering impact. It provides a systematic account of how @WHO supports countries in their work towards #HealthForAll, for healthier populations & in responding to emergencies

For a safer, healthier, and fairer world

who.int
WHO Results Report 2020-2021
For a safer, healthier and fairer world, WHO presents 2020-2021 progress towards the triple billion targets, outcomes and outputs by ...

17   70   95

Distribution of country stories by triple billion topic
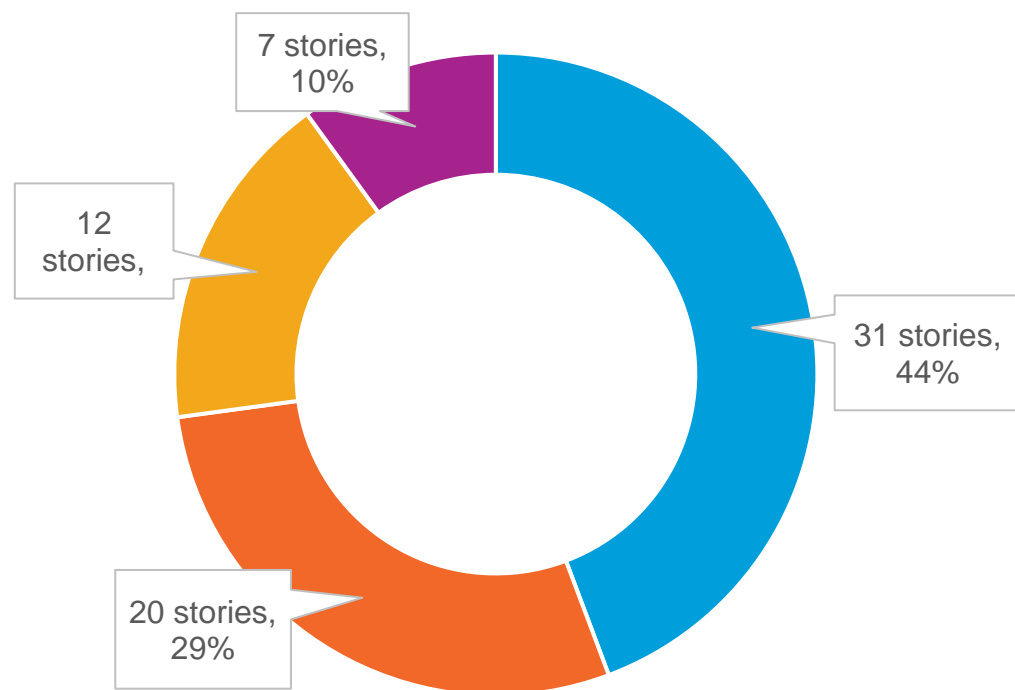
2020-21 End-of-Biennium Results Report

7 stories, 10%

12 stories,

31 stories, 44%

20 stories, 29%

- Triple Billion: UHC
- Triple Billion: Health Emergencies
- Triple Billion: Better Health & Well-Being
- More Effective and Efficient WHO

2 stories, 3%

13 stories,

26 stories, 44%

18 stories, 31%
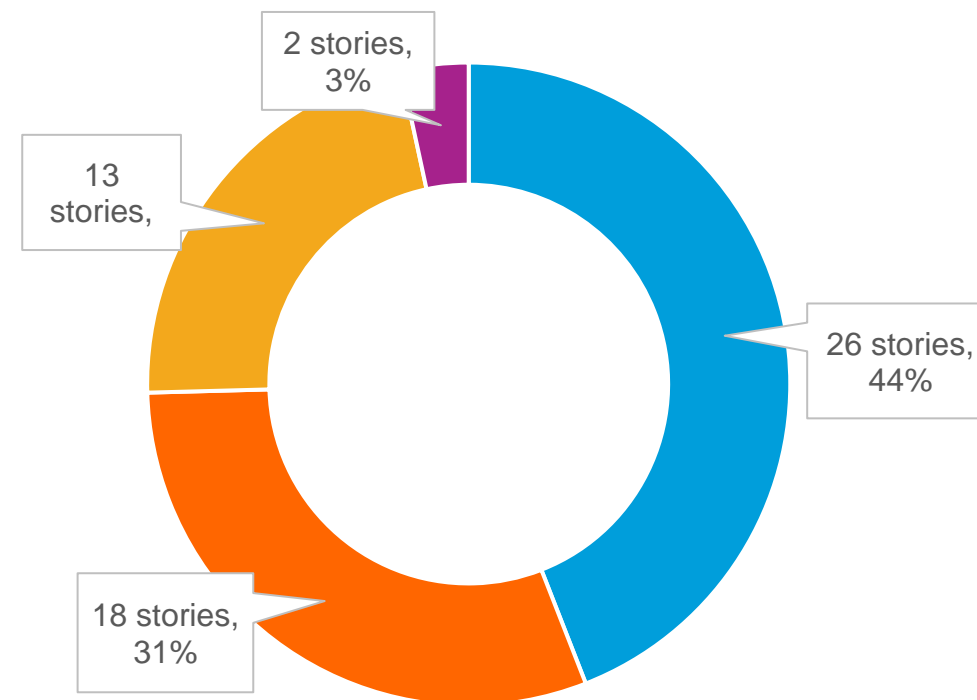
2022-23 Mid-Term Results Report

Country focus: operationalising the Results Framework

Brief context re WHO's work in Viet Nam

- **A complex, challenging and ever-evolving country context**: rapid social, demographic and economic shifts, ambitious government development agenda

- **As Viet Nam's health landscape is evolving (**e.g. shift in burden of disease, changing expectations of and demand for health services, impact of climate change) so too is the nature of support needed from WHO

- Traditionally there has been an **over-reliance on the DFC (Direct Financial Contribution) modality** as a means for providing WHO support → spreading WHO resources too thinly

- **Strategic and operational planning of WHO's work has mostly been focused on activities level**, and not enough on outputs, outcomes and impact

In summary: WHO needs to evolve the way it works in order to provide the best possible strategic and technical support to Viet Nam, *and to deliver 'measurable impact'.* The Delivery for Impact (DFI) approach is helping us to do this.

World Health Organization
Viet Nam

75 HEALTH FOR ALL

How we are doing things differently in 2024-25 (& beyond)

Shift #1: Reduce over-reliance on DFCs

- We aim to significantly reduce reliance on DFC modality, & avoid spreading WHO resources too thinly

Shift #2: Clearer prioritization & more focus on strategic, technical, policy support

- No more one-off, small-scale ad hoc activities
- Projects must have clear link to strategic objectives, supported by a Theory of Change

Shift #3: Greater focus on *measurable impact*

- Strengthen focus on monitoring and evaluation of WHO's work, & therefore on delivery of measurable impact – in line with GPW13 and GPW14

With support from HQ ***Delivery for Impact*** team

Our Theory of Change: WHO & Viet Nam MOH workplan, 2024-27

Strategic priorities	WHO Inputs	→	Activities	→	Outputs	→	Outcomes	→	IMPACT

WHO & MOH have joint accountability for (many) activities & (most) outputs:

By 2027, all people in Viet Nam will benefit from:

Joint outcomes

Strategic priorities

- **#1: Institutional strengthening towards UHC**
- **#2: Primary (grass roots) health care, disease control**
- **#3 Health security**
- **#4: NCD and injury risk factors, health across the life course**
- **#5: Climate change & health**

WHO Inputs

World Health Organization

- Country Office staff time and expertise
- Regional Office & HQ expertise
- Global and regional normative products
- (Small) financial resources, including from donors
- WHO's convening power, voice and influence

Activities

- **Policy analysis & evidence generation**, advice and recommendations, convening policy dialogue
- **Technical guidance adaptation & advice** on implementing WHO guidance in Viet Nam context, sharing international experience
- **Build 'proof of concept'** for new and/or innovative service delivery models, in order to scale up
- **Build sustainable national capacity**
- **Communicate,** using C4H principles
- **Advocate,** including for continued political leadership, investments for sustainable impact, and key partnerships including beyond the health sector

Outputs

- **Policy briefs** & other policy-supportive 'products'
- **Stronger national health laws, policies**, **regulations** – reflecting UHC principles
- National guidelines for prioritized public health programmes implemented which **reflect WHO global and regional guidelines** & supported by strong M&E
- **Models for effective, integrated service delivery** tested, evaluated and documented – as a basis for expanding and scaling up
- A series of well-designed **capacity building interventions**, supported by strong M&E
- C4H-informed **communication interventions** and **advocacy products**
- **Health & relevant non-health actors engaged** on priority issues

Outcomes

- A stronger legal and regulatory system to support health sector development towards the goal of advancing UHC.
- A stronger, more integrated PHC system, better able to provide comprehensive quality services to meet essential health needs for all. Significant progress towards achieving the national targets of prioritized disease control programmes.
- Strengthened national capacities in health emergency preparedness, readiness, response, and recovery.
- A reduction in risk factors for NCDs and injuries and promotion of healthy lifestyles to improve health outcomes and achieve Healthy Viet Nam targets.
- A health sector which is more climate resilient and environmentally sustainable, committed to reducing its own carbon emissions, and greater attention to, and action on health impacts of climate and environmental issues.

IMPACT

A healthier and safer Viet Nam

Supported by cross-cutting approaches & principles to strengthen impact: Gender & Equity Lens, Innovation

World Health Organization
Viet Nam

Some reflections

- Approach has strong political support from the Minister of Health in Viet Nam

- Approach needs to be tailored to the country context

- To truly achieve measurable impact in countries, mindset shift is needed

- *Delivery for Impact* is not a parallel planning / prioritisation process, but should be used to support and strengthen existing biennium (and other – e.g. Country Cooperation Strategy) planning processes

- We are learning a lot as we go

- **Bottom line:** *Delivery for Impact* helps to bring much more rigour to how we think about the relationship between activities, outputs, outcomes and impacts at country level – that is, it is helping us to make measurable impact a reality

The WHO Viet Nam team meeting with Viet Nam's Minister of Health, Dao Hong Lan, regarding country workplan & priorities for 2024-25 biennium, in April 2023.

The WHO Country Office team: Proud to be a trusted, strategic partner to the Government of Viet Nam, helping to create a safer and heathier lives for all

Thank you for listening & looking forward to your feedback!

Countries at the Center

Dr. Adham Rashad Ismail ABDELMALIK Moneim

WHO Representative Kingdom of Saudi Arabia

Global Technical Consultation on the WHO
Results Framework | 11-12 March 2024

Country Impact

By defining measurable results for every country and how those results will be tracked, the Results Framework can demonstrate WHO's accountability where it makes a difference to people's lives.

It ensures that country-level progress directly fuels accelerated progress on global targets – the Triple Billion and the SDGs.

Country Impact

WHO country offices are committed to support Ministries of Health and collaborate with our partners to provide the best solutions working vertically and horizontally.

Strengthening data and health information systems

Enhanced national health information systems and use of data to improve health outcomes

Arash Rashidian MD PhD

Director of Science, Information and Dissemination

WHO Regional Office for the Eastern Mediterranean

Global Technical Consultation

Delivering measurable impact in countries

Better data availability

Improved data access

Increased data use to improve policies and programmes

Improving data, digital and health information systems: Our focus

Promoting data as a global good >

Including:

- Data standards
- Data governance
- Data management
- Modelling and forecasting

How this helps:

- Improved interoperability
- Equitable and secure data access
- High quality and timely data visualizations

Country focus

- Tools
- Technical support and specialized assistance
- Networks & partnerships

- Stronger health information systems
- Improved data quality and availability
- Informed decision-making and policy design

< Delivering measurable impact

- Building health data capacity and community
- Setting clear and measurable goals
- Monitoring progress

- Capacity for effective implementation
- Accelerated results
- Enhanced accountability

- Harness innovations and capacities
- Drive digital health agenda toward better, safer and more efficient data systems for health in countries

Leveraging partnerships to accelerate and scale progress

Working with countries and platforms such as the Health Data Collaborative and SDG3 Global Action Plan to align resources with country needs

- Improving CRVS systems & Cause of Death certification and reporting. Improving ICHI
- Electronic Health Records and data linkages
- EMR core indicators framework (including SDG indicators)
- **EMR initiatives to improve country health data systems**
- Improving household and facility surveys and survey data
- Improving routine health information systems
- Forecasting and modelling progress toward UHC and "triple billion" outcomes

- Hospital HMIS
- Integrated Disease Surveillance System
- PHC HMIS
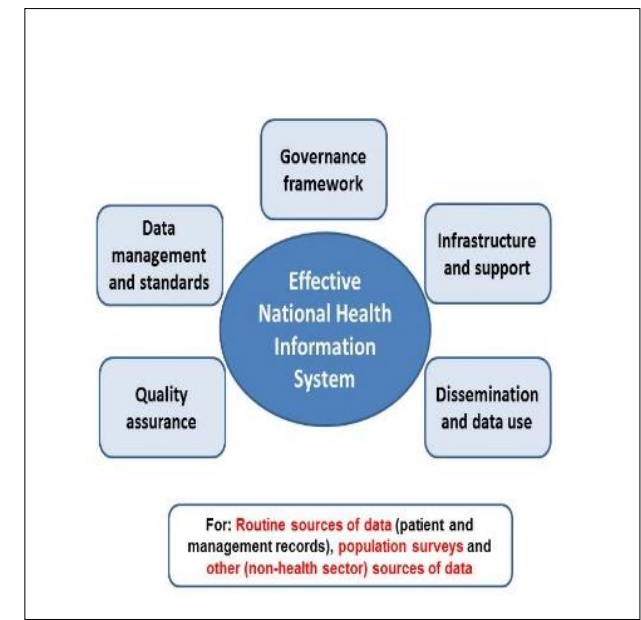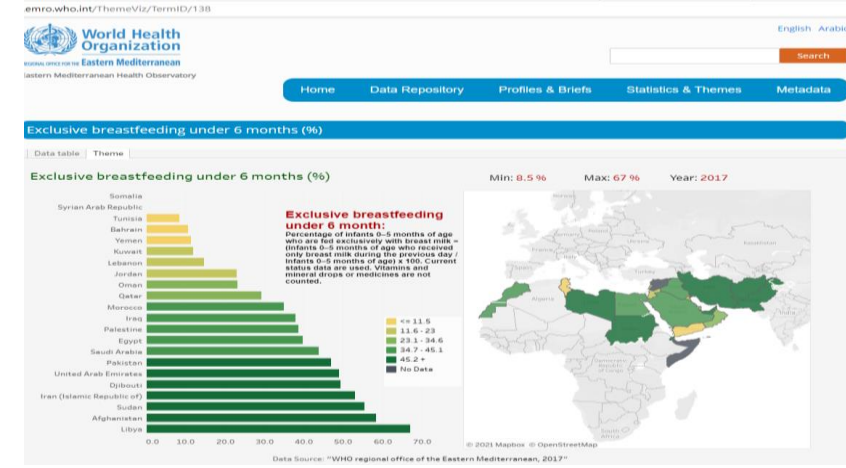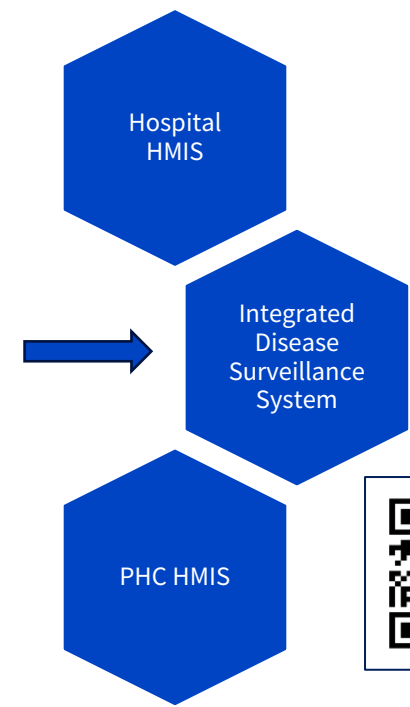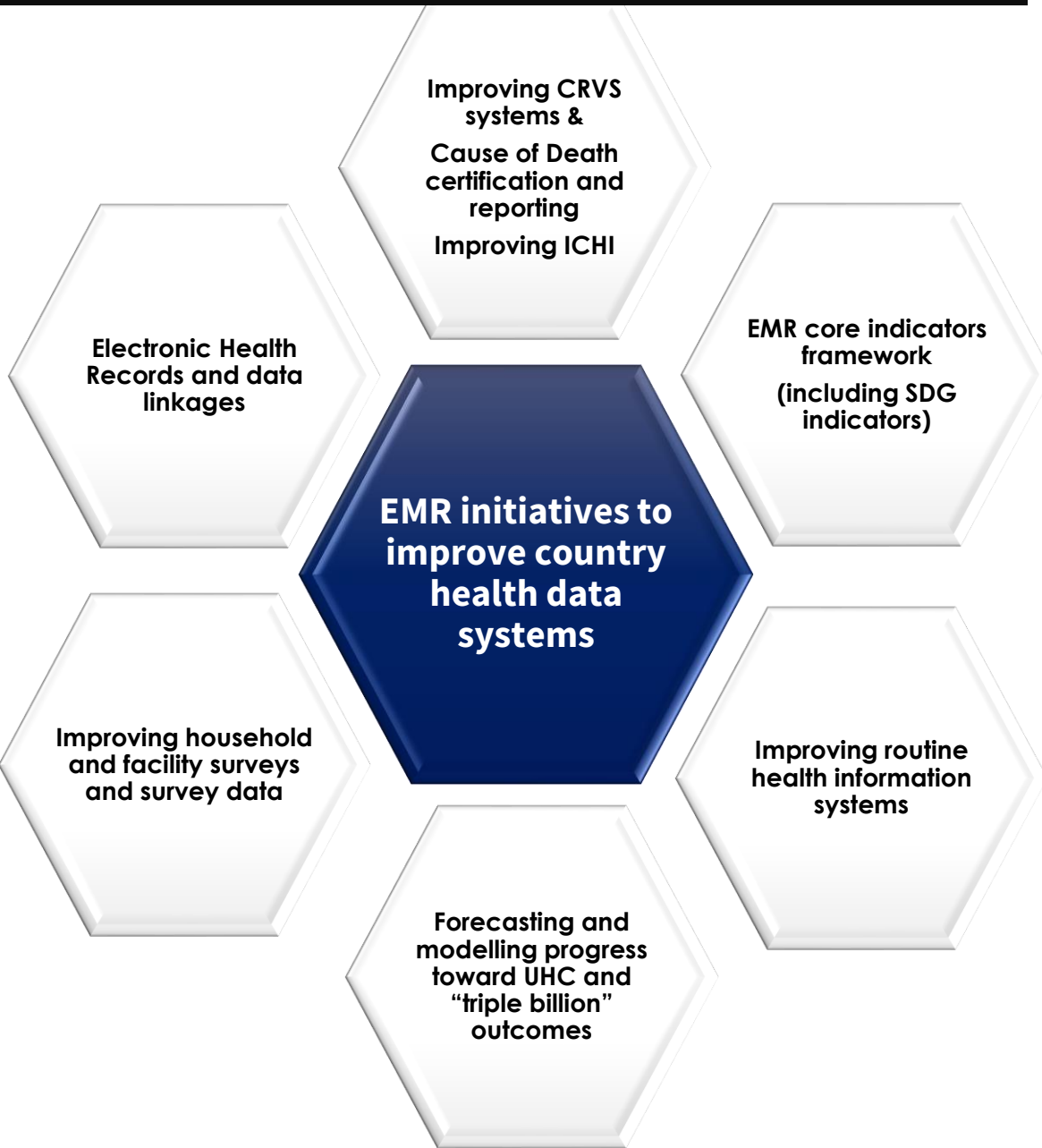
Better use of artificial intelligence: promises and opportunities to accelerate progress

- Evidence-Informed Policy-Making

- Tailored solutions to population and public health needs

- Research efficiency and timeliness

- Data quality & verification

- Service delivery and quality

- Human resource capacity and management

WHO EMR Regional strategy to institutionalise evidence informed policy making
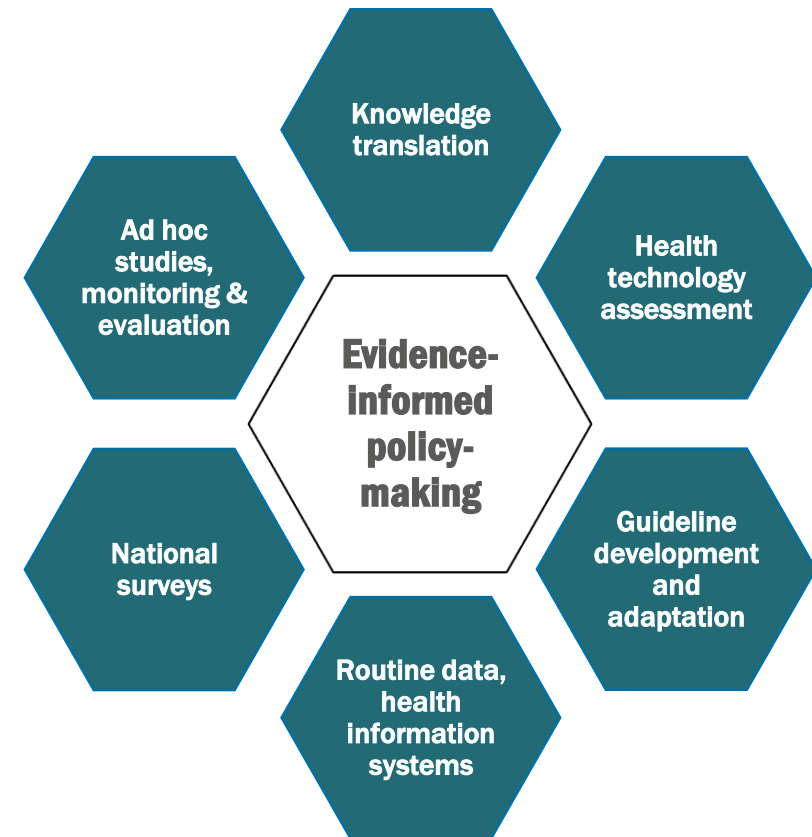
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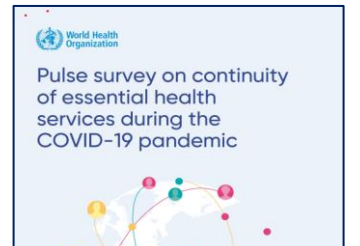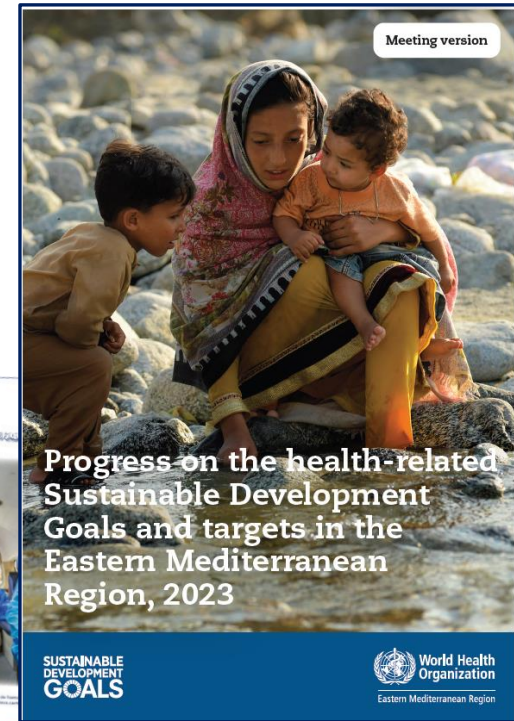
Health information systems and core indicators booklets
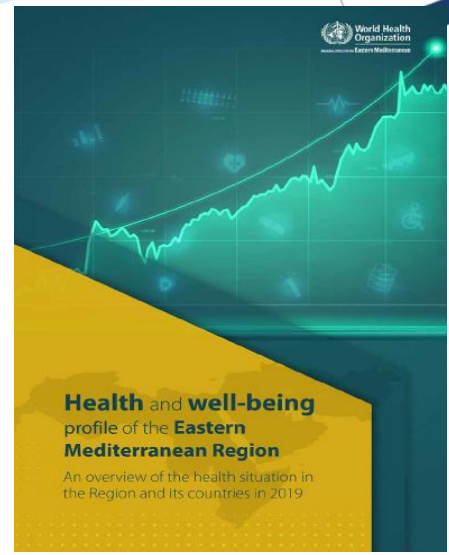
Comprehensive assessments of health information systems

Strengthening data and health information systems in the Americas
IS4H

Department of Evidence and Intelligence for Action in Health (EIH)
PAHO / WHO

Improve data, digital and health information systems

- Clearly comprehend our current standing and make **informed decisions** has never been more important

- **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

- Provide 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.

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE Americas

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Delivering measurable impact in countries

Better data availability

Improved data access

Increased data use to improve policies and programmes

Data availability and quality

https://opendata.paho.org/en/core-indicators/visualizations
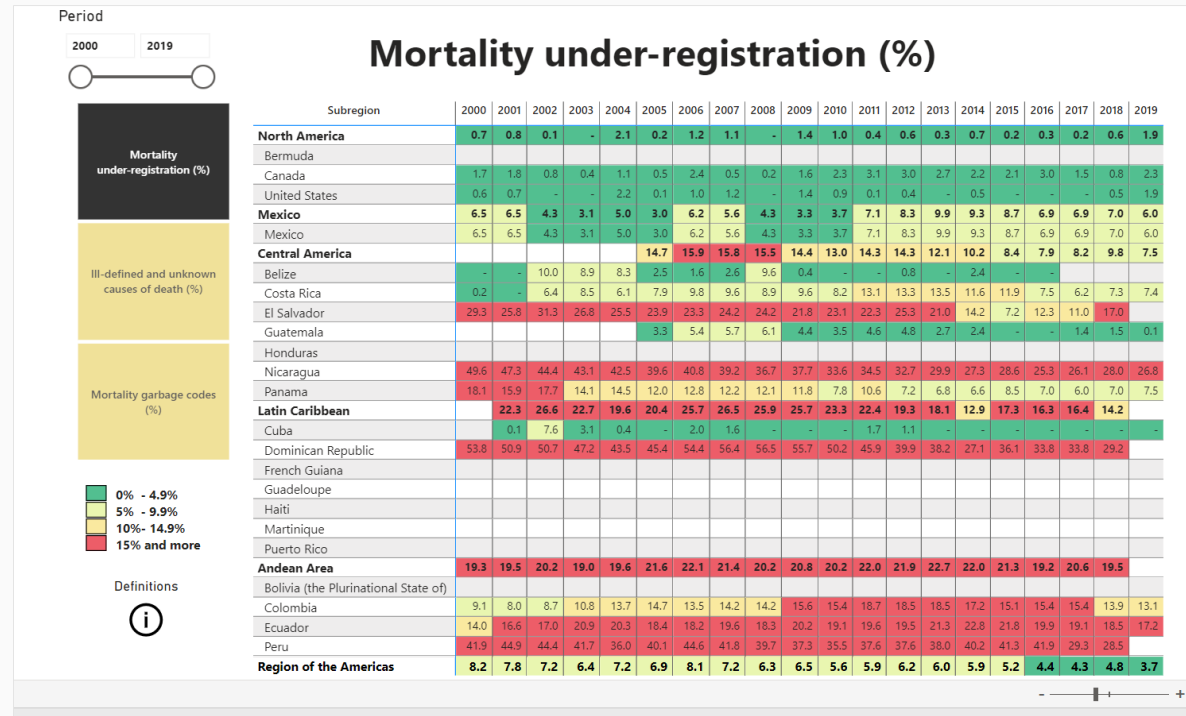
Maturity assessment and roadmap

Maturity Levels by **Data Management and Information Technology** indicators	Sub Region 1	Sub Region 2	Sub Region 3	Sub Region 4	Sub Region 5
Data Governance	4.30	3.87	2.98	2.88	1.72
Data Sources	4.19	3.59	2.71	2.76	1.87
Information Products	4.48	4.18	2.78	3.03	1.93
IT Infrastructure	4.35	3.59	2.82	2.51	1.60
Standards for Quality and Interoperability	4.00	3.76	2.55	2.63	1.71

Avg. Ranking 1.00 – 5.00

Maturity Levels by **Management and Governance** indicators	Sub Region 1	Sub Region 2	Sub Region 3	Sub Region 4	Sub Region 5
Financial Resources	5.00	3.67	2.80	2.92	1.50
Human Resources	3.94	3.58	2.96	2.76	1.85
Leadership and Coordination	4.00	4.00	2.90	2.83	1.67
Legislation, Policy and Compliance	3.57	3.52	3.16	2.46	1.59
Multisectoral Collaboration	4.14	3.48	3.20	2.69	1.85
National and International Agreemen..	4.00	3.73	3.36	2.83	1.60
Organizational Structures and Functi..	4.45	3.42	2.73	2.61	1.46
Strategic and Operational Plans	4.50	3.67	2.70	2.58	1.55

Avg. Ranking 1.00 – 5.00

Maturity Levels by **Knowledge Management and Sharing** indicators	Sub Region x	Sub Region x	Sub Region x	Sub Region x	Sub Region x
Academia & Scientific Community	3.50	3.50	2.90	2.67	1.69
Knowledge Architecture	4.16	3.61	2.68	2.72	1.65
Knowledge Processes	3.49	3.24	2.30	2.36	1.25
Networks	3.67	3.33	2.27	2.44	1.41
Social Participation	3.75	3.46	2.53	2.65	1.58
Strategic Communications	4.20	3.53	2.60	2.77	1.59

Avg. Ranking 1.00 – 5.00

Maturity Levels by **Innovation** indicators	Sub Region x	Sub Region x	Sub Region x	Sub Region x	Sub Region x
Digital Health	4.33	3.11	2.20	2.50	1.27
E-Government	4.00	3.25	2.50	2.38	1.58
Health Analysis for Decision-Making	4.65	3.75	2.65	2.77	1.51
Key Concepts	4.00	3.86	2.86	2.48	1.80
Open Government	4.00	3.42	2.80	2.54	1.55
Preparedness and Resilience	4.60	3.53	2.60	2.70	1.42
Tools	4.50	3.40	2.45	2.50	1.47

Avg. Ranking 1.00 – 5.00

The IS4H high-level journey

Conceptual framework → Technical architecture → Maturity model → Assessments and technical cooperation → Policy document and resolution 2018-2023 → After Action review → Policy document and resolution 2024-2030

Pan American Health Organization

World Health Organization — REGIONAL OFFICE FOR THE Americas

What can be improved and how?

IS4H Strategic domain	Action for improvement
Data management and information technologies	By adopting international standards for **data management and interoperability**
Management and governance	By adopting guiding principles, policies, and official **governance mechanisms** for data and information management
Knowledge management and sharing	By implementing a **digital literacy** programs as an ongoing mechanism to strengthen human resources skills to work within the Information Society
Innovation	By determining the maturity of the countries' information systems for health as a first step in moving towards the **digital transformation of the health sector**

- **Leveraging global and regional partnerships to accelerate and scale progress**
- **Stronger and better-staffed country offices**
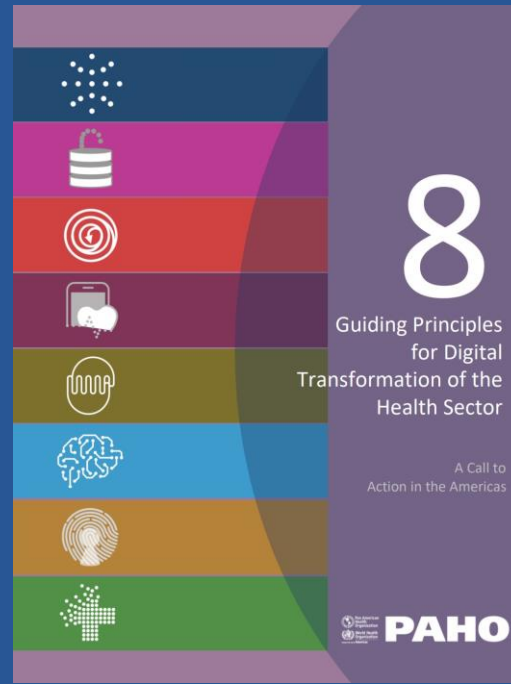- **Better data via World Health Data Hub and Regional platform PLISA**

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE Americas

Department of Evidence and Intelligence for
Action in Health (EIH)
PAHO / WHO

Discussion and feedback

Summary of feedback received

1. Direction to update and integrate the WHO Results Framework for draft GPW 14
2. On impact measurement: progress on a good track
   - Feedback on technical consideration to set the billion target for GPW14
   - Importance to continue to work with countries to improve the impact measurement
   - Simplify outcome indicators with a baseline and targets
   - Should not create any further reporting burden for countries
3. On output measurement: delivery for impact approaches and country impact studies useful for countries
   - Importance of value added highlighted
   - Training on delivery for impact approach available upon request from countries
   - GPW14 prioritization will guide development of delivery milestones (intermediate outcomes)
4. Strengthening data and health information systems for informed decisions in countries
5. Commitment to countries and SDGs – accountability and results

Next steps

1. Secretariat will regroup, take feedback from this consultation and finalize outcome indicators by 18 March

2. Request Member States and all partners to send written feedback on the technical paper to impactmeasurement@who.int by 18 March

3. Online consultation underway on triple billion targets and projections completed

4. Updated Methods and Metadata available by April 2024

5. Secretariat will integrate WHO results framework as an accountability framework for draft GPW 14

World Health Organization

Any further guidance and input welcome

Thank you very much for participating!

Please send feedback and comments to: impactmeasurement@who.int

Reference slides

Proposed Obj. 4 indicators: Improve equity & quality in health service coverage & financial protection to advance UHC

| Outcomes	Indicative Outputs	Proposed HSS outcome indicators	Mandate
3.1 The PHC approach is renewed and strengthened to accelerate UHC	**1. Strengthened delivery of quality, people-centred comprehensive, integrated services**	UHC package of services is developed & meets criteria (see metadata)	WHA72.2
		Health facility density & distribution (by type/level)	WHA72.2
		% population reporting perceived barriers to care (geographic, socio-cultural, financial)	WHA72.2
		Service utilization rate (primary care, emergency care, hospital admissions)	WHA72.2
		Service availability, readiness & resilience (% facilities with services per UHC package & capacities – WASH, IPC, quality improvement, health products, community engagement, multidisciplinary teams ++) *	WHA72.2 SDG3.b.3 WHA54.11
		People centeredness of primary care (patient experiences, community perceptions, trust)*	WHA72.2
	2. Strengthened essential public health functions & resilience	Institutional capacity for essential public health functions meeting criteria	WHA72.2
	3. Strengthened health governance capacity	National strategy, policies and plans oriented to PHC and UHC meeting criteria	WHA72.2
		Health sector coordination mechanisms for multistakeholder participation, communities and civil society	WHA72.2
3.2. Health and care workforce, financing and product availability substantially improved	**1. Strengthened health and care workforce**	Health worker density & distribution (occupation, subnational, facility type, facility ownership, age, gender)	SDG3.c.1 WHA 63.16, WHA 69.19
	2. Implementation of evidence-based health financing policies	Government domestic spending on health as a share of general government expenditure	SDG 1.a.2 WHA65.9
		Government domestic spending on health per capita	WHA64.9
		Government domestic spending on PHC as a share of total PHC expenditure	UN-74/2
	3. Safe, effective, affordable and quality-assured meds & products	Access to health products index	SDG3.b.3 WHA54.11
		Improved regulatory systems for health products	WHA67.20
3.3. HIS strengthened & digital transformation implemented	**1. Improved country health information systems**	Regular surveys of patient-reported experiences	WHA72.2
	2. Digital transformation of health and health systems	% of health facilities using point of service digital tools meeting criteria (by type)*	WHA71.1

Subnational indicators

Proposed Obj. 4 indicators: Improve equity & quality in health service coverage & financial protection to advance UHC

Outcomes	Indicative Outputs	Proposed HSS outcome indicators	Mandate
4.1. Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved	**1. Strengthened prevention and control of non-communicable diseases**	Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	SDG 3.4.1
		Prevalence of controlled diabetes in adults aged 30-79 years	WHA75.11
		Prevalence of controlled hypertension, among adults aged 30-79 years	WHA66.10
		Prevalence of raised blood pressure in adults aged ≥18 years	WHA 66.10
		Cervical cancer screening coverage in women aged 30 - 49 years, at least once in lifetime	WHA73.2
		Effective refractive error coverage (eREC)	WHA 74.12
	2. People-centred, rights-based services for key mental health, neurological and substance use conditions	Suicide mortality rate	SDG 3.4.2
		Coverage of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services) for substance use disorders	SDG 3.5.1
		Service coverage for people with mental health and neurological conditions	WHA72.1
	3. Reduce incidence, morbidity, mortality, &, where applicable, control, eliminate, or eradicate communicable diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations	SDG 3.3.1
		Hepatitis B incidence per 100,000 population	SDG 3.3.4
		Hepatitis C incidence per 100,000 population	
		Prevalence of active syphilis in individuals 15 to 49 years of age (%)	
		Tuberculosis incidence per 100,000 population	SDG 3.3.2
		Malaria incidence per 1,000 population	SDG 3.3.3
		Vector-borne disease incidence	
		Number of people requiring interventions against neglected tropical diseases	SDG 3.3.5
	4. Antimicrobial resistance to improve quality of care and health outcomes	Percentage of bloodstream infections due to selected antimicrobial-resistant organisms	SDG 3.d.2
		Patterns of antibiotic consumption at national level	WHA68.7
	Cross-cutting across outputs	Coverage of essential health services (UHC coverage index)	SDG 3.8.1
		Proportion of population satisfied with their last experience of public health services	SDG 16.6.2
		Does the government provide non-national equal access to i) essential and/or ii) emergency healthcare?	SDG 10.7.2

Proposed Obj. 4 indicators: Improve equity & quality in health service coverage & financial protection to advance UHC (cont.)

Outcomes	Indicative Outputs	Proposed HSS outcome indicators	Mandate
4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved	**1 Improve sexual, reproductive, newborn, child, adolescent, and older person health services across the life course**	Maternal mortality ratio	SDG 3.1.1
		Under-5 mortality rate	SDG 3.2.1
		Neonatal mortality rate	SDG 3.2.2
		Stillbirth rate (per 1000 total births)	WHA 67.10
		Prop. of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, & repro. health care	SDG 5.6.1
		Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	SDG 3.7.1
		# countries w. laws & regulations that guarantee full & equal access to women & men 15 years & older to sexual & repr. health care, info, edu	SDG 5.6.2
		Proportion of births attended by skilled health personnel	SDG 3.1.2
		Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	SDG 3.7.2
		Obstetric and gynaecological admissions owing to abortion	
		Postnatal Care Coverage (newborn)	WHA 67.10
		Postnatal Care Coverage (woman)	WHA69/16
		Treatment of acutely malnourished children	
		Proportion of children aged 24–59 months who are developmentally on track in health, learning, and psychosocial well-being, by sex	SDG 4.2.1
		Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines	WHA 67.15
		Prop. ever-partnered women/girls 15 years &older subjected to physical/sexual/psycho. violence by current/former intimate partner in prev. 12 mo.'s	SDG 5.2.1
		Proportion of girls and women aged 15 – 49 who have undergone female genital mutilation	SDG 5.3.2
		Percentage of older people receiving long-term care at a residential care facility and home	WHA 73.12
	2 Strengthen & sustain immunization services	Proportion of the target population covered by all vaccines included in their national programme	SDG 3.b.1
4.3. Financial protection improved by reducing OOP	**1 Address financial barriers & hardship**	Population with impoverishing OOP health spending (pushed and further pushed below a poverty line by OOP health spending)	SDG1.1.1
		Share of HH with impoverishing OOP payments (pushed and further pushed below a relative poverty line reflecting basic needs: (food, housing & utilities approach – developed for WHO EURO)	EUR/RC65/13

Under GPW14 WHO will work with Member States & partners to better protect seven billion people from health emergencies by...
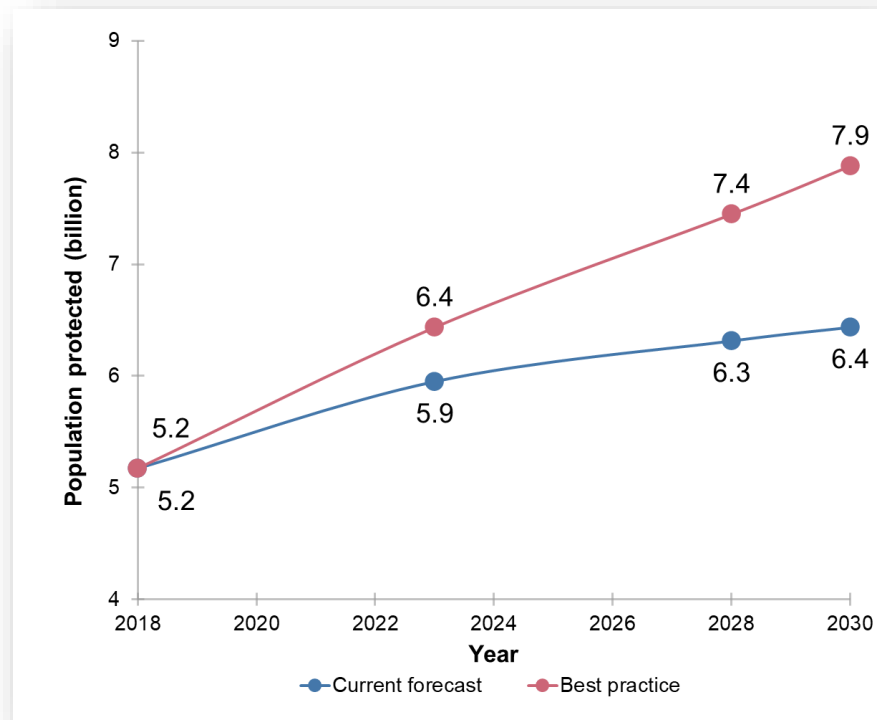
"Seven billion* people better protected from health emergencies by 2028"

- **Preventing, preparing & mitigating impact for emerging risks to health from all hazards**

  – Reducing the risks & mitigating the impact of health emergencies from all hazards

  – Enhancing preparedness, readiness & resilience for health emergencies

- **Rapidly detecting & sustaining effective response to all health emergencies**

  – Rapidly detecting & effectively responding to acute public health threats

  – Ensuring sustained & equitable access to essential health services during emergencies

*Impact indicators & targets currently under development – to be confirmed