Informal Member States Consultation
GPW 13 WHO Impact Framework

25-26 March 2019
The heart of transformation is to make a measurable impact on the health of the people we serve, by changing our organization to deliver the ‘triple billion’ targets and the health-related SDGs.

To keep us focused and accountable for delivering the GPW and the ‘triple billion’ targets, we are creating a new Division of Data, Analytics and Delivery for Impact, reporting to the Director General. This division will drive our redesigned data and analytics function.

So we have redesigned an end-to-end data process to reorient and strengthen our data and analytics functions across the entire value chain, from country information systems to modelling and analytics that underpin strategic policy dialogue to drive impact.

Taken from 6 March 2019 speech “Transforming for impact”, WHO
Objectives

• Seek Member States’ views on the GPW 13 WHO Impact Framework:
  – Programmatic targets for finalization
  – Triple billion target indices

• Update on strengthening country capacity

Documents for consultation available at:
https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023
# Agenda

## 25 March 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30 – 10:00</td>
<td>Introductions and overview</td>
</tr>
<tr>
<td>10:00 – 11:00</td>
<td>Programmatic targets and indicators: review</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Strengthening and scaling-up data capacity in countries</td>
</tr>
<tr>
<td>14:00 – 16:00</td>
<td>Review triple billion target indices</td>
</tr>
<tr>
<td></td>
<td>• Universal Health Coverage (UHC)</td>
</tr>
<tr>
<td></td>
<td>• Health Emergencies</td>
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<tr>
<td>16:30 – 17:30</td>
<td>Review triple billion target indices (continued)</td>
</tr>
<tr>
<td></td>
<td>• Healthier Populations</td>
</tr>
<tr>
<td></td>
<td>Healthy Life Expectancy (HALE)</td>
</tr>
</tbody>
</table>

## 26 March 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30 – 11:30</td>
<td>Discussion to continue if needed</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Conclusion</td>
</tr>
</tbody>
</table>
13th General Programme of Work (2019-2023)

- Core of GPW13 is measurable impact at the country level
- Underpinned by a measurement system to track and accelerate progress to improve people’s health and well-being
- Commits to strengthening country capacity to generate and analyse data to monitor health trends and forecast future
- Drive delivery and impact in countries by tracking the ‘triple billion’ targets, problem solving, fostering learning and capacity building
- Emphasis on SDG 2030 and GPW 13 Programme Budget (outcome 4.1 on data and innovation)
- Report annually to Member States
Measurement System

1. Programmatic targets

2. Triple billion targets
   a. Universal Health Coverage
   b. Health Emergencies
   c. Healthier Populations

3. Healthy life expectancy (HALE)
Member States engagement

<table>
<thead>
<tr>
<th>Process</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional consultations</td>
<td>Use SDG indicators</td>
</tr>
<tr>
<td>Online consultation</td>
<td>Reduce reporting burden on countries</td>
</tr>
<tr>
<td>Mission briefings</td>
<td>Disaggregate data to report on inequalities</td>
</tr>
<tr>
<td>PBAC and EB</td>
<td>Support country capacity</td>
</tr>
</tbody>
</table>
Principles

- Strengthen country capacity
- Use SDGs and WHA resolutions
- Avoid additional data burden on countries
- Country relevant
- Focus on equity
- Select indicators that will, by being tracked, accelerate progress with health improvements
GPW13 Results Framework and Measurement System

Accountability for results means:
- Results clearly laid out
- Results measured rigorously and reported meaningfully

New Output Balanced Scorecard
- Multi-dimensional
- Multi-method
- Bottom-up assessment of Budget Centre's Performance

Programmatic Targets
Assessing achievements of impacts to which countries contribute

Measurement
- Healthy life expectancy measure (HALE)
- UHC Index
- Better Protected Index
- Healthier populations index

GPW13 Platforms

Outcome 1.1. Improved access to quality essential health services
- 5 outputs
- 3 outputs
- 5 outputs

Outcome 1.2. Reduced number of people suffering financial hardships
- 3 outputs

Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care
- 4 outputs

Outcome 2.1. Countries prepared for health emergencies
- 2 outputs

Outcome 2.2. Epidemics and pandemics prevented
- 2 outputs

Outcome 2.3. Health emergencies rapidly detected and responded to
- 3 outputs

Outcome 3.1. Determinants of health addressed
- 2 outputs

Outcome 3.2. Risk factors reduced through multi-sectoral action
- 2 outputs

Outcome 3.3. Healthy settings and Health in All Policies promoted
- 3 outputs

Outcome 4.1. Strengthened country capacity in data and innovation
- 6 outputs

Outcome 4.2. Strengthened leadership, governance, and advocacy for health
- 4 outputs

Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner
- 4 outputs
Programmatic Targets
Programmatic Targets

- 46 targets
- Included in the Country Support Plans (CSP)
- Countries select from the list of 46 based on their priorities
- Not every country selects every target
- Metadata now available

https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023
## Programmatic Targets

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Targets</th>
<th>AF</th>
<th>EM</th>
<th>EU</th>
<th>SE</th>
<th>WP</th>
<th># countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20% relative reduction in the premature mortality (age 30-70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment</td>
<td>39</td>
<td>21</td>
<td>31</td>
<td>11</td>
<td>25</td>
<td>127</td>
</tr>
<tr>
<td>2</td>
<td>Increase in countries International Health Regulations capacities</td>
<td>46</td>
<td>21</td>
<td>27</td>
<td>10</td>
<td>23</td>
<td>127</td>
</tr>
<tr>
<td>3</td>
<td>Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) measured with a UHC index</td>
<td>39</td>
<td>20</td>
<td>26</td>
<td>10</td>
<td>24</td>
<td>119</td>
</tr>
<tr>
<td>4</td>
<td>Increase availability of essential medicines for primary health care, including the ones free of charge to 80%</td>
<td>44</td>
<td>18</td>
<td>27</td>
<td>11</td>
<td>18</td>
<td>118</td>
</tr>
<tr>
<td>5</td>
<td>Increase health workforce density with improved distribution</td>
<td>39</td>
<td>19</td>
<td>24</td>
<td>11</td>
<td>19</td>
<td>112</td>
</tr>
<tr>
<td>6</td>
<td>25% relative reduction in prevalence of current tobacco use in persons aged 15+ yrs</td>
<td>36</td>
<td>15</td>
<td>27</td>
<td>11</td>
<td>21</td>
<td>110</td>
</tr>
<tr>
<td>7</td>
<td>Increase coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile to 70%</td>
<td>41</td>
<td>15</td>
<td>23</td>
<td>9</td>
<td>20</td>
<td>108</td>
</tr>
<tr>
<td>8</td>
<td>Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services</td>
<td>42</td>
<td>18</td>
<td>25</td>
<td>9</td>
<td>10</td>
<td>104</td>
</tr>
<tr>
<td>9</td>
<td>Reduce the percentage of bloodstream infections due to selected AMR organisms by 10%</td>
<td>35</td>
<td>20</td>
<td>23</td>
<td>10</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>Reduce tuberculosis deaths (including TB deaths among people with HIV) by 50%</td>
<td>34</td>
<td>16</td>
<td>17</td>
<td>11</td>
<td>19</td>
<td>97</td>
</tr>
</tbody>
</table>

As of 4 Feb 2019 (Draft) PAHO not yet included
Principles to update programmatic targets and minimize reporting burden

• Use SDG indicators

• If SDGs do not cover critical topics, use indicators approved by WHA resolutions

• If critical topics not covered by either, then add

• Feasible to track progress over time
Example

GPW Target 31

20% relative reduction in the prevalence of raised blood pressure

• Not an SDG indicator
• Prioritised in WHA resolution
• Blood pressure is a leading underlying cause of death and treatment saves lives
• Prioritised by many countries
Alignment with SDGs and WHA Resolutions

- 33 of 46 GPW 13 programmatic targets use SDG indicators
- 11 targets from WHA resolutions (e.g. NCDs, AMR)
- 2 targets with no SDGs or WHA resolutions (care dependency, climate sensitive diseases)

Note: GPW 13 targets are for 5 years and SDG for 15 years
# Programmatic Targets Mapped to SDGs

<table>
<thead>
<tr>
<th>SDG Target</th>
<th>SDG Indicator</th>
<th>GPW13 Target</th>
<th>GPW13 Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>3.1.1 Maternal mortality ratio.</td>
<td>12 Reduce the global maternal mortality ratio by 30%.</td>
<td>12.1 Maternal mortality ratio.</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Proportion of births attended by skilled health personnel.</td>
<td></td>
<td>12.2 Proportion of births attended by skilled health personnel.</td>
</tr>
<tr>
<td>3.2</td>
<td>3.2.1 Under-five mortality rate.</td>
<td>13 Reduce the preventable deaths of newborns and children under 5 years of age by 17% and 30%, respectively.</td>
<td>13.1 Under-five mortality rate.</td>
</tr>
<tr>
<td></td>
<td>3.2.2 Neonatal mortality rate.</td>
<td></td>
<td>13.2 Neonatal mortality rate.</td>
</tr>
</tbody>
</table>

- **Mapping SDG indicators to GPW13 indicators**
- **SDG indicators are highlighted in grey color**
Strengthening country capacity
Strengthen country capacity

• Effective policy dialogue must be underpinned by robust, reliable data, generated in countries.

• Many countries lack the health information systems needed to accurately monitor health trends and inform decision making\(^1\).

• Supporting Member States to build their capacity to collect, analyse, disseminate and use national and subnational disaggregated data to develop and monitor policies and plans is central to improve people’s health and well-being\(^2\).

\(^1\)Taken from 6 March 2019 speech “Transforming for impact”

\(^2\)Adapted from GPW-13
Key actions

• Member state perspectives are vital to producing the highest quality health data. **In-depth country consultation process** will help to enhance the scientific and technical quality of statistics released by WHO and strengthen country capacity.

• WHO and all producers of health data working with WHO should follow the **GATHER guidelines**. The guidelines promotes best practices in reporting health estimates, including descriptions of input data and estimation methods.
Strengthened core functions

- Develop and maintain international standardization of health data exchange incl. the WHO family of international classification
- Improve reporting of mortality and morbidity statistics
- Develop and use standardized survey tools and protocols (e.g. World Health Survey Plus), a multimodal health survey linked to census in countries where data gaps are largest
- Refine and improve vital registration, including verbal autopsy and new digital and diagnostic methods
- Coordinate data exchange governance to reduce reporting burden on Member States
Scale up country and regional capacity

- Strengthen health information systems to generate valid, timely and reliable data
- Build a modern data repository and data exchange
- Strengthen analytical capacity
- Build strong regional and country networks to implement and deliver GPW and SDG targets and to overcome challenges through learning, coaching, feedback and capacity building
Universal Health Coverage

One billion more people benefiting from

One billion more people better protected from

One billion more people enjoying better

Universal Health Coverage

Health Emergencies

Health and Well-Being
SDG 3.8: Universal Health Coverage

**Target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
UHC Billion Index

- Service coverage (SDG 3.8.1)
- Financial protection (SDG 3.8.2)
UHC Service Coverage (SDG 3.8.1)

- **SDG 3.8.1**: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

- Measured by existing UHC index for service coverage (14 point index) approved by Interagency Expert Reference Group (IAEG) for SDG reporting
Financial Protection (SDG 3.8.2)

• SDG 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income

• 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
### Current UHC index (service coverage)

<table>
<thead>
<tr>
<th>Tracer topic</th>
<th>Current indicator</th>
<th>Data &gt;2010 (# countries)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. RMNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>Family planning (3.7.1)</td>
<td>112</td>
</tr>
<tr>
<td>Pregnancy care</td>
<td>Antenatal care (4+ visits)</td>
<td>98</td>
</tr>
<tr>
<td>Immunization</td>
<td>3 of diphtheria-tetanus-pertussis</td>
<td>193</td>
</tr>
<tr>
<td>Child treatment</td>
<td>Child pneumonia care-seeking</td>
<td>94</td>
</tr>
<tr>
<td><strong>2. Infectious disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>TB treatment</td>
<td>187</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV treatment</td>
<td>136</td>
</tr>
<tr>
<td>Malaria</td>
<td>Bed nets</td>
<td>29</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>Improved sanitation</td>
<td>176</td>
</tr>
<tr>
<td><strong>3. Noncommunicable disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>Hypertension treatment</td>
<td>110</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes treatment</td>
<td>89</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Tobacco use (3.a.1)</td>
<td>129</td>
</tr>
<tr>
<td><strong>4. Service capacity &amp; access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital access</td>
<td>Hospital bed density</td>
<td>163</td>
</tr>
<tr>
<td>Health worker density</td>
<td>Physician, Surgeon, Psychiatrist</td>
<td>188</td>
</tr>
<tr>
<td>Health security</td>
<td>International Health Regs (3.d.1)</td>
<td>192</td>
</tr>
</tbody>
</table>
Effective Coverage

- People who need health services receive them with sufficient quality to produce the desired health gain*
- Applicable across all countries, tailored to country context and actionable to measure progress
- Measured across a range of services (promotion to palliation), the life course, and covering RMNCH interventions, communicable and noncommunicable diseases treatment

*Adapted from WHO and World Bank definition, 2014
## Proposed effective coverage UHC index (service coverage)

<table>
<thead>
<tr>
<th>Life course</th>
<th>Service coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promotion</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive and newborn</td>
<td>6 indicators</td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>5 indicators</td>
</tr>
<tr>
<td>5-19 years</td>
<td></td>
</tr>
<tr>
<td>20-64 years</td>
<td></td>
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<tr>
<td>65+ years</td>
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</tbody>
</table>
Member States Feedback

• Acknowledge measuring effective coverage and framework by life course and service coverage
• Reduce number of tracer indicators where there is no data
• Test the service coverage index in countries (countries have expressed interest)
• Publish the service coverage index in a peer reviewed publication
• Make methodology transparent and data open access
Next Steps

• Continue to use current UHC index (14 point) for SDG reporting

• Revise the proposed UHC (service coverage)
  – Reduce the number of indicators in proposed index
  – Test the proposed index in few countries
  – Follow GATHER guidelines
  – Consult with countries
  – Publish in a peer reviewed journal
  – Submit to Interagency Expert Reference Group (IAEG)
ESTIMATION PROCESS

Indicator type

Fraction of population covered by intervention

Mortality to incidence ratio due to health condition

Rescaled using the observed range

UHC proxy indicator scores

Combine proxies based on health gain

UHC service coverage (Combined into single index)

Calculate health gains (Depending on epidemiologic burden in country)

Burden of health condition

Intervention efficacy weight

Health gain weights (Grouped into quintiles)
Health Emergencies

UNIVERSAL HEALTH COVERAGE

One billion
more people
benefiting from

One billion
more people
better protected from

One billion
more people
enjoying better

HEALTH EMERGENCIES

HEALTH AND WELL-BEING

World Health Organization
Health Emergencies: programmatic targets

1. Increase in Member States International Health Regulations (IHR) capacities

2. Increase the availability of health facilities providing minimum services package to people in fragile, conflict, or vulnerable settings to at least 80%

3. Reduce the number of deaths, missing persons and persons affected by disaster per 100,000 population
Health Emergencies: Outcomes

1. Countries prepared for health emergencies
2. Epidemics & pandemics prevented
3. Health emergencies rapidly detected & responded to
Better protected from health emergencies index

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Tracer indicators</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Countries prepared for health emergencies</td>
<td>IHR States Parties self-assessment Annual Reporting (SPAR)</td>
<td>1 billion people better protected from health emergencies</td>
</tr>
<tr>
<td>2. Epidemics &amp; pandemics prevented</td>
<td>Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases</td>
<td></td>
</tr>
<tr>
<td>3. Health emergencies rapidly detected &amp; responded to</td>
<td>Timely detection and response to potential health emergencies</td>
<td></td>
</tr>
</tbody>
</table>
IHR States Parties self-assessment
Annual Reporting

- Countries are required under IHR to submit reporting data to the Secretariat annually, measuring self-reported scores on 24 indicators
- New State Parties Self-Assessment Tool (SPAR) introduced in June 2018

2016

2019

- For those countries that had performed both a JEE and submitted annual reporting data during 2016 or 2017 (n = 32) - correlation coefficient 0.70
- For those countries that had completed both a JEE and submitted annual reporting data using SPAR as of January 2019 (n = 63) - correlation coefficient 0.87
## Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases

<table>
<thead>
<tr>
<th></th>
<th>MCV1 Routine</th>
<th>Yellow Fever</th>
<th>Oral Cholera Vaccine</th>
<th>Meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Measured for all Member States</td>
<td>• WUENIC RI estimates available for 35 of 39 at-risk Member States</td>
<td>• Measured for at-risk countries that requested OCV</td>
<td>• Measured for at-risk countries that requested meningitis vaccine</td>
</tr>
<tr>
<td></td>
<td>• Denominator: Vaccine-Eligible Children for each antigen</td>
<td>• ICG data available for emergency campaigns</td>
<td>• Denominator: Target population</td>
<td>• Denominator: Target population</td>
</tr>
<tr>
<td></td>
<td>• Data Source: WHO-UNICEF Coverage Estimates (WUENIC)</td>
<td>• Denominator: Target population</td>
<td>• Data Source: ICG (potentially GTFCC)</td>
<td>• Data Source: ICG</td>
</tr>
</tbody>
</table>

**+ Contingency coverage:**
- New vaccines for epidemic-prone diseases might be introduced,
- Public health emergencies requiring mass vaccination campaigns (e.g. pandemic influenza, Ebola virus disease)
Timely detection and response to potential health emergencies

- For events notified to WHO under the International Health Regulations (2005)
- A simple, trackable, measure of countries’ capacities to rapidly detect and respond to real events

<table>
<thead>
<tr>
<th>Event Milestone</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Start ($t_0$)</td>
<td>Date of symptom onset in the primary case or earliest epidemiologically-linked case; date of event start of a chemical event or radiation emergency</td>
</tr>
<tr>
<td>Event Detection ($t_D$)</td>
<td>Date that the event is first recorded by any source or in any system, including indicator- or event-based surveillance systems, social media, or traditional media</td>
</tr>
<tr>
<td>Event Notification</td>
<td>Date the event is first reported to a public health authority</td>
</tr>
<tr>
<td>Event Verification</td>
<td>Earliest date of event verification through a reliable verification mechanism</td>
</tr>
<tr>
<td>Event Intervention ($t_R$)</td>
<td>Earliest date of any public health intervention, including communications, decontamination, source control, or medical countermeasures</td>
</tr>
</tbody>
</table>
Measuring progress for better protected

Measure incremental improvement to encourage all countries to move from one level of capacity to the next

- Measure incremental improvement to encourage all countries to move from one level of capacity to the next

- Given the more comprehensive set of tracer indicators, more “levels” might be considered (e.g. deciles) to make progress realistic to demonstrate
Better Protected Index by country*

* Final baseline index being developed
Association between better protected index proxy emergency outcomes

Mortality rate attributable to unsafe WASH services per 100,000

Cholera (2016) Incidence per 100,000

Diarrheal Mortality Rate per 100,000

\[ R = -0.77 \]

\[ R = -0.83 \]

\[ R = -0.58 \]
The preparedness index is highly correlated with vulnerability and lack of coping capacity, but not hazard and exposure, providing construct validity.

*INFORM is an open-source risk assessment index for humanitarian crises and disasters (INFORM) supported by IASC.
Healthier Populations

- One billion more people benefiting from Universal Health Coverage
- One billion more people better protected from Health Emergencies
- One billion more people enjoying better Health and Well-being

World Health Organization
Healthier Population Index Concept

Reduce Environmental, Social, Behavioural Risks

- Good nutrition
- More physical activity
- Safer Roads
- Clean water
- Clean air
- No tobacco
- Less alcohol

Healthier Population
Healthier Population Index Construct

- Achieved through addressing determinants of and risks to health
- Addressed outside the health system (stewardship/policy, advocacy, regulation)
- Focus on SDGs beyond Goal 3 on health
- Focus on health and well-being
- Includes nutrition, water, sanitation, air pollution, climate, tobacco use, alcohol use, obesity, physical activity, violence
Indicators for Healthier Population Index

• Selection criteria:
  – SDGs / 46 programmatic targets
  – good data availability
  – greatest burden of disease/ significant impact
  – measures health-related risk
  – related to planned activities in PB 20-21
  – independence

• Aim is to use ~10 indicators and keep it simple
<table>
<thead>
<tr>
<th>Healthier Lives indicators</th>
<th>Global Burden of Disease (DALYS Millions)</th>
<th>Countries with an Indicator estimate (since 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td>177</td>
<td>149</td>
</tr>
<tr>
<td>Ambient air pollution</td>
<td>105</td>
<td>194</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>99</td>
<td>189</td>
</tr>
<tr>
<td>Clean household fuels</td>
<td>77</td>
<td>191</td>
</tr>
<tr>
<td>Road injuries/deaths</td>
<td>71</td>
<td>194</td>
</tr>
<tr>
<td>Safe water</td>
<td>52</td>
<td>85</td>
</tr>
<tr>
<td>Safe sanitation</td>
<td>40</td>
<td>78</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>24</td>
<td>161</td>
</tr>
<tr>
<td>Childhood stunting &lt;5*</td>
<td>14</td>
<td>114</td>
</tr>
<tr>
<td>Violence against women*</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>Childhood obesity 5-19**</td>
<td>0.6</td>
<td>190</td>
</tr>
</tbody>
</table>

Source: Data from GHO and UN SDG databases
Healthier Populations Index

Indicators

- Tobacco use
- Ambient air pollution
- Alcohol use
- Clean household fuels
- Road injuries/deaths
- Safe water
- Safe sanitation
- Physical inactivity
- Childhood stunting <5
- Childhood obesity 5-19
- Climate?
- Violence against Women?
- 1 or 2 optional (member state selected)

Estimation

Lives-touched approach

Impact

1 billion more people enjoying better health and well-being
Lives Touched Approach

\[ \text{Total No. lives touched} = \sum_{\text{Member States}} \sum_{\text{Indicators}} \text{No. lives touched} \]

**Advantages:**
- Simple to count
- Easy to understand
- Countries could adjust which indicators used
- Captures key aspects affecting healthy lives

**Limitations:**
- Indicators have equal weight
- Double counting likely
- Indicators need to be prevalence
## How many lives would be touched by 2023 if we achieve GPW 13 indicator targets?

<table>
<thead>
<tr>
<th>Healthier Lives indicators</th>
<th>Global Burden Disease DALYS (Millions)</th>
<th>Lives touched (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe water</td>
<td>52</td>
<td>1000</td>
</tr>
<tr>
<td>Safe sanitation</td>
<td>40</td>
<td>800</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>177</td>
<td>269</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>24</td>
<td>98</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>99</td>
<td>73</td>
</tr>
<tr>
<td>Road injuries/deaths</td>
<td>71</td>
<td>65</td>
</tr>
<tr>
<td>Childhood stunting &lt;5</td>
<td>14</td>
<td>44</td>
</tr>
<tr>
<td>Childhood obesity 5-19</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>Ambient air pollution</td>
<td>105</td>
<td>?</td>
</tr>
<tr>
<td>Clean Household fuels</td>
<td>77</td>
<td>?</td>
</tr>
<tr>
<td>Violence against women</td>
<td>5</td>
<td>?</td>
</tr>
</tbody>
</table>

If we meet 2023 targets then:

- **Total lives improved:** >2.3 billion
- **Safe water alone =>** 1 billion lives touched
## Historical: Change in number of healthy lives 2010-2015 (Millions)

<table>
<thead>
<tr>
<th></th>
<th>AFR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe water</td>
<td>13</td>
<td>26</td>
<td>18</td>
<td>16</td>
<td>6</td>
<td>5</td>
<td>84</td>
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<tr>
<td>Safe sanitation</td>
<td>2</td>
<td>49</td>
<td>22</td>
<td>21</td>
<td></td>
<td>209</td>
<td>303</td>
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<tr>
<td>Tobacco use*</td>
<td>12</td>
<td>12</td>
<td>21</td>
<td></td>
<td>7</td>
<td>127</td>
<td>70</td>
</tr>
<tr>
<td>Alcohol use*</td>
<td>0</td>
<td>3</td>
<td></td>
<td>21</td>
<td>-39</td>
<td>-12</td>
<td>-27</td>
</tr>
<tr>
<td>Road injuries/deaths*</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Childhood stunting &lt;5</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Childhood obesity 5-19</td>
<td>-3</td>
<td>-4</td>
<td>-3</td>
<td>-2</td>
<td>-6</td>
<td>-12</td>
<td>-30</td>
</tr>
<tr>
<td>Clean household fuels</td>
<td>3</td>
<td>19</td>
<td>-1</td>
<td>17</td>
<td>20</td>
<td>18</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>107</td>
<td>58</td>
<td>80</td>
<td>117</td>
<td>281</td>
<td>675</td>
</tr>
</tbody>
</table>

Preliminary estimates- Lives touched approach
Member States Feedback

- Methods to address double counting
- Comparability between countries
- Address equity
- Revise use of temperature
- Use of DALYs and similarity to HALE
Response

- Refining the methods of the Healthier Populations Index
- Using simpler lives touched approach
- Using a few independent indicators
- Using SDGs with data
- Allow one or two optional indicators
Healthy Life Expectancy (HALE) and the triple billion targets

Attainment by all peoples of the highest possible level of health
• Life Expectancy (LE): a measure of length of life
  - The average number of years that a person is expected to live

• Healthy life expectancy (HALE): a more comprehensive measure assessing both the length and quality of life
  - The average number of years that a person is expected to live in good health, accounting for years lived in less than full health due to diseases and/or injury
Data for HALE estimation

- Required Data Inputs:
  1. Period life table for average number of years lived in each age interval
  2. Severity-weighted disease prevalence for adjusting for morbidity

- Data Source: WHO reports regularly through the Global Health Estimates (GHE)
Closing and Next Steps

• Finalise methods for triple billion indices
• Accelerate strengthening country capacity
• Continue Member States’ engagement
• Report progress annually
• Implement a coherent data and health information strategy
• Foster partnerships and collaboration with National Statistics Offices, UN partners, international organizations, academic institutions and multi-sector stakeholders
Thank You

https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023
APPENDIX
ESTIMATION PROCESS

Indicator type
- Fraction of population covered by intervention
- Mortality to incidence ratio due to health condition

Rescaled using the observed range

UHC proxy indicator scores

Combine proxies based on health gain

UHC service coverage (Combined into single index)

Calculate health gains (Depending on epidemiologic burden in country)

Health gain weights (Grouped into quintiles)

Burden of health condition

Intervention efficacy weight