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
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**

**WHO Results Framework:**
Delivering a measurable Impact in countries

Fourteenth General Programme of Work

Technical Paper
19 February 2024

**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

11:15 – 12:30  WHO Results Framework: Impact measurement
- Healthy Life Expectancy
- Triple Billion targets
- Outcome indicators

Discussion and feedback

12:30 – 12:45  Break

12:45 – 14:00  Outcome indicators – facilitated discussion

Co-chairs:
Samira Asma, ADG/DDI
Jeremy Farrar, Chief Scientist
Bruce Aylward, ADG/UHL

Haidong Wang, Unit Head/MFI
Elaine Borghi, Unit Head/MNF
Theresa Diaz, Unit Head/EME
Scott Pendergast, Director/SPP

All participants

Zoom: https://who.zoom.us/j/96483042190  Password: RESULTS#24
Update on the development & release of the pre-WHA version of the draft GPW14

Promoting, providing & protecting health and wellbeing
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

Draft GPW14 (WHA 77 version)
mid-Apr 2024

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

See next slides

Please send written comments on revised (pre-WHA) draft by 18 March 2024 to GPW14-SteerCo-Sec@who.int
RECAP | 4-part structure for the draft GPW14

Structure

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

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

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

(DRAFT GPW OVERARCHING GOAL:
To promote, provide and protect health and well-being for all people, everywhere.

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

- STRATEGIC OBJECTIVES AND JOINT OUTCOMES:

1.1. More climate-resilient health systems and societies are contributing to health and well-being.
1.1.1. Lowering climate health risks and impacts.
2.1. Health promotion and education, social, economic, environmental, commercial and cultural determinants of health.
2.2. Priority risk factors for non communicable and communicable diseases, violence and injury, and nutrients, reduced through integrated approaches.
2.3. Population health empowered to control their health through health promotion programs and community involvement in decision-making.

3.1. The primary health care approach and essential health system capacities for universal health coverage.
3.2. Health 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 non-communicable diseases, mental health conditions, and communicable diseases which addressing nutritional risk factors.
4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved.
4.3. Access to essential health services and health emergencies is sustained and equitable.

5.1. Risk from health emergencies from floods, drought, natural hazards and conflict.
5.2. Access to essential health services and health emergencies is sustained and equitable.

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

(a) Work is in order 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’**
- Advance PHC approach & essential health system capacities for universal health coverage
- Improve health service coverage & financial protection to address inequity and gender inequalities

**Strategic Objective**
- Prevent, mitigate & prepare for risks to health from all hazards
- Rapidly detect & sustain an effective response to all health emergencies

**Outcomes – ‘providing health’**

**Strategic Objective**
- 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
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
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.

Source: EB154/4 Report of the Programme, Budget and Administration Committee of the Executive Board
NEW! GPW13 Evaluation – informing a better GPW 14 *(preamble)*

**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) 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. (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).
Consultations on WHO Results Framework

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

26 Sep WPR MS briefing

13 Oct 1st Internal consultation

23 Nov 2nd Internal consultation

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

Feb-Mar 2024 Online MS technical consultation on results framework

31 Jan 3rd Internal consultation

Feb 14 Partners consultation

29 Feb 4th Internal consultation

6 Mar ARG briefing

15 Mar Finalize WHO Results Framework

11-12 Mar Global Technical Consultation on 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

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

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

Stay on track

Viet Nam: progress toward SDGs and Triple Billion targets

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

Nepal: country delivery 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.
WHO Results Framework:

Impact measurement
Recalibrate Triple Billion targets and update programmatic indicators

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.

HALE remains the overarching measure of population health and GPW 14.
Healthy Life Expectancy (HALE) at the global level, 2000-2050

- **Female**: Based on GHE2019 and forecasts from WPP2022
- **Male**: Potential gains in HALE with halved pre-mature mortality by 2050

Progress in achieving the Triple Billion targets, 2018-2025

- 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.

<table>
<thead>
<tr>
<th>Billion</th>
<th>Healthy populations</th>
<th>2030 target</th>
<th>2030 forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Safely managed water</td>
<td>96</td>
<td>67.8</td>
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<tr>
<td></td>
<td>Childhood wasting</td>
<td>3</td>
<td>7.8</td>
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<tr>
<td></td>
<td>Trans fat policy</td>
<td>100</td>
<td>20.2</td>
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<tr>
<td></td>
<td>Suicide mortality</td>
<td>6</td>
<td>7.9</td>
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<tr>
<td></td>
<td>Childhood stunting</td>
<td>17</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td>Road deaths</td>
<td>9</td>
<td>16.4</td>
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<td></td>
<td>Mean particulates (PM 2.5)</td>
<td>5</td>
<td>30.3</td>
</tr>
<tr>
<td></td>
<td>Childhood overweight</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Intimate partner violence (F)</td>
<td>0</td>
<td>26.7</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
<td>18</td>
<td>17.9</td>
</tr>
<tr>
<td></td>
<td>Safely managed sanitation</td>
<td>95</td>
<td>70.9</td>
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<tr>
<td></td>
<td>Clean household fuels</td>
<td>96</td>
<td>78.0</td>
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<tr>
<td></td>
<td>Violence against children</td>
<td>0</td>
<td>79.6</td>
</tr>
<tr>
<td></td>
<td>Adolescent/child obesity</td>
<td>5</td>
<td>13.9</td>
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<tr>
<td></td>
<td>Alcohol consumption</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Adult obesity</td>
<td>11</td>
<td>19.2</td>
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<thead>
<tr>
<th>Billion</th>
<th>Universal health coverage</th>
<th>2030 target</th>
<th>2030 forecast</th>
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<tbody>
<tr>
<td></td>
<td>Tobacco control</td>
<td>20</td>
<td>17.7</td>
</tr>
<tr>
<td></td>
<td>Water and sanitation</td>
<td>96</td>
<td>84.1</td>
</tr>
<tr>
<td></td>
<td>TB treatment</td>
<td>91</td>
<td>84.2</td>
</tr>
<tr>
<td></td>
<td>Child treatment</td>
<td>85</td>
<td>79.4</td>
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<tr>
<td></td>
<td>Malaria prevention</td>
<td>80</td>
<td>76.8</td>
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<tr>
<td></td>
<td>Management of diabetes</td>
<td>8</td>
<td>11.5</td>
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<td>Family planning</td>
<td>75</td>
<td>77.1</td>
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<td>Child immunization</td>
<td>90</td>
<td>89.7</td>
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<tr>
<td></td>
<td>Prevention of cardiovascular disease</td>
<td>80</td>
<td>42.7</td>
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<td></td>
<td>Hospital access</td>
<td>34</td>
<td>30.7</td>
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<tr>
<td></td>
<td>HIV treatment</td>
<td>90</td>
<td>89.2</td>
</tr>
<tr>
<td></td>
<td>Pregnancy and delivery care</td>
<td>95</td>
<td>82.2</td>
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<table>
<thead>
<tr>
<th>Billion</th>
<th>Health emergencies protection</th>
<th>2030 target</th>
<th>2030 forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preparedness</td>
<td>80</td>
<td>80.7</td>
</tr>
</tbody>
</table>
Tangible acceleration to achieve SDGs and the Triple Billion targets: Regional best practice scenarios
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

<table>
<thead>
<tr>
<th>PROVIDE (UHC)</th>
<th>PROMOTE (Healthier Populations)</th>
<th>PROTECT (Health Emergencies Protection)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GPW 13 targets</strong> [Relative]</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>GPW 14 targets</strong> [Absolute]</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Category</th>
<th>GPW 13</th>
<th>GPW 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTE Healthier Populations</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>PROVIDE Universal Health Coverage</td>
<td>24</td>
<td>45</td>
</tr>
<tr>
<td>PROTECT Health Emergencies Protection</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

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

*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

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
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

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>GPW14 PROMOTE additional outcome indicators</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 More climate resilient health systems are addressing health risks and impacts</td>
<td>Per-capita mortality from climate-sensitive diseases</td>
<td>WHO global strategy on health, environment and climate change: the transformation needed to improve lives and wellbeing sustainably through healthy environments</td>
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<tr>
<td></td>
<td>Per-capita mortality from extreme heat in over 65 population</td>
<td>Resolutions WHA65(9), 2012 WHA69.19, 2016</td>
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<tr>
<td></td>
<td>Index of national climate change and health capacity</td>
<td>GPW13 target 44 reduce by 10% mortality from climate-sensitive diseases (through climate change action rather than other drivers)</td>
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</table>
Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>GPW13 Healthier Population outcome indicators</th>
<th>GPW14 PROMOTE additional outcome indicators</th>
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<tbody>
<tr>
<td>2.1 Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health</td>
<td>SDG 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older</td>
<td>SDG 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities</td>
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<td></td>
<td>SDG 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol</td>
<td>SDG Target 17.18 Proportion of countries that feature data disaggregation in their national health statistics reports</td>
</tr>
<tr>
<td></td>
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<td>SDG 10.7.2 Does the government provide non-national equal access to i) essential and/or ii) emergency healthcare?</td>
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<td>SDG 5.1 Gender equality advanced in and through health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>
## Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>GPW13 Healthier Population outcome indicators</th>
<th>GPW14 PROMOTE additional outcome indicators</th>
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</thead>
<tbody>
<tr>
<td><strong>2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches</strong></td>
<td>SDG 2.2.1 Prevalence of stunting (height for age &lt;-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age</td>
<td>WHA 69.9 Exclusive breastfeeding under six months</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>WHA73.5 Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>Proportion of countries that implement policy measures aiming to reduce free sugars intake</td>
</tr>
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<td></td>
<td>SDG 2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%)</td>
<td>WHA75(11) Proportion of population aged 15+ with healthy dietary pattern (Replacing the elimination of trans-fatty acids indicator in GPW 13)</td>
</tr>
<tr>
<td></td>
<td>SDG 3.9.1 Mortality rate attributed to household and ambient air pollution</td>
<td>WHA71 (6) Prevalence of insufficiently physically active adults</td>
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<tr>
<td></td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 3.9.3 Mortality rate attributed to unintentional poisoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 6.1.1 Proportion of population using safely managed drinking water services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 6.2.1a Proportion of population using safely managed sanitation services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 6.2.1b Proportion of population using a hand-washing facility with soap and water</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 7.1.2 Proportion of population with primary reliance on clean fuels and technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 11.6.2 Annual mean levels of fine particulate matter (e.g., PM2.5 and PM10) in cities (population weighted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHA 66.10 (2013) Prevalence of obesity among children and adolescents (aged 5-19 years) (%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHA 66.10 (2013) Prevalence of obesity among adults aged ≥18 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SDG 3.6.1 Death rate due to road traffic injuries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHA 66.10 (2013) Best practice policy implemented for industrially produced trans-fatty acids (Y/N) (Replaced in GPW 14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Objective 2 indicators: Address health determinants and root causes of ill health in key policies across sectors

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>GPW14 PROMOTE additional outcome indicators</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making</td>
<td>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</td>
<td>WHA75.19 (2022) Well-being and health promotion</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>WHA76 (22) Adoption of the framework for integrating well-being into public health utilizing a health promotion approach</td>
</tr>
</tbody>
</table>
Outcomes – ‘providing health’

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
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

*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**
- 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

**Processes**
- 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

**Outputs**
- 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

**Impact**

GPW13 UHC Billion + additional indicators for GPW14
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

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

- 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

Seven billion* people better protected from health emergencies by 2028

*provisional
GPW14 Impact Framework for Protect health

7 billion people better protected from health emergencies by 2028

**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)
### GPW14 Impact Framework for Protect health | Outcome 5.1

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

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

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.

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.

WASH is a highly effective way to protect communities and healthcare workers from health emergencies.
<table>
<thead>
<tr>
<th>State Party of IHR</th>
<th>5.1 Outcome Indicator</th>
<th>Level</th>
<th>Vaccination</th>
<th>Risk of zoonotic spillover</th>
<th>Water, sanitation, and hygiene (WASH)</th>
<th>Trust and social protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>62.4</td>
<td>4</td>
<td>67</td>
<td>61.1</td>
<td>40.3</td>
<td>7.5</td>
</tr>
<tr>
<td>Albania</td>
<td>90.3</td>
<td>5</td>
<td>92.5</td>
<td>65.6</td>
<td>91</td>
<td>77.6</td>
</tr>
<tr>
<td>Algeria</td>
<td>86</td>
<td>5</td>
<td>85.5</td>
<td>90</td>
<td>90.1</td>
<td></td>
</tr>
<tr>
<td>Andorra</td>
<td>98.7</td>
<td>5</td>
<td>98.5</td>
<td>100</td>
<td>100</td>
<td>77.6</td>
</tr>
<tr>
<td>Angola</td>
<td>77.2</td>
<td>4</td>
<td>85.7</td>
<td>43.3</td>
<td>32.6</td>
<td>10.5</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>88.8</td>
<td>5</td>
<td>88.5</td>
<td>84.4</td>
<td>97.4</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>57.1</td>
<td>3</td>
<td>53.7</td>
<td>85.7</td>
<td>96.3</td>
<td>53.4</td>
</tr>
<tr>
<td>Armenia</td>
<td>90.4</td>
<td>5</td>
<td>93.5</td>
<td>67.8</td>
<td>96.9</td>
<td>54.4</td>
</tr>
<tr>
<td>Australia</td>
<td>93</td>
<td>5</td>
<td>94</td>
<td>87.8</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>Austria</td>
<td>90.2</td>
<td>5</td>
<td>90</td>
<td>95.6</td>
<td>97.6</td>
<td>73.8</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>88.9</td>
<td>5</td>
<td>93</td>
<td>62.2</td>
<td>95.2</td>
<td>33</td>
</tr>
<tr>
<td>Bahamas</td>
<td>78.3</td>
<td>4</td>
<td>78.5</td>
<td>84.4</td>
<td>97.3</td>
<td>43.1</td>
</tr>
</tbody>
</table>
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

7 billion people better protected from health emergencies by 2028

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

**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)
### GPW14 Impact Framework for Protect health | Outcome 6.1

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

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

<table>
<thead>
<tr>
<th>5.1 Risks of health emergencies from all hazards reduced &amp; impact mitigated</th>
</tr>
</thead>
</table>
| **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 |

<table>
<thead>
<tr>
<th>5.2 Preparedness, readiness &amp; resilience for health emergencies enhanced</th>
</tr>
</thead>
</table>
| **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) |

#### Rapidly detecting & sustaining effective response to all health emergencies

<table>
<thead>
<tr>
<th>6.1 Detection &amp; response to acute public health threats is rapid &amp; effective</th>
</tr>
</thead>
</table>
| **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 |

<table>
<thead>
<tr>
<th>6.2 Access to essential health services during emergencies is sustained &amp; equitable</th>
</tr>
</thead>
</table>
| **Current:**  
  - Delivery of essential health services to people in need in FCV settings |
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GPW14 Impact Framework for Protect health | Outcome 6.1

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- Expand to include performance measure for the first 28 days of an emergency response

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

<table>
<thead>
<tr>
<th>AFR</th>
<th>EMR</th>
<th>EUR</th>
<th>AMR</th>
<th>SEAR</th>
<th>WPR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data on timeliness</td>
<td>8%</td>
<td>22%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Met 7-1-7 targets</td>
<td>19%</td>
<td>22%</td>
<td>28%</td>
<td>16%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Did not meet 7-1-7 targets</td>
<td>73%</td>
<td>55%</td>
<td>62%</td>
<td>75%</td>
<td>80%</td>
<td>69%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time to detect</th>
<th>Time to notify</th>
<th>Time to respond*</th>
<th>7-1-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (n=41 events in 5 countries)</td>
<td>6 days</td>
<td>0 days</td>
<td>38 days</td>
</tr>
<tr>
<td>% meeting target</td>
<td>54%</td>
<td>79%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Source: Bochner et al., 2023

*7 components: response initiation, epidemiological investigation, laboratory confirmation, medical treatment, countermeasures, communications and community engagement, and response coordin
Outcome 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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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)
### GPW14 Impact Framework for Protect health | Outcome 6.2

7 billion people better protected from health emergencies by 2028

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

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

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**Current:**
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#### 6.1 Detection & response to acute public health threats is rapid & effective

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**Current:**
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- Create index using the available data for the following tracer indicators:
  - Total outpatient department (OPD) consultations/ person/ year
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  - Measles vaccination coverage (alternate: PENTA coverage)
Pilot study in 4 countries as part of EMRO’s response monitoring KPI project with JHU indicated high feasibility for the proposed tracer indicators.

<table>
<thead>
<tr>
<th>Generally Feasible</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD consultations</td>
</tr>
<tr>
<td>Maternal health and immunization</td>
</tr>
<tr>
<td>Surveillance for ID</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generally not feasible but alternatives exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Availability</td>
</tr>
<tr>
<td>Chronic conditions</td>
</tr>
<tr>
<td>IPC/WASH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generally not feasible and more challenging to find alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (high variability)</td>
</tr>
<tr>
<td>GBV(culturally sensitive)</td>
</tr>
</tbody>
</table>
6.2 Outcome indicators

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Create index using the available data for the following tracer indicators:
- Total outpatient department (OPD) consultations/ person/ year
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**Rationale**
- Tracer indicator to measure the availability and utilization of clinical services in humanitarian settings/protracted crises
- Tracer indicator to assess maternal and reproductive health which is a vulnerable group often importunately affected by humanitarian crises
- Tracer indicator to monitor child health which is a vulnerable group often importunately affected by humanitarian crises
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

<table>
<thead>
<tr>
<th></th>
<th>PROMOTE</th>
<th>PROVIDE</th>
<th>PROTECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier Populations</td>
<td>17</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Universal Health Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Emergencies Protection</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GPW 13
46 indicators*

GPW 14
67 proposed indicators

*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

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcome indicators for GPW 13 SDG and WHA resolution based</th>
<th>Proposed outcome (programmatic) indicators for GPW 14 (In addition to outcome indicators for GPW 13)</th>
<th>Indicative delivery milestones Used to drive outcome indicators and links to indicative outputs</th>
<th>Indicative outputs</th>
</tr>
</thead>
</table>

**GPW 14 priority: PROMOTE HEALTH (Target: 6 billion people will enjoy healthier lives)**
Progress is measured by the healthier populations billion index

<table>
<thead>
<tr>
<th>Strategic objective 1 Respond to climate change, an escalating health threat in the 21st century</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 More climate resilient health systems are addressing health risks and impacts</td>
</tr>
<tr>
<td>1.1.1 Per-capita mortality from climate-sensitive diseases</td>
</tr>
<tr>
<td>1.1.1.1 Per-capita mortality from extreme heat in over 65 population</td>
</tr>
<tr>
<td>1.1.1.2 Index of national climate change and health capacity</td>
</tr>
<tr>
<td>1.1.2 Stabilize and reduce carbon emissions from the global healthcare sector on a path to halve emissions by 2030</td>
</tr>
</tbody>
</table>

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

Is WHO the global leader setting and advancing policy and programmes?

Yes

Is the way forward clear?

No

Urgently increase evidence-based action

Yes

Are indicators available or could be readily available?

No

Improve measurement

Yes

Invest financial and political capital to accelerate progress

No

Hone advocacy
<table>
<thead>
<tr>
<th>Period</th>
<th>Indicator name</th>
<th>Classification based on inclusion</th>
<th>Dataset available on VHR/Parley online db</th>
<th>Number of countries and year range</th>
<th>Time series</th>
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<td>AYAHR110</td>
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<td>Treatment of sexually transmitted infections and reproductive health among young people aged 10–39 years</td>
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<td>Prevention and control of sexual and reproductive health among young people aged 10–39 years</td>
<td>AYAHR2210</td>
<td>Yes (ECHO)</td>
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<td>Prevention and control of sexual and reproductive health among young people aged 10–39 years</td>
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<td>2.2</td>
<td>Prevention and control of sexual and reproductive health among young people aged 10–39 years</td>
<td>AYAHR2410</td>
<td>Yes (ECHO)</td>
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<td>AYAHR2610</td>
<td>Yes (ECHO)</td>
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</table>

Note: The table above shows the indicators related to the prevention and control of sexual and reproductive health among young people aged 10–39 years. Each indicator is linked to specific datasets available on the VHR/Parley online database, along with the number of countries and the time range covered. The time series data varies, with some indicators having data up to 2022, while others stop at 2017 or 2015. The data collection is indicated as partial or non-existent for certain years and regions.
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
Draft Fourteenth General Programme of Work (GPW 14)
WHO Results Framework:
Delivering a measurable impact in countries

Global Technical Consultation (Virtual)
Day 2

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

https://who.zoom.us/j/96483042190
Passcode: RESULTS#24
## Agenda – Day 2

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

11:00 – 12:30  
Day One recap  
Discussion and feedback

WHO Results Framework: Output Measurement  
- Delivery for Impact  
- Country impact studies  
Discussion and feedback

**12:30 – 12:45**  
*Break*

12:45 – 13:30  
Operationalising WHO Results Framework in countries

13:30 – 13:45  
Strengthening data and health information systems

13:45 – 14:00  
Next steps and timelines

---

Samira Asma, ADG/DDI  
Amit Prasad, Technical Officer/DDI  
Melanie Bertram, Unit Head/DFI  
Shambhu Acharya, Director/CSS  
Angela Pratt, WR* Viet Nam  
Adham Abdel Moneim, WR* Saudi Arabia  
Sebastian Garcia, Director/EIH, PAHO  
Arash Rashidian, Director/SID, EMRO  
Samira Asma, ADG/DDI

*WR: WHO Representatives to countries*
WHO Results Framework for GPW 14 is an accountability tool
Part 1: Health & Well-being in an Increasingly Complex World

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

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

![Diagram illustrating the WHO Results Framework underpins GPW strategy](image)
Updates to WHO Results Framework: impact measurement

<table>
<thead>
<tr>
<th>PROVIDE (Universal Health Coverage)</th>
<th>PROMOTE (Healthier Populations)</th>
<th>PROTECT (Health Emergencies Protection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recalibrated Triple Billion targets</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Proposed new outcome indicators for GPW14</td>
<td>45</td>
<td>17</td>
</tr>
<tr>
<td>Total number of outcome indicators: 42 for GPW13 and 67 for GPW14 = 109</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

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 baseline and targets

- 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
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
- Programme Budget & Investment Case for WHO’s contributions
- Country focus & focus on priorities
- 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
Country focus

Understand country priorities

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

Viet Nam: progress toward SDGs and Triple Billion targets

Nepal: country delivery dashboard
# Delivery milestones (intermediate outcomes)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcome indicators for GPW 13</th>
<th>Proposed outcome (programmatic) indicators for GPW 14 (In addition to outcome indicators for GPW 13)</th>
<th>Indicative delivery milestones</th>
<th>Indicative outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SDG and WHA resolution based</td>
<td></td>
<td>Used to drive outcome indicators and links to indicative outputs</td>
<td></td>
</tr>
</tbody>
</table>

**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
- Per-capita mortality from extreme heat in over 65 population
- Index of national climate change and health capacity

Stabilize and reduce carbon emissions from the global healthcare sector on a path to halve emissions by 2030
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
### Strategic objective 4: Improve equity and quality in health service coverage and financial protection

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Leadership: Partnerships, Agenda Setting</th>
<th>Global Public Goods/Technical Products</th>
<th>Differentiated country support Countries off track for SDG targets</th>
</tr>
</thead>
</table>
| 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 USM: 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.
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.

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.
Distribution of country stories by triple billion topic

**2020-21 End-of-Biennium Results Report**

- 31 stories, 44%
- 20 stories, 29%
- 12 stories, 16%
- 7 stories, 10%

**2022-23 Mid-Term Results Report**

- 26 stories, 44%
- 18 stories, 31%
- 13 stories, 26%
- 2 stories, 3%

Colors represent:
- Blue: Triple Billion: UHC
- Orange: Triple Billion: Health Emergencies
- Yellow: Triple Billion: Better Health & Well-Being
- Purple: More Effective and Efficient WHO
Country focus: operationalising the Results Framework
Applying the *Delivery for Impact* approach in Viet Nam

Angela Pratt, WHO Representative in Viet Nam

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

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**

- 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**

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

- A healthier and safer Viet Nam

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

Increased data use to improve policies and programmes

ICD-11
International Classification of Diseases 11th Revision
The global standard for diagnostic health information

SCORE for Health Data Technical Package

World Health Statistics 2023
Monitoring health for the SDGs
Improving data, digital and health information systems: Our focus

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

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

Leveraging partnerships to accelerate and scale progress

Working with countries and platforms such as the Health Data Collaborative and SDG5 Global Action Plan to align resources with country needs
WHO work on enhancing Information Systems for Health in EMR countries

Improving CRVS systems & Cause of Death certification and reporting
Improving ICHI

EMR core indicators framework (including SDG indicators)

Hospital HMIS

Integrated Disease Surveillance System

PHC HMIS

Electronic Health Records and data linkages
Improving household and facility surveys and survey data

Forecasting and modelling progress toward UHC and “triple billion” outcomes

EMR initiatives to improve country health data systems

Improving routine health information systems

Electronic Health Records and data linkages

Improving CRVS systems & Cause of Death certification and reporting

Improving household and facility surveys and survey data

Forecasting and modelling progress toward UHC and “triple billion” outcomes

WHO work on enhancing Information Systems for Health in EMR countries
Better use of artificial intelligence: promises and opportunities to accelerate progress

- Evidence-Informed Policy-Making
- Service delivery and quality
- Tailored solutions to population and public health needs
- Human resource capacity and management
- Research efficiency and timeliness
- Data quality & verification
WHO EMR Regional strategy to institutionalise evidence informed policy making
Thank you
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.
Delivering measurable impact in countries

Better data availability

Improved data access

Increased data use to improve policies and programmes
Strengthening data and health information systems in the Americas – IS4H

Health in the Americas

Welcome to the Health in the Americas portal

This portal is the Health in the Americas is a collaborative effort among the 48 member countries of the Pan American Health Organization (PAHO/WHO). The portal was created in 2008, and the publication has benefited from the efforts of all the member states and territories. The Portal provides an overview of the health situation in the Americas, including the most recent data and information on the health situation, health policies, and programs in the region. The Portal also provides information on the challenges and priorities facing the region, as well as on the progress made towards achieving the Sustainable Development Goals (SDGs). The Portal is designed to be an interactive and user-friendly tool, with a focus on providing accessible and useful information to a wide range of audiences, including policymakers, health professionals, researchers, and the general public.

Country Profiles

This section provides country profiles for the Americas, including the most recent data and information on the health situation, health policies, and programs in each country. The profiles are based on the most recent data available from PAHO and other sources. The profiles provide an overview of the health situation in each country, including the most recent data and information on the health situation, health policies, and programs. The profiles also provide information on the challenges and priorities facing each country, as well as on the progress made towards achieving the SDGs.

Life expectancy at birth

The life expectancy at birth is a measure of the average number of years a newborn infant is expected to live. It is a widely used measure of health status and is influenced by many factors, including the level of health care, the availability of medical services, and the social and economic conditions.

Equity Explorer

The Equity Explorer is a tool developed by the World Health Organization (WHO) to help monitor and evaluate health inequities. The tool is used to assess the extent to which health outcomes vary across different populations and to identify the factors that contribute to these differences. The Equity Explorer is used to monitor the progress made towards achieving the Sustainable Development Goals (SDGs), particularly Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

SDG 3 Portal

The SDG 3 Portal is a portal developed by the United Nations to provide information on the progress made towards achieving the Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) in the Americas. The portal provides information on the most recent data and information on the health situation, health policies, and programs in the region, as well as on the progress made towards achieving the SDGs.

Region of the Americas

The Region of the Americas is a regional bloc of countries located in the Americas, including the Caribbean. The region is characterized by a high level of diversity, with a wide range of economic, social, and political differences. The Region of the Americas is home to a large number of countries, including 48 member countries of the Pan American Health Organization (PAHO/WHO).

Sustainable Development Goals

The Sustainable Development Goals (SDGs) are a set of 17 goals adopted by the United Nations in 2015 to address the world’s most pressing challenges and to achieve a better future for all. The SDGs aim to end poverty, protect the planet, and ensure peace and prosperity for all. The SDGs are a framework for action and a set of targets that aim to achieve the goals by 2030.
Data availability and quality
**Maturity assessment and roadmap**

**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**
What can be improved and how?

<table>
<thead>
<tr>
<th>IS4H Strategic domain</th>
<th>Action for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data management and information technologies</td>
<td>By adopting international standards for data management and interoperability</td>
</tr>
<tr>
<td>Management and governance</td>
<td>By adopting guiding principles, policies, and official governance mechanisms for data and information management</td>
</tr>
<tr>
<td>Knowledge management and sharing</td>
<td>By implementing a digital literacy programs as an ongoing mechanism to strengthen human resources skills to work within the Information Society</td>
</tr>
<tr>
<td>Innovation</td>
<td>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</td>
</tr>
</tbody>
</table>

- 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
Strengthening data and health information systems in the Americas – IS4H
Department of Evidence and Intelligence for Action in Health (EIH)
PAHO / WHO
Discussion and feedback
Draft Fourteenth General Programme of Work (GPW 14)

WHO Results Framework:
Delivering a measurable impact in countries

Global Technical Consultation (Virtual)

Summary and next steps
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
Any further guidance and input welcome

Thank you very much for participating!

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

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

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

4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and other population-specific health services and immunization coverage improved

<table>
<thead>
<tr>
<th>Indicative Outputs</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio</td>
<td>SDG 3.1.1</td>
</tr>
<tr>
<td>Under-5 mortality rate</td>
<td>SDG 3.2.1</td>
</tr>
<tr>
<td>Neonatal mortality rate</td>
<td>SDG 3.2.2</td>
</tr>
<tr>
<td>Stillbirth rate (per 1000 total births)</td>
<td>WHA 67.10</td>
</tr>
<tr>
<td>Prop. of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, &amp; repro. health care</td>
<td>SDG 5.6.1</td>
</tr>
<tr>
<td>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>SDG 5.6.2</td>
</tr>
<tr>
<td># countries w. laws &amp; regulations that guarantee full &amp; equal access to women &amp; men 15 years &amp; older to sexual &amp; repr. health care, info, edu</td>
<td>SDG 5.6.2</td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel</td>
<td>SDG 3.7.1</td>
</tr>
<tr>
<td>Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>SDG 3.7.2</td>
</tr>
<tr>
<td>Obstetric and gynaecological admissions owing to abortion</td>
<td>WHA 67.10</td>
</tr>
<tr>
<td>Postnatal Care Coverage (newborn)</td>
<td>WHA 67.10</td>
</tr>
<tr>
<td>Treatment of acutely malnourished children</td>
<td>WHA 67.10</td>
</tr>
<tr>
<td>Proportion of children aged 24–59 months who are developmentally on track in health, learning, and psychosocial well-being, by sex</td>
<td>SDG 4.2.1</td>
</tr>
<tr>
<td>Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines</td>
<td>WHA 67.15</td>
</tr>
<tr>
<td>Prop. ever-partnered women/girls 15 years &amp;older subjected to physical/sexual/psycho. violence by current/former intimate partner in prev. 12 mo.’s</td>
<td>SDG 5.2.1</td>
</tr>
<tr>
<td>Proportion of girls and women aged 15 – 49 who have undergone female genital mutilation</td>
<td>SDG 5.3.2</td>
</tr>
<tr>
<td>Percentage of older people receiving long-term care at a residential care facility and home</td>
<td>WHA 73.12</td>
</tr>
</tbody>
</table>

2 Strengthen & sustain immunization services

<table>
<thead>
<tr>
<th>Indicative Outputs</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Proportion of the target population covered by all vaccines included in their national programme</td>
<td>SDG 3.b.1</td>
</tr>
</tbody>
</table>

4.3. Financial protection improved by reducing OOP

<table>
<thead>
<tr>
<th>Indicative Outputs</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Population with impoverishing OOP health spending (pushed and further pushed below a poverty line by OOP health spending)</td>
<td>SDG 4.1.1</td>
</tr>
<tr>
<td>Share of HH with impoverishing OOP payments (pushed and further pushed below a relative poverty line reflecting basic needs: (food, housing &amp; utilities approach – developed for WHO EURO)</td>
<td>EUR/RC65/1</td>
</tr>
</tbody>
</table>
Under GPW14 WHO will work with Member States & partners to better protect seven billion people from health emergencies by...

- 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

*Seven billion* people better protected from health emergencies by 2028*

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