World Health Organization

13th General Programme of Work

2nd Global Technical Consultation

16 April 2020 | Day 1

To submit questions, go to https://www.sli.do/ and use event code: GPW13RF

Opening remarks

Dr. Zsuzsanna Jakab

Deputy Director-General
of the World Health Organization

Introductions

Dr. Samira Asma
Assistant Director General of Data, Analytics, and Delivery for Impact

Imre Hollo
Director of Strategic Planning

Shambhu Acharya
Department of Country Strategy and Support

Amit Prasad
Technical Officer

Welcome

Agenda

1. **Overview of the Results Framework**
- Impact Measurement
- Output Scorecard
- Country Case Studies

2. Pilot Report Status & Open Feedback

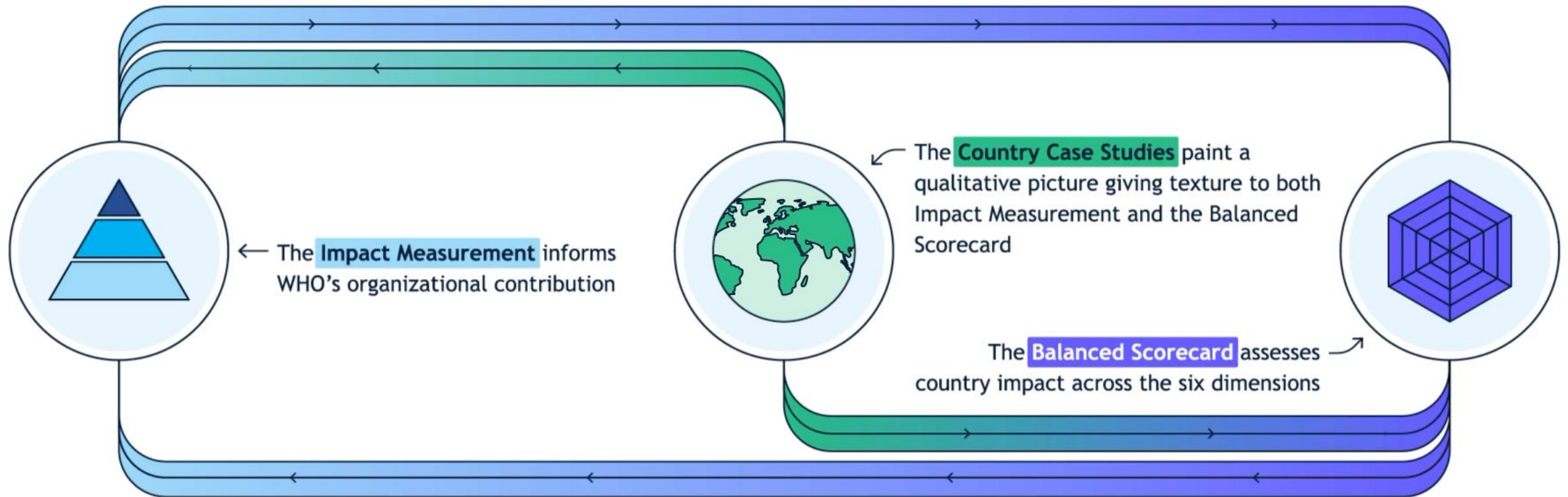**3.** Closing Remarks

146 Executive Board Recommendations

Recommended the Secretariat to proceed with the finalization of the GPW 13 Results Framework:

- Review & share pilot-testing results in advance of WHA73
- Ensure alignment of impact measurement with health-related SDGs
- Strengthen the accountability of the WHO Secretariat to Member States & reduce reporting burden on countries
- Use feedback from Member States, WHO Regional Committee, ministries of health and national statistical organizations to proceed with a step-wise rollout of the GPW 13 Results Framework
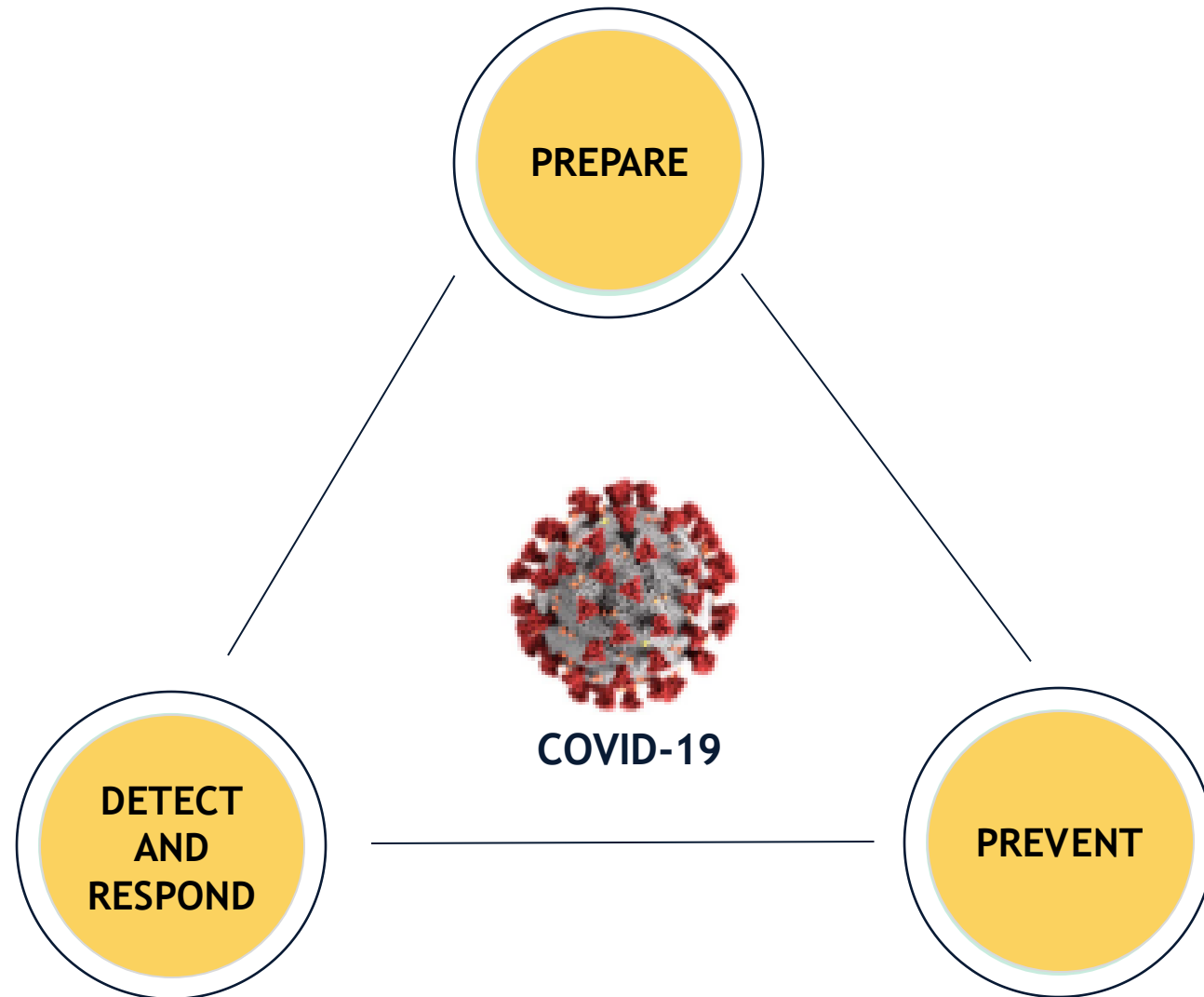
GPW13 Results Framework

WHO's Impact Measurement, Country Case Studies and Output Scorecard feed into each other in a virtuous circle, whereby success in one should lead to success in the others

The **Impact Measurement** informs WHO's organizational contribution

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

The **Balanced Scorecard** assesses country impact across the six dimensions

Relevance of the Results Framework to the COVID-19 Pandemic

PREPARE

DETECT AND RESPOND
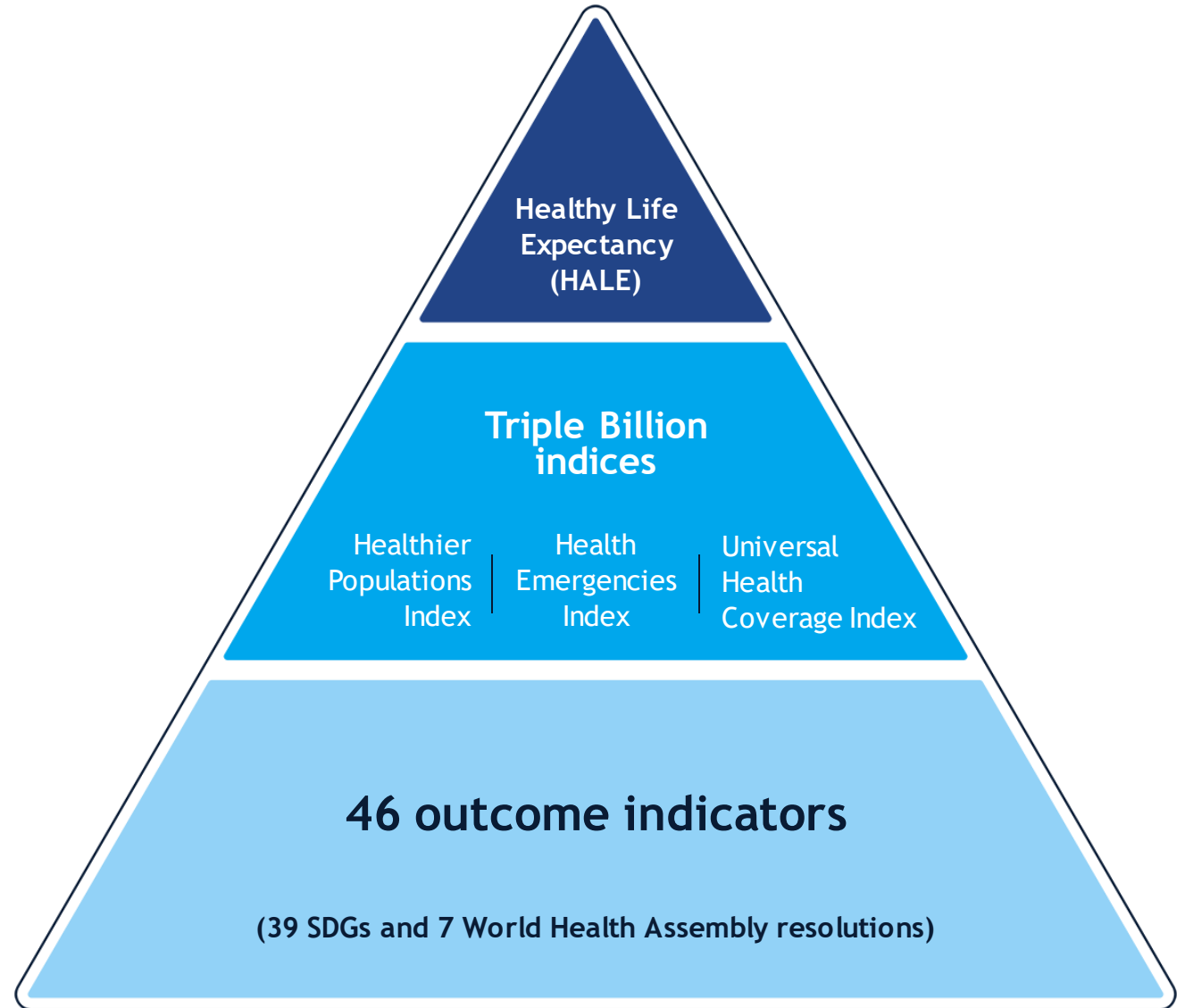
PREVENT

COVID-19

Impact Measurement
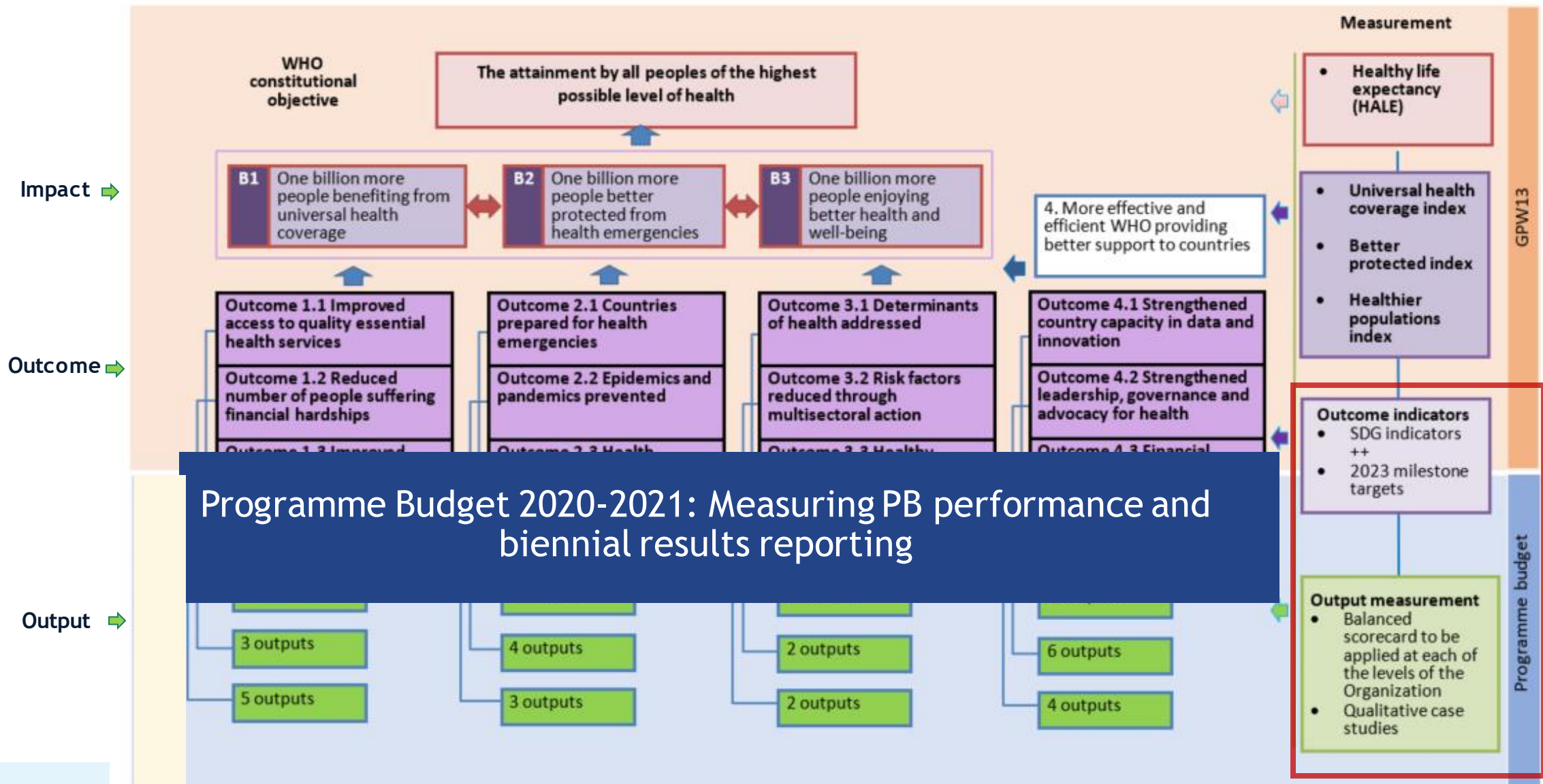
WHO Impact Measurement

Impact measurement is at the heart of WHO's strategy to have a measurable impact on the people we serve.

It tracks the effort of WHO, countries, regions and partners to meet the Triple Billion targets by 2023 and health-related SDGs by 2030.

Healthy Life Expectancy (HALE)

Triple Billion indices

Healthier Populations Index | Health Emergencies Index | Universal Health Coverage Index

46 outcome indicators

(39 SDGs and 7 World Health Assembly resolutions)

Output Scorecard

GPW13 Results Framework and Measurement System

Programme Budget 2020-2021: Measuring PB performance and biennial results reporting
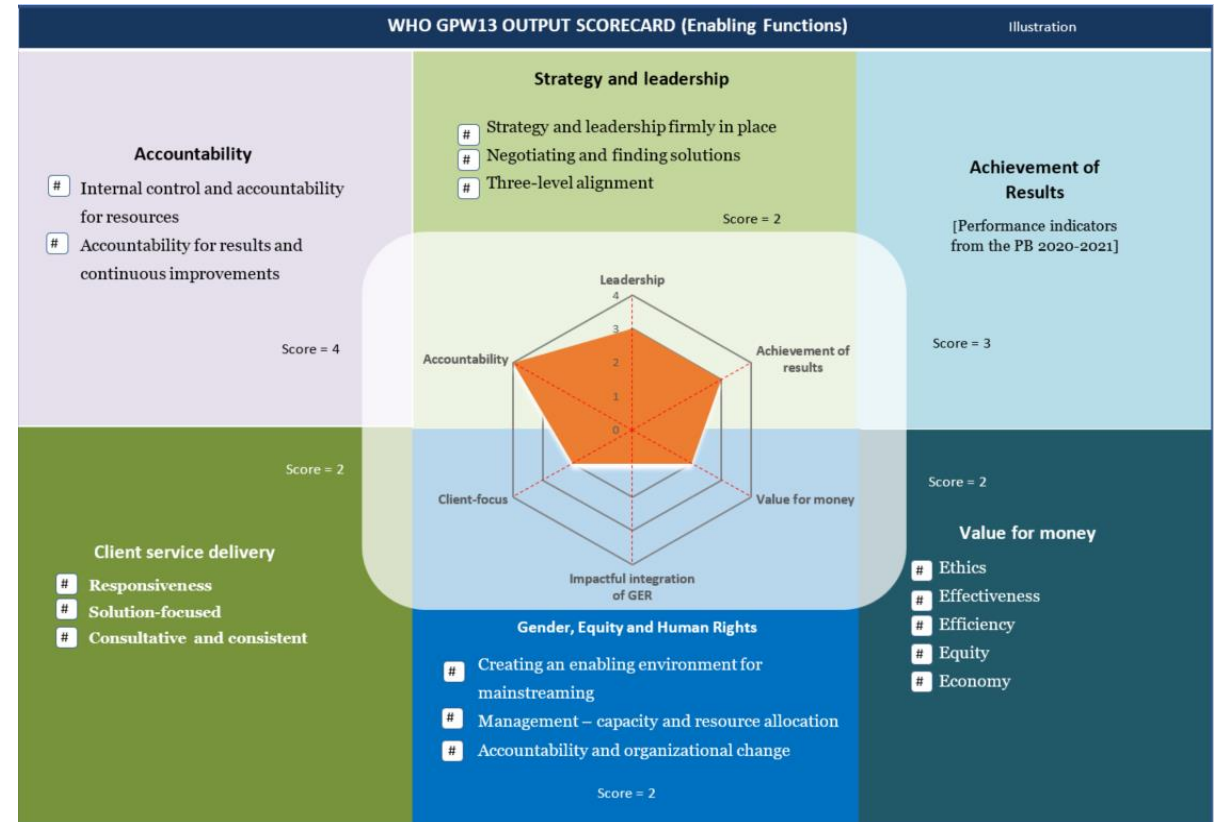
WHO Output Scorecard

- Assesses Secretariat's contributions (outputs) to the achievement of outcomes/impacts
- Uses a similar set of dimensions, attributes, criteria to assess the output
- Measures parameters more closely related to what Secretariat is expected to deliver (e.g., technical support, leadership, GPHGs)
- More transparent way to report results: assessment results are summarized into a score that is displayed in a 'spider diagram'
- The results can be displayed in many ways, e.g., by output globally, major office, level
- Internally, to be used for more targeted actions to improve performance
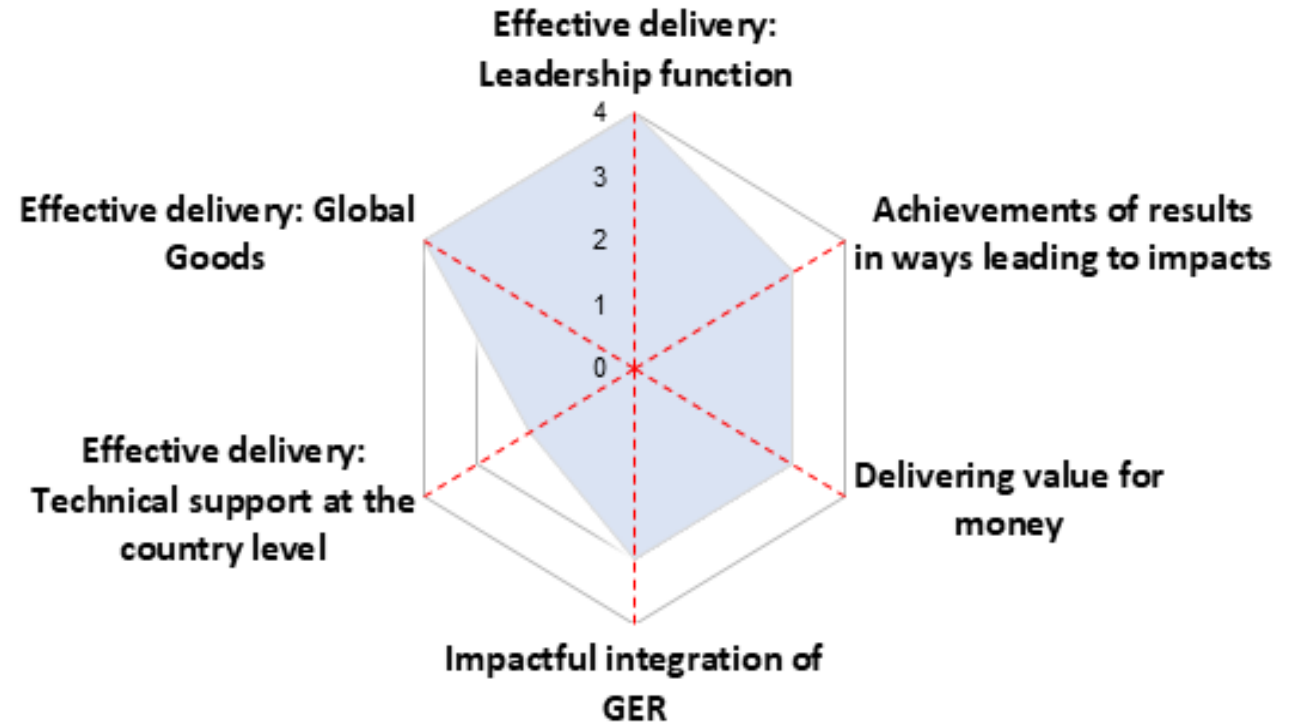
WHO Output Scorecard: Two types
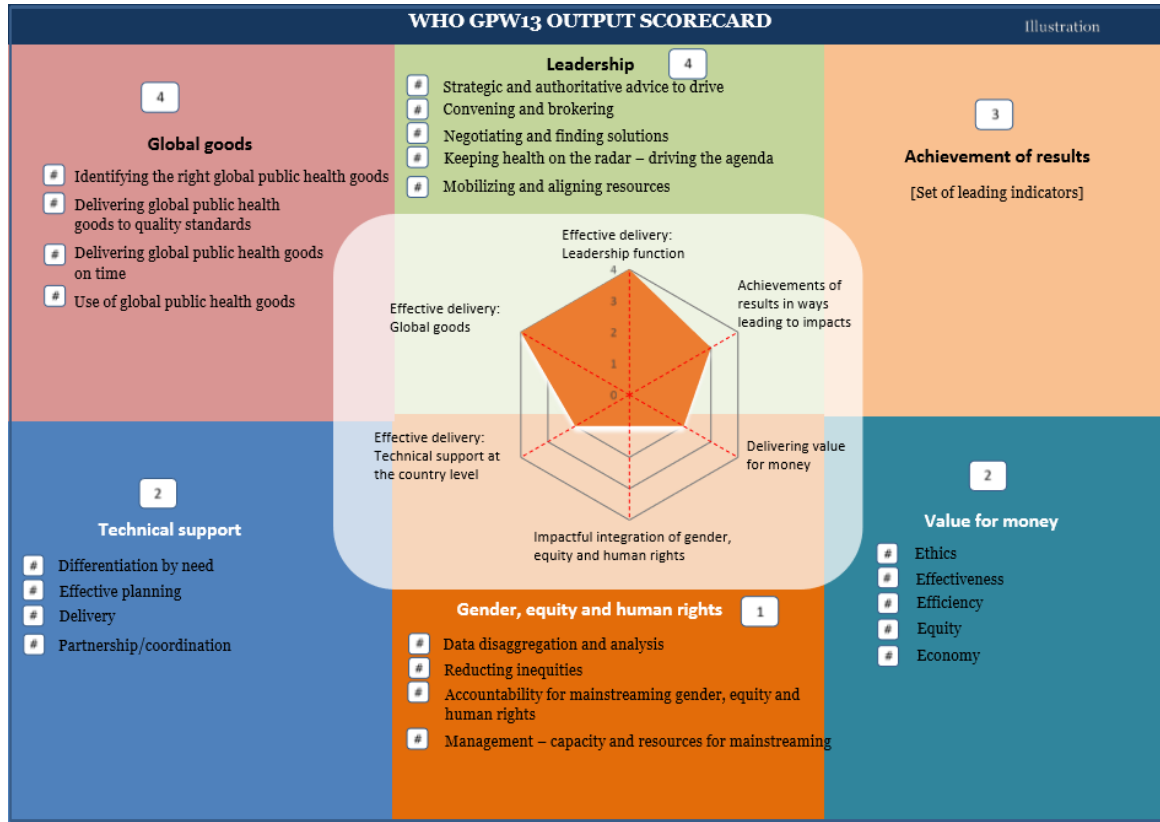
Assessment of performance against the delivery of the outputs under outcome 1.1. to 4.1 (technical work)

Assessment of performance against the delivery of enabling functions (outputs under 4.2 and 4.3)

EB146/28 (Output Scorecard Annex 5)

Dimensions - Defines the aspects of performance which will be measured by output

- 6 dimensions (for each of the technical and enabling scorecard); these relate to what is strategically important to measure WHO performance in relation to the output

Attributes - Unpacks the dimension to understand what characteristics are being measured under the dimension

- Between 2 to 6 attributes are identified by dimension. For each attribute, a set of criteria are outlined to guide the scoring of the attributes. Each attribute is scored; the average of attribute scores becomes the dimension score.

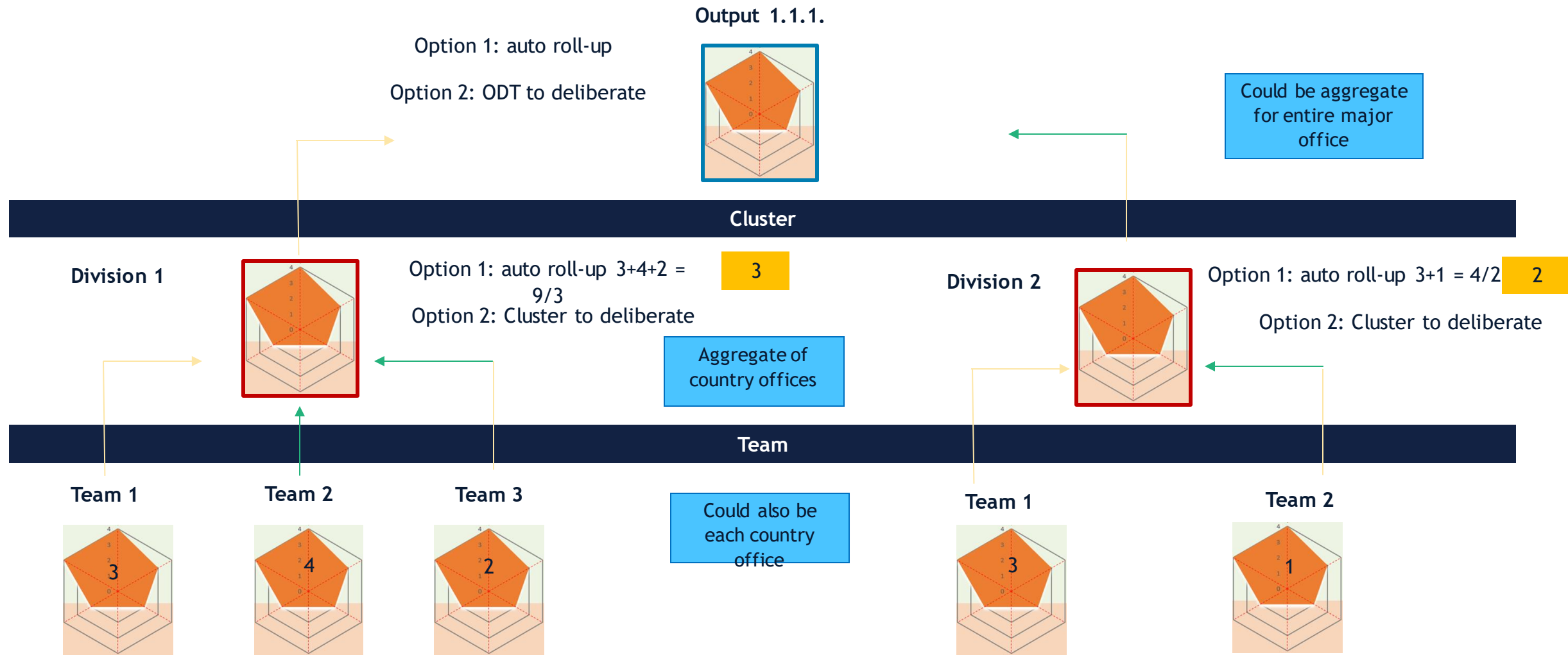**Criteria** - A set of standards by which the performance against each attribute is scored

- Outlined for each attribute to guide the scoring; in some cases, existing measurement scales/tools are used, e.g. internal control checklist.
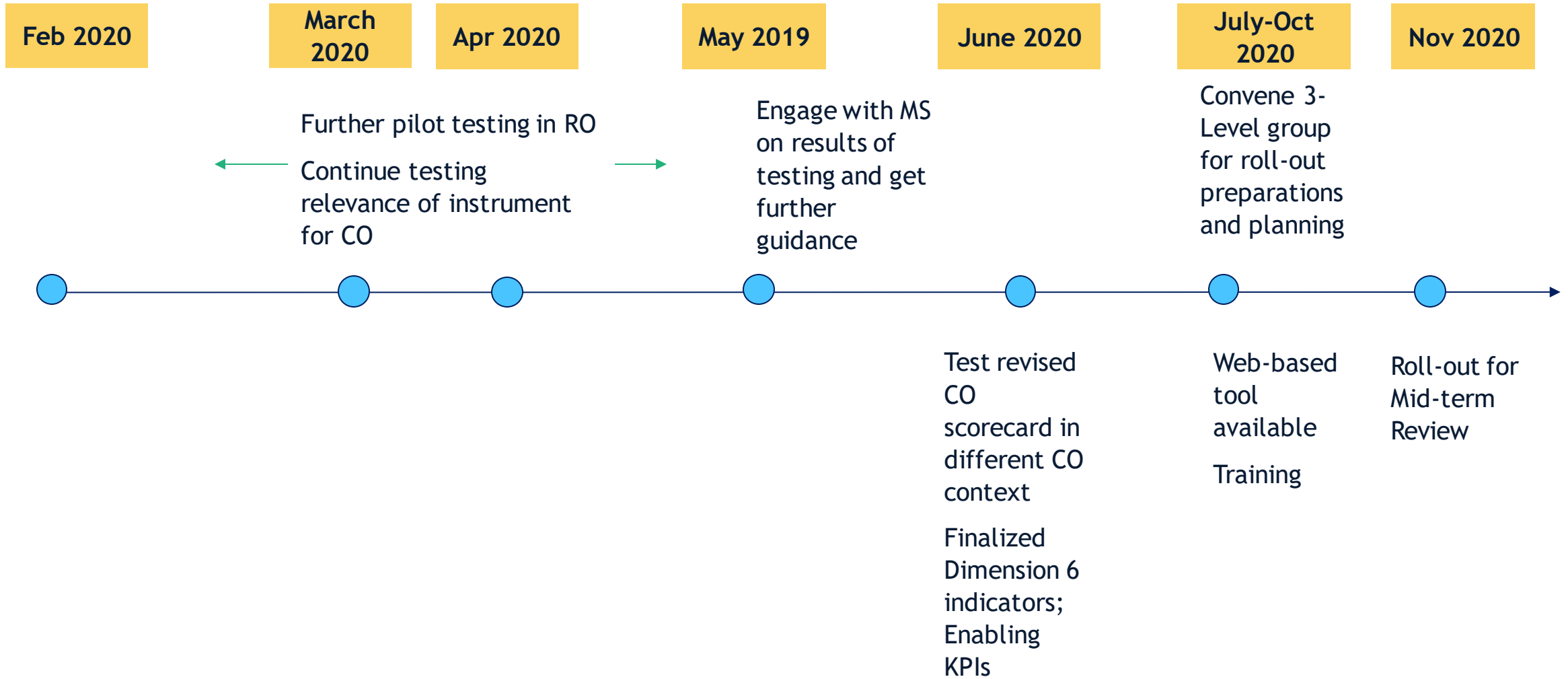
Scoring scale - These are references or benchmarks to be used to decide on the score for the attribute. It uses the criteria to define the differentiation of the scores.

- Four point scoring scale (between 1 and 4, where 4 – strong, 3 – Satisfactory, 2 – Developing, 1 – Emergent). A differentiation between the scores in the scale for each attribute is provided.

Each of the above is detailed for both the technical scorecard and the enabling scorecard (EB paper)

Application and Scoring Options

Output 1.1.1.

Option 1: auto roll-up

Option 2: ODT to deliberate

Could be aggregate for entire major office

Cluster

Division 1

Option 1: auto roll-up 3+4+2 = 9/3

Option 2: Cluster to deliberate

`3`

Division 2

Option 1: auto roll-up 3+1 = 4/2

Option 2: Cluster to deliberate

`2`

Aggregate of country offices

Team

Team 1

3

Team 2

4

Team 3

2

Could also be each country office

Team 1

3

Team 2

1

Timeline of Output Scorecard Development / Roll-Out

Feb 2020	March 2020	Apr 2020	May 2019	June 2020	July-Oct 2020	Nov 2020

Further pilot testing in RO

Continue testing relevance of instrument for CO

Engage with MS on results of testing and get further guidance

Convene 3-Level group for roll-out preparations and planning

Test revised CO scorecard in different CO context

Finalized Dimension 6 indicators; Enabling KPIs

Web-based tool available

Training

Roll-out for Mid-term Review

Member State Engagement

The Output Scorecard

- Assesses Secretariat's performance
- Internal assessment with independent validation mechanism
- Validation mechanism could involve Member States (e.g., leadership at country level)

MS Involvement in Pilot-Testing and Finalization

- Small consultative group of Member States (voluntary) to provide guidance and MS perspective
- Briefings after the completion of pilot testing
- Engagement on the finalization of leading indicators for the "Results Dimension" of the Scorecard

Country Case Studies

What's in a Country Case Study?

1. **The problem** is identified and quantified

2. The achievement, **result or impact** related to SDGs is clear

3. **WHO's contribution** in collaboration with MS & partners is described

4. **Challenges and lessons learned** are shared

5. **Illustrative visuals** - infographs and pictures are included where possible

Case studies for end 2018-19 Biennium Reporting

112 case studies submitted from 81 countries – stories from each region published in the report and all will be published online on the PB webportal in full.

Country Case Studies – Putting Countries at the Center

Telling the **story behind the number**s and enhancing:

- ### GPW13 Results Reporting
  Along with the Impact Framework & Output Balanced Scorecard

- ### Mutual Learning
  Sharing public health innovations and lessons learned about what works among countries to help prepare, prevent, detect and respond – including the
  Covid-19 Response
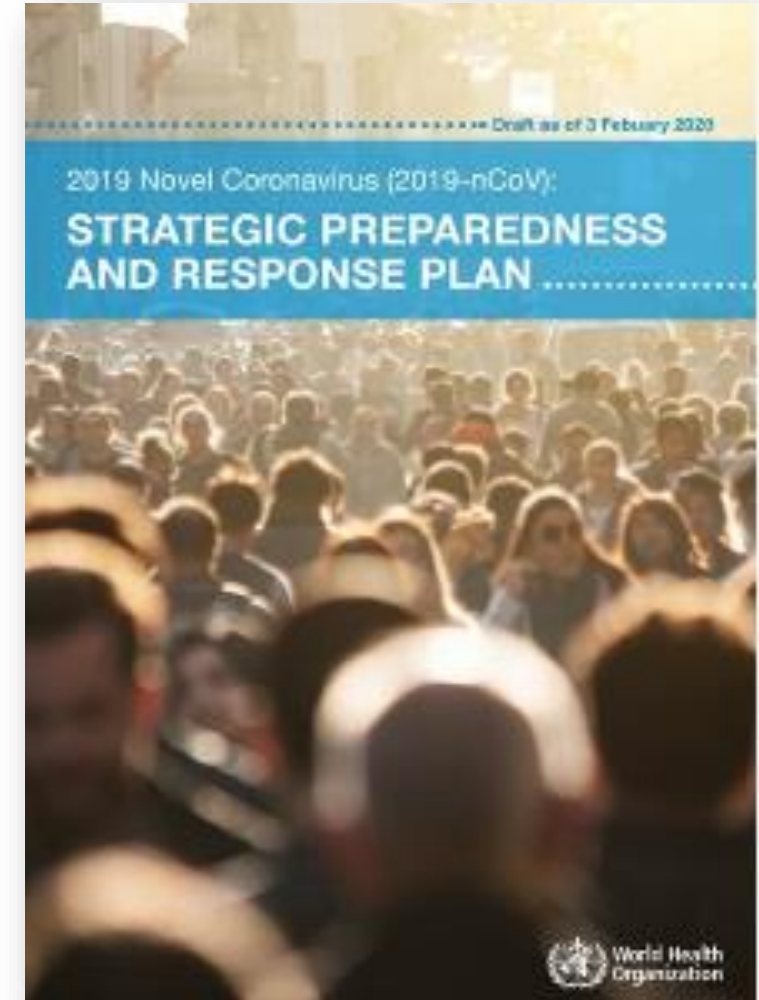
Country Case Study: Indonesia

Problem: Vaccine derived polio virus outbreak (Papua province)

The solution: IHR notification & outbreak declaration. Vaccination campaign covering 1.2 million children with bivalent Oral Poliovirus Vaccine (bOPV)

WHO's Contribution: Support response plan and establish an emergency operations centre. Clinical guidelines, procure test kits and transport samples by air to National Polio Lab. Set-up of a field office and deployment/training of epidemiologists and local officers

Impact: No further outbreak, population better protected from health emergencies *The Challenge*: Reaching remote populations in the highlands

Immediate response by Indonesian health authorities, WHO and partners contained a vaccine-derived polio virus outbreak

In early 2019, new cases of vaccine-derived poliovirus type 1 (VDPV1) were confirmed in Papua province, causing Indonesia to declare a polio outbreak. This followed the report of an acute flaccid paralysis (AFP) case with onset of paralysis detected in an unvaccinated child of 31 months in November 2018. Detailed investigation was carried out, including community stool specimen sampling, identifying two other healthy children carrying the VDPV1 of the same genetic origin. This confirmed the polio outbreak, due to circulating VDPV1 (cVDPV1), in Papua province.

Acting in accordance with the International Health Regulations (IHR 2005), the Indonesian Ministry of Health (MoH) acted immediately, notifying WHO and together, they started to build the outbreak response in collaboration with other partners including UNICEF. As key technical partner, WHO guided the MoH on the necessary interventions, laboratory confirmations and surveillance measures.

Prompt measures were taken to stop the transmission with two rounds of oral polio vaccine immunization campaigns in Papua and West Papua provinces. Given the geographic location and limited infrastructure of these provinces, the MoH strategized with WHO to develop a response plan into three geographical and social risk zones - West Papua, Papua highlands and lowlands - tailoring activities to each context and maximizing the resources. With support from WHO, an emergency operations centre was set up at Jayapura, Papua, which served as the command-and-control post, critical in managing the response at the strategic, technical and operational levels.

While reported coverage was high in all areas of West Papua and the low-land districts of Papua, vaccine coverage in highland districts was hampered by severe access challenges. WHO played an important role by delivering proactive and high-quality data analysis and presentations to inform decision making to reach those left behind. The vaccination campaign was ultimately successful and more than 1.2 million children of 0 to 15 years old were immunized with bivalent Oral Poliovirus Vaccine (bOPV).

Disease surveillance was implemented including conducting retrospective and active searches for additional AFP cases. WHO trained all districts surveillance officers in both provinces; conducted hospital record reviews; developed posters and guidelines for AFP; procured stool collections kits; and supported the transportation of stool and environmental surveillance samples by air to National Polio Laboratory in Jakarta. To enhance sensitivity of AFP surveillance and improve quality of response activities, WHO established a field office in Papua Province and deployed ten national epidemiologists and one data manager in both Papua and West Papua Province.

Community delivery of the Oral Polio Vaccine campaign in Papua and West Papua Province in 2020

THE CAMPAIGN

More than 1.2 million children of 0 to 15 years old were

Country Case Studies - Areas for Future Development

We will continue to improve the quality and dissemination of country case studies

GPW13 Results Framework

- Going forward case studies will be clearly linked to programmatic outcomes and the billions

- WHO contribution will be framed by the 6 elements of the output balanced scorecard

- This will enable a more crystallized focus on results in line with WHO's wider shift to results

- Cases cover WHO differentiated approaches to country support

More focus on challenges

- Case studies that explore challenges, lessons learned and even failure will be collected and shared

- A mechanism for learning from and responding to these challenges and lessons will be needed

- Country case studies will be used to support WHO's shift to putting countries at the centre

Institutionalizing story telling

- Collecting and disseminating country case studies will be institutionalized

- Training, guidance and processes will be put in place learning from this years' experience to continue to improve the quality and utility of case studies

- Case studies will be collected and disseminated regularly – not just for annual reporting.

Agenda

Overview of the Results Framework

Pilot Report Status & Open Feedback

Closing Remarks

Objectives of the Pilot Testing

1. Assess **feasibility** of implementing the impact measurement

2. Consult with **stakeholders** Ministry of Health, National Statistical Offices, registrar general and partners to provide feedback on the methods

3. Compile data for all **national indicators** and **calculate the Triple Billion indices**

4. Review the **data gaps** and propose recommendations to strengthen country data and health information systems

5. Finalize **methods** and **present it to the 73rd WHA**

6. Identify how results framework can help **strengthen pandemic preparedness and response**, including **strengthening data and health information systems**

Thank you to the Member States for pilot testing & Paving the way toward finalizing the methods!

Regional Feedback

AFRO (Africa)
Angola
Benin
Ethiopia
Kenya
Mauritius

EMRO
(Eastern Mediterranean)
Iran (Islamic Republic of)
Lebanon
Oman
Qatar
Syrian Arab Republic
Tunisia

EURO (Europe)
Russian Federation
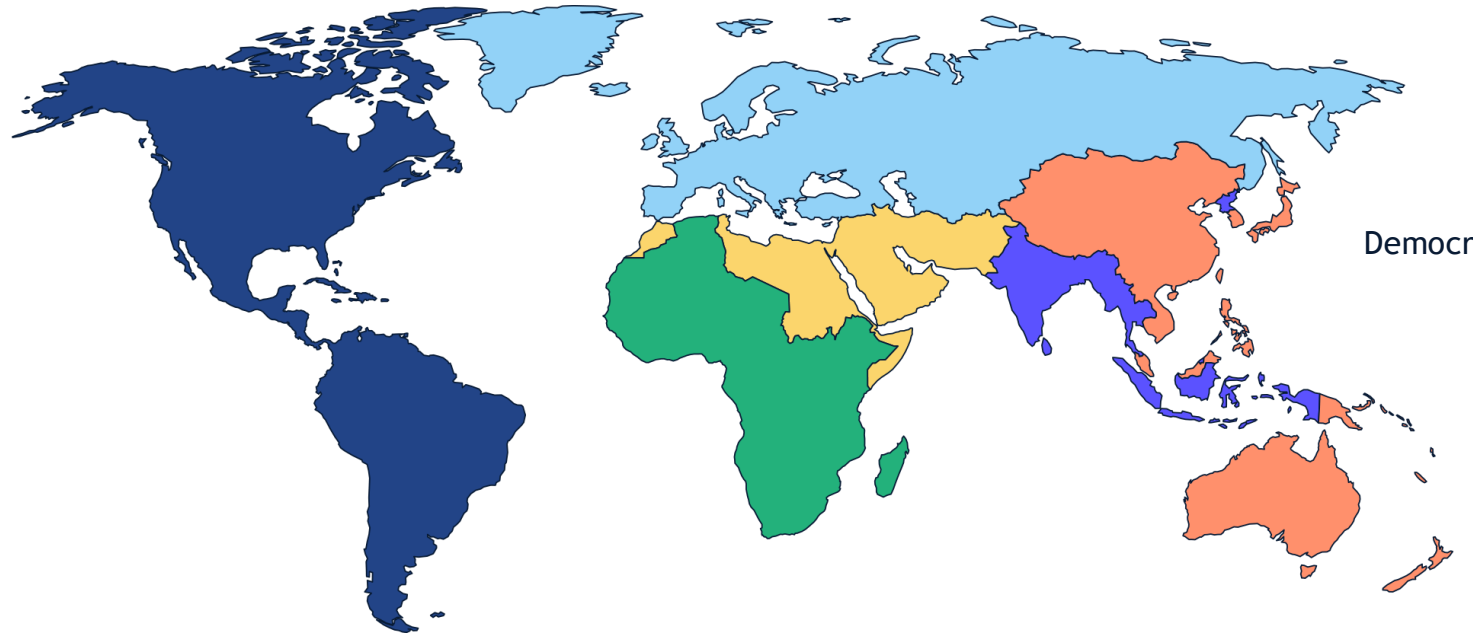Turkey
Montenegro
Uzbekistan

PAHO (Americas)
Brazil
Costa Rica

SEARO (South-East Asia)
Bangladesh
Bhutan
India
Indonesia
Democratic People's Republic of Korea
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

WPRO (West Pacific)
China
Philippines
Lao People's Democratic Republic
Vanuatu
Viet Nam
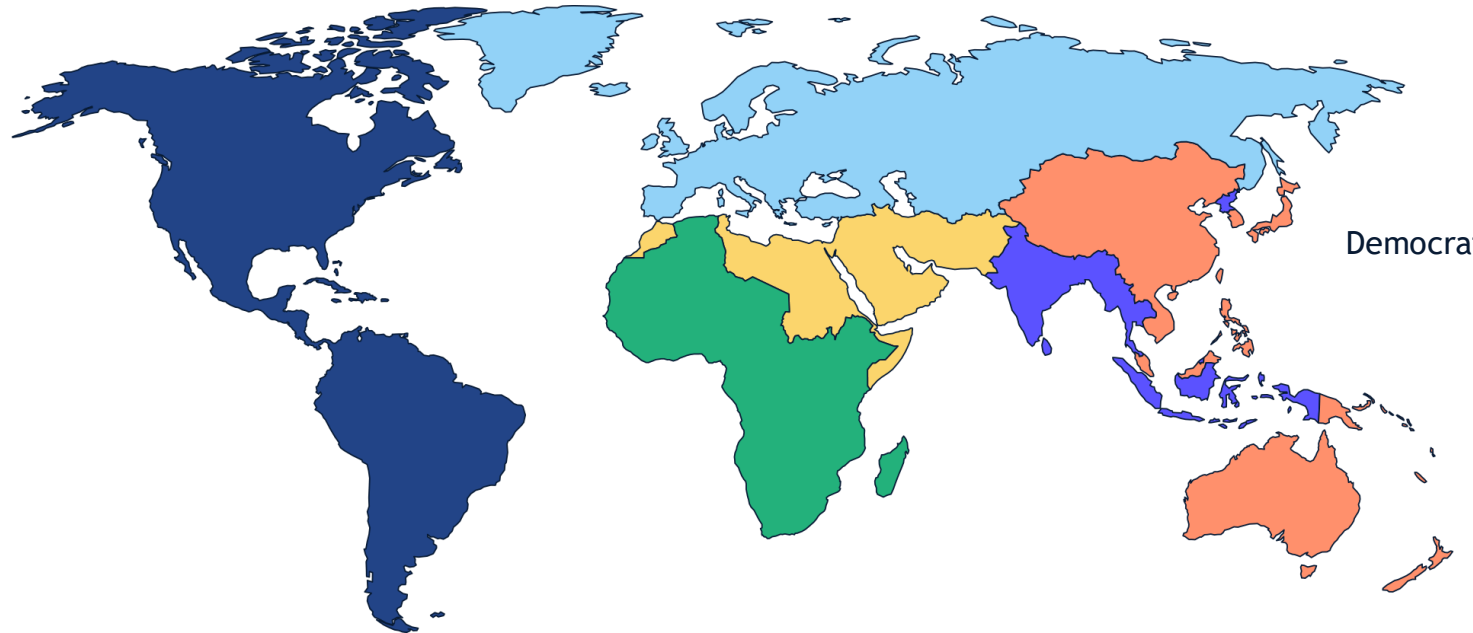
Learnings from the Pilot Testing

Findings

- The triple billion indices were feasible to calculate based on proposed methods

- The range of completeness for the entire dataset was 67% to 84% among the countries

- Data was available for HALE and all HEPI indicators; some gaps in UHC, HPOP, outcomes

- Differences were reported in some indicator values between WHO and Member States data

Recommendations

- Strengthen countries' data and health information systems to address data gaps

- Develop a one-stop database for tracking progress of the GPW 13 impact measurement

- Strengthen partnership with NSOs and RG offices and establish networks of collaborators

- Implement and scale up the results framework in countries with all partners

Welcoming Country Feedback

AFRO (Africa)
Angola
Benin
Ethiopia
Kenya
Mauritius

EMRO
(Eastern Mediterranean)
Iran (Islamic Republic of)
Lebanon
Oman
Qatar
Syrian Arab Republic
Tunisia

EURO (Europe)
Russian Federation
Turkey
Montenegro
Uzbekistan

PAHO (Americas
Brazil
Costa Rica

SEARO (South-East Asia
Bangladesh
Bhutan
India
Indonesia
Democratic People's Republic of Korea
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

WPRO (West Pacific)
China
Philippines
Lao People's Democratic Republic
Vanuatu
Viet Nam

Zoom Speaker Instructions
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Agenda

- Overview of the Results Framework

- Pilot Report Status

- **Closing Remarks**

Thank you

13th General Programme of Work
2nd Global Technical Consultation

17 April 2020 | Day 2

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Agenda

Update on Progress

- Methods Report

- Triple Billion Dashboard

- Delivery for Impact

Reports from WHO Regions and Countries

Conclusion and Next Steps

Methods Report

Describes the methods that measure the impact of GPW13

The GPW13 Methods:
- Shaped by feedback from consultations
- Are kept straightforward and SDG based

Report focus is on calculation of the Triple Billions:
- Background/ context/ input data
- Method for counting each billion
- Illustrative examples

Also includes:
- HALE
- Equity

13th General Programme of Work (GPW13)

Methods for Impact Measurement

World Health Organization
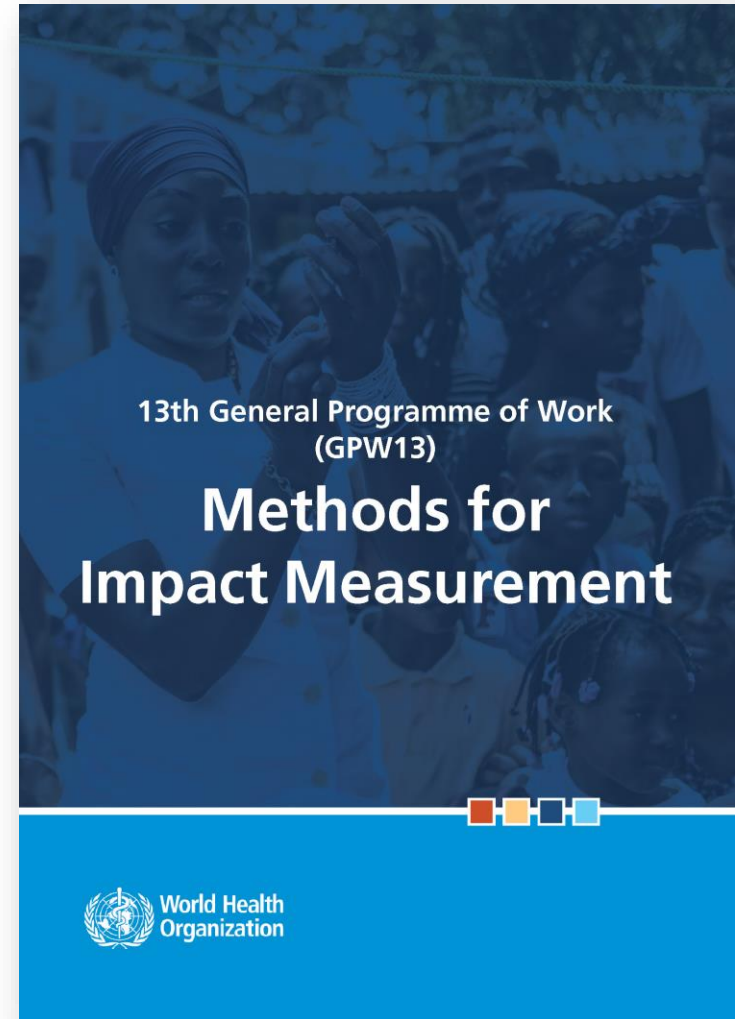
Final version due to be published in May 2020
Latest draft version available: bit.ly/GPW13

Submit feedback directly to: gpw13@who.int

Feedback in context of Covid-19: Health Emergencies Protection Index

PREPARE

F: Well prepared countries ... were not well prepared

A: Can lessons from COVID-19 be fed back into IHR capacities?

COVID-19

F: Thresholds not sensitive enough?

A: New Key indicator. Keep thresholds under review

DETECT AND RESPOND

PREVENT

F: Does not measure COVID-19

A: COVID-19 vaccine will be included (when available)
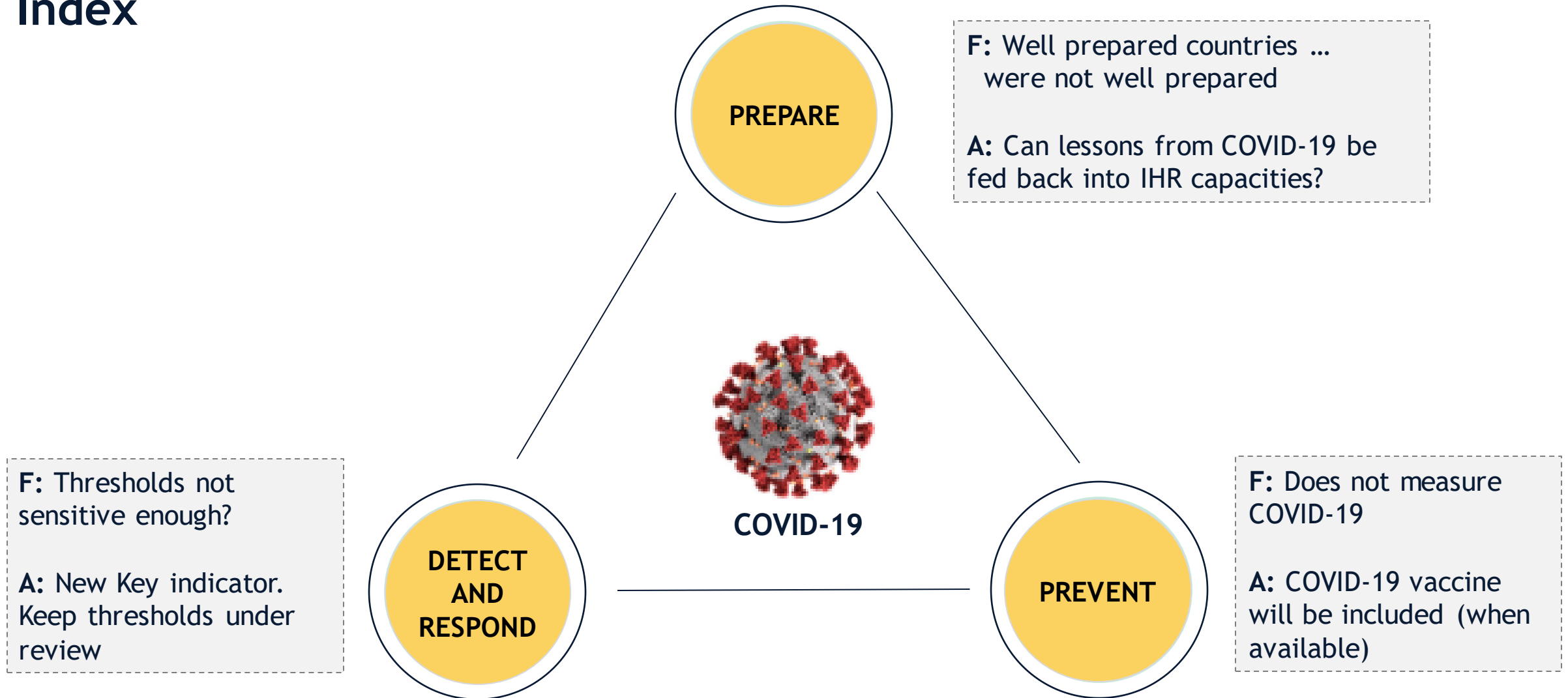
COVID-19 is not finished: Wait and learn

Triple Billion Dashboard

One stop database of official country data to track progress toward health-related SDGs and Triple Billion Targets

Data Visualizations

- Multilingual capabilities
- Tools for every indicator (surveillance, technical and policy packages, guidelines, country support tools)
- Tailored for regions and countries
- Simulation scenarios and story boards
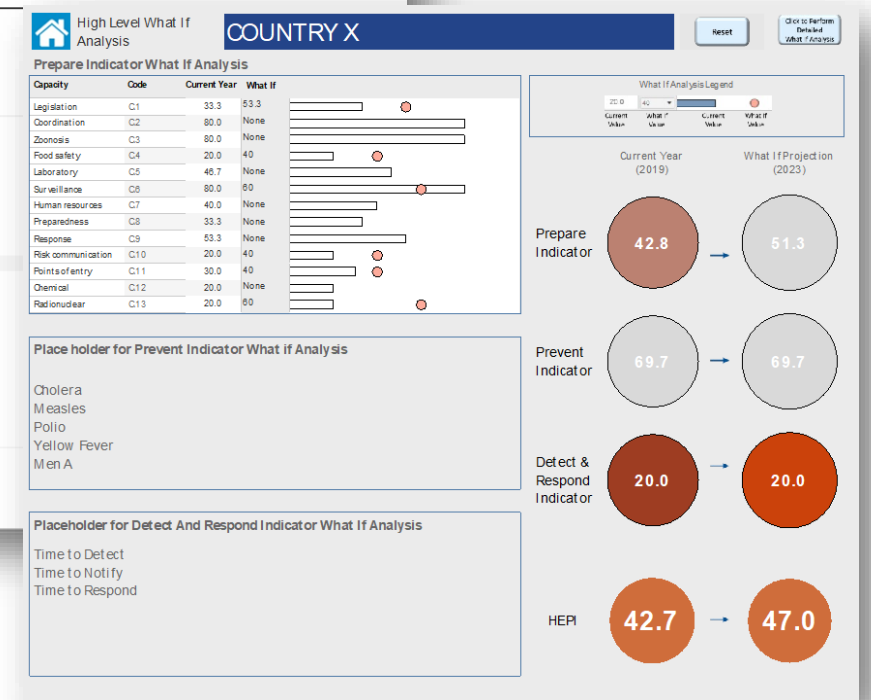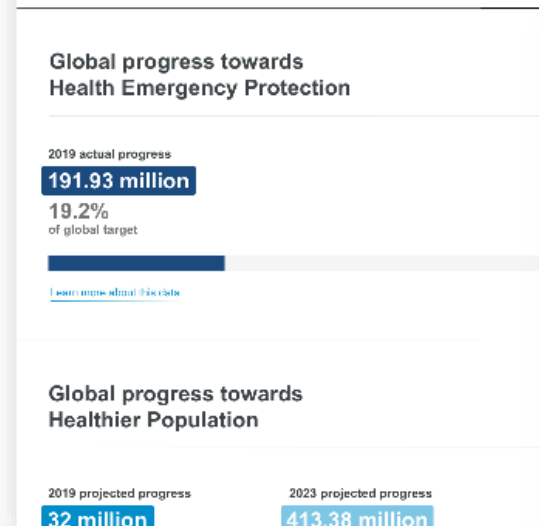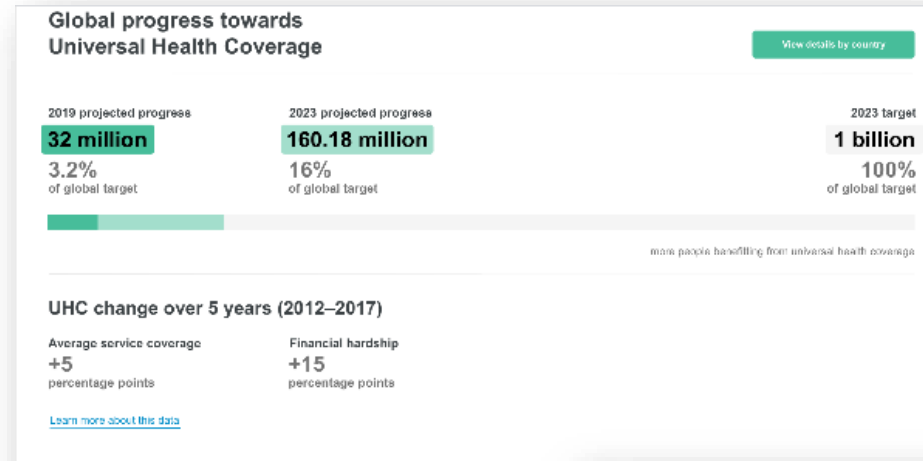
Delivering a Measurable Impact on People's Wellbeing in Countries

Our ultimate goal is to make sure no country, no city, no community, no person is left behind.
It is the people we serve and the people we look after.

Transforming data into impact

Real-time progress tracking
to achieve the health-related
SDGs and Triple Billion targets

Agenda

- Recap of Day 1 GPW13 Meeting

- **Reports from WHO Regions and Countries**
  - Country Reports: Experiences from pilot testing and lessons learned

- Conclusion and Next Steps

Welcomed Member State Feedback & Recommendations

AFRO (Africa)
Angola
Benin
Ethiopia
Kenya
Mauritius

EMRO (Eastern Mediterranean)
Iran (Islamic Republic of)
Lebanon
Oman
Qatar
Syrian Arab Republic
Tunisia

EURO (Europe)
Russian Federation
Turkey
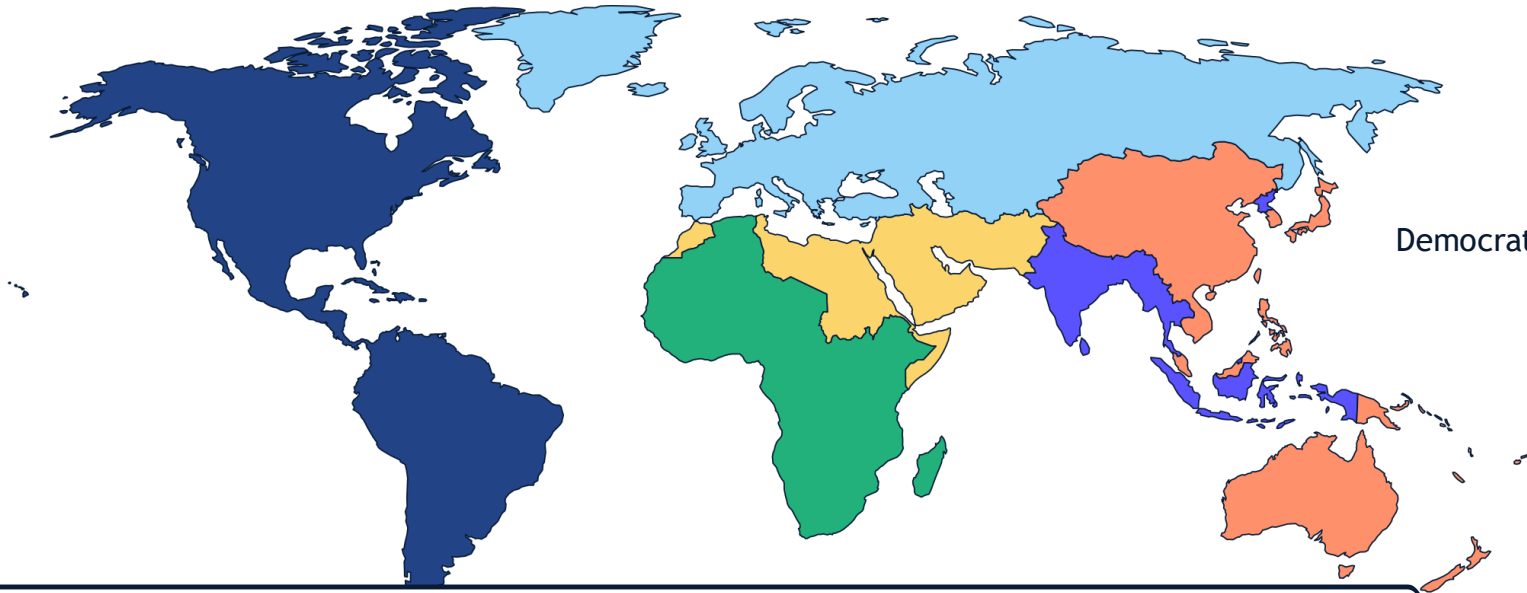Montenegro
Uzbekistan

PAHO (Americas)
Brazil
Costa Rica

SEARO (South-East Asia)
Bangladesh
Bhutan
India
Indonesia
Democratic People's Republic of Korea
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

WPRO (West Pacific)
China
Philippines
Lao People's Democratic Republic
Vanuatu
Viet Nam

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Agenda

- Recap of Day 1 GPW13 Meeting

- Reports from WHO Regions and Countries

- **Conclusion and Next Steps**

Next Steps

- Submit report to Members States at World Health Assembly 73

- Launch database and dashboards

- Use data to drive impact in countries

- Report results annually

Upcoming Announcements

- Bloomberg Philanthropies will be hosting a webinar series on Data Health – Data for COVID-19, the first webinar is Wednesday 22 April at 8:00 AM EST on *"Rapid Mortality Surveillance."*

- World Health Statistics Report launching 7 May 2020

- Triple Billion Stocktake in June 2020

- SCORE Technical Package: First global status report on health data - Autumn

Closing Remarks

Dr. Zsuzsanna Jakab

Deputy Director-General
of the World Health Organization

Thank you to all who have participated and for your continued partnership in GPW13 Results Framework.

Thank you

and stay healthy!

Appendix

Country Pilot Experiences & Additional Country Case Studies

Tracking the Philippines' progress in UHC

Dr. Francisco T. Duque, III
Secretary of Health
Republic of the Philippines
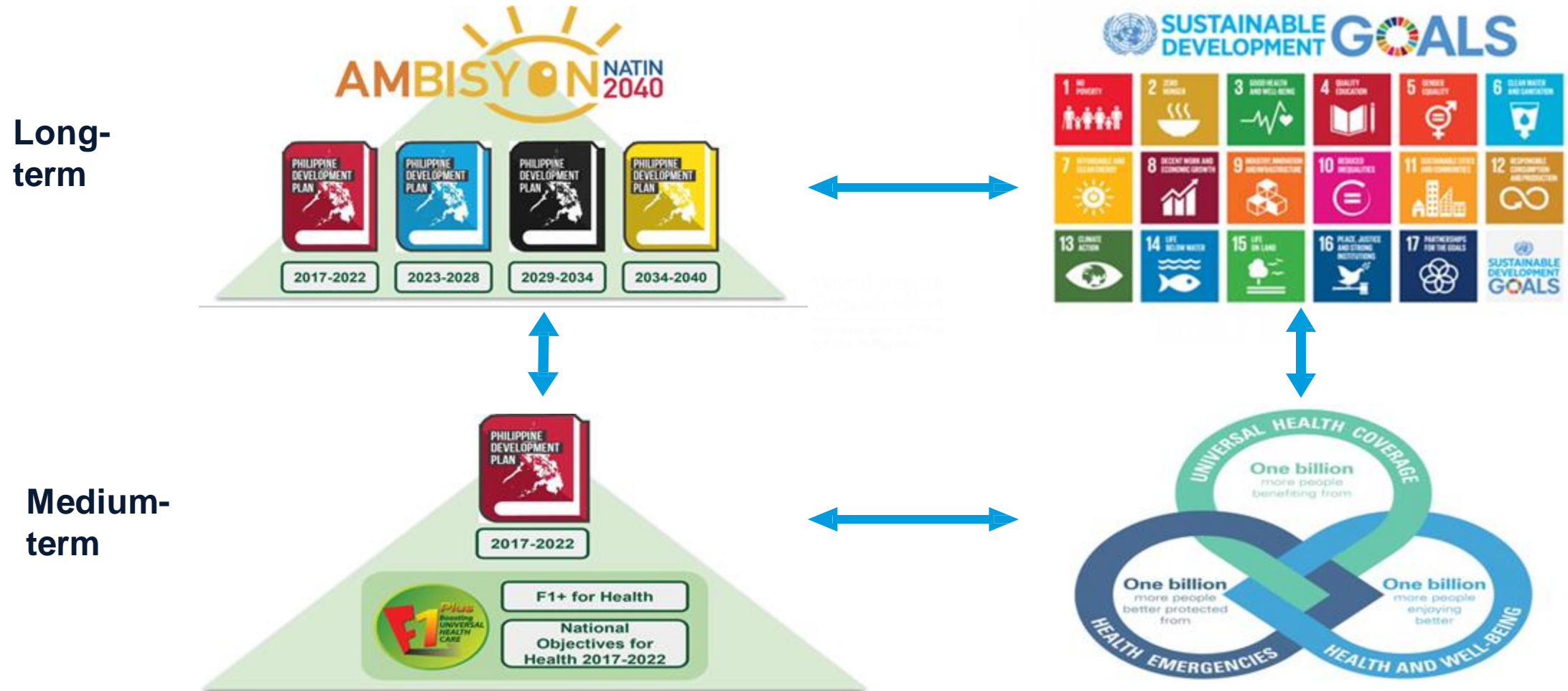
Department of Health, Philippines

Aligning change agendas and Development of Health Sector Goals and Objectives

Long-term

Medium-term

Selection and streamlining of the performance indicators that will measure the health sector performance

	NOH 2011-2016	NOH 2017-2022
Development process	Consolidation of program inputs	Consultative
Approach	Programmatic	Systemic
Framework	No unifying theoretical framework	With clear theoretical framework
Coverage	Financial risk protection, health support systems, better health outcomes, access to quality facilities	Equitable health care financing, responsive health systems, better health outcomes Financing, service delivery, regulation, governance, performance accountability
Total number of indicators	211	55
% with available data	63%	82%*
Alignment	Aligned to health medium-term plan (Kalusugan Pangkalahatan)	Aligned to F1 Plus (medium-term health plan), SDGs, Philippine Development Plan, Ambisyon Natin 2040

*Methodology for unavailable data is to be developed through commissioned studies

Department of Health, Philippines

Linkage of health plans to national plans and accountability of DOH vis-à-vis the different health sector players

The UHC Act seeks to "ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk."
(Section 3(b) – RA 11223)

- UHC Act of 2019 signed on Dec 20, 2019
- Implementing Rules and Regulations signed on Oct 10, 2019
- Ongoing development of operationalization guidelines for UHC
  - Consultation with stakeholders
  - Strategic Planning Workshop: UHC Advance Integration Sites

Department of Health, Philippines

World Health Organization
Representative Office for the Philippines

- Continuous discussion with the Inter-agency Committee on Health and Nutrition Statistics (IACHNS) to ensure health data availability, granular enough to track progress in UHC

- Setting up of coordinated performance management system linked with SDGs/GPW13 and NOH to track progress in the UHC rollout at the subnational (provincial) level is underway

  - ✔ Timely and data-driven course correction strategies at the integration sites will be made available

- On-going indicator selection from the basket of SDGs/GPW13 and NOH is ongoing to identify good 'tracers' of UHC coverage and successful integrations (i.e., technical, managerial and financial) at the subnational level
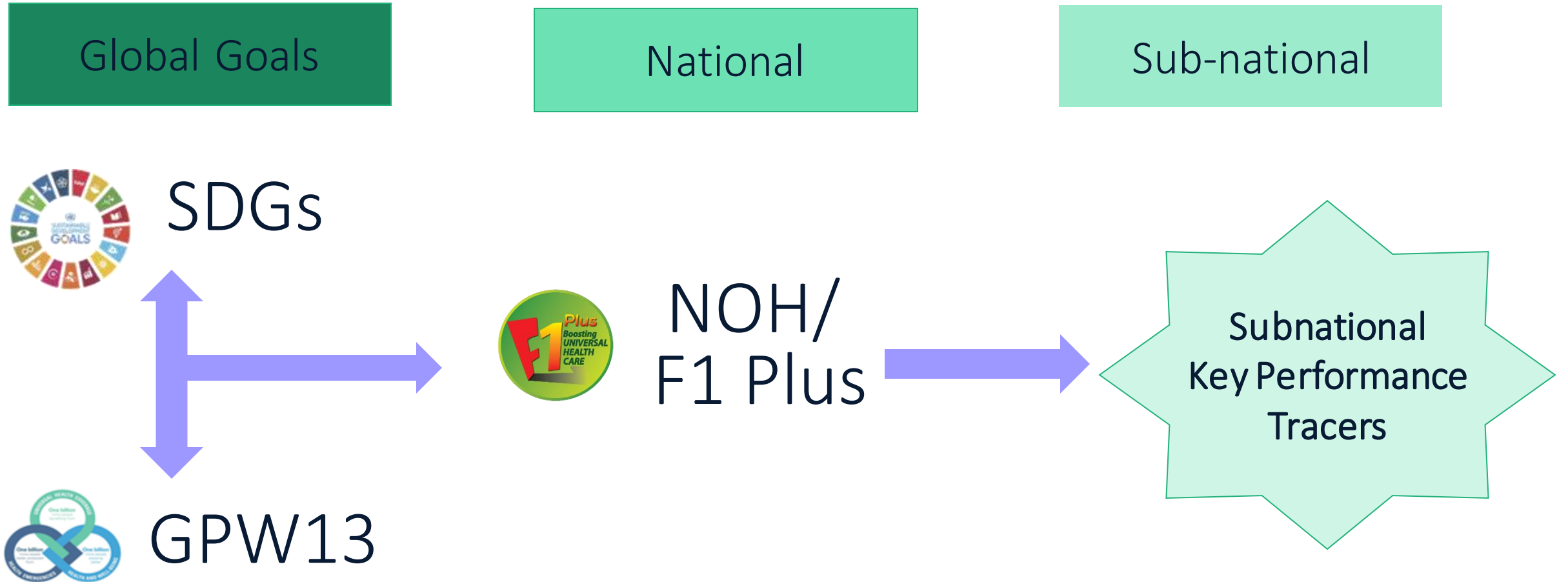
Department of Health, Philippines

Tracking UHC performance

Global Goals

National

Sub-national

SDGs

NOH/
F1 Plus

Subnational
Key Performance
Tracers

GPW13

Department of Health, Philippines

UHC delivery model

PROVINCE -WIDE HEALTH SYSTEM
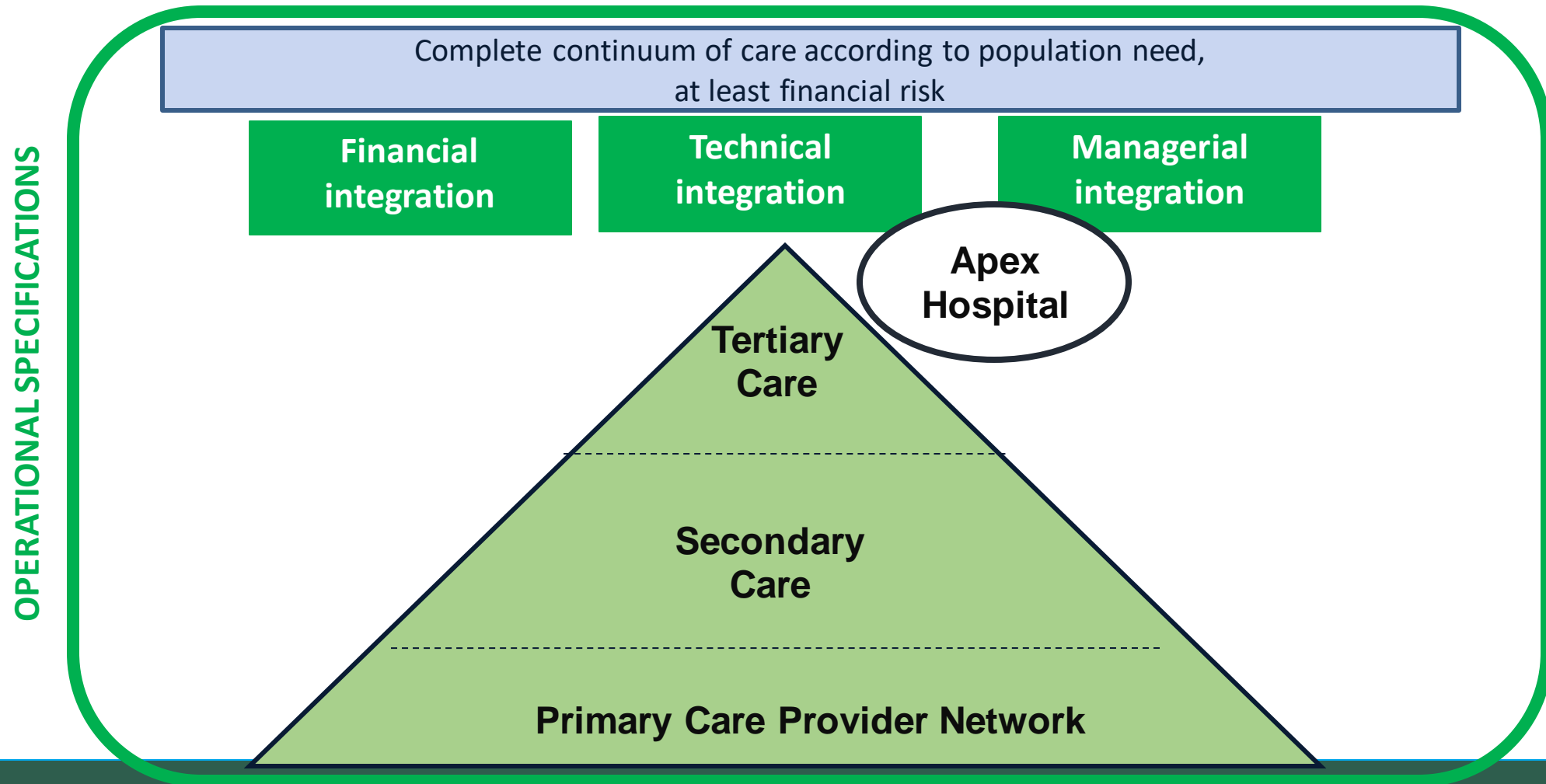
Complete continuum of care according to population need,
at least financial risk

Financial integration

Technical integration

Managerial integration

Apex Hospital

Tertiary Care

Secondary Care

Primary Care Provider Network

OPERATIONAL SPECIFICATIONS

Department of Health, Philippines

World Health Organization
Representative Office for the Philippines

Suitability of GPW13 to UHC integration at subnational level

- Ongoing discussions with WHO to determine and select 'key performance tracers' of UHC integration

- WHO to support setting up of cloud-based data dashboards to ensure timely and meaningful use of data at all levels

- Explore strategies for integration of vertical programs using the UHC delivery model

- Explore the feasibility of a joint program management team composed of PhilHealth Board and DOH Execom to be replicated at the regional level for coordinated program management

Department of Health, Philippines

Objectives for GPW13 Results Framework Pilot

- ✓ A streamlined investment in data and health information systems strengthening through PhilHealth and PSA

- ✓ To develop the macro structures for the effective utilization of the cascading metrics from impact (SDGs), outcomes (GPW13 and NOH) to outputs thereby improving the feedback loop in planning, implementation, monitoring and evaluation.

- ✓ To improve the granularity, frequency and availability of health data

- ✓ To improve collaboration in the use of timely, reliable and actionable data that drive progressive policies and programs.

Department of Health, Philippines

Case study on the Philippines' experience with UHC and the adaptation of GPW13 to set up the performance management systems will be shared during the World Health Assembly this year.

Department of Health, Philippines

Syria
Pilot Experience

Syria's Relevance of Impact Measurement and Experience

The WCO Syria considered the **output measurement** (Balanced Scorecard) and the **outcome measurement** (SDG indicators) as applicable measurement for the country, particularly the country issued the first SDG VNR report in 2019 covering the results from(2011-2015), and the second VNR is being prepared to be issued by the end of 2020. However, there is a significant gap in health information for the crisis period 2011-2020. Moreover, some of UHC and Healthier populations indicators are not applicable due to lack in national health surveys conducted during the war per**iod.**

Strengths and Limitations of the Pilot Experience

Limitation

- The country has a significant gap in data during the period between 2011-2020 (Crises period), which consider has a badly impact on the ability of calculating the measurement indicators.

Strengths

- The country issued the first SDG VNR report in 2019 covering the period between 2011-2015. also the country is preparing the second VNR to be issued by the end of 2020, these reports may be used as bassline data.

    -- Also, WCO is collaborating with health partners to strengthen the national health information system such as:

    1) Routine primary and secondary health information system
    2) Civil registry vital statistics (CRVs)
    3) Other

What are the indicators that are most relevant?

Relevant Indicators

Outcome indicators are the most relevant at country level. Also, Polio and Measles indicators are reported regularly in Syria. Moreover, all facilities indicators are reported regularly throughout HeRAMS.

Challenging Indicators

The most challenging indicators are those which need to conduct a household health surveys.

Relevance to COVID-19

1. **UHC** the Service Capacity and Access indicators including (Hospitals access, Health workforce, Health security)

2. **Health emergency:** Detect and Respond Indicator

What do you need support from WHO on data and health information systems?

1. Build health data repository

2. Strengthen the integrated health surveillances

3. Strengthen the routine health information systems

Country Case Studies

An Example: Vietnam

Problem: Alcohol consumption and high rates of related disease and injury

The solution: Alcohol control legislation – implemented Jan 1 2020

WHO's Contribution: Advocacy, evidence building and technical support to develop legislation

Impact: (still early) but already 36% fewer traffic incidents, 19% fewer traffic related deaths
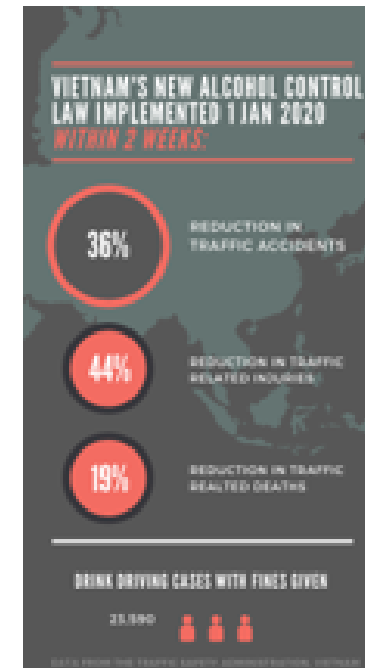
Alcohol legislation in Vietnam: a story of successful advocacy to address a growing public health problem

Alcohol use in Vietnam has increased dramatically in the past two decades, with the average annual consumption of pure alcohol among adults (age 15 and older) increasing 77% between 2010 and 2016, when it reached 8.3 liters per person.[1] This is the equivalent of every adult drinking an average of 467 bottles of beer per year, and is higher than most other countries in the Western Pacific region. In addition, the prevalence of heavy episodic (binge) drinking among adult men increased >75% from 2010 to 2015 (from 25% to 44%),[2] and underage drinking was already common by 2008 – with nearly half (47.5%) of 14-17 year olds reported drinking alcohol.[3]

WR in Viet Nam joins with leaders of the Government, National Assembly Social Affairs Committee and people of Hanoi in a march to show support for the alcohol control law.

The impact of this heavy alcohol use has been equally dramatic. According to the Global Burden of Disease study, 79,000 deaths or 12% of all mortality in 2016 were associated with alcohol use (e.g., from conditions like cirrhosis). In addition, national surveys found that around one-third of all road accidents involving men and 20% of those involving women are alcohol-related, and that one-third of women had experienced some form of harm due to their partner's or husband's heavy drinking.[4,5]

WHO has been advocating to curb the harmful use of alcohol in Vietnam since 2012, through on-going high-level dialogue with the Ministry of Health, at partner meetings, and other events. These efforts helped lead to the National Assembly's approval in 2017 for the drafting of a new alcohol control law, for which WHO provided technical support to the multi-sectoral Drafting Committee. WHO continued its advocacy over the next two years to ensure the law's passage, with strong leadership by the WHO Representative and the participation of all levels of WHO. Key among these activities were a letter sent by the Regional Director in 2018 to the Chairperson of the National Assembly highlighting "best buys" for alcohol control; the issuance of statements and letters to top policymakers refuting false claims about the law by the alcohol industry that was lobbying hard to nullify or weaken it; and a public workshop, co-organized by WHO and the MOH in April 2019 to advocate for the law and provide evidence-based answers to key questions and concerns prior to the National Assembly's meeting to discuss the law.

These efforts, as well as a large public protest in Hanoi following three drunk-driving-related deaths, culminated in the law's passage in June 2019, with almost all original provisions intact. These include restrictions on alcohol advertising, including a ban on radio and TV ads from 6-9 p.m.; restrictions on the sale of alcohol, including a ban on all sales to

Country Case Studies

An Example: Ethiopia

Problem: Persistent Trachoma and related morbidly (blindness) with previous Mass Drug Administration (MDA) attempts not covering remote communities.

The solution: An expanded MDA campaign toward elimination

WHO's Contribution: The evidence-based SAFE strategy, a full-time technical advisor placed in MoH for two years, training support for district NTD manages, monitoring and advocacy to reach those left behind, >$800K grant from AFRO for NTD elimination

Impact: Coverage targets exceeded in remote districts with anticipated TF elimination – pending 2020 surveys

Leaving no one behind: reaching 100% geographic coverage with mass drug administration to eliminate trachoma as a public health problem in Ethiopia

Ethiopia is more affected by trachoma – the leading infectious cause of blindness – than any other country in the world. In 2019, 72 million people (71% of its population) were living in districts where the active (inflammatory) trachoma component of the disease was considered a public health problem, defined as having a prevalence rate of "trachomatous inflammation—follicular" (TF) of ≥5% among children aged 1–9 years. This represented 51% of the global endemic population. Thus, eliminating trachoma as a public health problem in Ethiopia will be a major step towards its elimination worldwide.

WHO is working with partners to eliminate trachoma worldwide using a package of interventions known as the SAFE strategy – S for surgery, A for antibiotic distribution, F for facial cleanliness, and E for environmental improvement (particularly improved access to water and sanitation). The aim is to reach 100% geographic coverage of the A, F and E interventions in all districts with a TF prevalence of ≥5%.

With assistance from WHO and several NGO partners, including the posting of a full-time WHO technical advisor for trachoma in the Ministry of Health for two years, Ethiopia has made considerable progress in implementing the SAFE strategy in the past decade, and has reached the elimination threshold of TF prevalence below 5% in 133 of the country's 726 previously-endemic districts. Progress in implementing mass drug administration (MDA) using antibiotics has especially been made in relatively accessible districts with high TF prevalence rates (≥10%) and where international NGOs have provided support. However, until late 2019, there were still 48 districts with TF rates between 5.0% and 9.9% that were in more remote, arid regions with poor access to safe water (Afar, Somali and Oromia), where MDA had yet to take place.
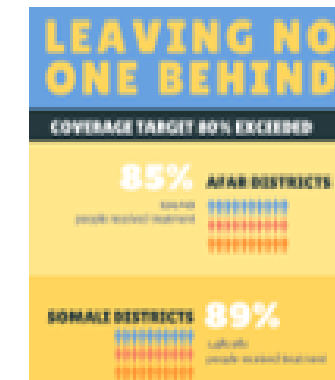
With the goal of leaving no one behind and reaching 100% geographic coverage, the WHO Country Office advocated to the MOH for MDA in these 48 districts and, with AFRO, helped secure an $834,000 grant from AFRO's Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN). WHO support also included collaborating with the MOH and partners on the annual training of trainers for regional NTD managers, and monitoring progress of the cascade training down to the district level.

Despite challenges in reaching these remote, largely nomadic populations, >2.4 million children and adults received azithromycin in Afar and Somali regions between December 2019 and February 2020, for a coverage rate of

Mass drug administration for trachoma in Afar region, Somali region

LEAVING NO ONE BEHIND

COVERAGE TARGET 80% EXCEEDED

85% AFAR DISTRICTS

SOMALI DISTRICTS 89%