
Proposed programme budget 2020–2021

Thirteenth General Programme of Work, 2019–2023

WHO Impact Framework

1. In resolution WHA71.1, the Seventy-first World Health Assembly in May 2018 approved the Thirteenth General Programme of Work, 2019–2023 (GPW 13) and welcomed its ambitious vision as expressed by the aspirational “triple billion” targets. The GPW 13 WHO Impact Framework aims to implement the measurable impact for people at the country level. As such, it has the potential to transform the way WHO works by anchoring its commitments in measurable results, and thereby increasing the likelihood that the GPW 13 triple billion targets will be met. The Framework strategically implements the Sustainable Development Goals, especially but not limited to Goal 3 on ensuring healthy lives and promoting well-being for all at all ages. The Framework aims to track the joint efforts of the Secretariat, Member States and partners to achieve the GPW 13 targets and Sustainable Development Goals.

2. The Framework is a three-layer measurement system: (a) an overarching and comparable measure of progress reported by the healthy life expectancy indicator connecting the triple billion targets; (b) the triple billion targets, which focus on universal health coverage, health emergencies and healthier populations, respectively; and (c) 46 programmatic targets and related indicators. A methodology document will be made available online. The three layers of the measurement system are outlined below.

(a) The healthy life expectancy (HALE) indicator, an overarching integrative indicator and a summary measure of average levels of population health, will be used to report the overall progress towards the combined GPW 13 triple billion targets. This indicator quantifies expected years of life in good health at a particular age and this measure is aligned with Sustainable Development Goal 3. The indicator is a comparative measure to establish the GPW 13 baseline reporting and will facilitate cross-country comparisons and comparisons within countries over time. The impact of the progress made towards each billion target in contributing to healthy life expectancy will be quantified and standard guidance and technical support will be provided to Member States so they can measure and report on healthy life expectancy themselves. Attempts will be made to disaggregate the data by sex and at subnational levels as appropriate.

(b) The triple billion targets are 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies and 1 billion more people enjoying better health and well-being. These targets will be met primarily through multisectoral policy, advocacy and regulation. Each of the triple billion targets will be measured using composite indices. The three indices – universal health coverage index, health emergency protection index and healthier population index – are described below.

Universal health coverage index

A combined measure of service coverage and related financial hardship will be used to monitor progress towards the GPW 13 targets. The combined measure is defined as the proportion of a population with service coverage and not experiencing financial hardship due to large spending on health in a country in a given year. In line with Sustainable Development Goal indicator 3.8.1, the principle of tracer indicators is used to assess service coverage. Financial risk protection will be measured by means of the fraction of households receiving health care and not facing large spending on health in a given year (see Sustainable Development Goal indicator 3.8.2). Equity in universal health coverage will be addressed by examining the age group (life course) and sex distribution of people included in the baseline data and increases in universal health coverage. The component parts of this index are described below.

Service coverage

- The service coverage measure will combine the component tracer indicators into an overall index. The 39 tracer indicators measure coverage of a subset of services that reflects various dimensions of the overall coverage of health services. These indicators together serve as tracers to monitor all services to represent overall coverage. The tracer indicators are categorized by type of care (promotion, prevention, treatment, rehabilitation and palliation) and by age group (life course) (Annex 1). A tracer indicator may be relevant to more than one age group and type-of-care category. Each tracer indicator fulfils the following criteria: (i) the indicator is correlated with the broader set of interventions that provide health gain in that (age group and type-of-care) category; (ii) the indicator is measurable through data systems required in principle by the Sustainable Development Goals monitoring framework; (iii) the indicator is in its own right important for universal health coverage and thus for improving health; (iv) the indicator is a direct measure or a proxy for effective coverage of an intervention or set of interventions; (v) variation in the indicator primarily reflects variation due to health system factors rather than factors outside the control of the health system; and (vi) measurement of the indicator is possible at the country or programme level and such measurement should facilitate continuous improvement in outcomes. Existing GPW 13 indicators should be used if they fulfil the criteria listed in points (i) to (vi) above. The methodology document will provide a mapping of all selected indicators against these criteria.
- The 2017 global monitoring report tracking universal health coverage¹ used 16 tracer indicators in the universal health coverage index that measured “crude” coverage. Of these 16 indicators, four were health system inputs as proxies for coverage; one on cervical cancer screening was not used in the index because of limitations in data availability. The updated index attempts to capture the concept of “effective” coverage. It includes 12 of the 16 original indicators, with modifications to their definition, so that they are more closely related to the notion of effective coverage. This index also now includes a wider range of interventions across the life course and type of care.
- The service coverage index will combine the component tracer indicators into an overall indicator by weighting each tracer indicator by the potential health gain achieved through each bundle of interventions proxied by that indicator. Conceptually, weighting each indicator by

¹ Tracking universal health coverage: 2017 global monitoring report. World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2017 (https://www.who.int/healthinfo/universal_health_coverage/report/2017/en/, accessed 6 December 2018).

potential health gain in each location brings the universal health coverage measure closer to the effective coverage of the overall health system. The total potential health gain that can be achieved through maximum effective coverage of an intervention or bundle of interventions can be approximated by the difference between the disease burden in the absence of the intervention and the disease burden when there is 100% coverage with high-quality services in each location. This approach needs to be used so that countries are given credit for reducing the disease burden through the provision of a component of universal health coverage. This estimate of health gain requires three inputs: the burden of disease in a location; an estimate of the effectiveness of the intervention or set of interventions delivered with high quality; and the current coverage of the intervention or set of interventions in the location. The universal health coverage index will be converted into population counts to estimate progress towards the target of 1 billion more people benefiting from universal health coverage. These details will also be provided in the methodology document.

- Although the current version of the universal health coverage index includes 39 indicators, eight of these remain aspirational. The Secretariat will work with countries to strengthen data systems to accelerate the collection of data for these indicators. Additional indicators would be considered for inclusion in the index as improved measurement methodologies are developed and better data become available on these additional areas considered important for universal health coverage.

Financial hardship due to large spending on health

- Financial hardship occurs in two settings: when a household has to pay a very large share of its disposable income on health services (catastrophic payments) or when payment for health services pushes the household below the poverty line (impoverishing payments). A household should be deemed to have experienced financial hardship when either or both occurs. In practice, the definition of catastrophic payment requires the selection of a threshold of total household expenditure or a threshold of non-basic needs expenditure in a given year. The current WHO measure of catastrophic payment is the fraction of households with more than 10% or more than 25% of total household expenditure on health care in a given year. Using the 10% threshold, some countries have very large percentages of households with catastrophic payment. The 25% threshold, however, is very high. Alternative thresholds such as 15% or 20% may be more appropriate. Household surveys will be analysed to determine an appropriate threshold to measure financial hardship.
- The Inter-agency and Expert Group on Sustainable Development Goal Indicators reviewed the 2017 universal health coverage index at its seventh meeting in April 2018. To be consistent with Sustainable Development Goal indicator 3.8.1, the Secretariat updated the methodology and sought approval of the Group in November 2018 for the updated methodology that now incorporates several of the Goal 3 indicators. This is currently under consideration by the Group.

Health emergency protection index

- The target of 1 billion more people better protected from health emergencies is consistent with Sustainable Development Goal target 3.d and indicator 3.d.1, and the 2016 report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak

and Response.¹ Progress towards the target will be measured using a health emergencies protection index consisting of three tracer indicators that capture activities to prepare for, prevent, and detect and respond to health emergencies (Annex 2). The three tracer indicators are outlined below.

- For the Prepare indicator, countries will be assessed on their attainment of core capacities required by the International Health Regulations (2005). This indicator is the mean of country implementation of all 13 self-reported core capacities, using external benchmarks to adjust for self-report bias.
- For the Prevent indicator, countries will be assessed on their capacity to prevent epidemics and pandemics by using a safe public health measure, vaccination. Immunization is a key element to tackle preventable epidemic diseases and leads to the control and elimination of high-threat infectious hazards. The indicator will measure the mean vaccine coverage of groups at risk of epidemic-prone diseases.
- For the Detect and respond indicator, countries will be assessed on the timeliness of detection of and response to public health events, including outbreaks and emergencies. Timeliness is measured by the delay to detect, report, confirm and respond to a public health event. The indicator measures the proportion of public health events detected and responded to in a timely fashion.
- The health emergency protection index is the mean value of the indicators for prepare, prevent, and detect and respond. On the basis of the value, countries can be categorized into five levels of health protection, which describe countries' overall level of protection from health emergencies. Progress towards this 1 billion target will be measured by the total population in countries having stepped up from one level to the next, which encourages incremental progress in all countries.

Healthier population index

- The relevant 1 billion target focuses on the impact of multisectoral interventions influenced by policy, advocacy and regulatory approaches stewarded by the health sector. The current 19 priority indicators are based on the decreased burden of disease achieved by addressing various social, environmental and behavioural risks through policy, advocacy and regulatory interventions (Annex 3).
- The healthier population index will use two approaches: (i) lives touched, namely totalling the number of individuals affected by improvements in each of the component indicators; and (ii) lives improved. Each indicator will be adjusted into a health gain via the disability-adjusted life years (DALYs) averted. The DALYS averted can be converted into a lives-improved measure by stipulating the threshold change in healthy life expectancy contributed by these population measures that equates to a life improved. For example, if a change in healthy life expectancy of 0.1 equates to a life improved then DALYs averted can be converted into lives improved by dividing by 0.1.
- Further development of this index is currently being undertaken by the Secretariat.

¹ Document A69/21.

(c) A total of 46 programmatic targets and related indicators serve as a flexible tool kit to measure GPW 13 performance and to track and accelerate progress towards the Sustainable Development Goals (Annex 4). Countries will use these indicators to track progress on their selected priorities; therefore, not every country will track every indicator for the purposes of monitoring GPW 13 performance. However, it is hoped that in implementing the GPW 13 every country will track progress in its own priorities.

The 46 targets were developed by the WHO technical programmes and have undergone consultation with Member States and extensive review by partners. Of the 46 targets, 44 are aligned with the Sustainable Development Goals and/or Health Assembly resolutions, action plans and/or frameworks. Using the most recent trends, future projections of the targets were made to 2023 and 2030 to ensure alignment with Sustainable Development Goal targets and Health Assembly resolutions. A total of 29 targets align with the Sustainable Development Goals; 10 align with Health Assembly resolutions, action plans and/or frameworks; five align with both the Sustainable Development Goals and Health Assembly resolutions, action plans and/or frameworks; and two are new and address emerging public health priorities, that is, antimicrobial resistance and mortality from climate-sensitive diseases (Table).

Table. WHO Impact Framework: summary of target alignment

| Target alignment | Number of targets |
|----------------------------------------------------------------------------------------------------|-------------------|
| Sustainable Development Goals | 29 |
| Health Assembly resolutions/action plans/frameworks | 10 |
| Sustainable Development Goals and Health Assembly resolutions/action plans/frameworks | 5 |
| Subtotal | 44 |
| New targets (in respect of antimicrobial resistance and mortality from climate-sensitive diseases) | 2 |
| Total | 46 |

3. Although the three indices (universal health coverage, health emergency protection and a healthier population) and the 46 programmatic targets and related indicators are in the current measurement system, the Secretariat will continue to improve the measurement of areas such as primary health care, health care utilization, responsiveness of the health system, patient safety and quality of care as they apply to universal health coverage. The Secretariat will also continue to monitor the other indicators that it currently uses to inform, monitor and evaluate policies and programmes in countries.

4. The contribution of the Secretariat to meeting the GPW 13 targets is outlined in the draft Proposed programme budget 2020–2021.¹

5. Strengthening data and information systems for health is a key pillar of the GPW 13 measurement system. The following are required in order to strengthen these systems.

¹ Document EB144/5.

(a) Adaptation to the country context: all the indicators, as well as the programmatic targets, can be adapted to suit country contexts. Additional indicators can be added by countries while maintaining global comparability.

(b) Data availability: monitoring the indices and targets of the Impact Framework will require reliable, timely, affordable, country-owned and accessible data that allow disaggregation to enable analysis by equity stratifiers including gender. Measurement of progress towards the triple billion targets depends on robust country measurement systems. Many of the Sustainable Development Goals indicators, GPW 13-specific indicators and the methods used to measure progress towards each billion target depend on the availability of accurate data from vital registration systems, including cause of death, household and facility surveys, and diseases registries.

(c) Although data are available in many countries, several gaps remain. The Secretariat will work with Member States, in partnership with national statistical offices, to strengthen national data systems to fill these data gaps and expects to make rapid progress towards this goal.

(d) Provision of technical support: the Secretariat has a critical role to play, working with a diverse set of partners, including national statistical offices, in providing support to countries to strengthen their data collection, analysis, interpretation and use, without which robust measurement of the GPW 13 and progress towards the Sustainable Development Goals will not be possible. Specifically, countries will be provided with clear documentation of the methodology and the Secretariat will provide support to countries in their own measurement of the indices and programmatic targets.

(e) Transparency: all input data for the measurements and the methodology for the calculation of each index and the programmatic targets and related indicators will be made available to countries, including all metadata. Country consultation is the final step in the preparation of the estimates, as per the procedures established by the Secretariat.

6. Additional information on the Impact Framework targets, indicators and metadata can be found on the WHO website.¹

ACTION BY THE EXECUTIVE BOARD

7. The Executive Board is invited to note the report.

¹ See the WHO 13th General Programme of Work (GPW 13) Impact Framework: targets and indicators. Geneva: World Health Organization; 2018 (http://www.who.int/about/what-we-do/GPW13_WIF_Targets_and_Indicators_English.pdf?ua=1, accessed 6 December 2018) and the 13th General Programme of Work (GPW13). WHO Impact Framework: indicator metadata. Geneva: World Health Organization; 2018 (http://www.who.int/about/what-we-do/GPW13_WHO_Impact_Framework_Indicator_Metadata.pdf?ua=1, accessed 6 December 2018).

ANNEX 1

UNIVERSAL HEALTH COVERAGE INDEX AND TRACER INDICATORS

Table 1. Universal health coverage indicators over the life course and by type of care

| | Treatment | | | | | |
|--------------------------|----------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|---------------|
| | Promotion | Prevention | Treatment of communicable, maternal, perinatal, nutritional conditions | Treatment of noncommunicable diseases and injuries | Rehabilitation | Palliation |
| Reproductive and newborn | EC family planning | | | | | |
| | | EC antenatal care measured with quality | | | | |
| | EC breastfeeding promotion | EC management of labour and delivery | | | | |
| | | EC antenatal, peripartum and postnatal care for the newborn | | | | |
| | | EC perinatal care | | | | |
| | | EC antenatal,peripartum and postnatal care for the mother | | | | |
| <5 years | | EC immunization | EC treatment for pneumonia | EC surgical care for abdominal emergencies | EC hearing loss rehabilitation of deaf or hard-of-hearing infants | EC palliation |
| | | EC preventive chemotherapy for NTDs | EC treatment of severe acute malnutrition | EC congenital heart disease treatment | | |
| | | EC vector control for malaria | EC treatment for diarrhoea | EC prehospital emergency care services | | |
| 5–19 years | | EC HPV immunization | EC antiretroviral therapy | EC childhood leukaemias | EC rehabilitation after complex injury | EC palliation |
| | | EC preventive chemotherapy for NTDs | | EC treatment for substance abuse | | |
| | | | | EC severe mental health conditions | | |
| | | EC vector control for malaria | | EC asthma | | |
| | | | | EC dental care | | |
| | | | | EC refractive error correction | | |
| | | | | EC surgical care for abdominal emergencies | | |
| | | | | EC prehospital emergency care services | | |

| Treatment | | | | | | |
|-------------|------------------|---------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|-------------------|
| | Promotion | Prevention | Treatment of communicable, maternal, perinatal, nutritional conditions | Treatment of noncommunicable diseases and injuries | Rehabilitation | Palliation |
| 20–64 years | | EC elevated blood pressure management | EC tuberculosis treatment | EC severe mental health conditions | EC rehabilitation after complex injury | EC palliation |
| | | EC elevated blood glucose management | EC antiretroviral therapy | EC treatment for substance abuse | | |
| | | EC preventive chemotherapy for NTDs | EC hepatitis C | EC treatment of breast, cervical, colorectal and uterine cancers | | |
| | | EC vector control for malaria | | EC treatment for IHD | | |
| | | | | EC treatment for stroke | | |
| | | | | EC treatment of chronic obstructive pulmonary disease | | |
| | | | | EC treatment of end-stage renal disease | | |
| | | | | EC refractive error correction | | |
| | | | | EC surgical care for abdominal emergencies | | |
| | | | EC prehospital emergency care services | | | |
| 65+ years | | EC preventive chemotherapy for NTDs | EC of tuberculosis treatment | EC severe mental health conditions | EC treatment for severe hip osteoarthritis | EC palliation |
| | | EC elevated blood pressure management | EC of antiretroviral therapy | EC treatment of breast, cervical, colorectal and uterine cancers | | |
| | | EC elevated blood glucose management | EC hepatitis C | EC treatment of IHD | EC rehabilitation after complex injury | |
| | | EC vector control for malaria | | EC treatment for stroke | | |
| | | | | EC treatment of chronic pulmonary disease | | |
| | | | | EC treatment of end-stage renal disease | | |
| | | | | EC surgical care for abdominal emergencies | | |
| | | | | EC refractive error correction | | |
| | | | | EC surgical care for abdominal emergencies | | |
| | | | | EC cataract surgery | | |
| | | | EC edentulism | | | |
| | | | EC prehospital emergency care services | | | |
| | Promotion | Prevention | Treatment | | Rehabilitation | Palliative |

EC: effective coverage; HPV: human papillomavirus; IHD: ischaemic heart disease; NTD: neglected tropical disease.

Shaded cells indicate that new data collection or collation may be necessary for these indicators. In non-shaded cells, data for these indicators are available and collated.

Table 2. Universal health coverage index: indicators (effective coverage)

| | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>EC family planning – proxied using the fraction of women whose need for family planning is met with modern methods. Met needs should not be age standardized.</p> <p>Numerator: number of women who are using modern methods of family planning</p> <p>Denominator: number of women who want to use modern methods of family planning but are not + number of women who use modern methods of family planning</p> |
| 2 | <p>EC breastfeeding promotion – proxied using the fraction of newborns initiating breastfeeding within one hour of birth.</p> <p>Numerator: number of newborns initiating breastfeeding within one hour of birth</p> <p>Denominator: number of live births</p> |
| 3 | <p>EC management of labour and delivery – proxied using the proportion of live births delivered with a skilled birth attendant present.</p> <p>Numerator: number of women aged 15–49 years with a live birth attended by a skilled health worker (doctors, nurses or midwives) during delivery</p> <p>Denominator: number of live births among women aged 15–49 years in the same period</p> |
| 4 | <p>EC perinatal care – proxied using stillbirths.</p> <p>Numerator: number of fetuses and infants born with no signs of life and weighing ≥ 1000 g, or if data on weight are missing, ≥ 28 completed weeks of gestation, or if data on duration of gestation are missing, body length ≥ 35 cm</p> <p>Denominator: total number of births (live and stillbirths)</p> <p>(Expressed per 1000 total births)</p> |
| 5 | <p>EC antenatal, peripartum and postnatal care for the newborn – proxied using the rescaled early neonatal death rate. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths in newborns within seven days of birth</p> <p>Denominator: number of live births</p> |
| 6 | <p>EC antenatal, peripartum and postnatal care for the mother – proxied using the rescaled age-standardized maternal mortality ratio. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of maternal deaths</p> <p>Denominator: number of live births</p> |
| 7 | <p>EC immunization – proxied using estimated proportion of children protected against diphtheria, pertussis, tetanus, measles and Streptococcus pneumoniae. Protection includes protection through herd immunity. In the absence of wider use of blood testing for relevant antibodies, this is approximated using vaccination coverage.</p> <p>Numerator: number of children receiving each immunization</p> <p>Denominator: for the third dose of diphtheria-tetanus-pertussis-containing vaccine (DTP3) and the third dose of pneumococcal conjugate vaccine (PcV3), the number of surviving infants; for the second dose of measles-containing vaccine (MCV2), the number of children in the cohort, according to the vaccination schedule</p> |
| 8 | <p>EC treatment for pneumonia – proxied using the rescaled death to incidence ratio for pneumonia. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths due to pneumonia in persons aged 5–19 years</p> <p>Denominator: number of incident cases of pneumonia in persons aged 5–19 years</p> |
| 9 | <p>EC treatment of severe acute malnutrition – proxied using the rescaled death to incidence ratio for severe acute malnutrition. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths due to severe acute malnutrition</p> <p>Denominator: number of incident cases of severe acute malnutrition</p> |

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| 10 | <p>EC preventive chemotherapy for neglected tropical diseases – proxied using the geometric mean of treatment coverage of five neglected tropical diseases.</p> <p>Numerator: number of people receiving preventive therapy for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases and trachoma</p> <p>Denominator: number of people requiring treatment for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases and trachoma</p> |
| 11 | <p>EC vector control for malaria – proxied using the fraction of a population sleeping under an insecticide-treated net or with effective indoor residual spraying.</p> <p>Numerator: number of people who slept under an insecticide-treated net or number of households that received effective indoor residual spraying</p> <p>Denominator: population at risk of malaria targeted for the intervention</p> |
| 12 | <p>EC treatment for diarrhoea – proxied using the rescaled death to incidence ratio for diarrhoea. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths due to diarrhoea</p> <p>Denominator: number of incident cases of diarrhoea</p> |
| 13 | <p>EC human papillomavirus immunization – proxied using coverage of human papillomavirus vaccination.</p> <p>Numerator: number of girls receiving the final dose of human papillomavirus vaccine during the calendar year</p> <p>Denominator: the number of girls in the cohort, according to the vaccination schedule</p> |
| 14 | <p>EC antiretroviral therapy – proxied using the fraction of individuals with HIV/AIDS receiving antiretroviral therapy.</p> <p>Numerator: number of individuals on antiretroviral therapy</p> <p>Denominator: number of individuals with HIV/AIDS</p> <p>(Future developments will allow correction of the numerator to be number of individuals receiving antiretroviral therapy and achieving viral suppression)</p> |
| 15 | <p>EC tuberculosis treatment – measured as the ratio of notified and treated tuberculosis cases (all forms) to estimated incidence for the same year</p> |
| 16 | <p>EC hepatitis C – proxied using the fraction of persons diagnosed with chronic hepatitis C virus infection receiving treatment for the infection within a given year.</p> <p>Numerator: number of persons who were started on direct-acting antiviral treatment (during the particular year)</p> <p>Denominator: number of people diagnosed with chronic hepatitis C virus infection</p> |
| 17 | <p>EC congenital heart disease treatment – proxied using the rescaled death to prevalence ratio for congenital heart disease. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths due to congenital heart disease</p> <p>Denominator: prevalence of congenital heart disease</p> |
| 18 | <p>EC surgical care for abdominal emergencies – proxied using the rescaled death to incidence ratio for appendicitis, paralytic ileus and intestinal obstruction. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of deaths due to appendicitis, paralytic ileus and intestinal obstruction</p> <p>Denominator: number of incident cases of appendicitis, paralytic ileus and intestinal obstruction</p> |
| 19 | <p>EC refractive error correction – proxied using the rescaled prevalence of moderate distance vision loss + severe distance vision loss + blindness due to uncorrected refractive error. Rescaled using the observed range rescale.^a</p> <p>Numerator: number of prevalent cases of moderate distance vision loss + severe distance vision loss + blindness due to uncorrected refractive error</p> <p>Denominator: number in the whole population</p> |

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| 20 | EC palliation – proxied using morphine-equivalent strong opioid analgesics (excluding methadone) per death from cancer. Numerator: population-level consumption of morphine-equivalent strong opioid analgesics Denominator: total number of cancer deaths over same period |
| 21 | EC childhood leukaemias – proxied using the rescaled death to incidence ratio. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to leukaemia in individuals aged 5–19 years Denominator: number of incident cases of leukaemia in individuals aged 5–19 years |
| 22 | EC treatment of asthma – proxied using the rescaled death to prevalence ratio for asthma. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to asthma in individuals aged 5–19 years Denominator: number of prevalent cases of asthma in individuals aged 5–19 years |
| 23 | EC dental care – proxied using the rescaled prevalence of caries in permanent teeth. Rescaled using the observed range rescale. ^a Numerator: number of individuals with caries in permanent teeth Denominator: number in the whole population |
| 24 | EC elevated blood pressure management – proxied using the fraction of individuals with hypertension reaching treatment targets of <140/90. Numerator: number of people receiving treatment with blood pressure <140/90 Denominator: number of people with hypertension (blood pressure \geq 140/90) and no treatment + number of people with a diagnosis of hypertension receiving treatment |
| 25 | EC elevated blood glucose management – proxied using the fraction of individuals with elevated blood glucose reaching the treatment target of fasting plasma glucose levels <126 mg/dL. Numerator: number of people with a diagnosis of diabetes and fasting plasma glucose levels <126 mg/dL receiving treatment Denominator: number of people with fasting plasma glucose levels \geq 126 mg/dL + number of people with a diagnosis of diabetes and fasting plasma glucose levels <126 mg/dL on treatment |
| 26 | EC treatment of breast, cervical, colorectal and uterine cancers – proxied using the rescaled death to incidence ratio of each cancer. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to each cancer Denominator: number of incident cases of each cancer (The effective coverage is calculated for each of the four cancers separately) |
| 27 | EC treatment for ischaemic heart disease – proxied using the rescaled death to incidence ratio for ischaemic heart disease. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to ischaemic heart disease Denominator: number of incident cases of ischaemic heart disease |
| 28 | EC treatment for stroke – proxied using the rescaled death to incidence ratio for stroke. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to stroke Denominator: number of incident cases of stroke |
| 29 | EC treatment of chronic obstructive pulmonary disease – proxied using the rescaled death to prevalence ratio for chronic obstructive pulmonary disease. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to chronic obstructive pulmonary disease Denominator: number of prevalent cases of chronic obstructive pulmonary disease |
| 30 | EC treatment of end-stage renal disease – proxied using the rescaled ratio of deaths due to chronic kidney disease to the prevalence of end-stage renal disease. Rescaled using the observed range rescale. ^a Numerator: number of deaths due to chronic kidney disease Denominator: number of prevalent cases of end-stage renal disease |

| | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | EC cataract surgery – proxied using the proportion of individuals with cataracts who have received cataract surgery. Numerator: number of individuals with cataracts who have received cataract surgery Denominator: number of individuals with severe visual impairment or blindness from cataracts + the number of individuals who have received cataract surgery |
| 32 | EC edentulism (any individual with zero remaining permanent teeth) – proxied using the prevalence of edentulism. Numerator: number of individuals aged ≥ 65 years with edentulism Denominator: number of individuals in the population aged ≥ 65 years |
| 33 | EC severe mental health conditions – proxied using the coverage of treatment for severe mental health conditions. Numerator: number of people on treatment for severe mental health conditions Denominator: number of people with severe mental health conditions |
| 34 | EC treatment for substance abuse – proxied using the fraction of individuals with substance abuse disorders who are receiving some treatment Numerator: number of people who have received different treatment interventions in the past year Denominator: number of people with substance abuse disorder |
| 35 | EC rehabilitation after complex injury – proxied using the proportion of individuals with complex injuries who receive multiple modes of rehabilitation Numerator: number of people with complex needs after injury who accessed multidisciplinary rehabilitation Denominator: total number of people with complex needs because of injury |
| 36 | EC treatment for severe hip osteoarthritis – proxied using the ratio of those with hip replacements to the number in need of a hip replacement. Numerator: number of people who have received a hip replacement Denominator: number of people with severe hip osteoarthritis + number of people with a hip replacement |
| 37 | EC hearing loss rehabilitation of deaf or hard-of-hearing infants. Numerator: number of infants (aged 0–1 year) receiving hearing loss rehabilitation Denominator: number of infants (aged 0–1 year) identified as deaf or hard of hearing |
| 38 | EC prehospital emergency care services – proxied using the proportion of adults and children dying of acute injury in hospital among all acute injury deaths. Numerator: number of hospital-based deaths due to acute injury (excludes “brought dead” or “dead on arrival”) Denominator: number of all acute injury deaths |
| 39 | EC antenatal care measured with quality Numerator: number of women aged 15–49 years with a live birth in a given time period who received antenatal care four or more times and had blood pressure measured and blood drawn during at least one antenatal care visit Denominator: total number of women aged 15–49 years with a live birth in the same period |

EC: effective coverage.

Shaded cells indicate that new data collection or collation may be necessary for these indicators.

^a Observed range rescale: $1 - (X - X'[2.5\text{th percentile}] / (X'[97.5\text{th percentile}] - X'[2.5\text{th percentile}]))$.

ANNEX 2

HEALTH EMERGENCY PROTECTION INDEX

| | |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Target | 1 billion more people better protected from health emergencies |
| Indicator | Composite index of better protected from health emergencies |
| Definition | <p>Index of protection from health emergencies, formed as the arithmetic mean of three indicators:</p> <ul style="list-style-type: none"> • prepare: country preparedness is measured by International Health Regulations (2005) core capacity scores, adjusted using Joint External Evaluation scores, and scored into five categories; • prevent: effective protection of the population at risk from priority pathogens in the region, including those causing influenza; • detect and respond: to be determined – representing country response to control of pathogens. |
| Method of estimation/ calculation | $\text{Country health protection index} = \frac{\text{Prepare} + \text{Prevent} + \text{Detect and respond}}{3}$ |
| Preferred data sources | <ul style="list-style-type: none"> • Prepare: International Health Regulations (2005) State Party self-assessment report, Joint External Evaluation report and World Bank data on gross national income • Prevent: WHO and UNICEF estimates of national immunization coverage, WHO Global Health Observatory, and infection prevention and control- related data • Detect and respond: Event Management System, Disease Outbreak News, and country-reported data or Early Warning and Response System |
| Other possible data sources | <ul style="list-style-type: none"> • Global vaccine stockpile utilization data • Additional infection prevention and control-related data if available |
| Disaggregation | Country level |
| Expected frequency of data collection | Annual |
| Data type | IHR State Party self-assessment report, Joint External Evaluation report, estimates of immunization coverage, timeliness indicators and an indicator to measure the number of health care workers prevented from contracting health care-associated infections. |

ANNEX 3

HEALTHIER POPULATION INDEX: INDICATORS

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Prevalence of stunting among children under five years of age |
| 2 | Prevalence of wasting among children under five years of age |
| 3 | Proportion of children under five years of age who are developmentally on track in health, learning and psychosocial well-being |
| 4 | Number of children subjected to violence, including physical and psychological violence by care givers |
| 5 | Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care |
| 6 | Proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner |
| 7 | Proportion of the population exposed to levels of ambient fine particulate matter with an aerodynamic diameter of less than 2.5 micrometres (PM _{2.5}) higher than WHO recommendations |
| 8 | Proportion of the population experiencing a substantial increase in air temperature ^a |
| 9 | Population using safely managed drinking water services |
| 10 | Population using safely managed sanitation services |
| 11 | Prevalence of tobacco use among persons aged 15+ years |
| 12 | Harmful use of alcohol, defined according to the national context as alcohol per capita consumption |
| 13 | Mean population intake of salt/sodium |
| 14 | Prevalence of raised blood pressure among adults |
| 15 | Prevalence of overweight and obesity in children and adolescents |
| 16 | Elimination of industrially produced trans fats |
| 17 | Prevalence of insufficient physical activity in adults |
| 18 | Attempted suicide rate |
| 19 | Number of injuries from road traffic accidents |

^a Indicator under discussion with technical experts.

ANNEX 4

PROGRAMMATIC TARGETS AND RELATED INDICATORS^a

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|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Increase access to quality essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured using a UHC index |
| 2 | Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services |
| 3 | Increase percent of publicly financed health expenditures by 10% |
| 4a | Increase availability of essential medicines for primary health care, including the ones free of charge to 80% |
| 4b | ACCESS group antibiotics at $\geq 60\%$ of overall antibiotic consumption |
| 5 | Increase coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile to 70% |
| 6 | Reduce the number of older adults 65+ years who are care dependent by 15 million |
| 7 | Increase the availability of oral morphine in facilities caring for patients in need of this treatment for palliative care at all levels from 25% to 50% |
| 8 | Increase health workforce density with improved distribution |
| 9a | Increase in countries International Health Regulations capacities |
| 9b | Increase immunization coverage for cholera, yellow fever, meningitis and pandemic influenza |
| 10 | Increase the number of vulnerable people in fragile settings provided with essential health services to at least 80% |
| 11 | Reduce the number of deaths attributed to disasters per 100 000 population by 5% |
| 12 | Reduce the global maternal mortality ratio by 30% |
| 13 | Reduce the preventable deaths of newborns and children under 5 years of age by 30% |
| 14 | Reduce the number of stunted children under five years of age by 30% |
| 15 | Reduce the prevalence of wasting among children under five years of age to less than 5% |
| 16 | Increase the proportion of children under five years of age who are developmentally on track in health, learning and psychosocial well-being to 80% |
| 17 | Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by care givers in the past month by 20% |
| 18 | Increase the proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods to 66% |
| 19 | Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68% |
| 20 | Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15% |
| 21 | 20% relative reduction in the premature mortality (age 30–70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment |
| 22 | 25% relative reduction in prevalence of current tobacco use in persons 15+ years |
| 23 | 7% relative reduction in the harmful use of alcohol as appropriate, within the national context |
| 24 | 25% relative reduction in mean population intake of salt/sodium |
| 25 | Halt and begin to reverse the rise in childhood overweight (0–4 years) and obesity (5–19 years) |
| 26 | Eliminate industrially produced trans fats (increase the percentage of people protected by effective regulation) |
| 27 | 7% relative reduction in the prevalence of insufficient physical activity in persons aged over 18+ years |
| 28 | Reduce suicide mortality rate by 15% |

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| 29 | Reduce the number of global deaths and injuries from road traffic accidents by 20% |
| 30 | Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for severe mental health conditions to 50% |
| 31 | 20% relative reduction in the prevalence of raised blood pressure |
| 32 | Increase coverage of human papilloma virus vaccine among adolescent girls (9–14 years) to 50% |
| 33 | Increase proportion of women between 30–49 years who have been screened for cervical cancer to 25% |
| 34 | Eradicate poliomyelitis: zero cases of poliomyelitis caused by wild poliovirus or circulating vaccine-derived poliovirus |
| 35 | Eliminate at least one neglected tropical disease in 30 additional endemic countries (cumulative total number of countries) |
| 36 | Reduce tuberculosis deaths (including TB deaths among people with HIV) by 50% |
| 37 | Reduce malaria deaths by 50% |
| 38 | Reduce the number of HBV or HCV related deaths by 40% |
| 39 | Reduce number of new HIV infections per 1000 uninfected population, by sex, age, and key populations by 73% |
| 40 | Increase coverage of 2nd dose of measles-containing vaccine (MCV) to 85% |
| 41 | Increase treatment coverage of RR-TB to 80% |
| 42 | Reduce the percentage of bloodstream infections due to selected antimicrobial resistant organisms by 10% |
| 43 | Reduce the mortality rate attributed to household and ambient air pollution by 5% |
| 44 | Reduce mortality from climate-sensitive diseases by 10% |
| 45 | Provide access to safely managed drinking water services for 1 billion more people |
| 46 | Provide access to safely managed sanitation services for 800 million more people |

^a List of programmatic targets and related indicators under discussion with technical programmes for refinement.

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