

GPW 14 Impact Measurement: Progress update on Outcome Indicators

Member States information session

15 January 2025

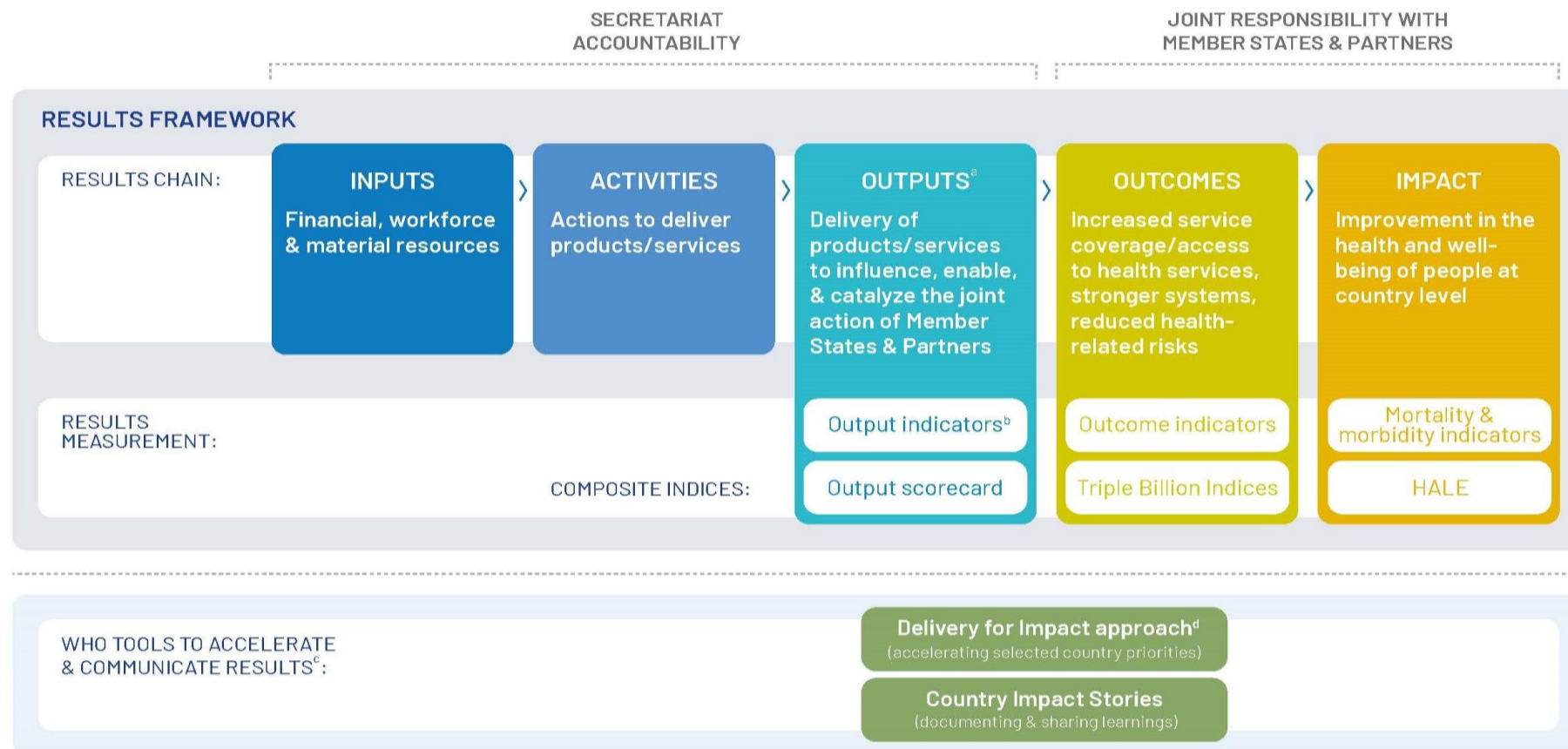
Agenda

9:00 – 9:05	Welcome	Samira Asma, ADG/DDI
9:05 – 9:15	Updates to GPW 14 Impact Measurement - Data coverage, baseline and targets for the proposed outcome indicators - Finalizing the outcome indicators	Haidong Wang, Unit Head, Health Data & Analytics, DDI
9:15 – 9:20	Linking GPW 14 proposed outcome indicators to the output indicators	Ebru Ekeman, Unit Head, PRP
9:20 – 9:25	WHO Investment Case 2025-2028: indicators and targets	Melanie Bertram, Unit Head, Delivery for Impact, DDI
9:25 – 9:55	Member States Feedback	
9:55 – 10:00	Closing	Pavel Ursu, Director, Data & Analytics (ai) & Delivery for Impact, DDI

Making a measurable impact in countries is our focus

- Progress on health SDGs stalling and/or backsliding
- In line with WHO's transformation, GPW13 and 14 focuses on accountability and measurable impact in countries
- Improvements in better metrics and better use of data will help us to become more efficient to implement results-based plans and accelerate progress that can be sustained

GPW 14 Results Framework

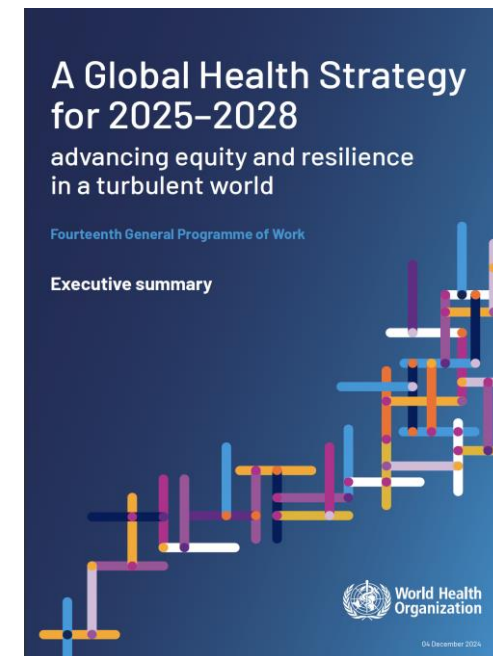


^a Includes corporate outputs which reflect WHO cross-cutting technical and enabling functions.

^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.



GPW 14 outcome indicators: baselines and targets

GPW 14 Impact Measurement
PROPOSED JOINT OUTCOME INDICATORS
Version: 15 January 2025

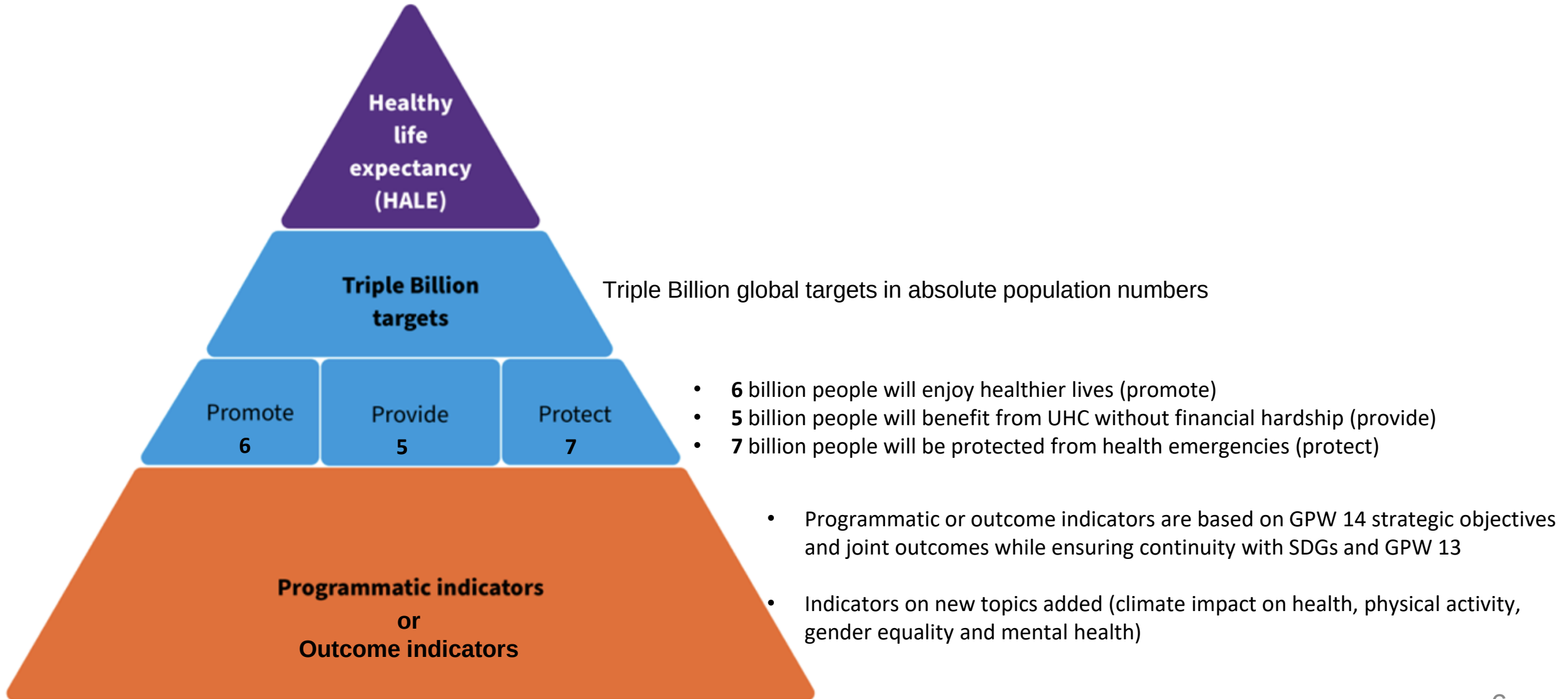
The “joint outcomes” of the GPW 14 are Member States-led and establish the specific results to be achieved during the four-year period from 2025 to 2028 through the collective work of countries, partners, key constituencies and the Secretariat. The proposed joint outcomes indicators include:

- (i) those that are globally relevant, have high data coverage among Member States, and can reflect the joint efforts of Member States, the Secretariat and partners; and
- (ii) selected indicators that reflect important global health topics, but have limited data availability, and will be areas of intensified focus for data strengthening during the course of GPW 14.

Joint outcomes	Indicator	GPW 13 / New	Baseline	Target (2028)	Latest Year	% of Member States in Latest Year
GPW 14 goal: PROMOTE HEALTH Target: 6 billion people will enjoy healthier lives Progress is measured by the healthier populations billion index						
Strategic objective 1 Respond to climate change, an escalating health threat in the 21st century						
1.1. More climate-resilient health systems are addressing health risks and impacts	Index of national climate change and health capacity	New				
1.2. Lower-carbon health systems and societies are contributing to health and well-being	Health care sector greenhouse gas emissions	New				

- A list of proposed joint outcome indicators was presented in table 1 of [A77/16](#)
- An [updated list](#) of proposed joint outcome indicators with data availability, and baselines and targets, are presented in this document and will be continuously updated as we finalize the list of outcome indicators.
- The final list of joint outcome indicators with metadata, baselines, targets and data availability will be published in May 2025 following consultation with Member States

Impact Measurement 2025-2028



Proposed programmatic or outcome indicators

	PROMOTE (HPOP)	PROVIDE (UHC)	PROTECT (HEP)
GPW 13 46 indicators	20	22	4
GPW 14 96 indicators	29	58	9

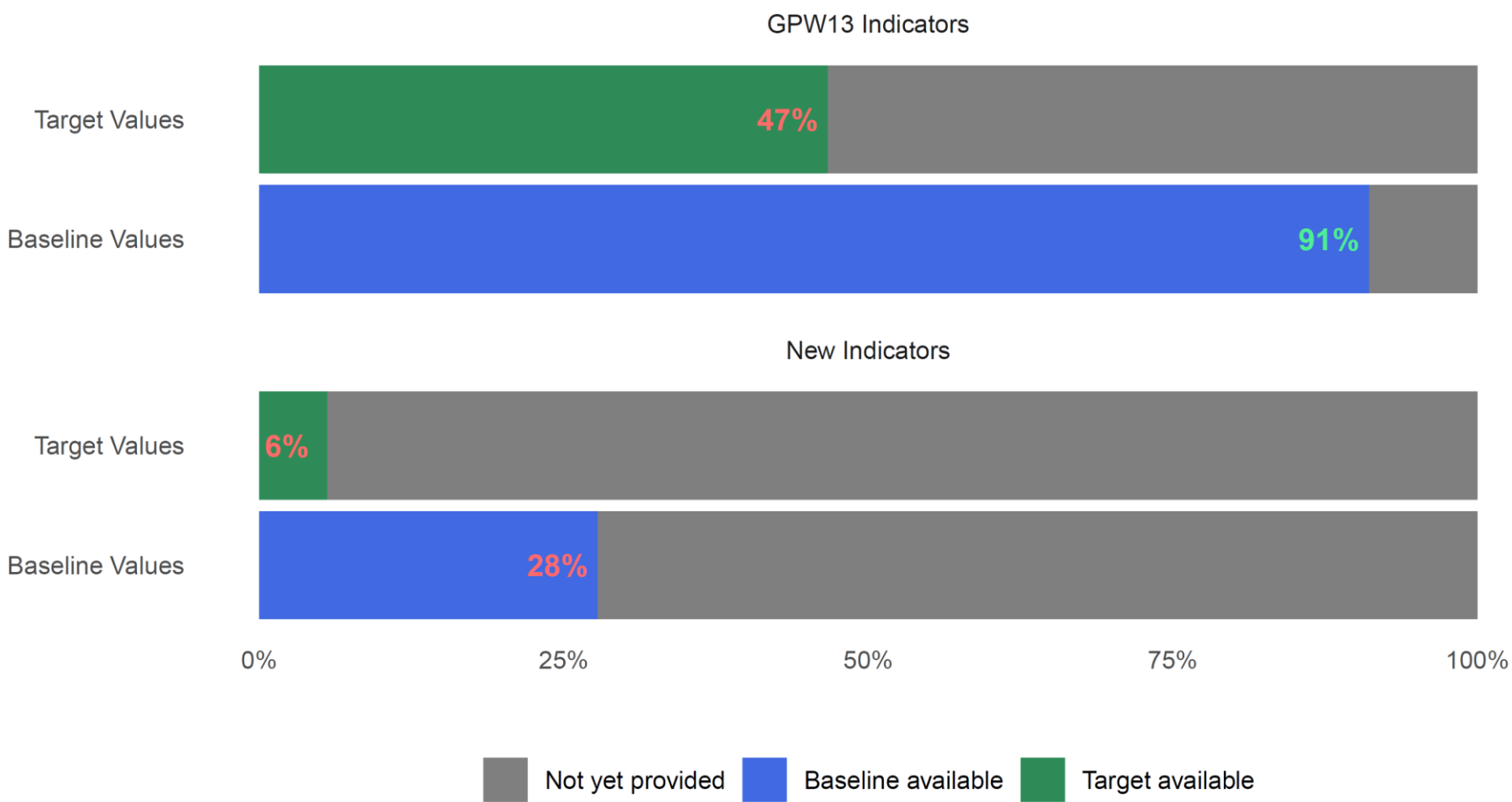
Criteria for including outcome indicators in GPW 14

1. Should not create any further reporting burden for countries
2. Relevant to SDGs, GPW14 and address emerging priorities
3. Has an established methodology
4. Data are available for most countries or will be available in the following year
5. Have a clear baseline for 2025 and proposed target for 2028/2030 to drive and track progress

Criteria to prioritise and finalize outcome indicators

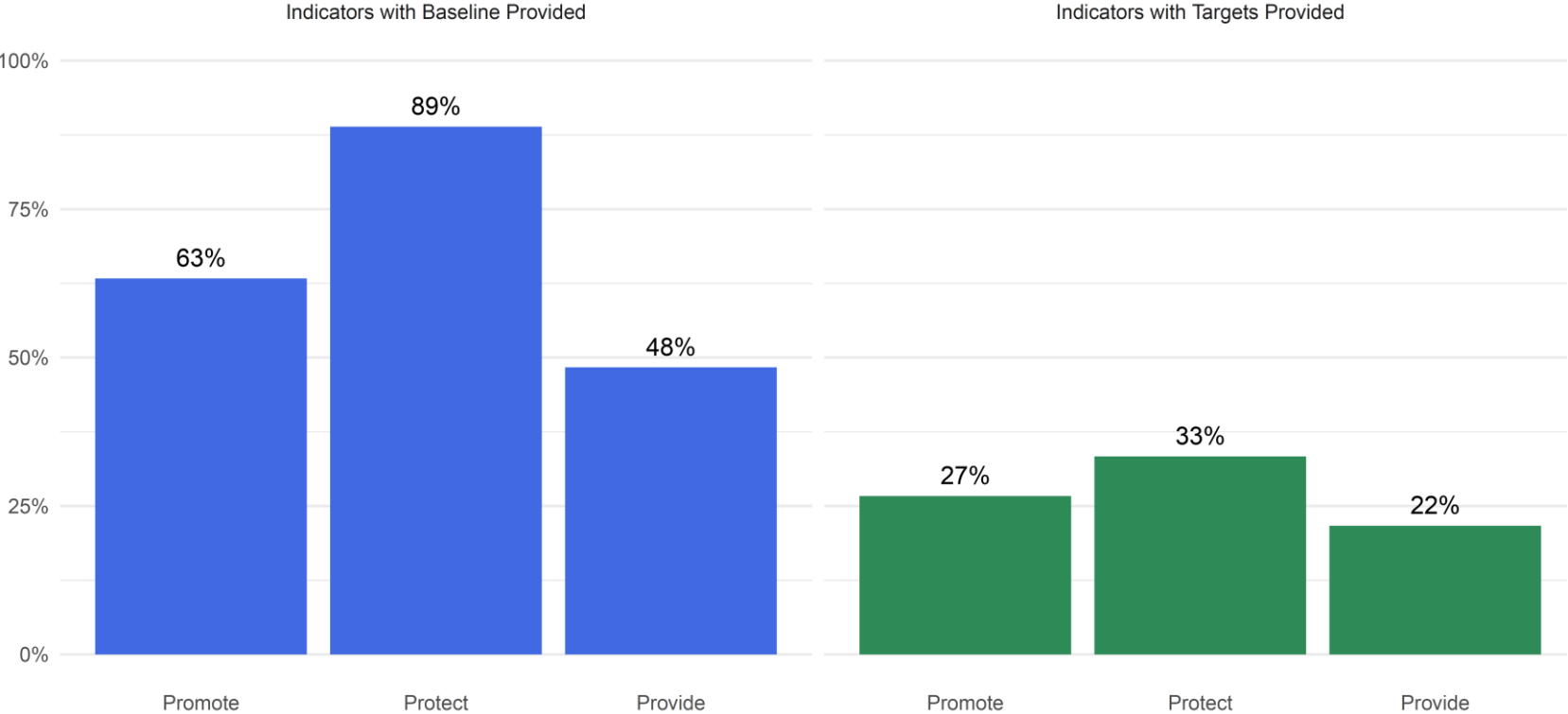
1. **Measurable** easily at country level
 2. **Meaningful** to accelerate progress at country and sub national levels
 3. **Minimal** the fewer, the better
 4. **Maximal impact** on morbidity and mortality and advance progress toward the triple billion targets and SDGs with baseline and targets
- For Promote (Healthier Populations), tracking incidence of core risk factors both enable accountability and progress.
 - For Provide (UHC), a short list of tracers that can influence service coverage and financial protection.
 - For Protect (Health Emergency Protection, an annual, validated capacity assessment of specific preparedness capacities that a country has 'stepped up' in an area or multiple areas.

Lack of baseline data particularly for newly proposed outcome indicators



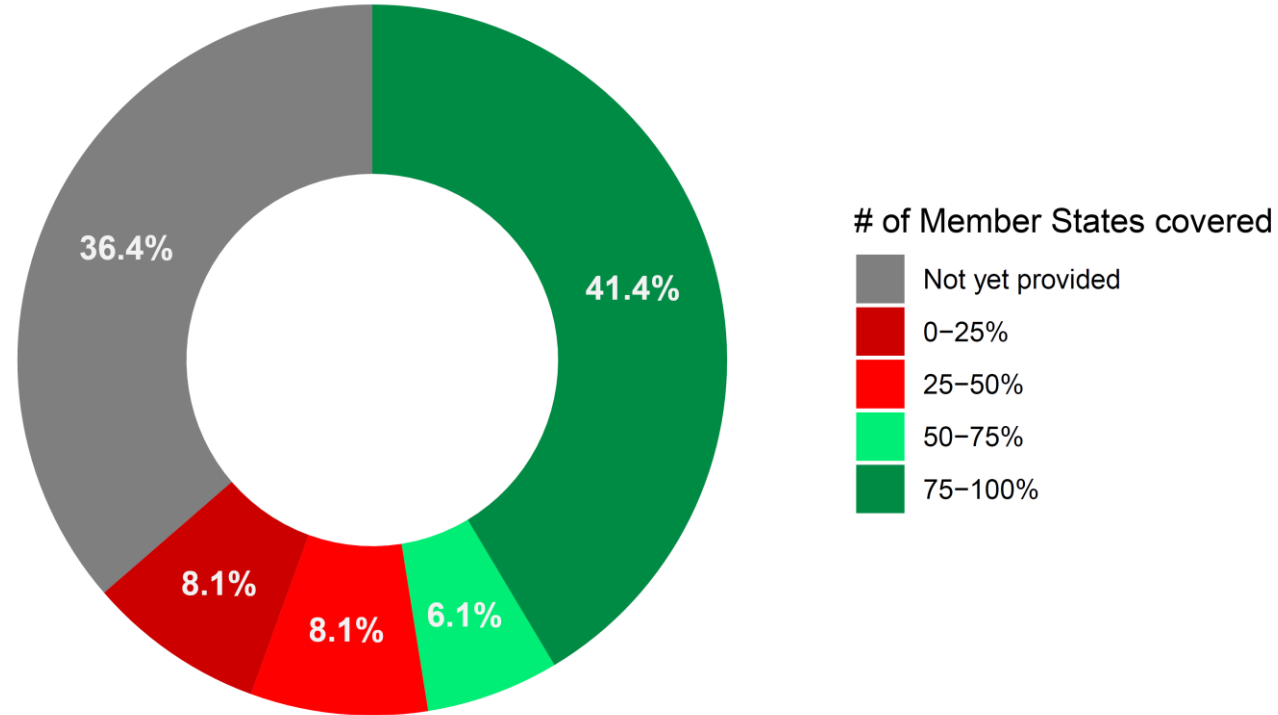
- 72% of the 50 newly proposed outcome indicators need baseline information.
- Many in-field data collection and data collation and synthesis efforts are in place to expand overall data availability by March 2025
- Technical programmes are working to provide clear and meaningful target to effectively track progress made at the global level, a key in linking output and outcome together.

Uneven distribution of baseline and targets among three pillars hinders efforts in finalizing the GPW 14 Impact Measurement



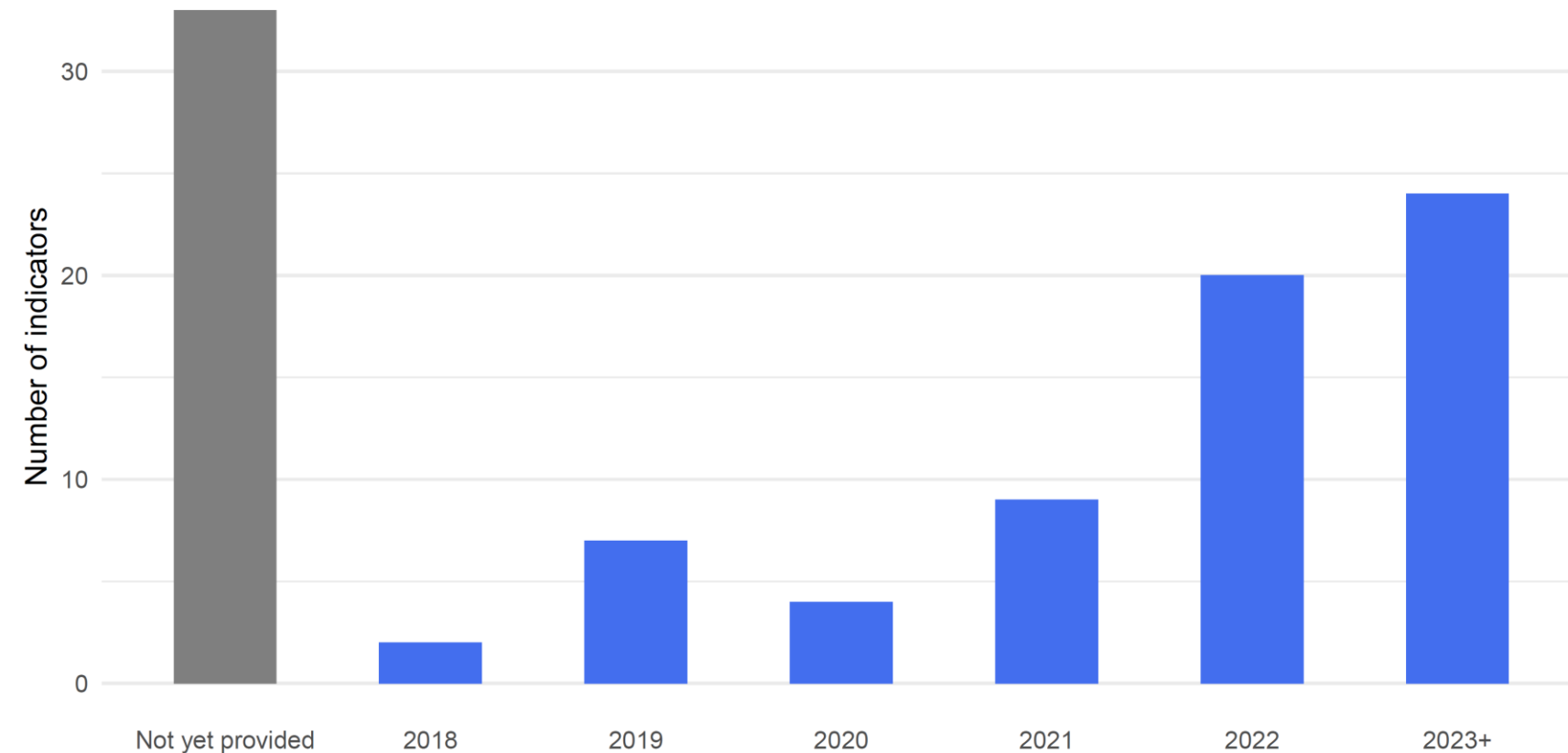
- General lack of global targets across Provide, Promote and Protect
- Uneven availability of baseline data hinders accurate tracking of progress made in different areas
- We need to adhere to the data inclusion criteria where **data availability and coverage** are key
- If we are unable to complete this picture, we might have to consider removing those indicators

Low Member States coverage among many proposed outcome indicators



- 16.2% of the proposed outcome indicators are not reaching the inclusion criteria of 50% Member States coverage
- 36.4% of the proposed outcome indicators have no baseline information yet

Timeliness of data remains a key challenge



- For many proposed outcome indicators, the latest calendar year with available data is well before the starting point of GPW14
- More efforts are needed in providing more recent empirical information and estimates for accurate tracking of progress made

Summary

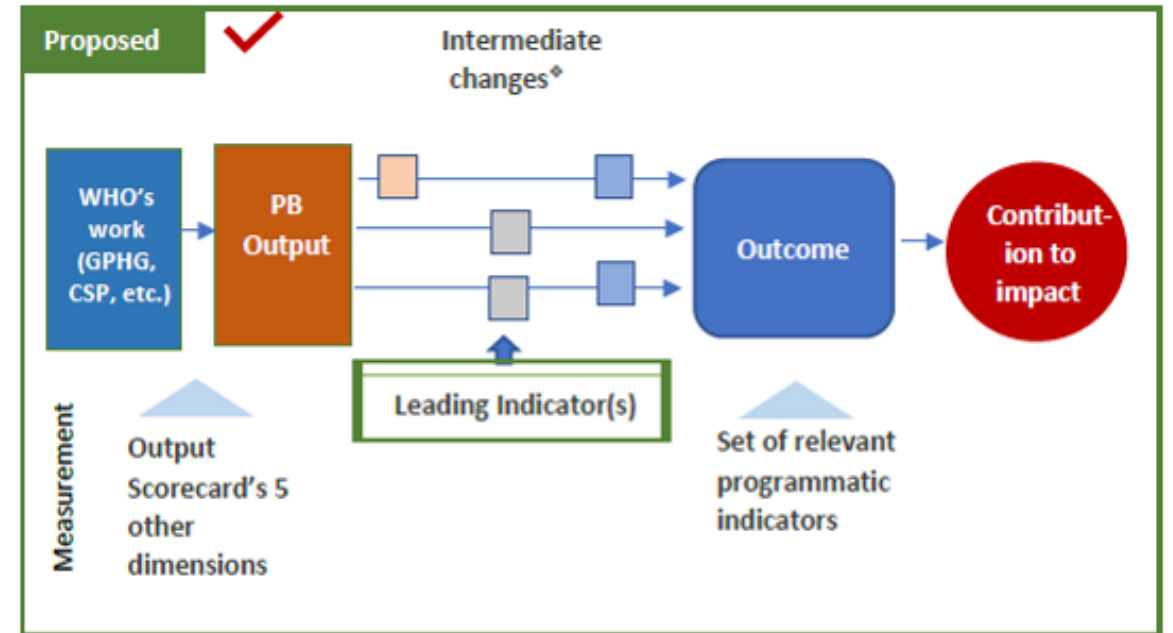
- To make Impact Measurement truly an accountability framework, having timely and accurate data on all outcome indicators is crucial
- Significant data gaps remain in Member States coverage and timeliness of data among most proposed outcome indicators
- Setting clear and meaningful targets is important for tracking process and evaluation of efforts made
- While more work are needed to bridge gaps where empirical data and estimate are not available, health information system has to be enhanced to improve availability of empirical data

Please continue to share your comments or requests for clarification at impactmeasurement@who.int

Linking outcome indicators to output indicators

Output/leading indicators

- **Demonstrate** how the WHO Secretariat **contributes** to health outcomes and impacts
- **Measure** how the **Secretariat** influences, enables and/or catalyzes **joint action** with Member States and partners
- **Measure** immediate/intermediate **changes** that occur through the **delivery of outputs**:
 - **short-term** (knowledge transfer, policy changes)
 - **medium-term** (institutional capacity improvements)
 - **longer-term** (risk reduction, access improvements)



Lessons learned from GPW13 informing development of the output/leading indicators

Lessons learned from GPW13

Indicators not fully aligned with country needs and priorities

There was not always a logical link between the output and the health outcome

Gaps and inaccuracies in measurement due to lack of data



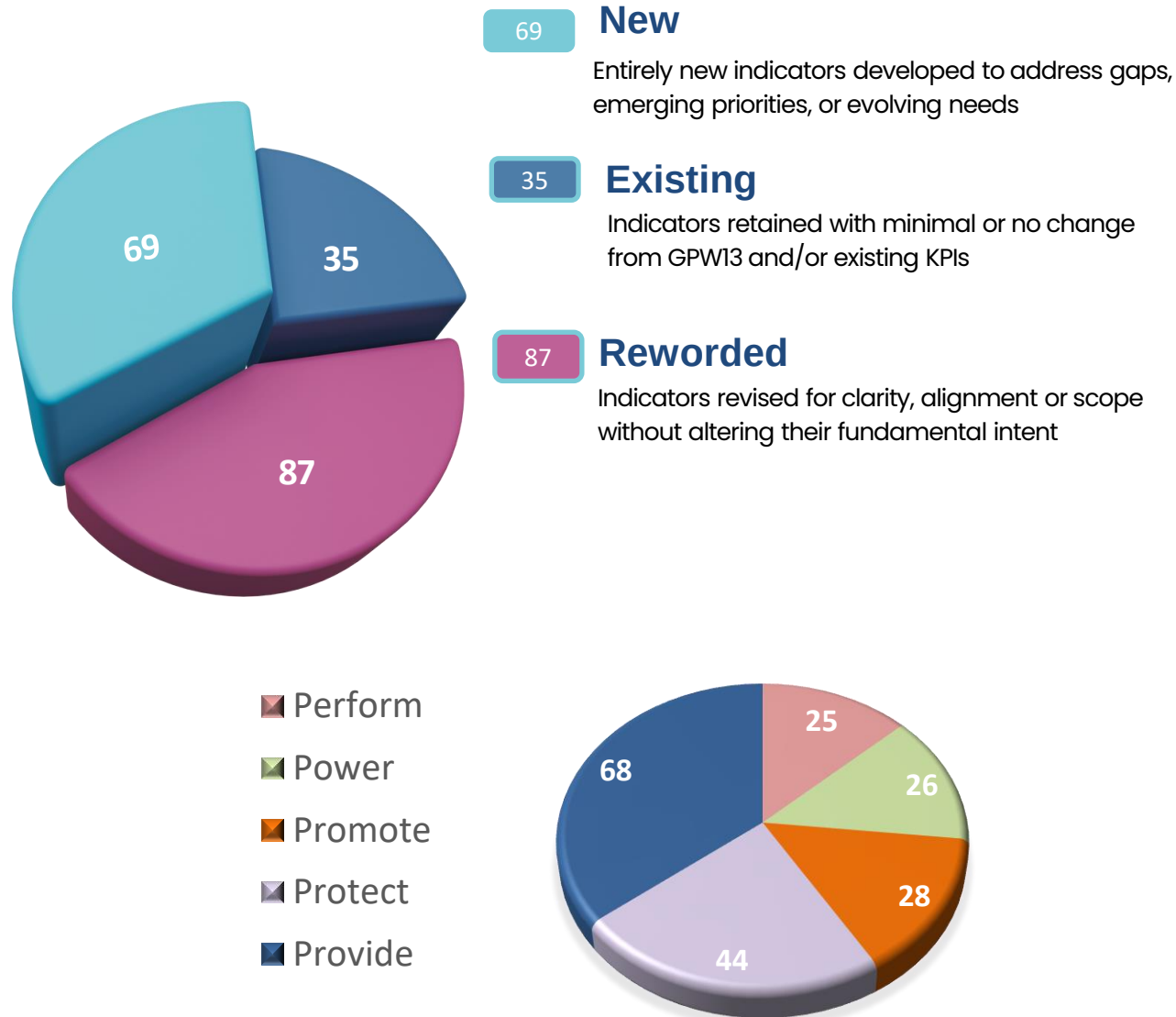
What we aim to achieve in GPW14

Indicators that are **meaningful, useful and relevant** to countries

Direct and clear link to the health outcome, reflecting the **accountability of the WHO Secretariat**

Setting realistic baseline and target setting and **investment in addressing data gaps**

Status to date on output indicators



Currently, there are **191** proposed output indicators

- After compilation, review and refinement of over 1000 indicators based on specific criteria (data availability, link to an outcome, WHO's added value) followed by 3-level technical consultation
- Consultations underway with Country Offices to assess country relevance
- **Proposed list of output indicators to be presented to the EB is still a long list**, which will be refined between the EB and WHA
- Objective is to have **1-3 indicators per output** (with some flexibility)
- Some output indicators will collect necessary data to monitor commitments of the investment case

Linking Output Indicators to Outcome Indicators



Enhanced accountability: demonstrate Secretariat’s contribution to support health outcomes

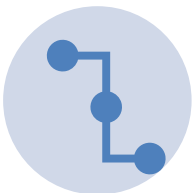


Improve outcome measurements: establish structure to track progress

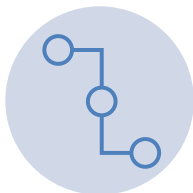


Optimize resource allocation: effective use of limited resources by prioritizing and identifying interventions with the most direct impact to improve health outcomes

Mapping outcome and output indicators to determine links



Direct link: A clear relationship where the output **directly influences** the outcome. It is expected to lead to measurable change either in the **short term** or over a **longer period**



Indirect link: A supportive relationship where the output contributes to **enabling conditions** that, combined with other factors, support the outcome over time

Mapping output/outcome indicators

Mapping status	Number of output indicators
Mapped to an outcome indicator	139
Not applicable (Power and Perform)	51
Orphan (Not mapped)	1

Breakdown of mapped output indicators (by type of link)

Type of link	Number of output indicators
Direct and Indirect	27
Only direct	77
Only indirect	35

Linking output indicators to outcome indicators

Illustrative example



OUTPUT INDICATOR

Number of countries with comprehensive mental health services integrated into primary health care in at least 50% of primary health care facilities

Direct-
Short term

Integrating mental health services into primary care **directly** enhances accessibility and coverage but requires systemic changes, leading to measurable improvements that **may take time to materialize**.

Direct-
Long term

OUTPUT INDICATOR

Implementation of the mental health gap action programme

Implementation of the program expands mental health services, **directly** increasing access to mental health care. It can show measurable improvements **more rapidly** in low-resource settings since it often involves specific, targeted actions (e.g., training health workers).

OUTCOME INDICATOR

Service coverage for people with mental health and neurological conditions

(WHA72/2019/REC/1.)

OUTPUT INDICATOR

Number of countries that collect, analyze, and report a core set of mental health indicators within the national health information systems

Although this doesn't immediately increase coverage, it informs decisions that improve mental health services coverage over time.

Indirect



Challenges and limitations



Complexity of attribution: health outcomes are often influenced by factors beyond WHO's control



Contextual variability: linkages vary across health systems, populations, and settings, limit universal applicability



Time lag: many health outcomes, esp chronic conditions may take years to manifest and delay absolute measurable impact



Definitions: distinguishing 'direct' and 'indirect' often requires judgment, introducing potential bias and variability

Next steps for the EB and the WHA

At the Executive Board

- Proposed outcome indicators, with available baselines and targets,
- Proposed output indicators

Available on the [Programme Budget 2026–2027 Digital Platform](#) website by 24 January 2025

At the World Health Assembly

- Complete list of outcome and output indicators with baselines and targets will be presented to the WHA in May 2025, as a part of PB 2026-27

- **On the output indicators, we request feedback from MS on:**
- **Which proposed indicators are the most relevant?**
- **Are there any gaps?**

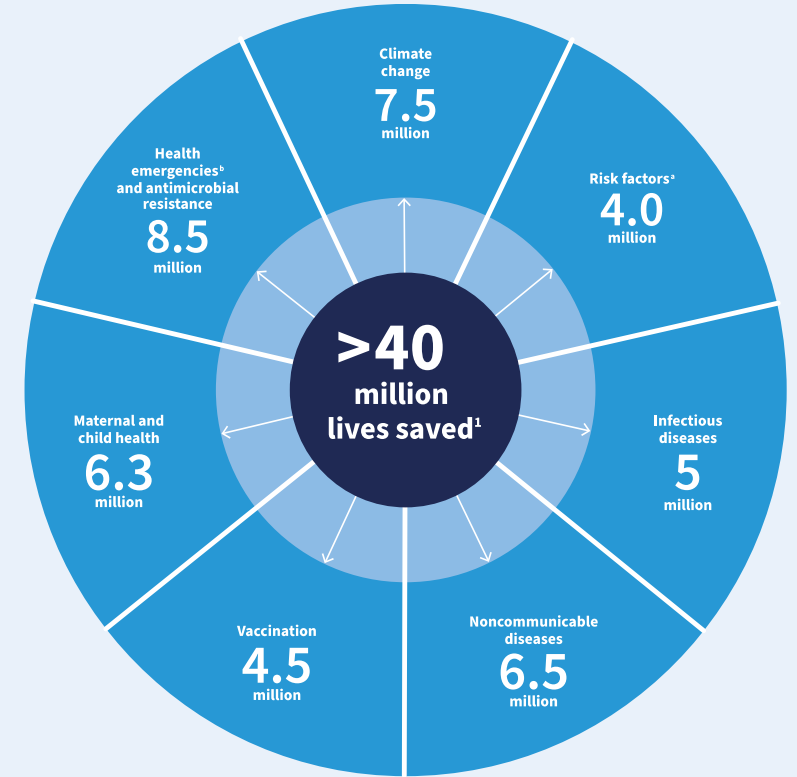
WHO Investment Case 2025-2028: Indicators and commitments

WHO Investment Case

All for Health, Health for All

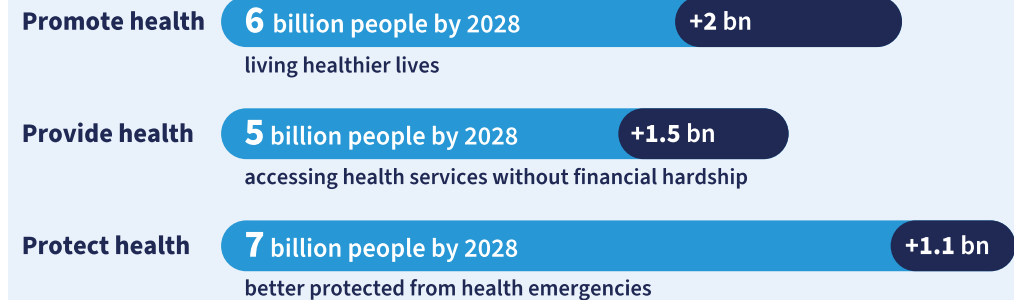
A fully funded WHO will contribute to saving over **40 million lives** over the next 4 years

Healthy return of **\$35 for every \$1 invested**



¹Includes tobacco, alcohol, physical inactivity, unhealthy diet

²Includes preparedness and prevention of high-threat outbreaks, including for example measles, yellow fever, meningitis and the risk of a pandemic event



Monitoring investment Case commitments

- The investment case outlined **15 specific commitments** by the secretariat, aligned with the GPW14 results framework to **deliver results**, contributing to **saving 40 million lives** over the GPW14 period (2025-2028)
- These and other commitments outlined countries for **intensified support**, and **actions** that will be taken to **drive impact**
- The Secretariat is finalizing how each of these **commitments will be measured**, linked to output indicators wherever feasible



Promote good health and well-being for all

Strengthen climate resilience

Develop and implement national adaptation plans for climate change, and make 10 000 health facilities fully functional, including with solar electrification.

Implement NCD Best Buys

Reduce obesity in 31 countries covering 1.2 billion people, reduce tobacco, alcohol use and physical inactivity in 52 countries covering 3.2 billion people.

Healthy and age-friendly cities

74 cities implement proven interventions for NCDs, and expand age-friendly cities network to >2000.



Provide services through the primary health care approach

Strengthen health workforce

Support 55 countries to educate and employ an additional 3.2 million health workers.

Improve access to services

Increase the number of vaccines delivered by 247 million in 20 priority countries; increase the people on antihypertensive treatment to 200 million in 42 countries.

Accelerate disease elimination

84 countries reach WHO targets for disease elimination, e.g malaria and transmission of neglected tropical diseases, and elimination of mother-to-child transmission of HIV, hepatitis B or syphilis.



Protect the world from health emergencies

Humanitarian response

Provide access to health services for more than 150 million people in 30 countries, including 40 million primary care visits.

Outbreak alerts and response

Identify, assess and inform on 30 health threats per month and coordinate parallel response to 60 emergencies at any given time.

Improve preparedness

Increase scores under the International Health Regulations reporting tool, improving preparedness for 83 countries covering 1.4 billion people.



Power global health to deliver faster

Faster access

Complete guidance and associated prequalification within 12 months for 400 health products.

Better data

Strengthen access to timely reliable data through the World Health Data Hub; use these data to set targets and catalyse progress towards health targets in more than 100 countries.

Targeted country support

Every WHO Country Office drives national progress through technical cooperation guided by a theory of change showing WHO's unique contribution.



Ensure a strong WHO to perform for health

Demonstrate organizational excellence

Accountability, transparency and efficiency shown through audits and oversight mechanisms.

Sustainable financing

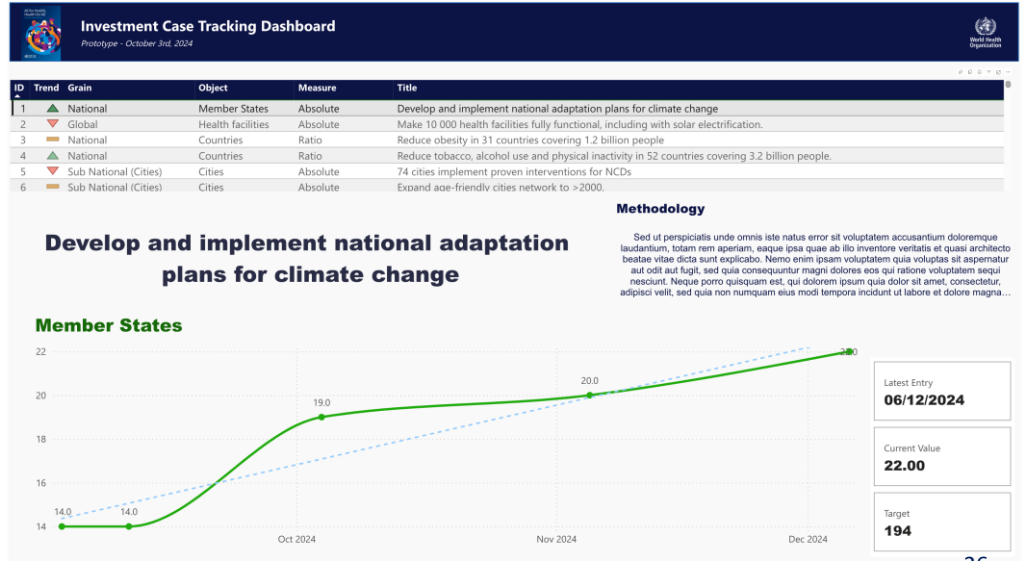
Fund high-priority outputs up to 80% of their planned budgets.

Strengthen country offices

Implement a predictable country presence and increase proportion of staff on long-term contracts at all levels.

Improving accountability and transparency

- Progress against the investment case will integrate reporting streams for seamless, transparent access through the World Health Data Hub (data.who.int)
- Each investment case commitment has an accountability matrix across all 3 levels
- A delivery dashboard will be used to monitor progress, in line with proposed accountability mechanisms in GPW14



Next steps toward finalising before WHA in May 2025

1. Finalize the GPW 14 outcome indicators based on the agreed criteria
2. Complete baseline and target for all outcome indicators by early March 2025 (This is an ongoing process we aim to accomplish by first week of March. Baseline data and associated country coverage is an important criterion to retain any proposed outcome indicators)
3. Member States Information Session to present the finalized outcome indicators and investment case monitoring dashboard March 2025
4. Publish final GPW 14 Impact Measurement Methods Report and Metadata (Based on methods consulted in the [technical paper on impact measurement](#)) by end of March
5. Publish finalised outcome indicators in the GPW 14 Programme budget 2026-2027

Feedback Welcome from Member States

Please continue to send your suggestions to: impactmeasurement@who.int