DATA, ANALYTICS & DELIVERY FOR IMPACT

IN FOCUS: 2022
Contents

Letter from the Director-General  3
A trusted source for global health data  5
Strengthening country data and health information systems  10
Overview  4

Delivering on the Triple Billion targets and health-related SDGs  13
Regional priorities  18
Partnerships  39

*This document is regularly updated and all content is subject to change.
Achieving WHO's Thirteenth General Programme of Work (GPW 13) and its “Triple Billion” targets as well as the health-related SDGs would be impossible without robust data and science. As part of WHO's transformation agenda, the Division of Data, Analytics and Delivery for Impact was established to improve measurement, focus on results and deliver impact. Since its creation, and amid historic challenges, the Division has laid a strong foundation for health information systems strengthening, data governance and country capacity-building that will accelerate progress across all levels of the Organization and in the communities we serve.

The COVID-19 pandemic has underscored this need and the importance of strong health information systems, but it has also shone a light on persistent data gaps and fragmentation that must be urgently addressed.

This progress update on data and delivery highlights key achievements and offers an exciting glimpse into the future. It also gratefully acknowledges the many collaborating centres and partners that are working with us to build sustained data and analytical capacities that support evidence-based policy dialogue and strategic health interventions.

By connecting data, analytics and delivery we will create a new powerhouse for country-focused health information that makes a measurable difference to lives and livelihoods, addresses inequalities and delivers measurable health impacts for all.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization
Overview

In Focus: 2022 outlines an exciting shift for the Division of Data, Analytics and Delivery for Impact. Over the past year, we have laid the foundations for making WHO a modern data driven organization. As we pivot from strategy to delivery, our focus this year is to intensify support to countries, working closely with our partners, so that every country has improved capacity in robust data systems. Through this we can deliver a measurable impact and get back on track towards WHO's Triple Billion targets and the health-related Sustainable Development Goals.

At the 150th session of the Executive Board, Dr Tedros introduced us to his five organizational priorities to:

• Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes
• Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage
• Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels
• Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities
• Urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture

These five priorities and the recent extension of the Thirteenth General Programme of Work (GPW 13) give us the perfect opportunity to reaffirm our pledge to use data to deliver impact in countries. As a Division, we believe that timely, reliable and actionable data, deployed for real change on the ground, is vital. We look forward to rallying everyone to these commitments through an International Conference on Health Statistics in 2023.

In Focus outlines how we are providing data-driven solutions across all WHO regions and intensifying our support in countries by addressing data gaps and using data to accelerate progress through delivery stocktakes. But we could not do this alone. Much of our work is enabled and enhanced by partnerships with other multilateral agencies, civil society, the private sector and other partners.

Dr Samira Asma
Assistant Director-General, World Health Organization
Division of Data, Analytics and Delivery for Impact
18 May 2022
A trusted source for global health data
As the custodian of global health data, WHO must develop, uphold and ensure high global standards of data collection, processing, synthesis and analysis. This normative role of WHO is essential to ensuring the timeliness, reliability and validity of measurements, ensuring comparability of data and allowing the world to track trends, progress and impact.

5 data principles govern our work:

1. Data as a public good
2. Upholding Member States’ trust in data
3. Strengthening country data and health information systems capacities
4. Being a responsible data steward
5. Addressing public health data gaps

Key WHO resources include the WHO’s Data Sharing Policies, the UN Joint Statement on Data Protection and Privacy in the COVID-19 Response, and GATHER (Guidelines for Accurate and Transparent Health Estimates Reporting).

WHO is committed to improving data governance by reducing fragmentation, increasing efficiencies, and providing policy recommendations and best practices through its Data Hub and Spoke Collaborative and Data Governance Committee.

The 2021 Health Data Governance Summit brought together experts to review best practices in data governance, sharing and use. The result was a call to action to tackle the legal and ethical challenges of sharing data, ensure data is shared during both emergency and non-emergency situations, and encourage data and research stewardship that promotes tangible impact.
The World Health Data Hub
The World Health Data Hub (WHDH) will be an interactive digital destination and trusted source for global health data, fulfilling WHO’s commitment to provide complete, transparent and open data as a public good. It’s explicitly designed to overcome issues like data fragmentation and inequalities in data access, ensuring powerful tools for data visualization, analysis and sharing are accessible to academics, the public and policy-makers around the world.

It will offer an integrated suite of data products, including a country portal to facilitate the easy exchange of health data, a data warehouse for analysis, and geospatial tools that complement the WHO GIS Centre for Health.

A new data lake will also act as a central repository for file storage and pull together existing WHO data assets including the Global Health Observatory, the Triple Billion dashboard, the Health Equity Monitor, the Mortality Database and more.

The Hub is a close collaboration between the public and private sector. It merges WHO’s appreciation for the deep complexities of global health challenges with the experience and backing of expert private partners like Microsoft and Avanade, who offered their support pro bono. It’s built from the ground up to be a future-proof platform that can deliver visible change on the ground.

WHO Geographic Information Systems (GIS) Centre for Health
The newly established GIS Centre for Health, with pro bono support from Esri, enhances WHO’s capabilities in presenting spatial data that in turn better supports improved public health planning and real-time decision making.

The global health applications of GIS are numerous and include:
• Finding disease clusters and possible causes
• Working with COVAX to support equitable COVID-19 vaccine distribution
• Determining if an area is being served adequately by health services
• Improving deployment of emergency services

By connecting maps, data and people the WHO GIS Centre for Health supports countries and partners in making informed public health decisions faster.

The open-access WHO Snakebite envenoming information and data platform is already working to shorten the time between a snakebite and receiving antivenom. It does this by mapping the distribution of venomous snakes, known antivenoms and the proximity to health facilities that stock them.

The Centre is now fully launched and working to extend the reach of geospatial information across the organization and beyond.
**Family of International Classification**

Data standards provide a common language for medical terminology and support interoperability between governments, the scientific community, and data users. The Family of International Classification (FIC) includes the International Classification of Diseases (ICD), the International Classification of Health Interventions (ICHI), and the International Classification of Functioning, Disability and Health (ICF). The International Classification of Diseases, eleventh edition (ICD-11) provides 17,000 diagnostic categories, over 120,000 medical diagnostic index terms, and is usable online or offline. ICD-11 is fully digitalized and is being implemented across all WHO regions.

In February this year, WHO updated ICD-11 with compiled inputs from over 90 countries and containing powerful new features including improved coding for cancers and fractures, updated diagnostic recommendations for mental health conditions and digital documentation of COVID-19 certificates. The ongoing update process for ICD-11 ensures Member States are always provided with the codes and tools that best suit their needs.

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**Global excess deaths associated with COVID-19**

January 2020–December 2021

![Graph showing global excess deaths associated with COVID-19 from January 2020 to December 2021.](chart.png)

**Worldwide totals**

Jan 2020 - Dec 2021

- **+14.91 million**
  - Estimated excess mortality
- **+5.42 million**
  - Reported COVID-19 deaths

Baseline: Expected mortality under normal circumstances.
**World Health Statistics report**

The **World Health Statistics report** is WHO’s annual ‘state of the world’s health’ assessment, including the most recent available data on health and health-related indicators for its 194 Member States.

The **2022 edition** features the latest data for more than 50 health-related Sustainable Development (SDGs) and Triple Billion target indicators. It provides comprehensive country-level health statistics for both burden of disease and service delivery for the first year of the **COVID-19 pandemic** – all in one place.

The report includes updated data for 35 indicators through 2020 with an additional 16 indicators updated to between 2017 and 2019. In addition, it includes initial analysis of the impact of COVID-19 on health systems worldwide in the form of disruptions to service coverage and rising financial expenditures.

It also focuses on the persistent health inequalities and data gaps that have been accentuated by the pandemic, with a call to urgently invest in health information systems to ensure the world is better prepared with better data.

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**Global Health Estimates**

WHO’s **Global Health Estimates** provide the latest available data on death and disability globally, by region and country, age, sex and cause from 2000-2019. These estimates provide key insights on mortality and morbidity trends including leading causes of death to support informed decision-making on health policy and resource allocation.

The next Global Health Estimates will be released this year and will include more details on the impact of COVID-19 on population health.

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**Monitoring health inequalities**

Monitoring health inequalities is vital for tracking progress towards Universal Health Coverage and ensuring no one is left behind in meeting the health-related SDGs and Triple Billion targets. Tools to build country capacity to measure and report on health inequalities include **The Health Equity Monitor database**, **Health Equity Assessment Toolkit (HEAT or HEAT Plus)** software, the **health inequality monitoring handbook**, state of inequality reports, and step-by-step manuals on **national health inequality monitoring**, **inequality monitoring in immunization** and the **state of inequality in HIV, tuberculosis and malaria**. In addition, **statistical codes for data disaggregation** and a **compendium of indicator definitions** support equity analysis and monitoring efforts.
Strengthening country data and health information systems
Timely, reliable, and actionable health data is essential to inform decisions on public health interventions and deliver targeted action where it is most needed. A major challenge is how to address data gaps in countries, where data either does not exist or is fragmented and siloed.

SCORE for Health Data Technical Package

WHO’s SCORE technical package (Survey, Count, Optimize, Review, and Enable) identifies data gaps and provides countries with tools to precisely address them. SCORE has been developed in partnership with the Bloomberg Data for Health Initiative.

As part of SCORE, WHO completed the first ever global assessment of health information systems capacity in 133 countries, covering 87% of the world’s population. Between now and the next assessment in 2025, we have a unique window of opportunity to elevate country scores. This includes working with countries and partners to rapidly improve capacity in surveillance, civil registration and vital statistics (CRVS) and optimizing health services data systems.

Surveying populations and health risks

Monitoring the health-related SDGs and the Triple Billion target indicators requires strong public health surveillance systems. The World Health Survey Plus (WHS+) is a multi-topic, multi-platform and multi-mode surveillance system to gather, analyse and disseminate health data.

WHS+ transforms how countries collect data to assess inequality and track progress towards their national and subnational targets by building on existing surveillance tools with the flexibility to adapt to countries’ unique data needs. It is complemented by improved web-based and mobile phone surveys to collect important health data, including on COVID-19 where traditional in-person surveys are limited.

The assessment highlighted the striking gap in the reporting of the world’s deaths

4 in 10 deaths remain unregistered

27% of countries have the capacity to survey public health threats

Source: SCORE Global Report on Health Data Systems and Capacity, 2020
Counting births, deaths and causes of death

67 of the 231 SDG indicators rely on functioning CRVS systems that produce information on milestone events such as births, deaths, and causes of death. The COVID-19 pandemic has shown that many low- and middle-income countries do not have CRVS systems capable of producing cause-of-death statistics of sufficient quality to guide public health decision-making.

WHO’s CRVS strategic implementation plan 2021-2025 supports countries to improve this capacity. WHO is also working with UNICEF on CRVS service delivery and Vital Strategies on the #Counting Everyone campaign.

In addition, the Rapid Mortality Surveillance and Epidemic Response guidance and country portal have enabled timely, weekly counts of deaths due to COVID-19.

Optimizing health facility data to ensure equitable quality services for all

Improving primary health care relies on accurate data from and about health facilities. Yet this is often hampered by fragmented data systems, lack of standardization, poor data quality and lack of analytical capacity.

The good news is there are several solutions to address this. The WHO Toolkit for Routine Health Information Systems Data, for example, strengthens facility data analysis through standardized indicators, visualizations and guidance, while promoting integrated routine data platforms. Meanwhile, the Data Quality Assurance (DQA) tools released at the start of 2022 help ensure that Routine Health Information Systems Data is as reliable as possible.

These WHO Toolkit standards are operationalized through the District Health Information Software (DHIS2) which has been adopted in over 70 countries and includes modules for COVID-19 surveillance and vaccines.

Additionally, the WHO Harmonized Health Facility Assessment (HHFA) is a comprehensive facility survey providing data on the availability of health services and the resources and systems needed to improve quality. The HHFA package supports countries in conducting high-quality health facility surveys.

These data solutions enable public health decision-makers to improve essential health services and better respond to emergencies.
Delivering on the Triple Billion targets and health-related SDGs
Delivering impact goes beyond data and health information systems strengthening. It also requires strong analytics, strategic implementation and accountability for measurable results.

**Global progress and shortfalls towards the Triple Billion targets**

![Global progress and shortfalls towards the Triple Billion targets](image)

The Triple Billions offer a measurable, unified approach to achieving the SDGs and making improvements in healthy life expectancy. They are underpinned by 46 outcome indicators comprising 39 SDG indicators and seven non-SDG indicators. These give countries a flexible approach to the Triple Billion targets, letting them prioritize particular indicators based on their national health strategy.

When we established the Triple Billion targets in 2018, our aim was to support countries in reaching at least a billion more people within each target, but we need to broaden our ambition and drive acceleration.

Countries are defining strategic objectives and tracking progress against measurable implementation plans. This ensures accountability to deliver on the Triple Billion targets and national priorities.

Tools like [WHO’s Triple Billion dashboard](https://www.who.int) allow countries to monitor performance against individual indicators, review and track acceleration scenarios and course correct when needed to ensure targets are met with timeliness and efficiency.
The GPW 13 Methods for impact measurement report and the Triple Billion dashboard track progress towards the three targets and 46 outcome indicators, which is reported in the 2020-2021 WHO Results Report.

The aim of the GPW Triple Billion targets is to improve the health of millions of people around the world. Having been built using many of the same indicators, the Triple Billion targets provide a snapshot of the world's progress towards the much larger Sustainable Development Goals (SDGs) for 2030.

Healthier populations

Before the pandemic, estimates suggested 900 million more people would be enjoying better health and well-being in 2023 compared to 2018. This is testament to the commitment that Member States have shown to this target, but we know that overall progress masks inequalities. Improvements have been made in access to clean fuels, safe water, sanitation (WASH), and tobacco control. But the situation is stagnant or worsening in areas like obesity and malnutrition. We now know that to achieve the health-related SDGs, the target needs to be almost 4 billion people reached for every 5-year period. Greater focus is being placed on leading indicators for premature mortality and morbidity, such as tobacco, air pollution, road injuries, and obesity.

Universal health coverage

Even with an additional 270 million people projected to have access to good quality health care services without incurring financial hardship by 2023, this leaves a significant expected shortfall of 730 million. WHO pulse surveys reported that 94% of countries experienced disruption to essential health services due to COVID-19, which increases the shortfall to 840 million. Average service coverage is improving in most countries, with the greatest progress expected in low-income countries. Yet over the past two decades, 92 countries have experienced little change or worsening trends in financial protection – exacerbated by the continuing pandemic. Emphasis on primary health care is essential to equitable recovery. Attention to financial hardship due to health-related spending is also more timely than ever.

Health emergencies protection

COVID-19 revealed that no country was prepared for a pandemic of such scale. The lessons learnt will guide action to improve how the world prepares for, prevents, and responds to health emergencies. Country-level preparedness capacities have shown increases since the 2018 baseline. Countries also improved timeliness for detecting events and strengthened critical public health functions. Yet more countries experienced a decrease in vaccine coverage for priority pathogens than in the previous year. The world must act on recommendations to ensure every country is better protected from health emergencies.
Universal health and preparedness review (UHPR): building mutual trust and accountability for health

As we have seen with COVID-19, no country is safe unless all countries are safe. UHPR is a Member States-led peer-to-peer approach to enhance transparency and strengthen a country’s capacity for pandemic preparedness, universal health coverage and healthier populations. It brings nations together to promote dialogue, identify gaps, share best practice and encourage commitment to measure and accelerate progress. Pilots are underway with the Central African Republic, Iraq, Portugal and Thailand, with many other countries expressing an interest in joining the initiative.

Stocktakes: Measuring and accelerating progress

Delivery stocktakes use a data-driven approach to identify indicators and geographies that can best accelerate progress to the SDGs and Triple Billions. They help us focus and prioritize actions for the greatest, fastest impact.

This is important for accountability because we report results achieved. It also enables engagement with leaders and increases political commitment to drive policy change by fuelling discussions on specific challenges and opportunities that will have the most meaningful impact on people’s health.

Stocktakes are structured to identify and prioritize the interventions that will make the most meaningful impact on peoples’ health in national and sub-national contexts through data-driven reviews. They promote effective problem solving and performance management by:

- Sustaining cadence and shared urgency in implementing targets
- Promoting efficient decision-making at regional and national levels
- Identifying and troubleshooting bottlenecks, aligning stakeholders and managing risks
Snapshot of data and delivery work in countries

Countries preparing to deliver on specific indicators

- **25 counties**
  - Health financing

- **24 countries**
  - Tackling obesity

- **16 countries**
  - Improving maternal health (safe abortion)

Notes: Health financing and tackling obesity is in collaboration with the health finance and nutrition, and food safety technical programmes. Improving maternal health includes seven countries where work has been jointly undertaken with the Department of Sexual and Reproductive Health and Research.
Regional priorities
Progress highlights from WHO regions

A data-driven delivery approach sharpens our focus to address gaps, close inequalities, and accelerate progress towards national and regional priorities.

The Americas

The WHO Regional Office for the Americas is working to create open data platforms for evidence-based decisions and policy making. The Core Indicators Portal provides a dataset of around 200 health indicators for 49 countries across the region from 1995 to 2021.

Eastern Mediterranean

The WHO Regional Office for the Eastern Mediterranean is strengthening country capacity in data collection, reporting, and use for decision-making. The region is conducting harmonized health facility assessments and tracking 75 indicators through the Regional Health Observatory (RHO).

Africa

The WHO Regional Office for Africa has prioritized investments in CRVS and digital health. Its integrated African Health Observatory (iAHO) offers high-quality national and regional health data on a single platform and DHIS2 is now implemented in all but four African countries.

Europe

The WHO Regional Office for Europe is prioritizing support for countries’ national health information systems (HIS) through more robust data governance frameworks. Member States also have access to the European Health Information Gateway, a one-stop-shop for health information and data visualization.

South-East Asia

The WHO Regional Office for South-East Asia is focused on promoting health equity through workshops that introduced Member States to WHO’s Health Equity Assessment Toolkit (HEAT). The annual progress report submitted to the Regional Committee on UHC and other health-related SDGs was also focused on health equity. High quality data on health indicators is available in the Health Information Platform (HIP).

Western Pacific

The WHO Regional Office for the Western Pacific has released a progress report on each Member States’ journey in achieving universal health coverage (UHC). Additionally, the Western Pacific Health Data Platform provides a single destination where countries can easily monitor and compare their progress towards national and global health objectives.
The 2021 report on WHO’s presence in countries, territories and areas shows that 97% of WHO Country Offices have identified key interventions to reach the GPW 13 Triple Billion targets. Of these, 72% have systems in place to periodically review progress and 58% have begun using the Triple Billion dashboard.

Number and percentage of WHO country offices that have identified key interventions

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Source: 2021 report on WHO’s presence in countries, territories and areas, pg 69

However, the SCORE Global report, 2020 also highlighted areas that require greater investment to achieve the Sustainable Development Goals by 2030. Below is a summary of achievements and lessons learned in regions with a spotlight on countries that are actively engaged in our data and delivery work.
Africa

The WHO Regional Office for Africa (AFRO) regularly monitors progress towards the Triple Billion targets and consistently builds capacity for data collection, analysis, and use for decision-making. This includes a focus on integrated health information systems to support more timely outbreak and emergency tracking along with prioritizing innovations in digital health.

Findings from SCORE: Filling critical information gaps
Among the areas that most urgently require investment in the African Region is civil registration and vital statistics (CRVS). The COVID-19 pandemic has underscored the risk of fragmented or absent cause of death data which hinders an effective response and has long-term implications for policy design. For example, in the WHO African Region only 44% of births and 10% of deaths are registered while 80% of countries lack good capacity to use this data for policy action. Read more in the SCORE Global report.
A trusted source for African health data
In line with efforts to strengthen CRVS systems, the WHO African Region has launched an integrated African Health Observatory (iAHO) to optimize the storage, transmission, and use of health data for policy design, with annual reviews conducted for 47 countries in 2021. Available in English, French, and Portuguese, the iAHO is a comprehensive resource that provides access to scientific and technical health information and supports GPW 13 monitoring together with national health observatories.

This is complemented by the regional outbreak and emergency dashboard with up-to-date information on the latest health and humanitarian events. To help guide the COVID-19 response, AFRO has produced new estimates for COVID-19 cases and deaths in the region between August and December 2021. with multiple sources of information now consolidated in the COVID-19 Information Hub.

Strengthening country data and delivering on the programme of work
Guided by findings from iAHO and the SDG 3 indicator tracker, AFRO supports GPW 13 key performance indicator tracking through regional and country fact sheets. The AFRO Universal Health Coverage report, 2021 further outlines progress and lessons learned, showing that while 50% of countries improved their health system performance, only 25% had good capacity to report health service data.

AFRO is responding to this gap through communication plans to monitor and evaluate the use of data in decision-making complemented by a focus on HIS leadership and governance. This includes training country teams in data analysis and institutionalizing this skill through public health and academic bodies. It also includes developing common tools and standards and enhancing the central role of the Ministry of Health to guide investments towards national and subnational health priorities.
Regional focus: Transitioning towards digital health

A top priority for AFRO is developing integrated electronic tools and processes based on standards such as the WHO Family of International Classifications. For example, AFRO is supporting countries to implement an ICD-11-based digital health platform for medical certification of cause of death. In addition, all Member States have received training and developed roadmaps to improve death and cause of death information, with six already implementing the tool. All but four countries have now implemented DHIS2 with a goal for all countries to deploy the DHIS2 data entry interface in facilities.

Country focus: Universal Health and Preparedness Review in the Central African Republic

In December 2021, WHO conducted the inaugural pilot of the Universal Health and Preparedness Review (UHPR) in the Central African Republic. This pilot supported local health authorities to review the country’s national preparedness capacity in dialogue with stakeholders across and beyond government. Since this initial pilot, several countries in the African Region have expressed their support and WHO is continuing to work closely with all Member States to build their emergency preparedness capacity, including through the use of digital technologies to promote early warning and response systems.

Partnerships

AFRO’s call for knowledge exchange is enhanced by regional participation in policy dialogue and partnerships. These include the African Health Observatory Platform on Health Systems and Policies (AHOP), African Advisory Committee on Health Research and Development (AACHRD), AFRO partner institutions (API), Health Data Collaborative (HDC) and the Global Evidence-to-Policy Summit.

AFRO works with several partners under the HDC to align technical and financial investments with country priorities. In December 2021, the second annual HDC Global Partners Group meeting was co-hosted by the Institut Pasteur de Dakar in Senegal and KEMRI Wellcome Trust in Kenya. HDC implementation is ongoing in Kenya, Malawi, Tanzania, Cameroon, and Botswana.

You can learn more about WHO’s work in the African Region via the regional website.

1. International Classification of Diseases, eleventh edition
2. District Health Information System
The WHO Regional Office for the Eastern Mediterranean (EMRO) has outlined its strategy in Vision 2023. This strategy builds on the Regional Roadmap 2017-2021 and is anchored in WHO’s Thirteenth General Programme of Work and the 2030 Agenda. It reflects EMRO’s regional priorities, namely a multisectoral approach to HIS strengthening built on a foundation of primary health care (PHC) and UHC.

Findings from SCORE: Building country capacity for data reporting

The Eastern Mediterranean Region (EMRO) has a wide range of capabilities for data collection and reporting, with 50% of countries requiring improvements to CRVS systems and only 55% of deaths registered annually. While EMRO has demonstrated good capacity to monitor its health workforce and report health finance data, as of 2020 only 29% of countries had good capacity to detect public health threats like COVID-19. To date, 20 out of 22 countries in the region have conducted SCORE assessments and these results are being used to guide future investments.
A trusted source for Eastern Mediterranean health data

The Regional Health Observatory (RHO) for EMRO is WHO’s gateway to health-related statistics for the region. The RHO tracks progress for 75 regional indicators and is a key source for the Health and well-being profile of the Eastern Mediterranean Region, the Health-related SDG progress report, and the annual Core Indicator report. In addition, the RHO provides access to profiles and briefs that monitor population health and health-related programmes. It also includes statistics and thematic areas that highlight key indicators such as maternal mortality and life expectancy using geographic information systems along with metadata for all the core indicators.

Strengthening country data and delivering on the programme of work

EMRO is working with each of its Member States to strengthen their capacity in data collection, reporting, and use. This includes joint national health information system assessments with Ministries of Health and investments in electronic registration systems of deaths and cause of death in health facilities. For example, Rapid mortality surveillance has become a new capacity-building programme in EMRO which is being implemented through a mortality surveillance training package.
Regional focus: Harmonized health facility assessments

In addition to CRVS, the SCORE Global report, 2020 found that harmonized health facility assessments can benefit from additional investment in EMRO. This was particularly true for patient monitoring.

In response, EMRO is supporting countries to implement population-based and facility assessment surveys with a focus on health workforce capacity for data standards and analytics. In addition, several departments in EMRO are collaborating to support countries in developing integrated disease surveillance systems. This work contributes to implementing the framework, produced by WHO and the World Bank, to monitor universal health coverage (UHC) and PHC in line with the SDGs.

Country focus: Setting up a PHC model of care in Palestine3

In collaboration with EMRO and technical teams, WHO is supporting Palestine to strengthen its PHC system. This includes developing a delivery plan and theory of change for a new PHC-oriented model of care. Further support is being provided to implement this plan by assisting the country office to set up progress-tracking routines that use problem-solving tools to optimize impact.

Partnerships

Partnerships are a key factor for mobilizing support in priority areas such as improvements to CRVS and harmonized health facility assessments. This includes collaboration with UN agencies, academic institutions, and partners, to develop rapid mortality surveillance systems.

You can learn more about WHO’s work in the Eastern Mediterranean Region via the regional website.  

3 See: Occupied Palestinian Territory
Europe

The WHO Regional Office for Europe has called for ‘United Actions for Better Health in Europe’ through the European Programme of Work 2020-2025. This programme prioritizes support for countries to strengthen their national health information systems through data governance frameworks and the effective use of digital technologies.

Findings from SCORE: Enabling data use for policy design
While countries in the WHO European Region (EURO) have higher capacity in CRVS and surveillance, strong country-led data governance frameworks will ensure this data is effectively used to guide policy design. Of the 14 countries in the region that participated in SCORE, only 25% had good capacity to report routine health facility data and 20% had good capacity in government-led data governance. Investments in monitoring, evaluation, and e-health strategies will help ensure these figures are improved when the global SCORE assessment is repeated in 2025.
A trusted source for European health data
All countries in the region have access to a European Health Information Gateway – a hub for health information and data visualization. This powerful bi-lingual platform empowers policymakers, WHO staff, and the public to better understand and act on data trends. It informs two flagship publications in the region: the European Health Report, which summarizes population health status, progress towards the SDGs, and priority actions, and the Core Health Indicators report which provides an annual progress review of 50 key indicators with a two-page spread on a topical theme each year. A selection of other peer-reviewed publications are available through the Regional Office website.

Strengthening country data and delivering on the programme of work
In response to findings from SCORE that showed a relatively low capacity in population-based surveys, EURO has identified two key tools to strengthen public health surveillance. The first supports Member States in selecting indicators to monitor the wider effects of the COVID-19 pandemic. The second is a health information system support tool that provides an integrated approach for HIS assessments across the region, supporting countries to collect the right data, at the right time, for the right purpose.

The measurement framework for the European Programme of Work (EPW) is based on the GPW 13. While these two frameworks are strategically aligned, the EPW indicators reflect regional priorities and provide a comprehensive view of each country’s health system. Where data gaps exist, a list of future indicators and data collection targets has been developed in collaboration with Member States.
Regional focus: Data and digital governance
As countries in the European Region transition towards digital health systems – a shift accelerated by the COVID-19 pandemic – they must strike the right balance data privacy and transparency.

The WHO Regional Office for Europe is calling on all countries to establish a robust data governance plan to make sure critical decisions are timely and data driven. This plan should outline how to coordinate, process, and exchange data and include steps to build a data culture that empowers users to act.

Country focus: Supporting emergency response in Ukraine
WHO’s delivery team is actively supporting the Ukraine Country Office with ongoing emergency response efforts. This includes a dedicated Delivery Expert, strategic planning support for senior management, internal coordination, information management, and the re-programming of development activities. The Delivery Expert is integrated into the country office Incident Management System to align program needs with resources and facilitate the development of a more robust monitoring and evaluation framework. WHO teams are also working hand-in-hand with experts on the ground to ensure accountability and effective delivery within the humanitarian context.

Partnerships
Networks of Member States and health information system stakeholders, such as European Health Information Initiative (EHII), catalyse collaboration across the region. Contributions to the EHII come from the Central Asian Republics Information Network (CARINFONET) and the European Burden of Disease Network (EBoDN). The European Region also participates in the Regional Coordination Group on Data and Statistics, which focuses on improving data collection, analysis, and dissemination to monitor national policies and practices.

You can learn more about WHO’s work in the European Region via the regional website.
South-East Asia

The WHO Regional Office for South-East Asia continuously monitors progress towards UHC, the GPW 13 Triple Billion targets, and the health-related SDGs. Reports and publications for the region use this data to identify priority health areas and ensure people benefit equitably from health interventions.

Findings from SCORE: Counting everyone, because everyone counts
Counting and classifying births, deaths, and causes of death is a priority area for the South-East Asia Region. From 2018-2020 all 11 Member States completed a SCORE assessment of their national HIS performance, showing that medical certification and cause of death reporting are key areas for investment. The SCORE tools and standards includes more than 90 interventions for HIS strengthening with eight of these targeted towards improving medical certification of deaths, including in areas where data systems are lacking.
A trusted source for South-East Asian data
The latest data on core health indicators for the region can be found in the Health Information Platform (HIP). The HIP is a regularly updated, all-in-one data platform that contains essential health data used to track progress towards the Triple Billion and health-related SDG targets. It includes user-friendly interactive dashboards based on the SDGs and regional health themes such as influenza, noncommunicable diseases, and Reproductive, Maternal, Newborn, Child and Adolescent Health.

Strengthening country data and delivering on the programme of work
In alignment with WHO’s global civil registration and vital statistics (CRVS) objectives, the Regional Strategy for Strengthening the Role of the Health Sector for Improving CRVS (2015-2024) has helped intensify CRVS improvement programmes in seven countries: Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, and Timor-Leste.

In addition to CRVS, SCORE also found opportunities for improvement in routine health facility data and community reporting systems. In response, SEARO ran a routine health information system (RHIS) training workshop and held a regional HIS conference to encourage Member States to improve the quality of their data and increase its use in decision-making.

This work supports a request by the Seventieth session of the Regional Committee for the Regional Director to “include an annual report on monitoring progress on UHC and health-related SDGs as a substantive agenda item until 2030”. This report will focus on country interventions, where, for example, in Sri Lanka, a Delivery for Impact accelerator programme has been started to improve hypertension screening for people accessing PHC.
Regional focus: Health equity monitoring
Health equity monitoring is also a major regional priority. In 2021, SEARO published the first comprehensive factsheet titled *Who is being left behind? Inequities in health in the SEA Region.* This factsheet highlights existing regional health inequalities with a call to reduce them. Additionally, the Regional Office ran a Health Equity Assessment Toolkit (HEAT) workshop for four Member States followed by a further regional workshop introducing all Member States to HEAT.

COVID-19 has reinforced the need for a more robust information culture that supports rapid decision-making at all levels of the health system. SEARO will continue to advocate for stronger HIS so countries are better equipped to produce and analyse the data they need to eliminate inequalities.

Country focus: A health financing strategy for UHC in Timor-Leste
In November 2019, the Democratic Republic of Timor-Leste successfully launched its first national Health Financing Strategy. This strategy was made possible with support from the Ministry of Health, the WHO Country Office, and multisectoral country leadership to conduct review exercises and build the necessary political and economic environments. This required engaging with sectors beyond health, including finance, academia, religious institutions, NGOs, and civil society. Today, the Commission on Health and Social Issues of the National Parliament of Timor-Leste is championing this cause and supporting institutionalized health financing at every level of government.

Partnerships
The Regional Office works closely with several partners to strengthen national HIS to suit each country’s unique plans and priorities. In partnership with the Health Data Collaborative, SEARO and Member States are working to improve national RHIS and to avoid duplicating data or overburdening current systems. This includes working with partners from the SDG Global Action Plan to establish new learning centers and improve the monitoring and evaluation of health systems in Nepal. In India, Indonesia, and Nepal, the UHC partnership and Regional Office have also been working closely to strengthen national health systems and deliver on UHC goals.

You can learn more about WHO’s work in the South-East Asia Region via the [regional website](#).

Findings from SCORE: Scaling up innovative solutions

Of the 29 PAHO countries that participated in the global SCORE assessment, most showed good capacity in CRVS with room for improvement in country-led data governance. This is in line with findings from the European Region and suggests opportunities to share and scale best practices. Additionally, the AMRO region can benefit from greater investments in reporting health service data, with only 25% of respondents showing good capacity in this area.
A trusted source for Pan-American health data

Three recent releases reflect PAHO’s efforts to create open data platforms that promote evidence-based policy design and decision-making in the region. The Core Indicators Platform is a dataset composed of roughly 200 health and health-related indicators for 49 countries and territories across the Region of the Americas, spanning from 1995 to 2021.

Health in the Americas 2021 Edition is a centralized platform focusing on potentially avoidable premature mortality. It offers new and more interactive ways to view and compare data between regions and countries, going back to 1954. The Monitoring Dashboard for SDG 3 Targets, Indicators and Inequalities was also introduced to track and visualize progress towards SDG 3 and monitor broader inequality trends and progress towards the 2030 global goals.

Strengthening country data and delivering on the programme of work

Following an assessment across 49 countries and territories, PAHO produced a series of tools to strengthen information systems for health (IS4H). This includes the Rapid Assessment Tool for Critical Data Gathering designed to assess health and health-related institutions and evaluate their ability to gather high-quality data on the COVID-19 pandemic response. Another key resource is the IS4H Maturity assessment tool which allows Member States, institutions, and local governments to access data, tools, and information through an integrated approach for IS4H assessments across the region.

The IS4H Conference report ‘From the evolution of Information Systems for Health to the Digital Transformation of the Health Sector’ encouraged around 150 participants to work together under the eight principles for the digital transformation.
of the health sector presented by the Pan American Health Organization (PAHO). PAHO has also introduced a Data Governance Framework supported by a corporate Data Governance Policy and data management tools.

Regional focus: Reducing inequalities in NCDs

Following the Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health, and the Sustainable Health Agenda for the Americas 2018-2030, PAHO regularly monitors impact indicators to measure progress and set regional priorities. This includes a focus on reducing inequalities.

Although economic advancements in the region over the past decade have improved sanitation, housing, nutrition, and healthcare, not everyone can benefit equally. Noncommunicable diseases (NCDs) and injuries have also become leading causes of death that have a disproportionate impact on marginalized populations.

Country focus: Paraguay

In collaboration with country and regional colleagues, WHO is providing support for reduced mortality due to road traffic accidents in Paraguay. This includes guidance for identifying gaps in the emergency care system along with prioritizing and developing an implementation map. In May of 2022, key government actors participated in a consensus meeting to identify priority actions to strengthen the health care system and engage in a Delivery for Impact capacity-building session.

Partnerships

To further strengthen work on information systems for health and data management, PAHO has collaborated with a variety of knowledge networks and partners. This includes consolidating an alliance with the Inter-American Development Bank using the IS4H framework to help guide investments that support countries in strengthening their HIS.

You can learn more about WHO’s work in the Region of the Americas via the regional website.
Western Pacific

The **WHO Regional Office for the Western Pacific (WPRO)** is guided by a five-year strategy: **For the Future: Towards the Healthiest and Safest Region**. This strategy offers a shared vision for WHO’s work with Member States and partners and aligns the global approach of GPW 13 with the unique priorities and challenges faced by Western Pacific countries.

**Findings from SCORE: Data reporting, access and use**

The global SCORE assessment found that WPRO countries have a relatively strong capacity for monitoring health workforce data compared with other regions but share challenges around cause-of-death reporting. Countries in the Western Pacific Region can also benefit from increased investments in routine health service data and systems for monitoring quality of care, such as [DHIS2](https://www.theodora.com/wp/dhis2).
A trusted source for Western Pacific data
WPRO has established an innovative data group that aims to promote higher capacity HIS that works seamlessly at the country level. One of the group’s key deliverables is the Western Pacific Health Data Platform – a single destination compiling multiple data sources and products where countries can easily monitor and compare their progress towards national and global health objectives.

Strengthening country data and delivering on the programme of work
WHO is supporting Member States in WPRO to use integrated health information in planned activities at the national level and to align country priorities with global health targets. This involves encouraging countries to check their national health strategies against the health-related SDG indicators and improve their capacity to release health estimates that meet global standards.

In response to the increased demand for timely and insightful health data during the COVID-19 pandemic, the Regional Office rapidly also released an online tool to improve all-cause mortality reporting – a vital statistic for COVID-19 surveillance. This process was two-fold. First, WHO supported Member States to produce comprehensive mortality estimates and improve their CRVS systems according to global standards. Second, countries were given access to the excess death calculator where they could analyse and routinely track all-cause mortality trends. The resulting evidence was used to inform ongoing COVID-19 response and recovery at the country level.
Regional focus: Data-driven policy dialogue

The Health-related Sustainable Development Goals: progress report of the Western Pacific Region 2020 outlines the unique journey of each Member State from WPRO in achieving their health-related SDGs and UHC. The report includes insights from using an integrated HIS and highlights challenges around health equity to ensure that no one in the region is left behind.

Notable progress has been made with regard to maternal, child and family health, vaccination coverage, and the control of communicable diseases in the region. Considerable progress has also been made over the last decade in strengthening health security systems. However, the current pace of progress on NCDs is too slow to achieve all of the SDG targets and some risk factors are worsening. Significant challenges remain for ensuring access to clean air, water, and fuel across the region. Sustaining progress and addressing shortfalls will require continued vigilance and data-driven policy decisions.

Country focus: Building an integrated health information system in Lao People’s Democratic Republic

Since 2013, the Lao People’s Democratic Republic has overhauled their country health information system. With the collaboration of the Ministry of Health and WHO Country Office, this work focused on building and operating an integrated HIS on the DHIS2 platform. Key success factors included early buy-in from government stakeholders and development partners to address long-standing fragmentation and a lack of standardization across different sectors. This integrated platform has been crucial in the COVID-19 response, which benefited from a responsive and agile HIS to guide rapid decisions and direct resources to where they were needed most.

Partnerships

WPRO works closely with a variety of partners and WHO collaborating centers to strengthen health information systems and promote a culture of data use for decision-making. This includes the Asia eHealth Information Network, Vital Strategies, Bloomberg Data for Health Initiative, German international cooperation, University of Oslo and Health Information Systems Programme Viet Nam, Australian Institute of Health & Welfare, and the China Academy of Information and Communication Technology to deliver tailored country support based on national priorities.

You can learn more about WHO’s work in the Western Pacific Region via the regional website.
Partnerships
WHO is committed to working collaboratively to reach our ambitious goals by leveraging world-class expertise, tools, technologies and partnerships to support countries.

The Health Data Collaborative (HDC)
The HDC brings together a network of over 60 partner organizations with 183 members from the private and public sectors, civil society, academia, philanthropic groups, multilateral organizations and countries to align technical and financial resources to support countries’ priority data needs. WHO serves as the secretariat to the HDC.

The SDG Global Action Plan
The SDG Global Action Plan’s ‘Data and Digital Health Accelerator’ brings together multilateral health, development, and humanitarian agencies to support countries in accelerating progress towards the health-related SDGs with a focus on strengthening data for primary health care and CRVS. WHO co-chairs the accelerator with the United Nations Population Fund.
Reference Group on Health Statistics
Sharing knowledge among experts is crucial for the success of WHO’s data strategy and reaching our ambitious goals. The Reference Group on Health Statistics (RGHS) enables that knowledge sharing and ensures WHO and its Member States benefit from the best possible scientific and strategic advice in the generation, use, interpretation and dissemination of global health data. Experts forming RGHS come from national statistical offices and ministries of health, observers, and the WHO Secretariat.

Technical Advisory Group on COVID-19 Mortality Assessment
The Technical Advisory Group on COVID-19 Mortality Assessment, comprising around 40 experts, is developing a globally standardized estimation methodology to assess excess deaths due to COVID-19 in countries. These estimates will be agreed via carefully considered country consultations. WHO and the United Nations Department of Economic and Social Affairs (UN DESA) serve as the joint-Secretariat.

In Focus: 2022 summarizes the actions we are taking in collaboration with partners and WHO colleagues to mobilize data for actionable change in countries. Together, we are working to close data gaps, provide modernized end-to-end data solutions, facilitate delivery through country-level baselines and targets, and accelerate progress towards the Triple Billion targets and health-related Sustainable Development Goals.
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