

## **WHO Reference Group on Global Health Statistics (RGHS)**

Second Meeting Summary Report  
29 July 2020  
Virtual Session

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### **BACKGROUND**

World Health Organization (WHO) Reference Group on Health Statistics (RGHS) provides advice on population-health related statistics of relevance to WHO. Given recent developments in global health, with an increased focus on monitoring and accountability, as well as advances in population health measurement, WHO has reviewed the role, responsibilities, scope and membership of the Reference Group to ensure that WHO and its Member States continue to benefit from the best possible scientific and strategic advice in the generation, use, interpretation and dissemination of health statistics. WHO is looking to accelerate efforts among global partners, including academic and research groups, to improve analytical capacity and data collection systems in countries.

The second meeting of the RGHS took place virtually on 29 July 2020, attended by global experts in health statistics, including experts, observers, and the WHO Secretariat. The agenda and list of participants are attached (Annexes A, B).

Each selected member of the RGHS has been appointed by WHO for a term of three years (December 2019 – December 2022).

### **Purpose**

The primary role of the RGHS is to advise and support WHO's efforts to assist Member States to ensure maximal gains in population health through policies correctly informed by data, analytics and evidence. The RGHS serves as a broad scientific and strategic platform to facilitate the exchange of knowledge and application of health statistics, beyond mortality and cause of death, and to accelerate efforts to improve data collection practices and analytical capacity in countries. The membership profile of the RGHS accordingly covers a wide range of expertise and skills.

### **OVERVIEW**

#### **Objectives of the Second Meeting of the RGHS**

- Provide progress updates on RGHS recommendations from First Meeting of the RGHS
- Define WHO Secretariat working mechanism
- Discuss and collect feedback on the 8 Task Forces' Membership, Terms of Reference, and Co-Chairs
- Communicate Task Force next steps and expectations

#### **Welcome and Introduction**

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, opened the meeting with welcoming remarks. Dr. Tedros thanked RGHS for the continued support and guidance on health statistics, especially during the Covid-19 crisis. The pandemic has highlighted the need for timely, reliable and actionable data, which is highlighted in the WHO Transformation. WHO transformation prioritizes building a modern, data-driven organization to deliver impact. As WHO build's back better, stronger data and health information systems will be more critical than ever. Challenges due to lack of shared standards and core technical capacity are now faced by all countries. Furthermore, Dr. Tedros recognizes while WHO has made progress on reporting health statistics, RGHS's expertise will be invaluable to advise on measuring COVID-19-related excess mortality, cause of death reporting and verbal autopsy.

Dr Tedros emphasized that RGHS is critical and valued for its' partnership and recommendations. WHO benefits greatly from the best possible scientific and strategic advice in health statistics, especially in relation to our Triple Billion targets and health-related SDGs. WHO cannot make progress without being able to measure progress.

#### **WHO progress update since the first meeting of RGHS**

Recommendations from the first meeting of the RGHS have been implemented across key upcoming deliverables in the last 6 months critically influencing health statistics. WHO has implemented RGHS recommendations in the following deliverables and reports:

1. ***Pilot-testing of GPW13 results framework*** in 34 countries with expansion to all 194 Member States.
2. ***Improved data governance mechanisms*** for data and delivery supported by a Hub & Spoke model with technical, regional and country representation. This group reports to a WHO Data Governance Committee to set strategic direction; also developed WHO data principles and data sharing policy and conducting internal GATHER review.
3. ***Strengthening Data and Health Information Systems*** by influencing the launch of World Health Statistics 2020 report with a focus on burden of NCDs as well as the status of COVID-19 data and an outline of WHO's vision to address data challenges, including a global CRVS strategy; modernizing of WHO's data enterprise with launch of the World Health Data Platform - a gateway to all WHO public data assets followed by a modern end-to-end data enterprise across the entire organization representing 59 health-related SDG indicators.
4. ***Guided WHO Flagship Reports*** by finalizing the GPW 13 Triple Billion Methods Report and piloting it in countries, with indicator data now available and being reviewed by all Member States.

The recommendations of RGHS continue to prove valuable and actionable data as it continues influencing upcoming reports, such as: Global Health Estimates 2020 Report, World Health Statistics Report 2021, Mortality Statistics, and continuing support to countries & regions.

#### **WHO Secretariat working with and supporting RGHS**

WHO secretariat will expand into the individual Task Forces to ensure WHO context, background, and expertise are considered in RGHS advice. WHO Secretariat per each Task Force comprises of DDI, Region and Technical Programme focal points through data governance mechanisms (example: Hub & Spoke). Members from each WHO group will be assigned to liaise and serve as a resource in the deliberations in each of the Task Forces. The working model of the WHO Secretariat is outlined below:

- Leverage WHO's data governance mechanism to funnel advice and feedback through WHO Task Force Secretariat
- Input or background from WHO can be submitted via structured process through WHO Secretariat
- WHO Secretariat works with RGHS Task Force Co-Chairs to refine request(s) and see how scientific contributions can be fed into next Task Force meeting
- WHO can present or provide information to RGHS Task Force
- RGHS will deliberate and provide recommendations
- WHO Secretariat will facilitate a dialogue on the recommendations and advice between RGHS, WHO and other advisory groups, and communicate to WHO's data governance mechanism

WHO Secretariat is gathering the WHO membership to be shared with RGHS co-chairs and the Task Force co-chairs.

### **RGHS Overview**

As defined in the first RGHS meeting, the terms of reference remain to advise and support WHO's efforts to assist Member States to ensure maximal gains in population health through policies correctly informed by data, analytics and evidence.

RGHS serves as a broad scientific and strategic platform to facilitate the exchange of knowledge and application of health statistics, beyond mortality and cause of death, and to accelerate efforts to improve data collection practices and analytical capacity in countries.

The objectives of RGHS are:

1. **Provide technical and strategic advice** to WHO to ensure that the Organisation's practices and advice to Member States regarding data collection, processing and synthesis are informed by the best available science
2. **Promote GATHER compliance** across the Organisation in reporting population-health related statistics
3. **Provide guidance** to WHO about best practices and optimal strategies for strengthening data and information systems for health
4. **Promote stronger collaboration** between WHO and external research groups in improving and adopting methods and analyses to increase the policy utility of population-health estimates

### **TASK FORCES**

#### **Task Force foundations**

WHO identified the priority workstreams over the next 18- 24 months that created the 8 Task Forces. Additional Task Forces can be formed in the future if WHO defines a need that cannot be captured in the current groupings.

The following is the agreed list of priority topics, each to be addressed by a specific RGHS Task Force (TF):

- **TF1:** GATHER 2.0
- **TF2:** Age-specific mortality estimation and computation of life tables
- **TF3:** Cause-specific mortality estimation, reporting list for causes of death and redistribution algorithms to re-assign deaths certified to ill-defined, impossible or unspecified codes, and combining estimates of cause-of-death
- **TF4:** Risk factors
- **TF5:** Population data and estimates
- **TF6:** Surveys
- **TF7:** Verbal autopsy methods and applications in CRVS systems
- **TF8:** Health services data

#### **Task Force terms of reference**

Task Force's terms of reference have been discussed in the first and second RGHS meetings. Finalization of the RGHS task force terms of references will be defined in consultation with the Task Force co-chairs to ensure appropriate scope is defined.

#### **Task Force membership**

Each of the eight topic-specific Task Forces have been comprised of RGHS members as well as external experts. The membership is in consultation with WHO Secretariat. Task Force membership has not been finalized. The Task Force co-chairs will finalize the membership in consultation with RGHS co-chairs after further nominations and considerations.

The following are the criteria for Task Force membership:

- RGHS members will serve as co-chair
- RGHS Members and Task Force nominees can be in maximum of 2 (or exceptionally 3) Task Forces
- Each Task Force hosts a diverse group of experts across areas expected to be the focus area of the Task Force (final membership to be determined)
- Task Forces are kept small (8-12 members) to encourage members to participate fully

The finalization of the individual Task Force's terms of reference, membership and workplan will be done via a series of Task Force specific discussions with co-chairs and WHO Secretariat. The final Task Force details will be shared and posted online on the WHO RGHS webpage ([https://www.who.int/data/who-reference-group-on-health-statistics-\(rghs\)](https://www.who.int/data/who-reference-group-on-health-statistics-(rghs))).

## **1. GATHER Compliance and GATHER 2.0**

### ***Draft Terms of Reference***

GATHER is a tool for authors and journal editors to use to promote best practices in reporting estimates in a transparent way and prescribes a transparent audit trail of the construction of estimates from input data to outputs. While some WHO estimates (e.g. child mortality, maternal mortality) are GATHER-compliant, some WHO estimates are not. Furthermore, WHO's current statistical clearance mechanism does not enforce GATHER compliance. This Task Force will oversee a comprehensive audit of all WHO and other major global health estimation efforts for GATHER compliance, leading to recommendations for GATHER2.0 implementation.

### ***Co-Chairs***

1. George Mensah
2. Nominee under discussion

### ***Additional Considerations***

GATHER 2.0 is expected to be the gold standard for WHO and all partners reporting on population health estimates. WHO is currently going through a systematic review of GATHER compliance across the technical teams through the data governance mechanism, Hub & Spoke. These findings of the review and audit will be shared with RGHS for further recommendations.

WHO review will be accompanied by an audit overseen by the Task Force per recommendation. A key output of the Task Force will be to produce and publish GATHER 2.0 guidelines. The published guidelines will consider any expert within or outside of the Task Force to be an author to continue the mission of providing the best recommendations possible.

RGHS provides recommendations and advice, it is up to WHO to finalize the decision for the particular circumstance. WHO is dedicated to GATHER 2.0 standards and guidelines.

## **2. Age-Specific Mortality Estimation and Life Table Computation**

### ***Draft Terms of Reference***

Several agencies, including WHO, routinely or periodically estimate age-specific mortality rates and compute life tables, using different assumptions, methods and criteria (e.g. for outlier data). The derivation of lifetables and mortality measurement at WHO needs to be more internally consistent, using most appropriate available methods and strengthened, particularly around data choices, data processing, data synthesis, life table estimation and the calculation of uncertainty for mortality and survival measures.

### ***Co-Chairs***

1. Chris Murray
2. Benn Sartorius

***Additional Considerations***

No additional considerations were discussed in the meeting.

**3. Causes of Death (CoD)*****Draft Terms of Reference***

WHO secretariat has identified a series of challenges it faces when producing estimates of causes of death. The Global Burden of Disease Study produces annual, comprehensive cause of death estimates. These (WHO and GBD) efforts should be more closely aligned and move towards convergence as quickly as possible. This effort should focus on issues around data sources, data processing, including redistribution methods, data synthesis, including statistical models, and the integration of causes of death estimates from different methods and models for different causes and subpopulations.

***Co-Chairs***

1. Ardeshir Khosravi
2. Soewarta Kosen

***Additional Considerations***

Due to the closeness in nature of the 3<sup>rd</sup> Task Force - Cause of Death (CoD) and the 7<sup>th</sup> Task Force - Verbal Autopsy (VA) methods and applications within Civil Registration and Vital Statistics (CRVS), it was recommended that overlapping of membership between the two Task Forces would be beneficial in providing recommendations. This aligns with the strategy of providing high-caliber recommendations that benefit from expertise in cognate areas of Public Health statistics.

**4. Risk Factors*****Draft Terms of Reference***

Estimates of disease burden attributable to various risk factors face a number of scientific challenges including estimation of exposure distributions in populations, particularly where data are fragmented and inconsistent, methods for conducting meta-analyses of RRs, counterfactual exposure distribution choices, dealing with interaction/codependence of risk factors, and attribution for exposures on the causal pathway. Another urgent challenge is excess mortality measurement due to COVID-19.

***Co-Chairs***

1. Lalit Dandona
2. Sarah Lewington

***Additional Considerations***

An urgent need was identified by RGHS to understand how to measure excess mortality from Covid-19, as well as, identifying Covid-19 related deaths. Terms of reference for this Task Force will consider defining different sets of risk factors for different countries.

**5. Population Data Estimates*****Draft Terms of Reference***

This Task Force should advise on methods and approaches for obtaining an accurate and internally consistent set of population estimates and projections for monitoring population health and the impact of policy interventions. The primary producers of population estimates and projections are the UN Population Divisions (UNPD) and IHME, with important differences. Scientific advice is required around utilization of data sources, including census information, data processing challenges such as age-heaping, data synthesis methods, forecasting and the measurement of uncertainty.

***Co-Chairs***

1. Elena Varavikova
2. Joshua Salomon

***Additional Considerations***

This Task Force should address forecasting methods, as requested by WHO. A formal forecasting review should be included in this Task Force's workplan.

**6. Surveys*****Draft Terms of Reference***

Monitoring health-related SDGs requires at least 12 data systems to be functioning in each country. Of the 232 SDG indicators, 77 are derived from household surveys. WHO is planning to conduct the World Health Survey Plus (WHS+) as a standardized suite of data collection modules and protocols on a wide range of topics using a core set of questions and indicators. Advice is required on these standardized data collection methods, including survey instruments, sample selection and measurement methods for biomarkers. What criteria should be used to help countries assess what is a feasible and relevant survey platform to address critical data gaps?

***Co-Chairs***

1. Emmanuela Gakidou
2. Nayu Ikeda

***Additional Considerations***

No additional considerations were discussed in the meeting.

**7. Verbal Autopsy methods and applications in Civil Registration and Vital Statistics systems*****Draft Terms of Reference***

Given the lack of physicians to certify causes of death in many developing countries, Verbal Autopsy (VA) methods are the only practical alternative for determining probable causes of death at the population level. What are the appropriate data collection and diagnostic approaches for countries to use, and how should VA data be interpreted and analysed? How should VA methods be integrated into routine national CRVS systems? What is the urgent research agenda for improving diagnostic accuracy of VA methods?

***Co-Chairs***

1. Alan Lopez
2. Margarita Ronderos Torres

***Additional Considerations***

The terms of reference for this Task Force will need to consider the workplan of the current WHO Reference Group on Verbal Autopsy (VARG). The terms of reference will need to compliment, align and expand on the work of this group, and provide advice to WHO about the scientific evidence underlying the implementation and interpretation of cause of death diagnoses from various diagnostic approaches for Verbal Autopsy. It was recommended that a formal mechanism be developed to link this Task Force and VARG to ensure a delineation of roles that provided maximum benefit to Member States wishing to use Verbal Autopsy. One suggestion was to have RGHS advise on implementation and VARG on selected technical aspects, but any role definition will need to be finalized through further discussions.

Since December's meeting, there has been push in WHO to strengthen the role of the health sector in improving Civil Registration and Vital Statistics (CRVS) systems in Member States. WHO has recently established a Global CRVS Strategy and Workplan, including a significant component devoted to implementing Verbal Autopsy. There is now a substantial and increasing body of experience with implementation Verbal Autopsy in countries, including the performance of automated diagnostic methods, but relatively little comparative assessment of the plausibility of data that comes out.

Countries are asking WHO for advice about Verbal Autopsy data interpretation and analysis. There are system IT issues that need to be addressed before implementation within national CRVS systems can be scaled up. There are a number of urgent questions around Verbal Autopsy in CRVS systems that need to be addressed with the aim of ensuring that Member States CRVS systems derive maximum benefit from these recent scientific developments.

The recommendation of overlapping membership in 3<sup>rd</sup> Task Force - Cause of Death (CoD) and the 7<sup>th</sup> Task Force - Verbal Autopsy (VA) and Civil Registration and Vital Statistics (CRVS) will be considered in subsequent meetings.

## **8. Health services**

### ***Draft Terms of Reference***

This Task Force should provide advice on the challenges, methods and opportunities in using routine health information system (RHIS) data for guiding diseases and injury control strategies and for assessing effective health intervention coverage. This Task Force should provide advice on essential data collection for human resources for health, health expenditure and the assessment of the quality of health care. Optimal health services data management approaches, including DHIS2, and maximizing the potential of electronic health records, should also be considered.

### ***Co-Chairs***

1. Isabel De La Mata
2. Rafael Lozano

### ***Additional Considerations***

Covid-19 has had considerable impact on Health Services data. The lack of collection of key data during Covid-19, such as data for hospitals and ICU beds and utilization of these components, has demonstrated the lack of critical data. There is a recognized need for reliable and timely data on human resources during this pandemic.

## **ADDITIONAL CONSIDERATIONS**

### **Covid-19 Context**

The significant impact Covid-19 has had on health and health information systems has underscored the need for timely, reliable and actionable data. The terms of reference, workplans and recommendations of all RGHS Task Forces need to fully reflect the importance of this crisis.

### **Forecasting**

Forecasting of health outcomes and determinants are not undertaken systematically across WHO and is identified as an area of consideration for each relevant Task Force. Lack of information and strategic frameworks about how to define alternative scenarios for the future remain as key challenges. As WHO Secretariat mentioned, UNDESA would like to establish an UN-WHO steering committee to look at Covid-19 excess mortality and projections, directly relating to the 2<sup>nd</sup>, 3<sup>rd</sup> and 7<sup>th</sup> Task Forces and forecasting of all health data and goals continues to be a priority area for WHO DDI, especially when understanding the long-term impact of Covid-19 on population health.

## **TIMELINES AND NEXT STEPS**

### **Workplan and Key Timelines for Individual Task Forces**

RGHS co-chairs and Task Force co-chairs need to agree on a workplan for each of the Task Forces via a series of individual workplan sessions. These workplans will be inclusive of all advice, feedback, nominations, additional considerations of Covid-19 and forecasting, and will consider the timing of outputs requested by WHO in the first RGHS meeting.

Below are the recommended guidelines for the work of each Task Force:

- Duration of the Task Force will be in the terms of reference (12-24 months)
- Meet at least once a quarter
- Task Forces report quarterly to the RGHS chairs and WHO Secretariat
  - 2x annually at the virtual and in-person biannual RGHS meetings
  - 2x annually to the RGHS Chairs
- Workplans need to have clear milestones, deliverables and dates

The finalized workplan will be approved by the RGHS Co-Chairs in consultation with the WHO Secretariat and posted online. Any additional administration or coordination support will be determined in consultation with WHO Secretariat to secure execution of the workplan.

#### **Immediate Next Steps for RGHS Task Forces**

Recognizing the urgency of Covid-19 and the establishment of the Task Forces, below are the immediate next steps.

- Finalize the Task Forces terms of reference and membership with the RGHS Co-Chairs, Task Force Co-Chairs, and WHO Secretariat in separate meetings
- Contact proposed Task Force members
- Convene first meeting of each Task Force by end of September
- Create agenda for first Task Force meeting, including reviewing and revising draft terms of reference

## **CONCLUSION**

### **Closure of the Meeting**

Dr Samira Asma, WHO Assistant Director-General of the Division of Data, Analytics and Delivery for Impact thanked RGHS members for their time, commitment and technical expertise. She emphasized that Covid-19 has added further urgency to the Task Forces' areas and encourages the Task Forces to identify what can be fast-tracked for recommendations.

Partnerships, like RGHS, will continue to be a priority of WHO. WHO will engage with all UN agencies and partners regarding health-related SDGs via SDG Global Action Plan (GAP). WHO will actively relay information and recommendations between partnerships and advisory groups. A special thank you is given to Bill & Melinda Gates Foundation for supporting this initiative. Their generosity and support of timely, actionable and reliable data is critical to the advancement of health data. WHO will continue to support foundational data and health information systems remain in place and functioning amidst the ongoing crisis.



**ANNEX A****Reference Group on Health Statistics (RGHS)  
29 July 2020, Virtual Meeting, WHO Geneva Headquarters  
Agenda****Wednesday, 29 July 2020**

15:00 – 15:10 (10 min)

**Welcome and Open Remarks – Samira Asma**

- Welcome
- Message from Dr Tedros, WHO Director General

15:10 – 15:20 (10 min)

**Progress Update – Samira Asma & Somnath Chatterji**

- WHO Progress update since last Reference Group on Health Statistics Meeting
- WHO Secretariat working and supporting Reference Group on Health Statistics

15:20 – 15:30 (10 min)

**Progress Update – Elena Varavikova**

- Overview of the Reference Group on Health Statistics
- Recap of first meeting on Reference Group on Health Statistics

15:30 – 16:45 (1-hour 15 min)

**Task Force Discussion – Facilitated by Alan Lopez**

- Overview and Methodology of the Task Forces of the Reference Group on Health Statistics
- Discussion on each of the 8 Task Forces on terms of reference, membership, and reporting mechanisms
  - Task Forces (8)
    1. GATHER 2.0
    2. Age-specific Mortality Estimation and Computation of Life Tables
    3. Causes of Death
    4. Risk Factors
    5. Population Data & Estimates
    6. Surveys
    7. Verbal Autopsy within CRVS
    8. Health Services Data
- Guidelines on Individual Task Force Workplan

16:45 – 16:55 (10 min)

**Action Steps and Open Discussion – Alan Lopez & Elena Varavikova**

- Next Steps of the Reference Group on Health Statistics
- Open discussion on Reference Group on Health Statistics

16:55 – 17:00 (5 min)

**Closing Remarks – Samira Asma**

- Final words from WHO Secretariat

**ANNEX B****List of Participants****Reference Group on Health Statistics Members****Leontine Alkema**

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**Lalit Dandona**

ICMR Distinguished Scientist and National Chair of Population Health  
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**Emmanuela Gakidou (unable to attend)**

Professor  
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**Ihsan ul Haq (unable to attend)**

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**George A Mensah**

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**Observers****David Blazes** (*unable to attend*)

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**WHO Secretariat****Tedros Adhanom Ghebreyesus**

Director-General  
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**Bernhard Schwartlander**

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**Somnath Chatterji**

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**Bochen Cao**

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**Shalene Sloup**

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## WHO Observers

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