World Health Organization

GPW 13 Results Framework: WHO Impact Measurement

3 June 2020

PILOT SUMMARY

Introduction

The WHO GPW 13 Results Framework is designed to improve the health of billions of people in the next five years by tracking the joint efforts of the Secretariat, Member States and partners and meet the Triple Billion targets by 2023. It is intended to also ensure that progress is on track to achieve the health-related Sustainable Development Goals (SDGs) and make course corrections as necessary.

Since 2018, the results framework has been developed in close consultation with the Member States, technical experts and the Secretariat. It is comprised of three elements: 1) impact measurement system, 2) output scorecard, and 3) country case studies. Together, they provide a holistic view of WHO's overall impact.

The impact measurement system is SDG-based and measures progress at three levels: 46 outcome indicators and their global targets for 2023, covering a range of health issues; the Triple Billion targets on universal health coverage (UHC), health emergencies, and healthier populations, gains of one billion additional lives each to be achieved by 2023; and healthy life expectancy (HALE), quantifying expected years of life in good health as a measure of overall health of populations. The Programme, Budget and Administration Committee (PBAC) of the Executive Board provided recommendations to ensure strong involvement of Member States in piloting measurement of the results framework and consider providing a stepwise roll-out of the reporting framework.

Over the past two years, two technical consultations have been held, one global and one in the South East Asia region, in addition to a series of Member States briefings and online consultations to review the methods. At each step, the methods were refined in a step-wise manner. As proposed by the Member States, the WHO Secretariat and regional offices sent a call to Member States across all six WHO regions to assess the feasibility of the impact measurement methods. In response, 34 Members States expressed interest in pilot testing the framework. Formal letters were sent from the Director General to all participating countries' Ministers of Health to obtain commitment to pilot and assure the support of WHO country office, regional office and headquarters.

With the COVID-19 pandemic, the results framework becomes more important than ever. The health emergencies protection index (HEPI) can help to measure pandemic preparedness and response as well as identify critical gaps in emergency response capacity where data and health information systems will need to be strengthened.

Participating countries

Angola, Bangladesh, Benin, Bhutan, Brazil, China, Costa Rica, Democratic People's Republic of Korea, Ethiopia, India, Indonesia, Iran, Kenya, Lao PDR, Lebanon, Maldives, Mauritius, Montenegro, Myanmar, Nepal Norway, Oman, Philippines, Qatar, Russian Federation, Sri Lanka, Syrian Arab Republic, Thailand, Timor-Leste, Tunisia, Turkey, Uzbekistan, Vanuatu, and Viet Nam.

Objectives

1. Assess feasibility of implementing the impact measurement methods;
2. Consult with various stakeholders including ministries of health, national statistical offices and registrar general and provide feedback on the data and methods;
3. Compile data for all national indicators and calculate the Triple Billion indices from global and national official databases based on the agreed methodology; review the data gaps and test the methods to monitor progress towards the Triple Billion targets;

4. Develop a summary report on the experience and compile a one-stop database for all indicators;
5. Provide a report of the pilot exercise to share with all Member States and finalize the methods and present it at the 73rd World Health Assembly; and
6. Identify how the results framework can help strengthen pandemic preparedness and response, including strengthening data and health information systems.

Approach

A standard template was developed to compile data for all impact measurement indicators and calculating the Triple Billion indices based on the metadata. Data was compiled from global databases using nationally reported data when available, and population data was sourced from the UN Population Division. Tools to complete the pilot testing were shared with Member States which included the methods report, metadata, and available official data from WHO. All three levels of the organization worked closely with the national counterparts to provide technical support, translations, and facilitation of the piloting process. As of June 3 2020, 15 countries from all six regions – Angola, Bangladesh, Benin, Bhutan, China, Costa Rica, Ethiopia, India, Kenya, Mauritius, Montenegro, Nepal, Philippines, Syrian Arab Republic and Turkey – have provided feedback on the pilot exercise. The exercise was significantly delayed due to the emergency response to COVID-19, and in some regions Member States were forced to suspend piloting activities as pandemic response was prioritized.

Findings

The findings are categorized into two sections, focusing on reporting feasibility and data gaps. Overall, participating countries expressed satisfaction with the improvements in the methods, the inclusive, collaborative pilot design, and progress achieved in finalizing the impact measurement approach.

Feasibility and completeness

Overall, the range of completeness for the entire dataset was 67% to 86% among the countries. Member States reported that the documentation provided facilitated the completion of the pilot exercise and were relevant and useful. The Triple Billion indices were feasible to calculate based on methods proposed in the pilot exercise.

WHO data undergoes country consultation and quality checks prior to publication and Member States agreed with two-thirds of the WHO reported values. These differences were expected and were between the nationally reported data and WHO data for countries. The differences were due to the global estimation approach to ensure global standardization as follows:

- WHO uses the UN Population Division data for country population estimates while Member States use nationally reported data typically from their latest census and projections.
- National data is derived from primary data sources whereas WHO global health estimates are calculated using various methods unique to a specific indicator.
- Standardisation of definitions for some indicators to enable globally comparative data.
- The use of alternative formulations of indicators by Member States where they do not report on the indicators as per the precise WHO definitions. For example, smoking non-prevalence is reported by WHO to be 75.1 for a one country, whereas the Member State reports a value of 49.5 noting that this figure is for males only.

Data availability and gaps

Outcome indicators

Of the total of 65 indicators in the impact measurement framework, including outcome indicators and indicators from the Triple Billion indices, six indicators have no values in the WHO database. These six indicators include trans-fats, antimicrobial resistance, coverage in fragile settings, substance use disorders, antibiotic consumption and essential medicines. Additionally, less than half of the countries reported data for financial hardship (>25%) and women making informed decisions on sexual and reproductive health.

Triple Billion targets

Nearly three-quarters of WHO-reported UHC index indicator data was available for reporting pilot countries. It should be noted that while the 2017 and 2019 Global Monitoring Reports on UHC use estimate values for missing data, only nationally-reported values were used for the purposes of this pilot.

For the health emergencies protection index (HEPI), indicator data was nearly complete and the majority of values were accepted by pilot countries; only one country reported significantly different data.

For the healthier populations index (HPOP), 67% of indicator values were available from pilot countries as it likely includes indicators that were not being regularly collected by Member States in the time period specified.

Healthy life estimates (HALE)

Data for HALE is complete as this is regularly computed and reported by WHO after undergoing country consultation.

Additionally, data disaggregation by age and population at different socio-economic level to assess equity was deemed to be important.

Recommendations

The following recommendations were provided by Member States during the pilot exercise. Additional recommendations made throughout the results framework development process have been incorporated to provide a complete summary of Member State feedback thus far:

1. Health information systems

- Strengthening countries' data and health information system is the most essential part of the results framework; this would affect the entire health system development.
- Need adequate investment to build up capacity on health information systems at country level to ensure reliable data.
- Strengthen countries' institutional capacity in data analytics, use, and response.
- Address data gaps and reduce data fragmentation.
- Support data collection platforms i.e. population surveys, administrative records, civil registration and vital statistics; census, registries, and routine health and facility surveillance systems,

2. Partnerships

- Strengthen partnership with national statistical offices and registrar general offices and establish networks of collaborators to support countries.

- Regular cross-sector engagement of all invested actors, including state planning commissions and economic agencies.

3. Data exchange platforms

- Develop a one-stop database for easy data access and progress tracking of the impact measurement system at all levels.
- Disseminate the report and scale up implementation in all Member States using lessons learned from the pilots.

Note: In May 2020, the Triple Billion Dashboard was launched, created with feedback from Member States on data visualization, indicator data, and national targets setting.

4. Implementation and sustainable capacity in countries

- Implement the results framework in countries with support of the WHO country office and WRs.
- The implementation of the results framework should be a continuous learning process to ensure flexibility and ongoing development as well as capacity building.

5. Track results on a regular basis

- It is important to use the measurement framework to identify where progress is lagging, and support countries and partners overcome impediments to drive delivery in order to have impact on the health of the citizens.

6. Results reporting

- Results will be reported annually and a final report on the GPW 13 Results Framework will be published at the end of the GPW13 in 2023.

7. Emergency preparedness

- Continue to develop the application of the results framework to pandemic preparedness and response, including strengthening of data and health information systems.
- Collaboration between WHO and other UN agencies to provide coordinated emergency CRVS support.
- Provide technical support for household survey assessment in emergency contexts, particularly among migrant populations and in protracted emergency and conflict settings.

Annex 1: Sample of data availability in one Member State

GPW 13 Results Framework component	# of indicators in framework component	# of indicators with WHO data available	# of indicators with no WHO data available
HALE	1	1	0
UHC	15	12	3
HEPI	3	3	0
HPOP	17	11	6
Outcomes	54	42	12
TOTAL	**65**	**50**	**15**