

Fourteenth General Programme of Work (GPW 14) Progress update on draft GPW 14, triple billions targets, outcome indicators and corporate indicators

Date: 3 April 2024 | Time: 9:00 - 12:00 CET

Member States Information Session



Agenda

9:00 – 9:20	Welcome GPW14 overview	Bruce Aylward, ADG/UHL Jeremy Farrar, Chief Scientist Samira Asma, ADG/DDI
9:20 – 9:30	Triple Billion Recalibration for GPW14	Haidong Wang, Unit Head/MFI
9:30 – 10:00	Member States feedback and discussion	
10:00 – 10:15	Update on the outcome indicators for GPW14	Haidong Wang, Unit Head/MFI
10:15 – 10:50	Member States feedback and discussion	
10:50 – 11:10	Corporate Indicators	Imre Hollo, Director/PRP
11:10 – 11:50	Member States feedback and discussion	
11:50 – 12:00	Closing remarks	

Finalizing the draft GPW14 for the 77th WHA

***‘Advancing health equity & resilience in a turbulent world
– a global health agenda for 2025-2028’***

Promoting, providing & protecting health and wellbeing

RECAP | GPW14 development process

1st consultation
paper on GPW14
18 Aug 2023



2nd consultation
paper on GPW14
26 Nov 2023



Draft GPW14
(EB document)
22 Dec 2023



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



TODAY



Draft GPW14
(WHA 77 version)
mid-Apr 2024



See next slides

Aim to share final draft GPW14 with Member States by-mid April

RECAP | 4-part structure for the draft GPW14

Structure

World Health Organization
14th General Programme of Work
4th Consultation Document
8 March 2024

Draft fourteenth general programme of work, 2025-2028
Advancing health equity and health systems resilience in a turbulent world: a global health agenda for 2025-2028
Promoting, providing and protecting health and well-being for all

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PREAMBLE

PART 1. HEALTH AND WELL-BEING

A changing world

An unacceptable impact on human health

The promise and potential of an evolving world

A evolving and fit-for-future WHO

PART 2: A GLOBAL AGENDA FOR 2025-2028: PROTECTING HEALTH

A common goal, strategic objectives and outcomes

The WHO results framework – measuring progress

Implementing a common agenda for global health 2025

The theory of change for GPW 14

PART 3: WHO'S VITAL CONTRIBUTION TO GLOBAL HEALTH

WHO's core work in 2025-2028

Measuring and managing WHO's contribution

PART 4: OPTIMIZING WHO'S PERFORMANCE

Building a stronger WHO

Sustainably financing WHO and the draft agenda

ANNEX

Fig. 1. High-level results for the draft GPW 14*

IMPACT:					
More people, everywhere, attain the highest possible standard of health and well-being					
DRAFT GPW GOVERNING PRINCIPLES:					
To promote, provide and protect health and well-being for all people, everywhere					
STRATEGIC OBJECTIVES AND JOINT OUTCOMES:					
Expected to address change in global health trends in the 21st century	Address health determinants and root causes of ill health in low-income settings and in all countries	Address the PHC approach and ensure that all health care systems are people-centred, equitable and sustainable	Improve health service coverage and financial protection to address inequities and gender inequalities	Prevent, mitigate and respond to risks to health from all health emergencies	Expand, sustain and enable an effective response to all health emergencies
1.1. Health systems strengthened by using an integrated approach to address the social, environmental, and behavioral determinants of health	1.1. The primary health care approach, essential and strengthened to meet the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.1. Equitable access to quality services, supported by sustainable financing, and strengthened health systems, including digital health technologies	1.1. Ability to access to quality services, supported by sustainable financing, and strengthened health systems, including digital health technologies	1.1. Ability of health systems to respond to emergencies from all health, reduced and rapid response	1.1. Ability of health systems to respond to emergencies from all health, reduced and rapid response
1.2. Primary care, community health workers, and health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.2. Health and care systems, including primary care, community health workers, and health systems, are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.2. Health and care systems, including primary care, community health workers, and health systems, are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.2. Health and care systems, including primary care, community health workers, and health systems, are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.2. Preparedness, response, and recovery for health emergencies, including pandemics	1.2. Preparedness, response, and recovery for health emergencies, including pandemics
1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage	1.3. Health systems are strengthened to address the needs of all people, everywhere, and ensure equitable and sustainable health coverage

WHO CORPORATE TECHNIQUE (BASIC/ENHANCED):

1. Effective WHO leadership through strategic agenda setting, partnerships and communication of vision GPW 14 outcomes

2. Timely delivery of quality of high-quality WHO normative, technical and data products enables impact at country level

3. WHO national country support and cooperation activities programme on health

4. A sustainably financed and efficiently managed WHO, with stronger oversight and accountability and regional and country support structures

*Work in tandem with Member States to reflect impact measurement and metrics for the draft GPW 14 results framework.
*Corporate outcomes are led by the Secretariat but require the commitment and collaboration of Member States and partners to deliver on the organization's health leadership, partnership, normative, technical and country support mandates, while enhancing its performance across all levels with accountability and transparency.

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

Global

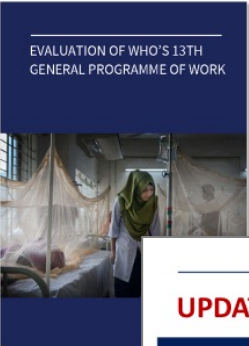
WHO

(8 March Version)

RECAP | GPW14 updates in the pre-WHA version (8 March)

Box: incorporating GPW13 Evaluation

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 recommendations 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 and partners to achieve GPW14 strategic objectives and joint outcomes.
- Priority Focus Areas:** the GPW 14 strategic objectives and joint outcomes include 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.

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 inequalities and root causes of ill health** in key policies across sectors

Outcomes – 'promoting health'

- Advance **PHC approach and essential health system capacities** for universal health coverage
- Improve **health service coverage & financial protection** to **equity and gender inequalities**

Outcomes – 'providing health'

- 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

Strategic Objective

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

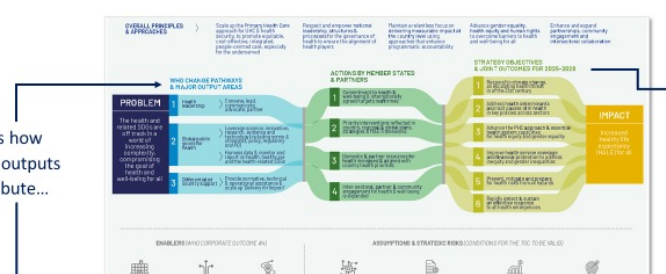
Outcomes – 'protecting health'

- 5.1 Risks of health emergencies from all hazards, including AMR, reduced and impact mitigated
- 5.2 Preparedness, readiness & resilience for health emergencies enhanced

Strategic Objectives & Joint Outcomes

Redesigned Theory of Change

NEW! redesigned Theory of Change...



Shows how WHO outputs contribute... (left)

... shows link to Joint Outcomes (right)

... & new subsection on risks (bottom right)

NEW! Part 4 - ARG Action Plan

Box 4: Transforming WHO Country Offices to better respond to the needs of Member States


WHO is working to strengthen its country offices using a bottom-up process that is driven by its Country Office Representatives (WRs). This 'Action for Results Group' (ARG), now comprised of two WRs from each of WHO's 6 regions, was established in January 2023¹ to lead the transformation of WHO's country offices to better serve the needs of Member States and partners by making WHO more reliable, relevant and impactful at country level.

The ARG has developed a six-point action plan to:

- 1) sustainably finance and implement a core predictable WHO country presence
- 2) enhance the delegation of authorities to WRs to facilitate decision making for impact
- 3) improve human resources management, especially at country level
- 4) streamline the planning of country-level work and 3-level support for that work
- 5) enable a more mobile, WHO-wide workforce to better support countries
- 6) facilitate open communications between staff across the entire organization

Within months of launching this plan, changes are already having a profound impact on the way country offices operate and deliver services. Key country office positions have been prioritized, with funding already allocated. WRs have been empowered with a new, higher delegation of authority and a greater voice in management decisions across the organization. And steps have been initiated to boost staff mobility and communications across WHO.

The ARG and its action plan are accelerating WHO's ongoing transformation agenda with the aim of driving measurable impact where it matters most – in countries.



Detail on strengthening WHO country presence

RECAP | GPW14 new material in pre-WHA version (8 March)

Specific WHO cross-cutting
‘corporate outcomes’
(technical & enabling)

NEW! Parts 3 & 4 | delineating ‘joint’ & ‘corporate’ outcomes

STRATEGIC OBJECTIVES AND JOINT OUTCOMES					
Respond to climate change, as escalating health threat in the 21st century.	Address health determinants and root causes of ill health in key policies across sectors.	Advance the PHC approach and essential health system capacities for universal health coverage.	Improve health service coverage and financial protection to address inequity and gender inequalities.	Prevent, mitigate and prepare for risks to health from all hazards.	Rapidly detect and sustain an effective response to all health emergencies.
1.1. More climate-resilient health systems are addressing health risks and impacts. 1.2. Lower-carbon health.	2.1. Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health. 2.2. Priority risk.	3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2. Health and care workforce, financing.	4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing.	5.1. Risks of health emergencies from all hazards, reduced and impact mitigated. 5.2. Preparedness, readiness and.	6.1. Detection of and response to acute public health threats in rapid and effective. 6.2. Access to essential health.

‘joint’ outcomes – Member States-led, collective work with

‘corporate’ outcomes – Member States-led, collective work with collaboration of Member States



NEW! Corporate Outcomes (under finalization) - details

Strategic Objective & Joint Outcomes

- 1** Effective WHO health leadership through **convening, agenda-setting, partnerships & communications** advances GPW 14 outcomes
- 2** Timely delivery & uptake of **high-quality WHO normative & tech. products** (public health goods) enables impact at country level
- 3** WHO **tailored country support and cooperation** accelerates progress on health
- 4** A **sustainably financed & efficiently managed WHO**, with **stronger oversight, accountability and regional and country capacities** better enables work of staff, partners and Member States

Corporate outcomes are led by the Secretariat but require the commitment and collaboration of Member States and partners to deliver on the organization’s health leadership, partnership, normative, technical and country support mandates, while enhancing its performance across all levels with accountability and transparency

Feedback on pre-WHA draft

(as of 26 March 2024)

over 70 submissions received

- 37 Member States
- 22 CSOs
- 4 philanthropic orgs
- 4 partner orgs
- 3 Industry associations

Plus, inputs from within WHO (GPW14 working groups, technical programmes & Senior Leadership team)



Pre-WHA draft | key themes in Member State feedback

Document/process:

- broad support for document & **process**
- appreciate **corporate outcomes** (& link to GPW13)
- like the box on **GPW13 Evaluation** (i.e. what's new)
- agree **topics need to be 'anchored'**, but with links to other outcomes (e.g. climate, nutrition, AMR)

Specific issues:

- chronic conditions (hereditary & non-hereditary), anesthesia, blood mgmt, eye health, rehabilitation/care, chronic pain, chemical/waste/pollution initiatives, young people, physical activity, disability, support for local production/MCMs, etc....

Narrative & scope:

- appreciate GER & SRHR as determinants of health, and reinforcing use of agreed language
- emphasize WHO's cross-cutting normative role & value-add more strongly
- emphasize financing & digital/AI risks
- elaborate division of responsibilities (with partners)

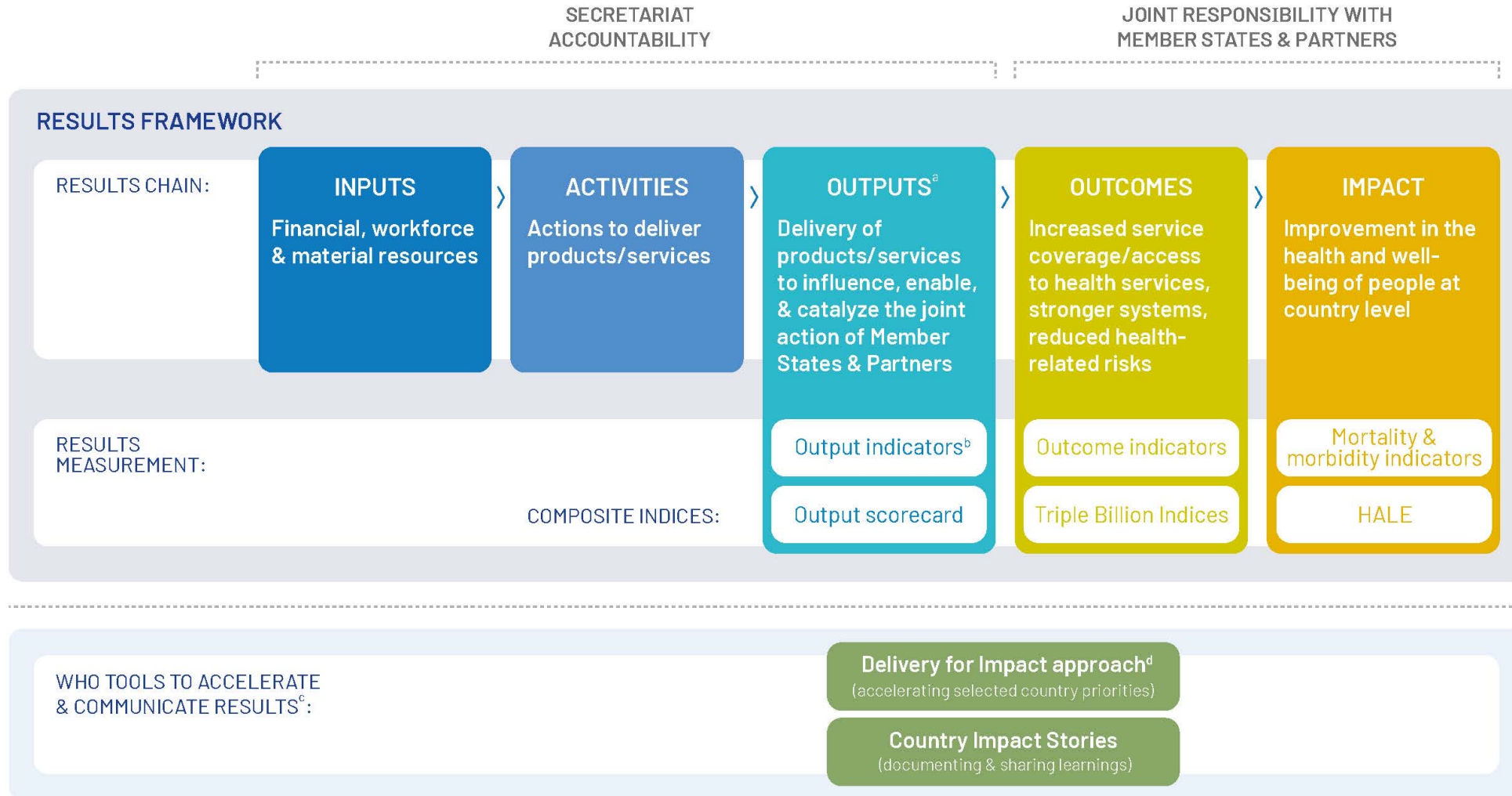
Results framework:

FOCUS FOR TODAY

- multiple comments on draft outcome indicators (definitions, grouping, gaps, disaggregation)
- include indicators for corporate outcomes/outputs
- illustrate results chain & its measurement as per GPW12/13 (i.e. RBM architecture)

See next slide

NEW! Draft GPW14 Results Framework



^a Includes corporate outputs which reflect WHO cross-cutting technical and enabling functions.

^b WHO is using 'leading indicators', which are between outputs and outcomes, to better explain the contribution of outputs to the achievement of outcomes.

^c These are complemented by other tools used by WHO at country, regional and global levels to monitor and manage for results.

^d Includes delivery stocktakes, delivery dashboards, and 2-year delivery milestones.

Next Steps | full GPW14 for World Health Assembly, May 2024



agree GPW14 impact measurement ('Billions targets', outcome indicators – today!)

consolidate & translate into 6 languages (next 2 weeks)

Mid-April: publish WHA version

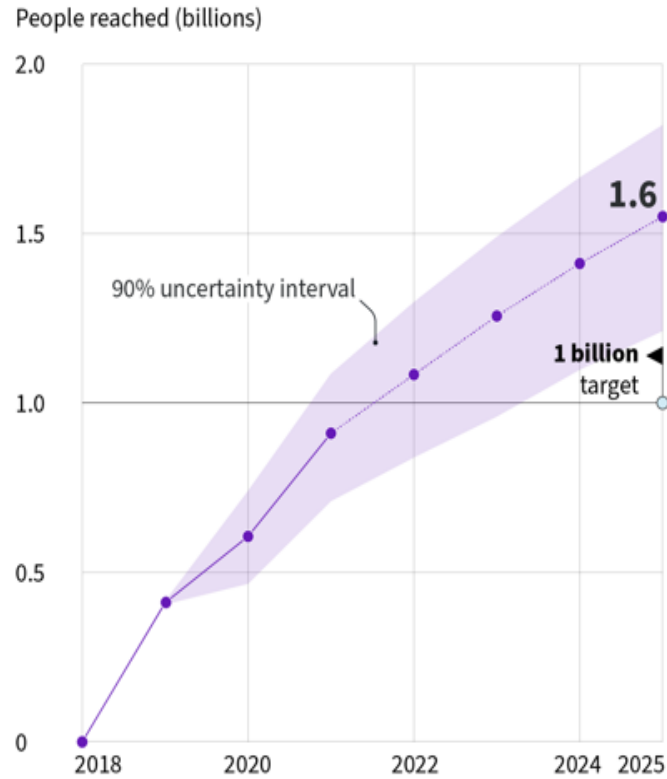
NOTE: updated White Paper with indicative outputs & corporate indicators will be available in mid-May (and then as part of Programme Budget 2026-27)



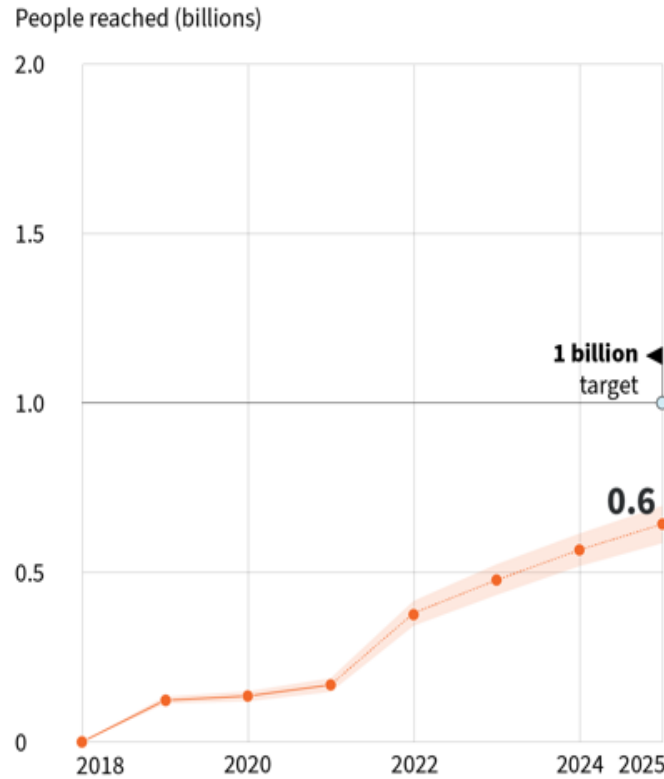
Triple Billion Recalibration for GPW14

Progress in achieving the Triple Billion Targets, 2018-2025

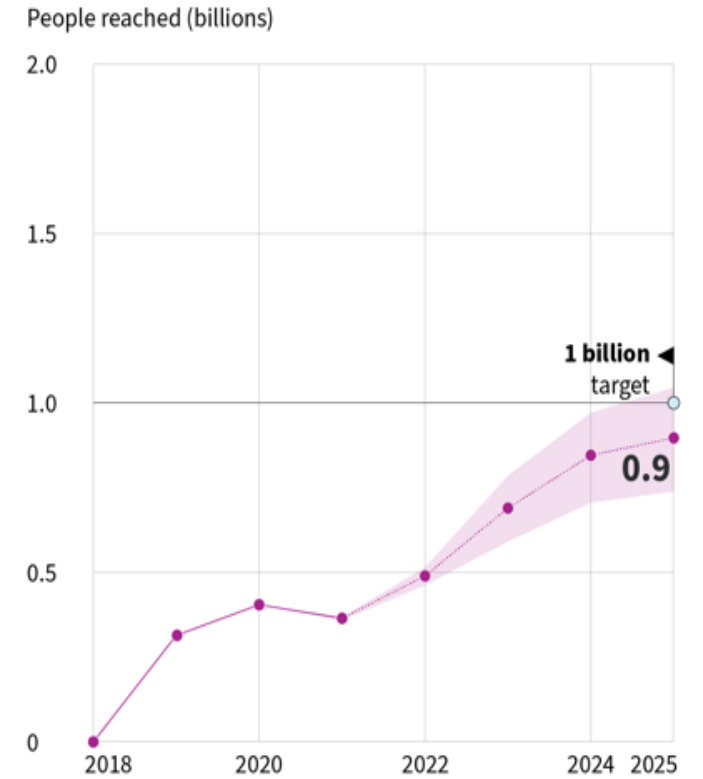
Healthier populations



Universal health coverage



Health emergencies protection



The world is off track to reach the SDG targets and our efforts need to redouble

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

■ Likely achieve by 2030
■ Won't achieve by 2030

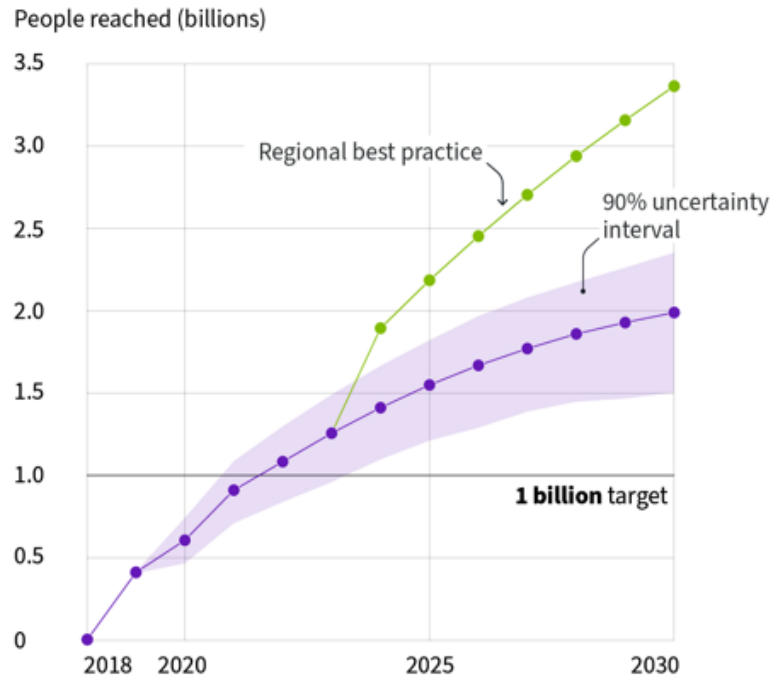
■ Won't achieve by 2030, but within 10% of target

Recalibrating the Triple Billion targets: technical considerations

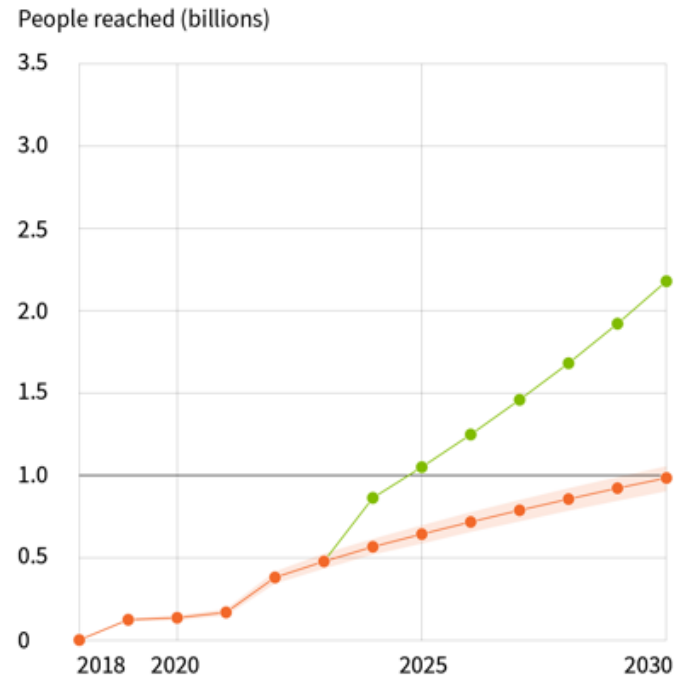
- Technical considerations to update the Triple Billion targets in GPW:
 - Statistical forecasting based on past levels and trend at the indicator and country level
 - Scenarios analysis based on global targets such as SDGs and WHO WHA resolutions
 - Best practice at regional and/or global levels through benchmarking assessment
 - *Achievable health interventions for individual outcome indicators for each region and country*
 - *A potential bottom-up process*
 - Balance between being realistic and aspirational
 - Equity: no one should be left behind and unprotected

Triple Billion target scenario: best regional practice in improvement

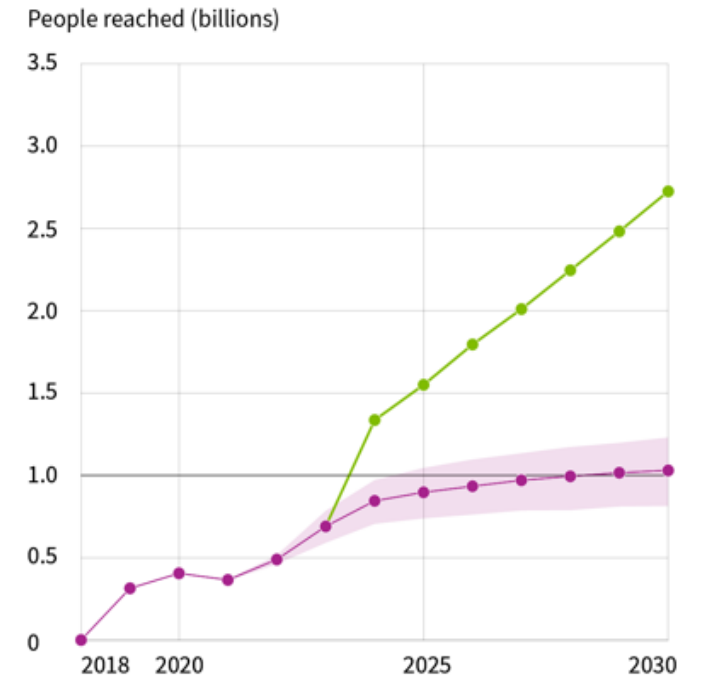
Healthier populations



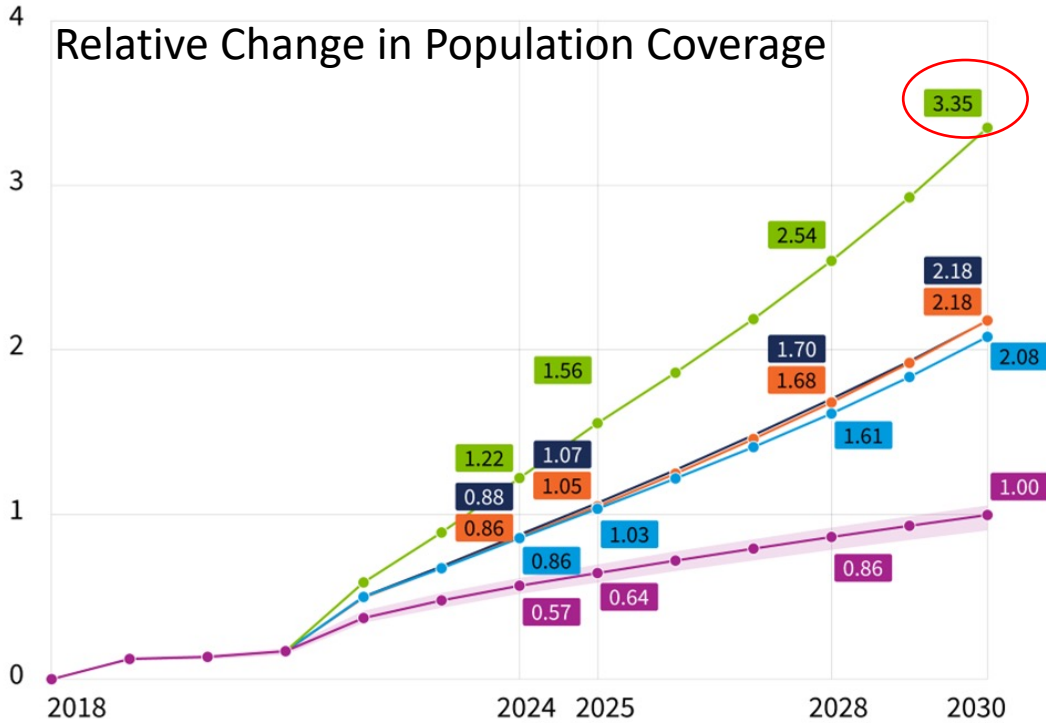
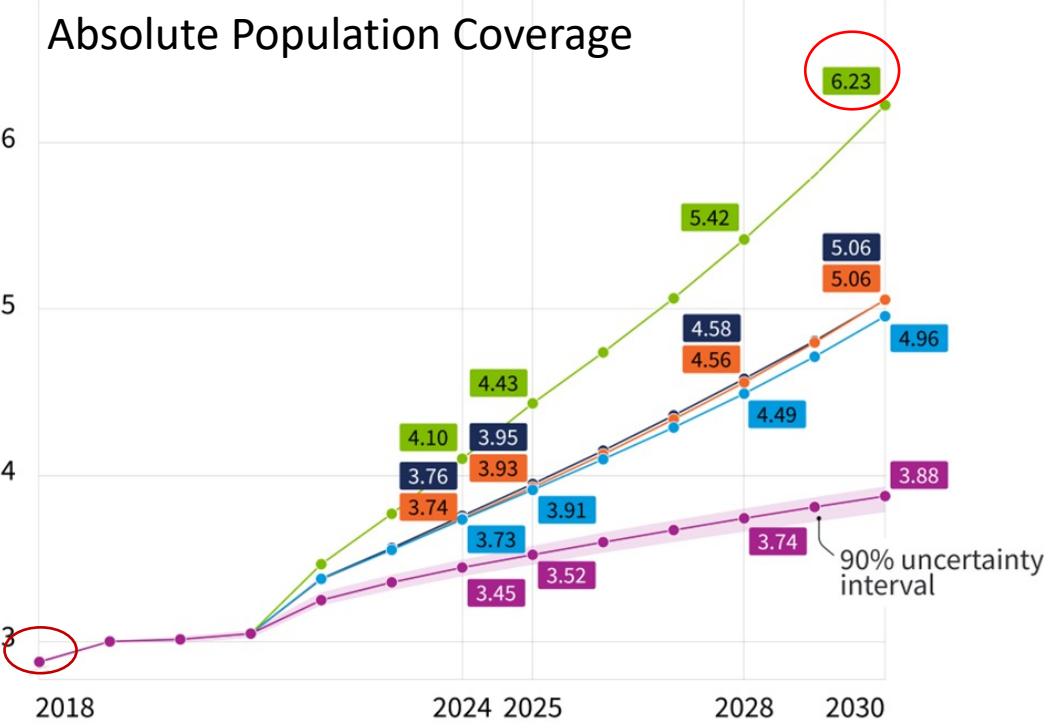
Universal health coverage



Health emergencies protection



Billions target setting: absolute and relative coverage are two sides of the same coin



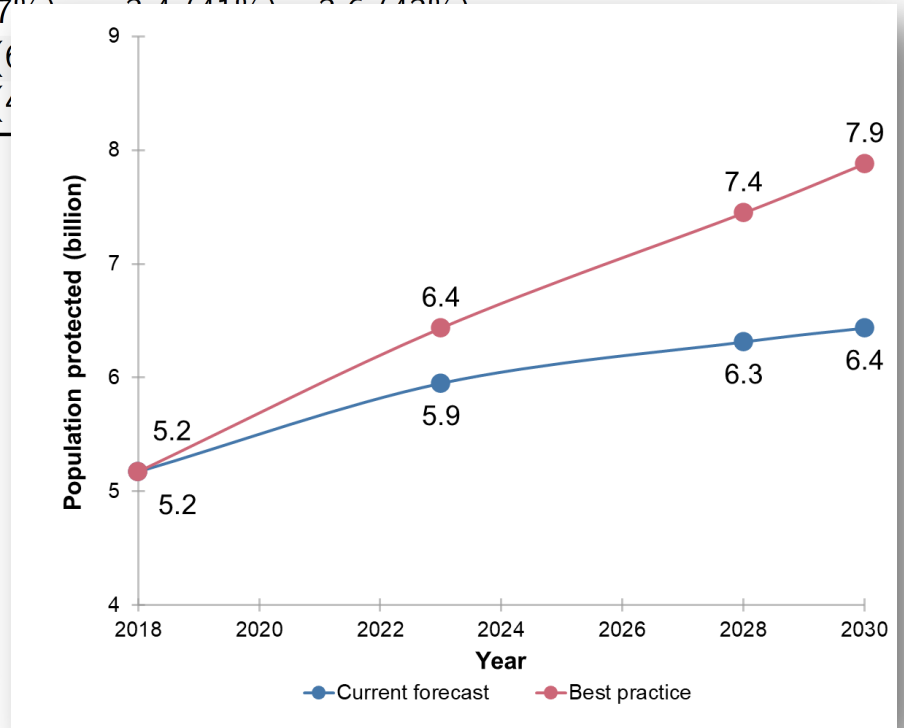
— Forecast
 — Global best practice
 — Regional best practice
— SDG goals met at global level
 — SDG goals met in all countries
 Contributions (billions)

Source: Forecasts based on WHO World Health Statistics 2023. Subject to changes based on the ongoing member states consultation and updated list of outcome indicators for GPW14.

Protect (Health Emergency Protection) Billion

Base	Prepare	Prevent	Detect & Respond	2018	2023	2028	2030
Regional best	Continuous	Continuous	Continuous	5.2 (68%)	6.4 (80%)	7.4 (89%)	7.9 (93%)
Regional best	Rescaled at 60% thr.	Rescaled at 60% thr.	Rescaled at 60% th.	1.1 (14%)	4.9 (61%)	6.7 (81%)	7.5 (88%)
Regional best	Binary at 60% thr.	Binary at 60% thr.	Binary at 60% th.	2.5 (33%)	7.1 (89%)	7.7 (92%)	7.9 (93%)
Regional best	Rescaled at 50% thr.	Rescaled at 60% thr.	Rescaled at 60% th.	1.4 (18%)	5 (63%)	6.8 (82%)	7.6 (89%)
Forecast	Continuous	Continuous	Continuous	5.2 (68%)	5.9 (74%)	6.3 (75%)	6.4 (76%)
Forecast	Rescaled at 60% thr.	Rescaled at 60% thr.	Rescaled at 60% th.	1.1 (14%)	3 (37%)	3.4 (41%)	3.6 (43%)
Forecast	Binary at 60% thr.	Binary at 60% thr.	Binary at 60% th.	2.5 (33%)	5.4 (69%)	6.1 (75%)	6.4 (76%)
Forecast	Rescaled at 50% thr.	Rescaled at 60% thr.	Rescaled at 60% th.	1.4 (18%)	3.2 (40%)	3.8 (47%)	4.1 (49%)

Cell values: global population-covered in billions (percent-covered globally).



Tentative Triple Billion targets for GPW 14 in billions

	PROMOTE (HPOP)	PROVIDE (UHC)	PROTECT (HEP)
GPW13 Targets [<i>Relative</i>]	1	1	1
GPW14 Potential Targets [<i>Absolute</i>]	6	5	8

Feedback and discussions

Overview of initial list of outcome indicators

Process for new programmatic indicators

- Proposal for new programmatic indicators and changes to GPW 13 indicator by technical programmes
 - Plan and process for new indicators for GPW 14 discussed at the first internal technical consultation, Oct 13, 2023.
 - Proposals for new/additional programmatic indicators from Oct 13, 2023, to Nov 20, 2023.
 - Continued support to programmes for indicator proposals to address priorities being set by the P working groups
- Examination of data availability criteria conducted by the Impact Measurement team
 - At least 50% coverage of MS/population for relevant populations
 - Time series data for continued monitoring
 - Expected baseline for 2025 and expected data collection during GPW14
- Discussion with technical programs and 3-level consultations
 - To make the final list succinct yet comprehensive
 - Address data need for specific subgroups: subnational or regional specific
 - Emphasize key topic area to accelerate data collection
- Global consultation with member states and other stakeholders

Member States' and partners' feedback on outcome indicators

Global Technical Consultation on the WHO Results Framework, 11-12 Mar 2024

- Agreement on HALE and recalibrated triple billion targets (5-6-7)
- Outcome indicators:
 - Simplify and shortlist
 - Consult with MS and reduce burden on countries
- Support country capacity in data, digital, analytics and use; and training on delivery approach
- An inclusive process involving a wide range of stakeholders from development, inclusion of diverse perspectives, ensuring relevance and applicability across different health contexts
- Reduce the number of proposed indicators to “key” or “tracer” indicators with a focus on those with up-to-date data sources and where there is some level of attribution from WHO
- Data quality and availability are crucial; how will the increased dataset feed into priority and budget setting at the global level

Member States' and partners feedback

March 2024, selected quotes

“Provide a succinct explanation of the Theory of Change adopted by WHO, emphasizing its role in guiding activities, outputs, and outcomes to drive improvements at the country level.” - Namibia

“Most multilaterals have reduced their corporate results frameworks significantly over the last 7 years, from an 80 to 100+ indicators at that level, to somewhere between 10 and 25” – OECD.

“Demonstrating accountability on WHO performance to Member States within the GPW14 results framework will provide an important confidence building measure.” - Canada

Programmatic (outcome) indicators: GPW13 and new proposals

	PROMOTE (HPOP)	PROVIDE (UHC)	PROTECT (HEP)
GPW13 46 indicators	20	22	4
GPW14 32 NEW proposals by the end of the proposal acceptance period (Nov 21, 2024)	7	16	9
GPW14 84 NEW proposals as of March 22, 2024	23	50	11

* More indicators proposed and being proposed for 7.2 not included in the table above.

Process to finalize outcome indicators for GPW 14

- Continuity with SDGs and GPW13
- Criteria to select proposed indicators (meaningful, measurable, minimal)
- **Reduce additional data collection burden on countries**
- Proposed by WHO technical programmes with careful examination of data availability
 - At least 50% country coverage
 - Time series data for continued monitoring
 - Expected baseline for 2025 and expected data collection during GPW14
- Consulted with Member States, partners and experts

GPW 14 outcome indicators: initial list

Includes **43** of GPW 13 plus **43** new indicators for GPW14

	#	# SDGs
PROMOTE Healthier Populations	24	17
PROVIDE Universal Health Coverage	51	22
PROTECT Health Emergencies Protection	11	1

Indicators relevant to specific country context and Secretariat in the process to improve data availability of the 8 indicators.

Distribution of indicators by GPW14 strategic objectives

Impact		
More people, everywhere, attain the highest possible standard of health and well-being.		
DRAFT GPW 14 overarching goal:		
To promote, provide and protect health and well-being for all people, everywhere.		
Strategic objectives and major outcomes:		
Respond to climate change , the greatest health threat of the 21 st century.	1.1 More climate-resilient health systems are addressing climate risks and impacts. 1.2 Lower-carbon health systems and societies are advancing health and well-being.	2
Address the root causes of ill health by embedding health in key policies across sectors.	2.1 Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health . 2.2 Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches. 2.3 Populations empowered to control their health through health promotion programmes and community involvement in decision-making.	25
Advance the primary health care approach and essential health system capacities for health equity and gender equality.	3.1 The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2 Health and care workforce, financing and product availability substantially improved. 3.3 Health information systems strengthened and digital transformation implemented.	13
Improve equity and quality in health service coverage and financial protection to advance universal health coverage.	4.1 Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved. 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 Financial protection improved by reducing out-of-pocket health expenditures , especially for the most vulnerable.	41
Prevent, mitigate, and prepare for emerging risks to health from all hazards.	5.1 Risks of health emergencies from all hazards, including antimicrobial resistance , reduced and impact mitigated. 5.2 Preparedness, readiness and resilience for health emergencies enhanced.	7
Rapidly detect and sustain an effective response to all health emergencies.	6.1 Detection of and response to acute public health threats is rapid and effective. 6.2 Access to essential health services during emergencies is sustained and equitable.	4

*includes cross-referenced indicators, no country support indicators.

Promote Health

Respond to climate change, the greatest health threat of the 21st century

Impact

6 billion people will enjoy healthier lives by 2028

Outcomes

1.1 More climate-resilient health systems are addressing health risks and impacts

- Index of national climate change and health capacity

1.2 Lower-carbon health systems and societies are contributing to health and well-being

- Healthcare Sector Greenhouse Gas Emissions

Outcome indicators

Promote Health

Address health determinants and root causes of ill health in key policies across sectors

Impact

6 billion people will enjoy healthier lives by 2028

Outcomes

2.1 Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health

- Does the government provide non-national (including refugees and migrants) equal access to i) essential and/or ii) emergency healthcare
- *Proportion of refugees and migrants that have equal access to i) essential and/or ii) emergency healthcare**
- Proportion of population covered by at least one social protection benefit (%) (cross-referenced with 5.1)
- *Proportion of urban population living in slums, informal settlements or inadequate housing**

Outcome indicators

2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches

- Proportion of population aged 15+ with healthy dietary patterns
- Prevalence of insufficient physical activity
- Exclusive Breastfeeding under Six Months
- Proportion of people who have suffered a foodborne diarrhoeal episode of non-typhoidal salmonellosis
- Prevalence of stunting among children under 5
- Prevalence of wasting among children under 5
- Prevalence of overweight among children under 5
- Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- Prevalence of obesity
- Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)
- Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- Age-standardized prevalence of current tobacco use among persons aged 15 years and older
- Death rate due to road traffic injuries
- Mortality rate attributed to household and ambient air pollution
- Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
- Mortality rate attributed to unintentional poisoning
- Proportion of population with primary reliance on clean fuels and technology
- Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)
- Proportion of population using safely managed drinking water services
- Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water
- Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure

2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making reduced through intersectoral approaches

- Proportion of a country's population living in a Healthy Municipality, City or Region for Health
- Proportion of countries with national-level mechanisms or platforms for societal dialogue for health (%)

* Country support indicators where technical programs are providing intensified support to a subset of countries or data availability needs to be improved.

Provide Health

Advance the PHC approach and essential health system capacities for universal health coverage

Impact

Outcomes

Outcome indicators

5 billion people will benefit from UHC without financial hardship

3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

- PHC-oriented governance & policy composite
- Institutional capacity for essential public health functions meeting criteria
- Health facility density & distribution (by type & level of care)
- Service utilization rate (primary care visits, emergency care visits, hospital admissions)
- *People centredness of primary care (patient experiences, perceptions, trust)**
- Coverage of essential health services [cross-referenced from 4.1]
- *% of population reporting perceived barriers to care (geographic, socio-cultural, financial) **
- *Service availability & readiness index (% facilities with service availability, capacities & readiness (WASH, IPC, availability of meds, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver UHC package)**
- Integrated services and models of care composite indicator

3.2. Health and care workforce and financing availability and access to quality-assured health products substantially improved

- Access to Health product index
- Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex)
- Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita
- Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics)
- Government domestic spending on PHC as a share of total PHC expenditure

3.3 Health information systems strengthened, and digital transformation implemented

- SCORE index (cross-referenced from 7.2)
- Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (cross-referenced from 7.2)
- *% of health facilities using point of service digital tools that can exchange data through use of national registry and directory services (by type)**

Provide Health

Improve health service coverage and financial protection to address inequity and gender inequalities

Impact

5 billion people will benefit from UHC without financial hardship

Outcomes

4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance

Outcome indicators

- | | |
|--|--|
| <ul style="list-style-type: none">• Prevalence of controlled diabetes in adults aged 30-79 years• Prevalence of controlled hypertension, among adults aged 30-79 years with hypertension• Hepatitis C incidence per 100,000 population• Does the government provide non-national equal access to i) essential and/or ii) emergency healthcare• Service coverage for people with mental health and neurological conditions• Effective coverage of refractive error (eREC)• Prevalence of active syphilis in individuals 15 to 49 years of age (%)• Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders• Patterns of antibiotic consumption at national level• Vector-borne disease incidence | <ul style="list-style-type: none">• Cervical cancer screening coverage in women aged 30 - 49 years, at least once in lifetime• Number of new HIV infections per 1 000 uninfected population, by sex, age and key populations• Tuberculosis incidence per 100 000 population• Malaria incidence per 1 000 population• Hepatitis B incidence per 100 000 population• Number of people requiring interventions against neglected tropical diseases• Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases• Suicide mortality rate• Percentage of bloodstream infections due to antimicrobial resistant organisms.• Coverage of essential health services |
|--|--|

Provide Health

Improve health service coverage and financial protection to address inequity and gender inequalities

5 billion people will benefit from UHC without financial hardship

Impact

4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older persons and nutrition services and immunization coverage improved

4.3. Financial protection improved by reducing out-of-pocket health expenditures, especially for the most vulnerable

Outcomes

- Treatment of acutely malnourished children
- Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group.
- Proportion of population entitled to essential oral health interventions as part of the health benefit packages of the largest government health financing schemes
- Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- Stillbirth rate (per 1000 total births)
- Postnatal Care Coverage
- Maternal mortality ratio
- Proportion of births attended by skilled health personnel
- Under-5 mortality rate
- Neonatal mortality rate
- *Proportion of girls and women aged 15 – 49 who have undergone female genital mutilation**

- Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
- Proportion of the target population covered by all vaccines included in their national programme
- Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
- Proportion of ever-partnered women and girls aged 15-49 years subjected to physical or sexual violence by a current and/or former intimate partner in the previous 12 months, by form of violence and by age.
- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- *WHA 73(12) Percentage of older people receiving long-term care at a residential care facility and home**
- WHA 67.15 Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines
- Obstetric and gynaecological admissions owing to abortion

Outcome indicators

- Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available)
- Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available)
- Out-of-pocket payments as a share of current spending on health

Protect

Impact

5 billion people by 2028

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

Rapidly detecting & sustaining effective response to all health emergencies

Outcomes

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

- Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens
- Vaccination campaigns for polio & measles
- *WASH in communities & healthcare facilities**
- *Trust in government**
- Social protection (cross-referenced in 2.3)
- Mitigating risks related zoonotic spillover

5.2 Preparedness, readiness & resilience for health emergencies enhanced

- IHR States Parties Self-Assessment Annual Reporting (SPAR)
- 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

- Timeliness of detection, notification & response of IHR notifiable events (7-1-7)
- 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

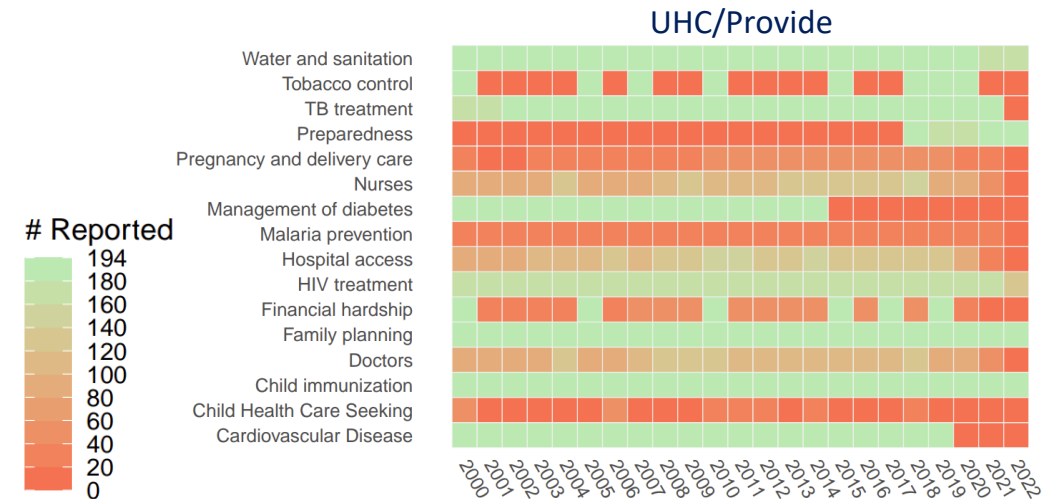
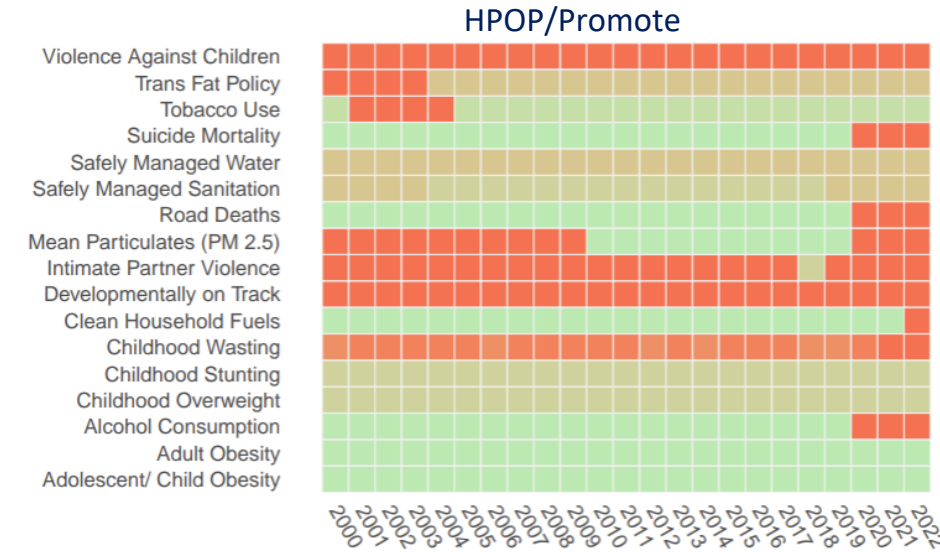
6.2 Access to essential health services during emergencies is sustained & equitable

- Delivery of essential health services to people in need in FCV settings
- 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)

Outcome indicators

If the GPW 14 results framework need to guide improvements, data availability must be improved

- Outcome indicators are a critical vehicle to assess WHO and its member states' effort in improving population health.
- This makes the selection of sensible outcome indicators and the timely monitoring of such indicators essential.
- Having 2025 baseline at global and country level in time remains a potential challenge for many outcome indicators currently included.



Feedback from Member States

Corporate Indicators

Feedback from Member States

Closing Remarks