



World Health  
Organization



**GPW 13 Results Framework:  
2nd Global Technical Consultation**  
April 16-17, 2020, 12:30-14:00 (UTC+2)

**MEETING REPORT**

## Background

WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13) and Programme Budget (2020-2021) provides a strategic direction and defines how the Organization will achieve results and make an impact on people's health. The GPW 13, approved by Member States in May 2017, clearly pointed the Organization towards impact at the country level, introduced a quantitative Triple Billion Target, and based WHO's strategy on the Sustainable Development Goals (SDGs). The Programme Budget 2020-2021, approved by Member States in May 2019, provides the platform to determine resources and strategic allocations. The budget is structured by the triple billion targets and introduces 46 outcome indicators. The results framework is accompanied by the [WHO Impact Framework](#)—a system for impact measurement, a scorecard for output measurement and country case studies. Together, they provide a holistic view of WHO's overall impact. The WHO impact measurement structure is based on the SDGs and consists of the top-level healthy life expectancy indicator; the triple billion targets and related indices; and 46 outcome indicators.

As per the resolution, the Secretariat continued developing the results framework in consultation with Member States, including through the regional committees. A first global technical consultation on the GPW 13 results framework was held in October 2019, in which 20 countries took part, represented by health ministries and national statistical offices, with stakeholder experts and staff from all three levels of WHO. The [meeting report](#) summarized discussions covering impact measurement, methods of calculating progress towards the triple billion targets, review of the 46 outcome indicators and their application to programmes, the healthy life expectancy indicator, data availability, and mechanisms to strengthen that availability. All recommendations made were incorporated into the framework. The output scorecard was discussed across all three levels of WHO, followed by briefings for Member States.

In November 2019, the WHO Regional Office for South East Asia hosted a consultation of all Member States of the Region on application of the impact measurement system. Twenty countries began pilot testing the results framework in close collaboration with the Secretariat. Regular briefings were also held for permanent missions. An updated version of the report on methods for GPW 13 impact measurement (the "methods report"), the database and meeting summary were made [available online](#) in January 2020. The outcomes and progress on the results framework was presented to the Executive Board at its 146th session in January 2020. As recommended by Member States, a stepwise process was established to finalize the results framework.

An additional 13 countries joined the pilot exercise and a total of 33 countries are currently at various stages of piloting the impact measurement system, including a number that have completed the exercise and have submitted recommendations, which have been incorporated into the methods report and related tools. All 33 countries collaborated with WHO to test the framework. A second global technical consultation took place virtually on 16-17 April 2020 to review the findings of the pilot test and ensure that all the recommendations made by the Member States were incorporated.

## Specific recommendations from the Member States

Member States called on WHO to focus on the SDGs, and to reduce the reporting burden on countries; to address data gaps as a matter of high priority, and to work with countries with the greatest need to improve their data and health information system capacity. WHO should become the central repository for data, and the Secretariat should follow WHO data principles and data sharing guidelines; the Organization should work to foster collaboration across entities and partners beyond health ministries, such as national statistics offices and general registry offices; it should

finalize the impact measurement system based on the pilot exercise, so that countries can use the system to track implementation of GPW 13, and improve their programmes and policies.

## Participants

A total of 250 Member State representatives and WHO staff from all 3 levels and 6 regions participated in the virtual consultation. This included around 100 officials from Member States and WHO country offices from 26 of the 33 Member States pilot group. Members of permanent missions based in Geneva from 17 additional Member States also participated in the meeting.

## Objectives

The specific objectives of the consultation were to:

1. Discuss the relevance of COVID 19 to the GPW 13 results framework;
2. Review the three components of the GPW 13 results framework and share the experience and feasibility of the pilot exercise of the impact framework from Member States;
3. Review the impact measurement alignment to SDGs, ensure reduced burden of reporting on countries, review the central repository of data so that countries can monitor progress on national priorities;
4. Discuss ways to address data gaps and work with countries with the greatest need to improve their data and health information system capacity;
5. Summarize next steps to present the GPW13 results framework to WHA.

## Highlights from the consultation

Below are the summary and recommendations from the consultation (Annex 1 background information and agenda; Annex 2 Q&A from Sli.do online; and Annex 3 list of participants)

### Introduction

The Secretariat provided an introduction and reiterated the importance of focusing on impact at the country level. COVID-19 has tested global surveillance and laboratory capacity like no other public health threat. Significant data gaps have been discovered, such as death reporting, surveillance and monitoring systems to identify new hotspots, accurately assessing populations at greatest risk through accurate ICD coding and certification, and ability to track case contacts to rapidly halt transmission, etc. The pandemic highlights the urgent need to more diligently measure preparedness, prevention, detection and response to health emergencies through the health emergencies preparedness index. It is important to have an effective tracking system and to step up country capacities for health emergencies.

WHO emphasized its commitment to continue supporting countries to improve the quality of data at national and sub-national levels. Member States and the Secretariat are working together to harmonize indicators and to standardize estimates, data collection tools, indicator definitions, data source requirements, shared access to official statistics, and good practices. The burden of data collection is being addressed by aligning the GPW 13 measurement with the SDGs and avoiding fragmentation of data systems through a data governance process. As the steward of Member States data, WHO will ensure that data sharing policies and guidelines are followed. WHO regional offices are supporting countries to build capacity and strengthen health information systems. WHO is systematically addressing data gaps and helping link data with policy and impact.

## GPW 13 Results Framework: Overview, Updates and Feedback

### GPW 13 Impact Measurement

The impact measurement structure is based on the SDGs and tracks progress of 46 outcome indicators and their global targets, the Triple Billion targets on universal health coverage, health emergencies, and healthier populations, and healthy life expectancy to gauge the overall health of populations. Key updates to the impact measurement include:

#### a. Pilot Testing the GPW 13 Impact Measurement

The overall purpose of the testing exercise was to assess the feasibility of the methods, understand data gaps, and consult with national stakeholders including the Ministry of Health, National Statistical Offices, and Offices of the Registrar General for feedback. 33 countries joined the pilot testing (see summary of pilot testing [here](#)). Regular tracking of progress requires better and more timely input from improved data systems.

#### b. GPW 13 Impact Measurement Methods Report

[The Methods Report](#) outlines in detail each of the three levels of the measurement, focusing particularly on the methodology for each of the indices and how indices and component indices are calculated. It provides sample calculations and considers both country and global levels. The report will be updated in the next version as more experience from the COVID-19 pandemic is collected.

#### c. Data Repository: Triple Billion dashboard

The [Triple Billion dashboard](#) will be officially launched as a new website in May. This dashboard will report data from WHO's Global Health Observatory and the United Nations SDG database and help identify data gaps that should be prioritized and addressed. The dashboard is intended to provide an easy one-stop database for all countries to track their progress on the triple billion targets as well as progress globally. Countries have been provided with login credentials to explore the dashboard and review their own country's data alongside the global data. This tool is in beta stage of development and will be improved after feedback from countries.

Key features of the dashboard currently include:

- Personalized login to track regional and country progress
- Three core platforms providing country, regional, and global progress on UHC, Health Emergencies Protection and Healthier Populations Billions, including global and national targets
- Visualization of progress on the 46 outcome indicators targets at global and national levels
- Resources for learning more about the GPW 13 Results Framework and impact measurement, including FAQs and relevant policy packages for making progress toward the indicators
- Opportunity to provide feedback and help shape how progress is communicated.

The dashboards will eventually be available in multiple languages and include features for exploring 'what if' scenarios to understand the changes in indicators that are likely to have the most impact on the progress towards the billions. Global milestones will also be featured.

### Output Scorecard

The output scorecard is a multi-dimensional approach that assesses performance using six dimensions that represent what is strategically important for WHO. It will eventually be applied to all

levels of the Organization. It is a structured methodology combining qualitative and quantitative assessment as to how the Secretariat's work is influencing the achievement of outcomes and impacts. A standard set of instruments and leading indicators will guide the performance scoring to assess both the technical and enabling functions of the Organization. Internal pilot testing across the three levels of the Organization is ongoing, pilot testing is ongoing including an assessment of how it can be later applied in country offices. When it is finalized, the Output Scorecard will replace the current monitoring and reporting system of the Secretariat's work. It will be applied to the mid-term review of the Programme Budget 2020-2021, which will start in December 2020.

### Country Case Studies

Country case studies place countries at the center of WHO's work and are a powerful tool for telling the story behind the results – providing a context, a human face, the challenges, and the keys to success as well as any obstacles. Regular case study collection and dissemination will ensure mutual learning among countries about what works and what doesn't. In Indonesia, for example, WHO provided support to respond to an outbreak of vaccine-derived polio virus in Papua Province. Following the IHR, requirements the country promptly identified and declared the outbreak. Then the vaccination of 1.2 million children was swiftly undertaken with the support of WHO. In addition, the country developed a response plan for 3 affected districts, established an emergency operations centre and a field office; surveillance officers were trained and epidemiologists deployed; and tests for surveillance were procured and transported. The outbreak was contained and children from remote provinces were better protected from future emergencies. Countries expressed strong support for the value of the country case studies.

### Delivery for Impact

A brief presentation demonstrated how to use data to inform policy and programmes in countries and drive global and national targets. WHO will provide targeted support to countries through real-time progress tracking, active problem-solving, and knowledge sharing to improve results reporting and ensure maximum effectiveness. This approach, which is being used at all three levels of the Organization, builds on systems and processes in place to focus on impact. It is a complementary function to existing delivery mechanisms and works to build the capacity across all three WHO levels to create a common understanding of progress towards the targets and efficiently support countries.

A key part of the work will be stock takes—routine reviews of progress against agreed upon indicators globally and in priority countries—held quarterly with the DG, DDG, Senior Management, Regional Directors, and country representatives. These will focus on the different Billions, subject to views expressed at the first stock take in June 2020 and will be supplemented by monthly update notes. The core purpose of stock takes is to remove barriers to successful implementation by setting targets, tracking progress, and making midcourse corrections in activities if needed. The stock takes will empower programmes, regions, and country offices to define what progress should look like between now and 2023 via projections and to periodically review progress against those projections. This systematic approach will provide a platform to discuss the scalability potential of best practices and add value to the current result management chain in line with the GPW 13 and WHO Transformation agenda.

## Recommendations and Feedback from Member States

Member State	Summary of intervention
Angola	<ul style="list-style-type: none"> <li>• Relevance of GPW 13 will depend on convergence of indicators with national plans to avoid duplication</li> <li>• Pilot exercise has allowed countries to identify and address data gaps and apply a multisectoral approach</li> <li>• Currently developing progress reporting mechanisms for the Triple Billion targets in line with national development plans, but require additional assistance from WHO to adapt the framework to a local context</li> <li>• Priority indicators include maternal, neonatal and child health and infectious diseases</li> <li>• Support for strengthening data and health information systems</li> </ul>
Bangladesh	<ul style="list-style-type: none"> <li>• Bangladesh has developed a national SDG tracking system in line with national and SDG goals and priorities</li> <li>• Welcomed the efforts by the Secretariat and the technical support</li> <li>• Underscored the importance of District Health Information Software (DHIS 2), which is used by around 60 countries, and is the basis for data collection for more than 100 indicators, including health-related SDGs</li> <li>• Noted a lag between national data and global reporting for the World Health Assembly-derived indicators and asked WHO to identify mechanisms to reflect this</li> <li>• Noted weaknesses in CRVS system that need to be urgently addressed</li> <li>• Noted challenges around frequent changes to metadata and collection methods, which need to be streamlined across all levels</li> </ul>
Benin	<ul style="list-style-type: none"> <li>• GPW 13 comes at the right time when national health policies and health development plans are coming to the end of a cycle; GPW 13 will be incorporated into the next cycle</li> <li>• Benin has a well-structured and organized health information system, with publication of annual health statistics since 1995 (2019 statistics were approved two weeks ago)</li> <li>• The country uses the following data collection tools: demographic health surveys (every 5 years), service availability and readiness assessment (SARA) surveys and household surveys. It also publishes weekly infectious disease surveillance reports (IDSR) and daily reports for COVID-19</li> <li>• Will use the current health information system, which already includes GPW 13 indicators, to identify missing data and ensure these are included in the future, so that 2020 annual statistics includes all GPW 13 indicators</li> <li>• Important for the country to have dynamic health facility mapping at public/private levels to better meet the demand for care</li> </ul>
Bhutan	<ul style="list-style-type: none"> <li>• National 5-year plan reflects Triple Billion targets and includes national SDG dashboard and health management information system</li> </ul>

Member State	Summary of intervention
	<ul style="list-style-type: none"> <li>• Noted challenges around inability to capture indicator data beyond health facilities and need for additional CRVS strengthening and population and behavioural surveys</li> <li>• Noted challenges around accessing the Triple Billion dashboard (which has been addressed) and asked real-time country data to be included where possible</li> <li>• Requested technical guidance from the Secretariat on the Balanced Scorecard</li> </ul>
Ethiopia	<ul style="list-style-type: none"> <li>• GPW 13 results framework is in alignment with the National Health sector transformation plan. It includes indicators adopted from GPW 13 results framework, which will enable subnational, national, regional and global comparisons</li> <li>• Noted data reporting challenges with regard to indicator definitions, data sources, and collection methods, e.g., annual household surveys and financial coverage threshold</li> <li>• Noted the need to sensitize other government agencies to GPW 13 and align with existing national health policies and plans</li> <li>• Requested additional support to further strengthen data and health information systems, particularly for CRVS, HIS and digital health</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>• Kenya health policy and UHC implementation is on track for 2022</li> <li>• GPW 13 provides a useful framework for performance monitoring as well as improvements to national indicators on HALE</li> <li>• GPW 13 related indicators are integrated into national plans on UHC monitoring and PHC</li> <li>• Alignment of GPW 13 with SDGs is recognized and welcomed</li> <li>• Requested clarification between GBD indicators and HALE</li> <li>• Requested details in the methods on the indices and relevance to COVID, including healthier population index indicators (WASH) and explanation on how indicators can be adapted to local context (outlined in the revised methods report)</li> <li>• Kenya employs a variety of data collection tools, including DHIS2 and SCORE validation, but challenges in data gaps on indicators for health worker density, lack of health emergency data ,and lack of NCD risk factor data</li> <li>• Recommended that Member States prioritize data collection from existing sources and reduce dependency on proxy indicators/modelled estimates</li> <li>• Asked WHO to urgently address data gaps and build country capacity</li> <li>• Gaps in CRVS and CoD verification need to be addressed</li> <li>• Requested additional HPOP inputs around patient satisfaction, wellness, and health service resiliency</li> </ul>
Lebanon	<ul style="list-style-type: none"> <li>• COVID-19 highlights absence of unique identification tracers for patients and lack of input data for areas such as bed capacity and health workforce</li> </ul>

Member State	Summary of intervention
	<ul style="list-style-type: none"> <li>Noted a lack of basic demographic data due to social and political unrest and lack of a recent census; this affects ability to report</li> <li>Noted challenge around multiple data sources, values, and methods</li> <li>Requested clarification on indicators not relevant to certain countries and additional guidance on proxy indicators</li> <li>Country case studies welcomed as an important component of GPW 13</li> <li>Requested support from WHO on improving data and health information systems</li> </ul>
Mauritius	<ul style="list-style-type: none"> <li>Acknowledged commitment to progress monitoring to improve population health and GPW 13 is a vital tool for this</li> <li>Need for HIS and CRVS strengthening in context of COVID</li> <li>Requested additional input indicators to reflect full scope of emergency response, including CoD reporting outside of hospitals</li> <li>Requested additional capacity-building to LMICs in AFRO geared towards emergency response and routine data reporting</li> <li>Recommended review of indicators not relevant to majority of countries and need for more action-based input and output indicators</li> <li>Recommended adding standardized proxy data</li> </ul>
Nepal	<ul style="list-style-type: none"> <li>Noted appreciation for GPW 13 and SDG indicator alignment</li> <li>Nepal has a strong HIS but requires additional support from HQ and SEARO on CRVS and surveillance</li> </ul>
Norway	<ul style="list-style-type: none"> <li>Noted that pilot country selection could include greater range of high-income countries to be more representative (after this meeting, WHO will ask all countries to use the methods to further test)</li> </ul>
Oman	<ul style="list-style-type: none"> <li>Noted a strong HIS and PHC system in Oman with robust demographic and clinical data collected via an e-notification system now being used for COVID response</li> <li>ICD coding used for calculation of GPW 13 indicators</li> <li>Requested clarification between GBD and HALE indices (which is outlined in the updated methods report)</li> <li>Noted reference to immigrant and refugee populations as well as the importance of partnerships between public and private sectors in an emergency response; requested clarity on how a multisectoral response can be applied in emergencies</li> </ul>
People's Republic of China	<ul style="list-style-type: none"> <li>Welcomed the opportunity to pilot</li> <li>Healthy China 2030 is aligned with GPW 13, including multisectoral collaboration and integrating health into all policies</li> <li>Asked WHO to provide indicator definitions and data source requirements as well as implementation toolkits (Metadata is updated and WHO will develop toolkits)</li> </ul>
Philippines	<ul style="list-style-type: none"> <li>Philippines' Vision 2040 and medium-term health agenda are linked to Triple Billion targets in consultation with national stakeholders</li> </ul>



Member State	Summary of intervention
	<ul style="list-style-type: none"> <li>• Shared feedback on the pilot exercise</li> <li>• Output scorecard serves as an accountability mechanism</li> <li>• 2019 UHC Act promotes system integration at subnational level with a focus on adapting the UHC index to local contexts</li> <li>• Recommended that WHO urgently move from the theoretical to the practical implementation of the results framework</li> </ul>
Russian Federation	<ul style="list-style-type: none"> <li>• Recommend alignment of data and reporting across all three levels of the organization. Noted variation between WHO estimates and Member State-reported estimates</li> <li>• Requested inclusion of country data in the GPW 13 database after Member State review and approval</li> <li>• Echoed request for guidance on proxy indicator selection</li> </ul>
Sri Lanka	<ul style="list-style-type: none"> <li>• Welcomed the importance of the results framework and support for the pilot</li> <li>• Requested detail on IHR core capacity calculation methods (outlined in updated methods report)</li> <li>• Noted that data availability is a challenge for indicator reporting due to lack of denominators and that some indicators are not relevant, e.g. culturally sensitive indicators such as violence against children. (clarified that countries can select based on priorities)</li> <li>• Asked WHO to provide support and build capacity</li> <li>• Noted challenges of COVID-19 and its links to the Triple Billion indicators and implications for the Triple Billion targets</li> </ul>
Syrian Arab Republic	<ul style="list-style-type: none"> <li>• Syria appreciated being able to participate in the testing of the GPW13 results framework and outlined its challenges on multiple fronts, including prolonged conflict in the country and large portions of the population requiring emergency humanitarian assistance</li> <li>• Noted lack of health workforce and under-functioning health facilities</li> <li>• Challenges around demographic data due to lack of census information</li> <li>• Noted that many HPOP and UHC indicators are a challenge</li> <li>• Underscored the importance of WHO supporting this work and requested close coordination between WCO, Syrian Government, and EMRO to build routine primary and secondary healthcare systems and strengthen CRVS and analytical capacity</li> </ul>
Timor-Leste	<ul style="list-style-type: none"> <li>• Recognized support for the GPW13 results framework pilot approach and the Triple Billion dashboard as a vital tool to track country and global progress towards the Triple Billion targets</li> <li>• Timor-Leste using GPW 13 framework to guide health policy design and welcomes integration with SDGs</li> <li>• COVID-19 highlights need for stronger linkage among all three indices</li> <li>• Highlighted the need to use data for accelerating health policy decisions</li> </ul>

Member State	Summary of intervention
Thailand	<ul style="list-style-type: none"> <li>• Requested additional capacity building for countries to generate verified estimates at national and subnational levels, equity indicators, and support for data and health information systems</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Noted that the IHR may lack sensitivity to capture COVID response, particularly the prevent sub-indicator on vaccine-preventable diseases; requested varying thresholds in detection and response. This needs to be further strengthened. Suggested inclusion of indicators for non-pharmacological interventions such as quarantine, border restrictions, social distancing, and PPE</li> <li>• Table A.1 and E.2 of Methods Report require additional review</li> <li>• Noted the need to rely on national and routine monitoring systems for SDG UHC 3.8.1 and 3.8.2. Monitoring unmet health care need using Standard OECD survey questionnaire, piggybacking with routine household surveys in country</li> <li>• Noted lack of additional NCD indicators on risk factors, e.g. trans fats, physical activity, and salt/sugar intake, which have important policy implications</li> <li>• Monitor through regular survey of 3b3 availability and affordability of essential medicines; WHO had developed mobile platform for quick survey, MEDMON</li> <li>• For AMR, cannot rely on health status indicators (sepsis), but consumption of antibiotics by three subgroups of the AWaRe is essential. Thailand has developed surveillance system of antimicrobial consumption</li> <li>• Recommended that Member States use domestic resources to address data gaps through national health surveys where possible and not rely on outside assistance</li> </ul>
Turkey	<ul style="list-style-type: none"> <li>• Welcomed the opportunity to implement the pilot. Turkey engaged with all stakeholders in the country.</li> <li>• Asked WHO to provide tools and training to better understand GPW13 methodology (WHO is working on this)</li> </ul>

## Next Steps

The consultation provided valuable feedback for further updates to the GPW 13 Results Framework. The Secretariat will incorporate the feedback into the methods and submit it to the 73<sup>rd</sup> World Health Assembly.

### 1. Results Framework:

- a. Feedback from Member States on the GPW 13 impact measurement will be incorporated into the Triple Billion dashboard.
- b. Lessons learned from COVID-19 will be taken into full consideration for GPW 13 indicators, many of which already relate directly to the COVID-19 response.
- c. WHO will develop FAQs, tools, and training resources, as recommended by the Member States.
- d. All GPW13 official documents will be translated into all WHO official languages and posted at <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>.
- e. Using lessons learned from the pilot testing of the GPW 13 impact measurement, a rollout to all countries will be planned under the leadership of WHO country offices and Member States.

### 2. Strengthening data and health information systems capacity:

- a. The Triple Billion Dashboard provides a first step to consolidate data into a one-stop database for countries. Following best practices and user feedback, the dashboard will be launched for all countries in May 2020.
- b. The WHO World Health Statistics Report will be launched on 13 May 2020. WHO will make every effort to ensure data are consistent with Member States reporting.
- c. The first global resource on data and health information system—the WHO SCORE technical package—will be launched in 2020 and the first assessment later in the year.
- d. WHO will respond to country requests to have real-time, reliable, accessible, and actionable data for the improvement of public health.
- e. WHO is developing and collating tools and training resources on CRVS, surveillance systems, routine health services, and administrative systems and will make these available online.
- f. WHO will provide support to countries to address data gaps (address inequalities) and strengthen analytical capacity to report and use data to drive impact.

### 3. Introduce collaborative networks on data and health information systems: WHO will maintain a strong 3-level network and is committed to build capacity in countries to report on relevant indicators and provide timely, reliable, and actionable data.

## ANNEX 1. GPW 13 Results Framework: 2<sup>nd</sup> Global Technical Consultation, 16-17 April 2020

### BACKGROUND INFORMATION AND AGENDA

#### Introduction

Guided by the principle to make a measurable impact on the health of the people we serve, the World Health Organization's 13<sup>th</sup> General Programme of Work, 2019-2023 (GPW13) developed an accountability system to track the contributions of the Member States, Secretariat and partners. The GPW13 Results Framework developed jointly with Member States, Secretariat and partners will track progress towards the Triple Billion targets and health-related Sustainable Development Goals (SDG). The COVID-19 pandemic brings a stark attention to the need to measure preparedness, prevention and detection & response of countries to health emergencies. It also shows the support countries need to rapidly strengthen data and health information systems for preparedness, prevention and detection & prevention.

The results framework is accompanied by a system for measuring impact – the Thirteenth General Programme of Work, 2019-2023 WHO Impact Framework, a scorecard for output measurement; and qualitative case studies. Together, they provide a holistic view of WHO's overall impact. The WHO impact measurement structure is based on the Sustainable Development Goals and consists of the top-level healthy life expectancy indicator; the triple billion targets and related indices; and 46 outcome indicators. As recommended by Member States, a stepwise process was established to finalize the results framework, involving a series of consultations, technical reviews and feedback processes, to ensure that the results framework reflects technical inputs and recommendations from Member States, technical experts and partners. The framework has been subject to in-depth review, recommendations made were incorporated at every stage and pilot exercises have been undertaken.

The 2<sup>nd</sup> Global Technical Consultation is a follow-up to a series of interactive briefings with the Member States, technical exchange and is a follow-up to the first consultation that took place in October 2019, where 20 countries first joined to test the GPW13 impact measurement system. Since then, WHO South Asian Regional Office held an all eleven Member States' technical consultation in November 2019, to discuss the applicability of the methods, proposed improvement and began the testing exercise.

Subsequently, additional countries joined in February. Currently, 33 countries have undertaken the testing exercise in close collaboration with all three levels of WHO- country office, regional office and headquarters technical teams. The experience gained has informed the further refinement of the measurement and clarity on the need to strengthen data and health information systems. In this stepwise manner, the feedback from this exercise provided guidance to the Secretariat to refine the measurement and organize a system to support countries to strengthen data and health information systems.

This consultation will bring together representatives from countries' Ministries of Health and National Statistics Offices to review the experience from the pilot exercise and learn from the best practices. To facilitate easy access to available data, at the request of the Member States' a newly developed one-stop data platform 'Triple Billion Dashboard' will be shared for country review and feedback. This dashboard is tailored for countries and regions. It is important to note that COVID 19 brings home the point that each country need to strengthen its data and health information systems is urgent so that data gaps need to be closed and every country can generate and use timely, reliable

and actionable data. At this consultation, we will hear from the countries their recommendations. A technical report from this consultation will be made available to all Member States.

Outlined below are the agenda, background reading and call-in details. The consultation will be recorded, and minutes and summary will be shared with all.

<b>Thursday, 16 April, 12:30 – 14:00 hours</b>		
<b>Time</b>	<b>Item</b>	<b>Speakers</b>
12:30 – 12:40	Opening remarks Relevance of GPW 13 Results Framework to COVID-19	Zsuzsanna Jakab, Deputy Director General
12:40 – 13:00	Overview of the GPW 13 Results Framework: a. GPW 13 impact measurement b. Balanced scorecard c. Country case studies	Samira Asma Imre Hollo Shambhu Acharya
13:00 – 13:55	<b>Pilot experiences and feedback</b> Objectives Regional feedback  Summary and recommendations Member States feedback	Samira Asma Humphrey Karamagi, Arash Rashidian, Rony Maza, Mark Landry, Jun Gao, Dean Chambliss, Adrienne Cox, Kristina Mauer-Stender Amit Prasad Member States
13:15 – 14:00	Closing remarks	Samira Asma
<b>Friday, 17 April, 12:30 – 14:00 hours</b>		
<b>Time</b>	<b>Item</b>	<b>Speakers</b>
12:30 – 12:40	Opening remarks	Samira Asma
12:40 – 13:00	Methods report Triple billions dashboard Delivery for Impact	Alice Robson Somnath Chatterji Pavel Ursu
13:00 – 13:50	Member States feedback (continued)	Member States
13:50 – 14:00	Conclusions and next steps	Samira Asma

### **Background Reading**

Background materials will be updated on the GPW13 website on Tuesday, 14 April

<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>

1. GPW13 Results Framework Progress - Update background paper (attached)
2. GPW13 Impact Measurement Methods Report (see link above)
3. Metadata (see link above)
4. Dashboard link (<https://gpw13.azurewebsites.net/>)

### **Call in details**

<https://who.zoom.us/j/179809274>

Join from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join. <https://who.zoom.us/j/179809274>

International numbers available: <https://who.zoom.us/u/acnOIGkDyx>

### **Secretariat Contact**

Amit Prasad ([prasada@who.int](mailto:prasada@who.int))

## ANNEX 2. List of key questions from SLI.DO

Please refer to the FAQ section on the [GPW 13 Triple Billions Dashboard](#) for additional information.

### TRIPLE BILLION INDICATORS AND SDGs

#### 1. *Are UHC indicators same as those used for calculating SDG 3.8.1?*

The indicators used to calculate Average Service Coverage (ASC) within the combined Universal Health Coverage Index (UHC) are the same as those used to calculate UHC for SDG 3.8.1. However, there are some minor differences in the way this indicator data is compiled and analysed to calculate ASC compared with SDG 3.8.1. The table explains these adjustments:

	SDG 3.8.1	GPW 13	Reasons for difference in GPW 13
Averaging	Nested geometric	Nested arithmetic	Allows conversion to population  Avoids issues that occur with zero values or when one indicator value is very different from the rest
Indicators	14 tracer indicators	14 tracer indicators: Tobacco use and health work force are adjusted relative to SDG 3.8.1	Uses improved SDG data for HWF  Ensures progress in tobacco is included for all countries

More detailed explanation of these differences can be found in the [GPW 13 Methods Report](#).

#### 2. *Can governments use their Dashboard profile for country SDG reporting (e.g. voluntary national review) – for all health-related SDGs indicators/methodology?*

Yes, countries will be able to rely on the data presented on the GPW 13 Triple Billion Dashboard for any national review processes, including those for tracking progress on health-related SDGs. The vast majority of the GPW 13 outcome indicators are identical to the health-related SDG indicators to reduce the reporting burden on Member States and to unify data sources across both initiatives.

#### 3. *Will the GWP 13 data go through the same processes of country consultations and data quality review as the SDGs?*

Yes, data used for the GPW 13 indicators pass through the same country consultation and statistical clearance processes as those of the health-related SDG indicators.

#### 4. *How will we ensure country-reported SDG data matches the data in the Triple Billions?*

To ensure that data for GPW 13 indicators are matched with country-reported values for corresponding SDG indicators, the GPW 13 Triple Billions Dashboard will pull data directly from the official UN SDG database. It will also rely on data from the WHO Global Health Observatory, both of which are unified in their data sources, analysis methods, and clearance processes.

## DASHBOARD

### 1. *What are the data sources for the GPW 13 Triple Billions Dashboard?*

For WHO-reported data, the GPW 13 Triple Billions Dashboard uses data from the WHO Global Health Observatory and UN SDG databases. These sources are largely based on country-reported data and use the same data analysis and statistical clearance processes as for any country estimates.

### 2. *Is it possible to update the Dashboard with country-owned data?*

Currently the GPW 13 Triple Billions Dashboard uses WHO-reported values for country profiles and global measures. However, alignment with and publication of country-reported values will be a feature in future dashboard iterations.

### 3. *Is the Dashboard replacing the integrated GHO, or is it in addition?*

The GPW 13 Triple Billions Dashboard will be fully integrated with the WHO Global Health Observatory, as well as across digital data platforms at regional and country levels.

### 4. *How can Country Offices and Member States access the Triple Billion Dashboard?*

Currently, WHO staff can access the GPW 13 Triple Billions Dashboard using their WIMS login information. Member State representatives can request personalized login credentials from their country's WHO Representative. In the beta phase of the dashboard, WHO is seeking feedback from Member State officials who were involved in the pilot testing of the GPW 13 impact measurement. This feedback will be incorporated to update the dashboard. Access to the dashboard will be expanded to all Member States at the launch of the GPW 13 Triple Billions Dashboard in May 2020.

## METHODS

### 1. *What methods are used to calculate the Triple Billions targets projections for 2023?*

The choice of methods used to calculate the Triple Billions follows extensive debate and consultation with both internal and external experts. The resulting estimates will be best approximations given multiple variables, including the definition of the Triple Billions, limitations of indicator data availability and quality, and variations in country and regional contexts. Additionally, the design of the targets and their methods is such that countries can independently calculate their contributions to each of the Triple Billions, helping inform their own target-setting for national health priorities. As of May 2020, global targets for the Triple Billion targets have been calculated and published on the dashboard. To achieve our 2023 targets of one billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being, an estimated 12.5% increase over the next five years (2019 – 2023) will be necessary. Projections are based on WHO-reported 2018 baseline values.

The process for calculating targets and projections at the regional and national level is currently underway. These targets and projections will be compiled and shared after technical consultations with Member States, WHO technical staff, and external experts. The methods used to determine and calculate these baselines and projections can be found in greater detail in the GPW 13 Methods Report, and in the FAQ section of the GPW 13 Triple Billions Dashboard.

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