

Programme budget 2020–2021

WHO results framework: an update

Report by the Director-General

1. In resolution WHA72.1 of 24 May 2019, the Seventy-second World Health Assembly approved the Programme budget 2020–2021 and requested the Director-General, *inter alia*, to continue developing the results framework of the Thirteenth General Programme of Work, 2019–2023, in consultation with Member States, including through the regional committees, and to present the results framework to the Executive Board at its 146th session.
2. This report follows on from document EB146/28 Rev.1, presented to the Executive Board in January 2020. It provides an update on stepwise progress towards the finalization and implementation of the measurement of the results framework for the Thirteenth General Programme of Work, 2019–2023, undertaken in close consultation with Member States.
3. The Thirteenth General Programme of Work, 2019–2023 focuses on measurable impacts on people’s health at the country level. To implement this measurement system, a results framework is in place to track the joint efforts of the Secretariat, Member States and partners to meet the triple billion targets and achieve the health-related Sustainable Development Goals, as well as to measure the Secretariat’s contribution to that process.
4. The results framework is accompanied by a system for measuring impact – the Thirteenth General Programme of Work, 2019–2023 WHO Impact Framework,¹ a scorecard for output measurement; and qualitative case studies. Together, they provide a holistic view of WHO’s overall impact. The WHO impact measurement structure is based on the Sustainable Development Goals and consists of the top-level healthy life expectancy indicator; the triple billion targets and related indices; and 46 outcome indicators.

Reporting Period

5. The time frame for the reporting of the results framework is 2019–2023 and spans three separate programme budget periods: the end of the 2018–2019 biennium, the 2020–2021 biennium (for which the programme budget was approved in May 2019) and the 2022–2023 biennium.

¹ See document A72/5.

Consultation Process and Pilot Testing for the Impact Measurement

6. As recommended by Member States, a stepwise process was established to finalize the results framework, involving a series of consultations, technical reviews and feedback processes, to ensure that the results framework reflects technical inputs and recommendations from Member States, technical experts and partners. The framework has been subject to in-depth review, recommendations made were incorporated at every stage and pilot exercises have been undertaken. It was presented to Member States and discussed at all six WHO regional committees from August to October 2019.

7. A first technical global consultation on the Thirteenth General Programme of Work, 2019–2023 results framework was held in October 2019. Twenty countries took part, represented by health ministries and national statistical offices, with stakeholder experts and staff from all three levels of WHO. At the consultation, discussions covered impact measurement, methods of calculating progress towards the triple billion targets, review of the 46 outcome indicators and their application to programmes, the healthy life expectancy indicator, data availability and mechanisms to strengthen that availability. All recommendations made were incorporated into the framework. The output scorecard was discussed across all three levels of WHO, followed by briefings for Member States. In November 2019, the WHO Regional Office for South East Asia hosted a consultation of all Member States of the Region on application of the impact measurement system. Regular briefings were held for permanent missions. An updated version of the report on methods for 13th General Programme of Work (GPW 13) impact measurement (the “methods report”) and of the database were made available online in January 2020.¹

8. Additional Member States have joined the pilot exercise and a total of 33 countries are currently at various stages of piloting the impact measurement system, including a number that have completed the exercise and have submitted recommendations which have been incorporated into the methods report and related tools. A second global technical consultation was held on 17–18 April 2020 with participation from nearly 30 Member States. The impact measurement piloted in 33 countries and the output scorecard in the regional offices and several country offices revealed that the results framework was useful, feasible to implement in countries and based on a methodology that was agreed upon by Member States. A key message that emerged was that tracking of progress will need better and more timely data. That, in turn, will require improved data systems and processes across all three levels of the Organization as well as support to strengthen data and health information systems in countries.

9. The review process and pilot implementation of the impact measurement system have been aligned across all three levels of the Organization. Feedback and recommendations received were incorporated into updated documentation that has been posted online. A summary report from the pilot exercise is available online.

Recommendations made and questions raised during the discussion at the 146th session of the Executive Board

10. Regarding the impact measurement system, during the discussion at the 146th session of the Executive Board, Member States called on WHO to focus on the Sustainable Development Goals, and to reduce the reporting burden on countries; to address data gaps as a matter of high priority, and work with countries with the greatest need to improve their data and health information system capacity; WHO should become the central repository for data, and the Secretariat should strictly follow WHO

¹ Thirteenth General Programme of Work, 2019–2023 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 14 April 2020).

data principles and data sharing guidelines; the Organization should work to foster collaboration across entities and partners beyond health ministries, such as national statistics offices and general registry offices; it should finalize the impact measurement system, so that countries can employ the system to track implementation of the Thirteenth General Programme of Work, 2019–2023, and improve their programmes and policies.

11. In respect of the output scorecard, WHO should test the system in country offices, and finalize the leading indicators for the results dimension; pilot-test and consider an independent validation mechanism; seek agreement from Member States and use the scorecard for the mid-term review to be undertaken in 2020, and submit a report to the Seventy-fourth World Health Assembly in May 2021. The following paragraphs contain a brief description of the impact measurement system and output scorecard.

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019-2023, RESULTS MEASUREMENT

Outcome indicators

12. The outcome indicators are intended to provide a flexible approach in which Member States select their own priorities. Countries will track progress using the associated outcome indicators. Of the 46 outcome indicators, 39 are Sustainable Development Goal indicators. The seven non-Sustainable Development Goal indicators, which were approved in World Health Assembly resolutions and have been selected for the Thirteenth General Programme of Work, 2019–2023 cover antimicrobial resistance (antibiotic consumption); polio; risk factors for noncommunicable diseases (obesity; blood pressure; trans-fatty acids); and emergency related factors (vaccination for emergencies, essential health services for vulnerable populations). Data availability for all indicators may vary across the countries and not all countries may have recent primary data, providing disaggregation to enable equity and gender analysis. The Secretariat will continue to support Member States to address these gaps and strengthen health information systems and analytical capabilities to generate reliable, timely, affordable, country-owned and accessible data to track health-related Sustainable Development Goals and triple billion targets. A detailed database, metadata and tools are available on the webpage of the Thirteenth General Programme of Work, 2019–2023.¹

Universal health coverage index

13. A combined measure of health service coverage (Sustainable Development Goal 3.8.1) and financial hardship (Sustainable Development Goal 3.8.2) will be used to monitor progress towards the Thirteenth General Programme of Work, 2019–2023 milestones. Health service coverage in the population will continue to be measured using the service coverage index that has been approved by the Inter-agency and Expert Group on Sustainable Development Goal indicators and its underlying indicators. The methodology to create the index, related to indicator 3.8.1 of the Sustainable Development Goals, is well documented.² Financial hardship due to spending on health occurs when a household has to devote a large share of its capacity to pay to health services out of its own pocket (catastrophic payments), or when the costs of health services push a household below the poverty line

¹ Thirteenth General Programme of Work, 2019–2023 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 14 April 2020).

² See the metadata repository of the United Nations Statistics Division (<https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-01.pdf>, accessed 28 April 2020).

(impoverishing payments). The methodology to estimate financial hardship related to indicator 3.8.2 of the Sustainable Development Goals is also approved by the Inter-agency and Expert Group on Sustainable Development Goal indicators and documented.

14. Tracking people with access to health services without financial hardship (universal health coverage billion) will continue to be measured through the combination of these two Sustainable Development Goal indicators: access to services and financial protection. Two numbers will be produced at country level: the number of people benefiting from service coverage and the number of people who suffer from catastrophic health spending. The billion will be determined using a combined measure that estimates the number of additional people with service coverage and without financial hardship. Progress will be visualized as a snapshot for a baseline year to allow an assessment of whether countries are moving in the right direction. The method for the calculation of the universal health coverage billion was developed by a working group in the Secretariat. Member States were consulted in the process of finalizing the methodology.

15. Member States, the Secretariat, United Nations partners and the Inter-agency and Expert Group on Sustainable Development Goal indicators all recognize that the current measure of health service coverage focuses on “crude” coverage and does not capture “effective” coverage, that is, whether people who need health services are receiving services of sufficient quality to produce the desired health gain. The Secretariat has begun work on an updated measurement for effective service coverage that categorizes tracer indicators by type of care (promotion, prevention, treatment, rehabilitation and palliation) and by age group (life course). This is intended to capture the quality of services and the health gains by the type of care. The Secretariat will continue consultations with Member States, experts and United Nations partners and pilot the updated measurement in countries that have expressed interest.

Health emergencies protection index

16. The health emergencies protection index is consistent with Sustainable Development Goals 3.d and 3.d.1 (International Health Regulations (2005) capacity and health emergency preparedness), and with the 2016 Review Committee report on the Role of the International Health Regulations (2005) in the Ebola outbreak and response. The health emergencies billion will be measured using the health emergencies protection index, which consists of three tracer indicators, derived from the outcome indicators, that capture capacity to prepare for, to prevent, and to detect and respond to health emergencies.

17. The prepare indicator measures a country’s preparedness for emergencies. It encapsulates the level to which a country is ready to identify and respond to a range of emergency situations. It allows countries to be stratified into five levels of preparedness, enabling prioritization of where preparedness efforts are most needed. Progress will be measured by the cumulative population moving from one level of preparedness to a higher level – thus encouraging improvements to be made for all Member States.

18. The prevent indicator measures efforts to prevent health emergencies via vaccination coverage. Reaching high vaccination coverage in at-risk groups for vaccine-preventable infectious pathogens is key to tackling preventable epidemic diseases and pandemics, leading to the control and elimination of high-threat infectious hazards.

19. For the detect and respond indicator, countries will be assessed on timeliness of detection, notification and response to public health emergencies. Timeliness is a critical aspect of improving public health impact in order to protect lives, measuring the speed with which Member States are able to react to public health events. This is a new measure that will help establish data systems and

milestones to measure the impact of surveillance and response efforts. The objective is to encourage Member States to respond quickly to major public health emergencies.

20. Refinements to the methodology and steps to improve data availability for the health emergencies protection index, especially for the detect and respond indicator, were made throughout 2019. The method for the calculation of the one billion people protected from health emergencies was developed by a working group in the Secretariat and experts. Member States were consulted in the process of finalizing the methodology.

21. The coronavirus disease (COVID-19) pandemic throws into stark relief the need to measure preparedness, prevention and detection, and countries' response to health emergencies. It also shows the need to support countries to strengthen data and health information systems for preparedness, prevention, and detection and response. The COVID-19 pandemic also illustrates the dynamic relationship between health emergencies, universal health coverage, and healthier populations, as well as with other Sustainable Development Goals.

Healthier population index

22. The healthier population index focuses on measuring the impact of multisectoral interventions that are influenced by policy, advocacy and regulatory approaches stewarded by the health and health-related sectors. A set of priority indicators for use in this index have been selected from the Thirteenth General Programme of Work, 2019–2023 outcome indicators. Sixteen indicators will be used to measure the healthier population billion derived from the Sustainable Development Goals and World Health Assembly resolutions (Sustainable Development Goals 3.a.1, tobacco use; 3.5.2, alcohol; 3.6.1, road injuries and deaths; 2.2.1, stunting; 2.2.2, wasting; 2.2.2, overweight; 11.6.2, mean particulates (PM2.5); 7.1.2, clean fuels; 6.1.1, safely managed water; 6.2.1, safely managed sanitation; 4.2.1, developmentally on track; 5.2.1, partner violence for women; 16.2.1, violence against children; 3.4.2, suicide attempts and deaths; and resolution WHA66.10 (2013), obesity and trans-fats).

23. These indicators were chosen based on the following criteria: they have a significant impact on population health; they are a motivation for change; they are a measure of risk (such as tobacco and alcohol use); they are measures of prevalence; and they require multisectoral action. The method for the calculation of the healthier population billion target was developed by a working group in the Secretariat. Member States were consulted in the process of finalizing the methodology. The method is purposely kept straightforward in keeping with the use of Sustainable Development Goals within the Thirteenth General Programme of Work, 2019–2023. The healthier lives indicator uses a simple unweighted approach and counts the number of people whose lives are newly healthier as measured by the net change in one or more of the underlying indicators.

Healthy life expectancy

24. The healthy life expectancy indicator provides a summary measure of average levels of population health. It quantifies the expected remaining years of life in good health at a particular age. That indicator has been selected because it can be used to monitor the overall progress made in achieving the triple billion targets and because of its alignment with Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages). It will be used for the Thirteenth General Programme of Work, 2019–2023 baseline reporting and monitoring in future years for each Member State. Healthy life expectancy estimates will be calculated at the country level and disaggregated by sex, allowing inequality monitoring.

25. WHO regularly reports on healthy life expectancy through its global health estimates, using an accepted standard methodology that is WHO GATHER¹ compliant. The Organization is developing standard guidance, and tools and technical assistance for Member States to apply standardized methods to measuring and reporting on healthy life expectancy. WHO will support countries to strengthen underlying data on overall mortality and cause-specific morbidity.

Output Measurement

26. The Secretariat is making a significant shift in its approach to measuring its accountability for results. The output scorecard, with its full set of six dimensions with their attributes, criteria and scoring scale, is presented in detail in Annex 5 of document EB146/28 Rev.1. The output scorecard elaborates the leading indicators by which the “results leading to impact” dimension will be measured. This approach is a major step forward in strengthening how performance is measured in WHO.

27. The output scorecard methodology represents an important change in WHO that will require understanding and buy-in by the staff who will apply it. The methodology will therefore be piloted across the three levels of the Organization, and the Secretariat will continue internal consultations and evaluation, before the methodology is first applied for reporting for the 2020–2021 biennium mid-term review. The output scorecard, including the leading indicators, will be finalized on the basis of these consultations and pilot testing at headquarters, regional and country offices. Member States will have the opportunity to observe the pilot tests and provide input to the measurement system to ensure that the Secretariat’s reporting addresses the most important questions of accountability.

Methods and technical tools

28. As mentioned above, all information on methods and technical tools (the methods report, metadata and the database for all indicators, including outcome indicators, triple billion targets and healthy life expectancy indicator) are available online, along with baselines and targets.² The methods report also includes suggested approaches to data disaggregation for the outcome indicators and the triple billion indices in order to make inequality monitoring possible, and thus determine who is being left behind. The global estimates that will be produced will follow the WHO GATHER guidelines.

29. Other public health priorities for which additional indicators are being considered include service coverage for severe mental disorders, care dependency in older adults, cervical cancer screening, childhood cancers, physical activity and palliative care. The Secretariat will continue to engage with Member States and experts over the course of 2020–2023 in defining the indicators for these areas, exploring ways of strengthening data sources and finalizing methodology through a series of technical consultations. Baselines and milestones will be established once these steps have been completed. The indicators that are agreed on will then be presented to the Executive Board for inclusion in the next General Programme of Work.

¹ Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) (<http://gather-statement.org/>, accessed 14 April 2020).

² Thirteenth General Programme of Work, 2019–2023 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 14 April 2020).

Reporting results

30. The results report to Member States will be prepared annually, based on the Thirteenth General Programme of Work, 2019–2023 results framework, which will progressively include all aspects of the new reporting structure, including reporting on the output scorecard, the outcomes and the triple billion targets. The results report for the 2020–2021 biennium will contain a scorecard for each of the outputs and the performance of output delivery at each of the levels of the Organization. It will include both quantitative reports on the indicators and indices and qualitative reports that explain progress, risks, challenges and lessons learned, as well as case studies that illustrate the impacts resulting from WHO's work in countries and from its normative functions.

31. At the end of the Thirteenth General Programme of Work period, the Secretariat will prepare a comprehensive report summarizing progress made towards the 2023 targets, the triple billion targets and the Secretariat's contribution as measured through the output scorecard and the qualitative case studies over the 2019–2023 period.

32. Selective country and topical qualitative case studies will showcase the Organization's impact by sharing experiences on successes and lessons learned, including failures, strengthening its role as a learning organization. Case studies at the country, regional or global levels may be included, and clear country results will be demonstrated, as well as the impact of WHO's work on the lives of people.

Delivering impact

33. Impact measurement for the Thirteenth General Programme of Work, 2019–2023 is linked to delivering impact at the country level and making a difference to the lives of those we serve. The Secretariat will work across all three levels of the Organization to take stock continuously of the triple billion targets, track progress on the agreed targets and solve problems in support of Member States on priority areas as appropriate. Assessments of baselines and forecasting of future trends will build on past achievements, help identify challenges and approaches to overcoming barriers, and suggest successful interventions that can be replicated and scaled.

Strengthening Country Data, Analytics and Health Information Systems

34. Member States recommended that WHO establish a central repository for health data, provide support to countries in strengthening their public health data collection and storage, increase capacity and alignment for data management at all three levels and, upon request, help to strengthen country capacity for data and health information systems and provide timely, reliable and actionable data to drive impact.

35. Given the recent developments in global health, with an increased focus on monitoring and accountability, as well as advances in population health measurement and during emergencies, WHO is accelerating efforts to assist Member States to ensure that maximal gains in population health are achieved through policies and programmes informed by data, analytics, interpretation, and reporting.

36. The Secretariat is fully committed to delivering impact to billions of people around the world, backed by the highest standards of health data. There are however significant data gaps in the existing health-related Sustainable Development Goals data availability in many parts of the world, and those need to be addressed as a matter of priority. WHO will ensure countries with the greatest needs are given priority in producing reliable, timely, affordable, country-owned, accessible and disaggregated data, as appropriate.

37. WHO is accelerating efforts among global partners to improve data collection and health information systems and analytical capacity in countries by establishing data standards, identifying health data gaps and developing data collection platforms and tools, and reporting trajectories against the health-related Sustainable Development Goals and triple billion targets to ensure no one is left behind.

38. The Secretariat has begun working with ministries of health, national statistics offices and registrar generals' offices to improve civil registration and vital statistics and causes of death reporting. The aim is also to strengthen capacity through training and technical assistance, promoting sustainable, integrated, and innovative digital solutions for data collection platforms for surveys, administrative records, routine health services, censuses, and to build local capacity in data analytics, reporting and use.

39. WHO will continue to serve as the steward of Member States' reported data in accordance with the WHO data principles and data sharing policies. Estimates produced will be in compliance with the WHO GATHER guidelines. A long-lasting benefit of this measurement approach will be to identify and fill gaps in measurement systems at the country level and to support countries in applying these to the monitoring and improvement of public health impact. This will also strengthen the evidence base for policy and implementation decisions.

ACTION BY THE HEALTH ASSEMBLY

40. The Health Assembly is invited to note the Thirteenth General Programme of Work, 2019–2023 results framework and measurement report.

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