

Informal Member States Consultation GPW 13 WHO Impact Framework

25-26 March 2019



**World Health
Organization**

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

09:30 – 10:00	Introductions and overview
10:00 – 11:00	Programmatic targets and indicators: review
11:30 – 12:30	Strengthening and scaling-up data capacity in countries
14:00 – 16:00	Review triple billion target indices <ul style="list-style-type: none">• Universal Health Coverage (UHC)• Health Emergencies
16:30 – 17:30	Review triple billion target indices (continued) <ul style="list-style-type: none">• Healthier Populations Healthy Life Expectancy (HALE)

26 March 2019

09:30 – 11:30	Discussion to continue if needed
11:30 – 12:00	Conclusion



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

Process

- Regional consultations
- Online consultation
- Mission briefings
- PBAC and EB

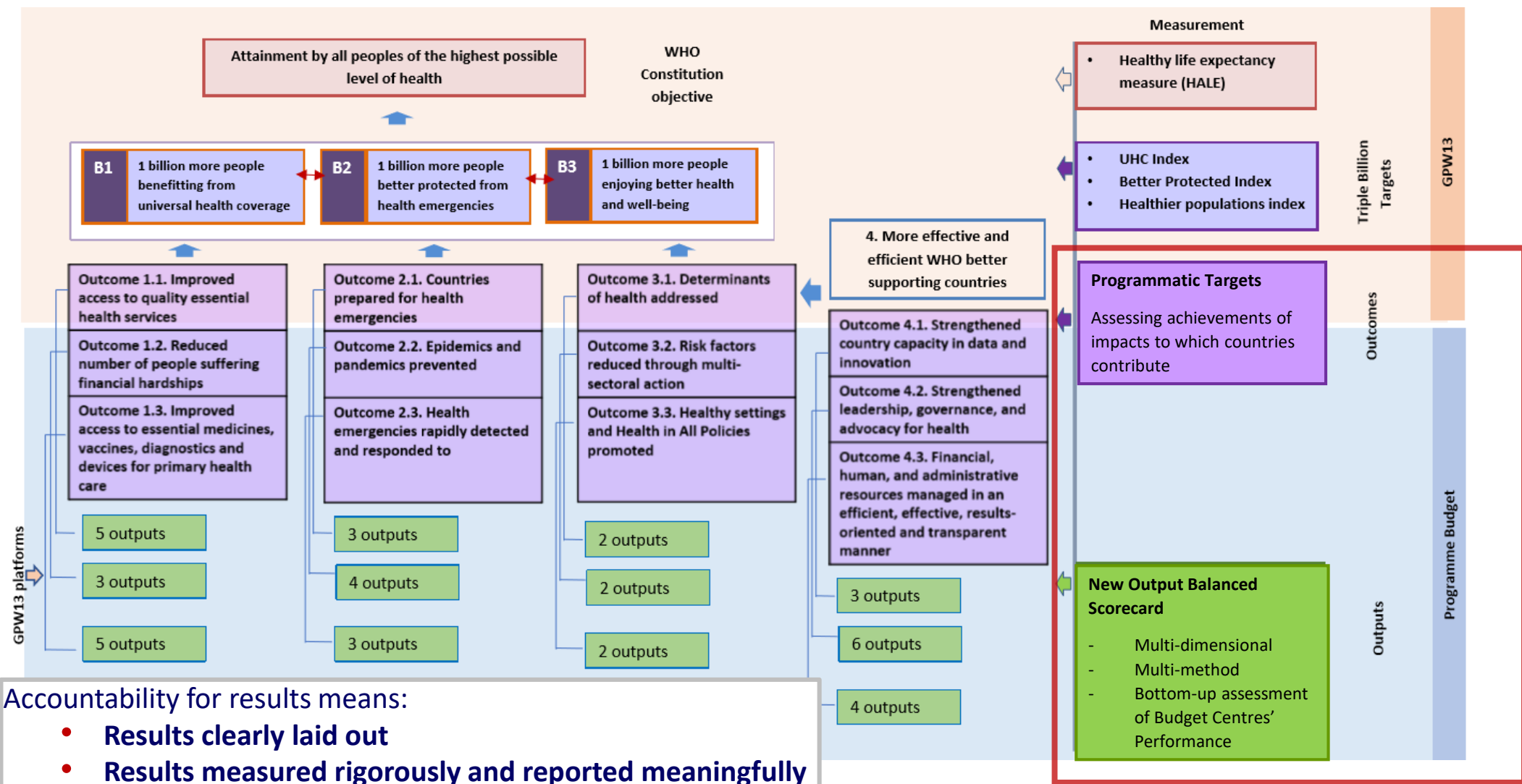
Feedback

- Use SDG indicators
- Reduce reporting burden on countries
- Disaggregate data to report on inequalities
- Support country capacity

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



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

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

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

SDG Target ¹	SDG Indicator	GPW13 Target	GPW13 Indicator
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio.	12 Reduce the global maternal mortality ratio by 30%.	12.1 Maternal mortality ratio.
	3.1.2 Proportion of births attended by skilled health personnel.		12.2 Proportion of births attended by skilled health personnel.
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate.	13 Reduce the preventable deaths of newborns and children under 5 years of age by 17% and 30%, respectively.	13.1 Under-five mortality rate.
	3.2.2 Neonatal mortality rate.		13.2 Neonatal mortality rate.

- 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 making¹.
- 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-being².

¹Taken from 6 March 2019 speech "Transforming for impact"

²Adapted 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.

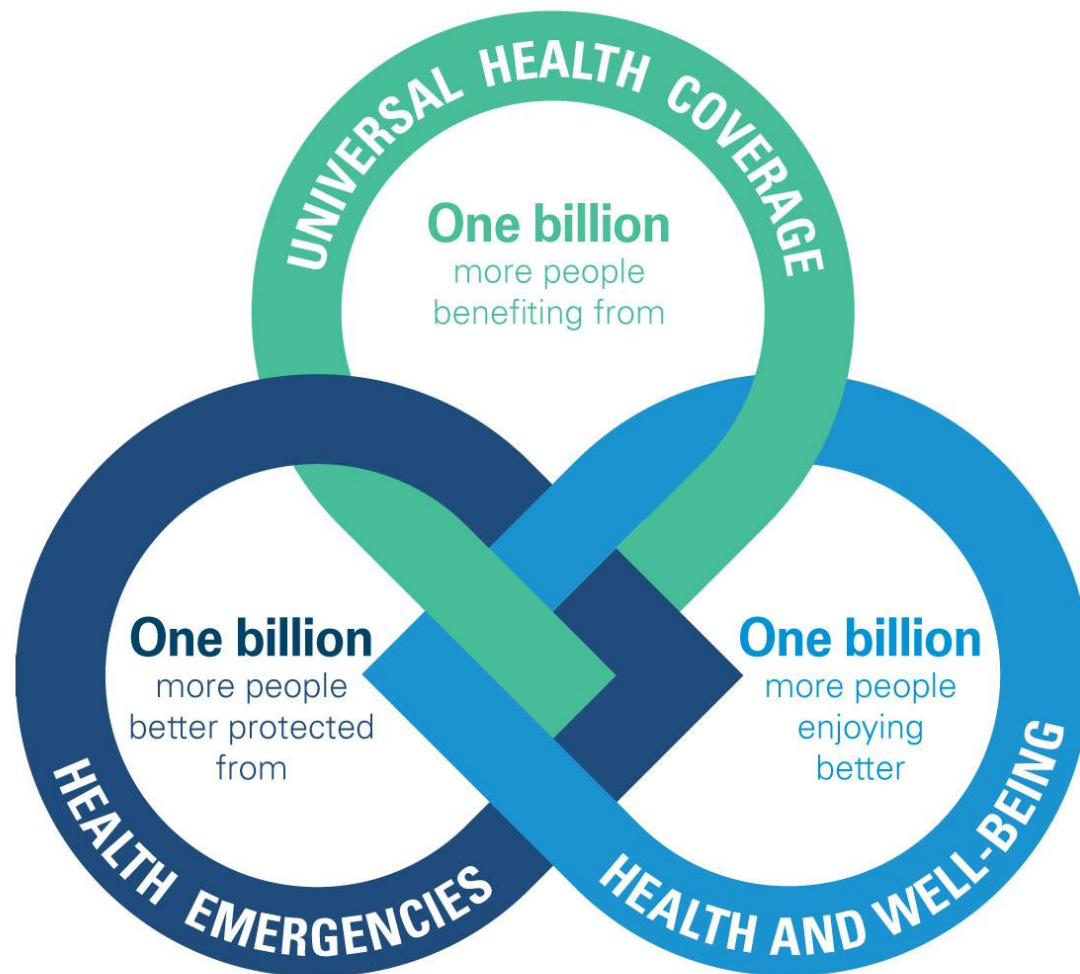
Strengthened core functions

- 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



SDG 3.8: Universal Health Coverage

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care 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)

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

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)

Life course	Service coverage					
	Promotion	Prevention	Treatment		Rehabilitation	Palliation
			Communicable diseases & MCH	NCDs		
Reproductive and newborn	6 indicators		+1 aspirational			
< 5 years		5 indicators	6 indicators	13 indicators		1 indicator
5-19 years						
20-64 years						
65+ years				+4 aspirational	+3 aspirational	

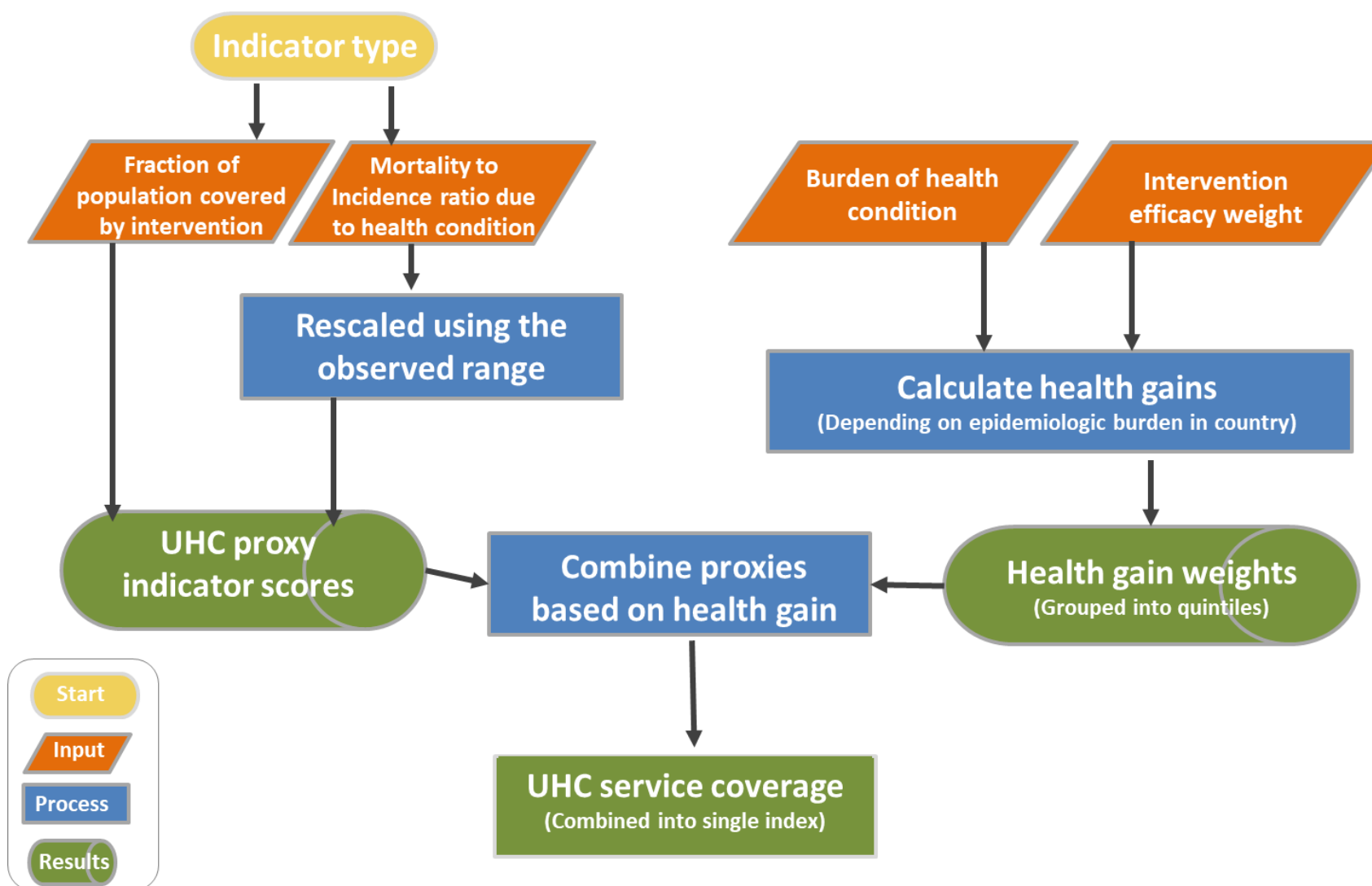
Member States Feedback

- 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

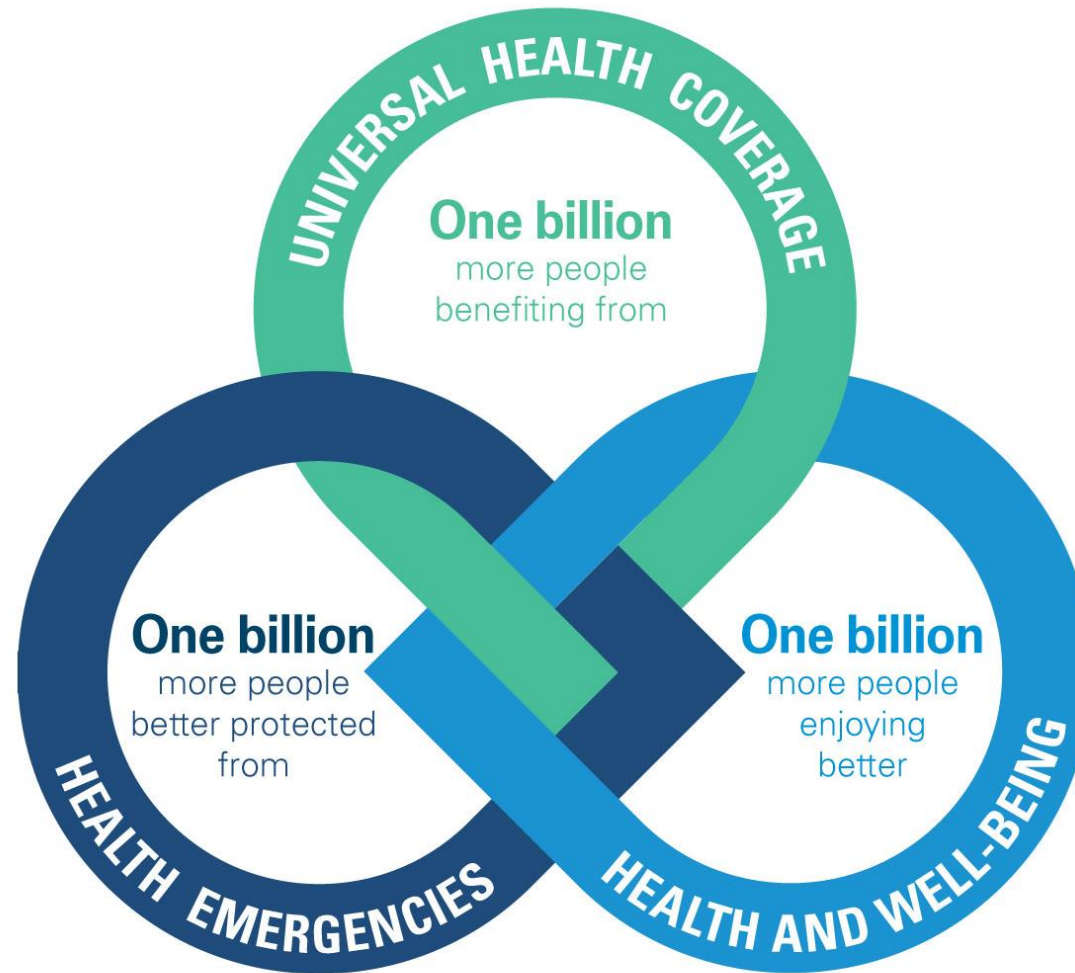
Next Steps

- 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



Health Emergencies



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

Outcomes

1. Countries prepared for health emergencies

2. Epidemics & pandemics prevented

3. Health emergencies rapidly detected & responded to

Tracer indicators

IHR States Parties self-assessment Annual Reporting (SPAR)

Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases

Timely detection and response to potential health emergencies

Impact

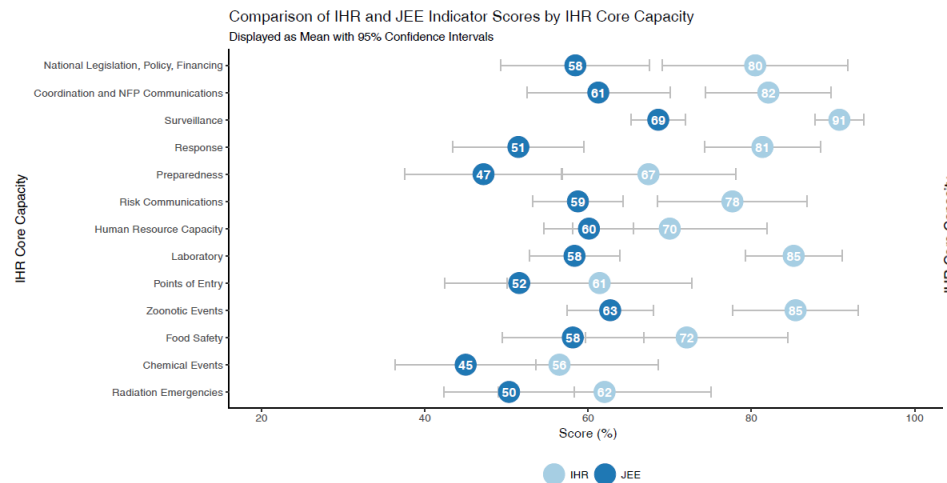
1 billion people better protected from health emergencies



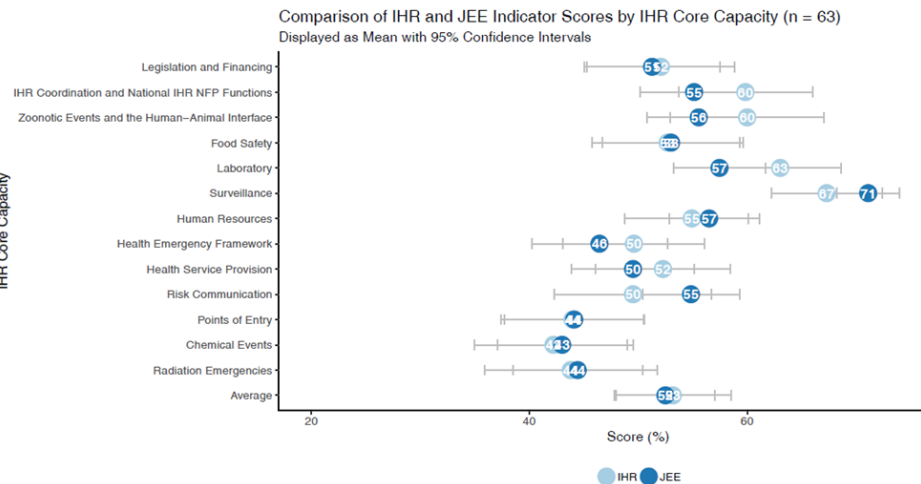
IHR States Parties self-assessment Annual Reporting

- 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

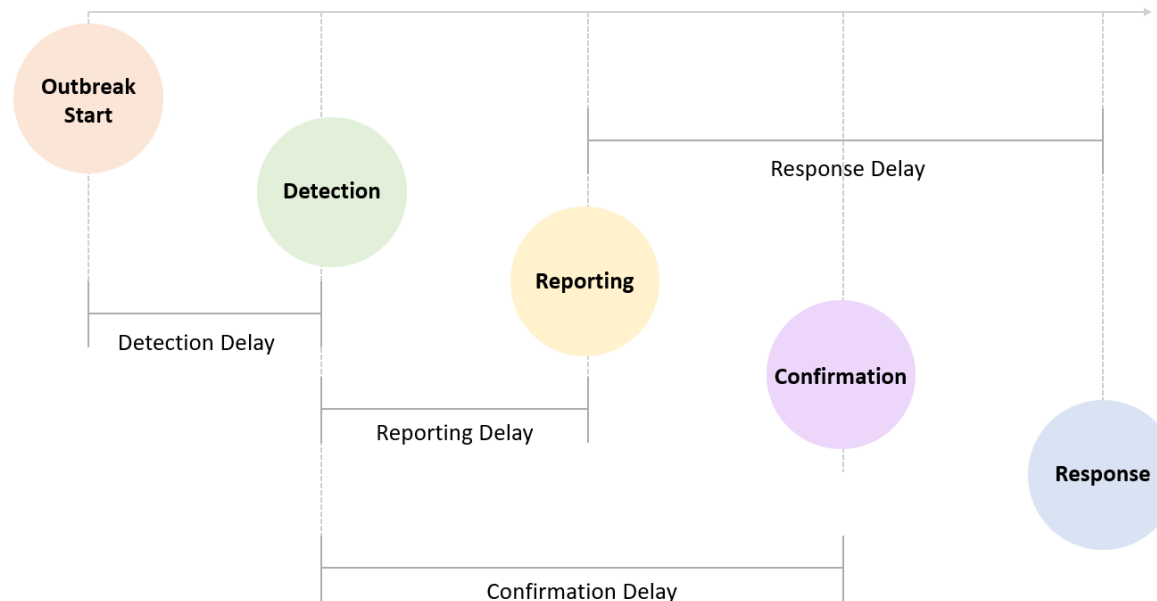
MCV1 Routine	Yellow Fever	Oral Cholera Vaccine	Meningitis
<ul style="list-style-type: none"> Measured for all Member States Denominator: Vaccine-Eligible Children for each antigen Data Source: WHO-UNICEF Coverage Estimates (WUENIC) 	<ul style="list-style-type: none"> WUENIC RI estimates available for 35 of 39 at-risk Member States ICG data available for emergency campaigns Denominator: Target population 	<ul style="list-style-type: none"> Measured for at-risk countries that requested OCV Denominator: Target population Data Source: ICG (potentially GTFCC) 	<ul style="list-style-type: none"> Measured for at-risk countries that requested meningitis vaccine Denominator: Target population Data Source: ICG

+ 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



Event Milestone

Event Start (t_0)

Event Detection (t_D)

Event Notification

Event Verification

Event Intervention (t_R)

Definition

Date of symptom onset in the primary case or earliest epidemiologically-linked case; date of event start of a chemical event or radiation emergency

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

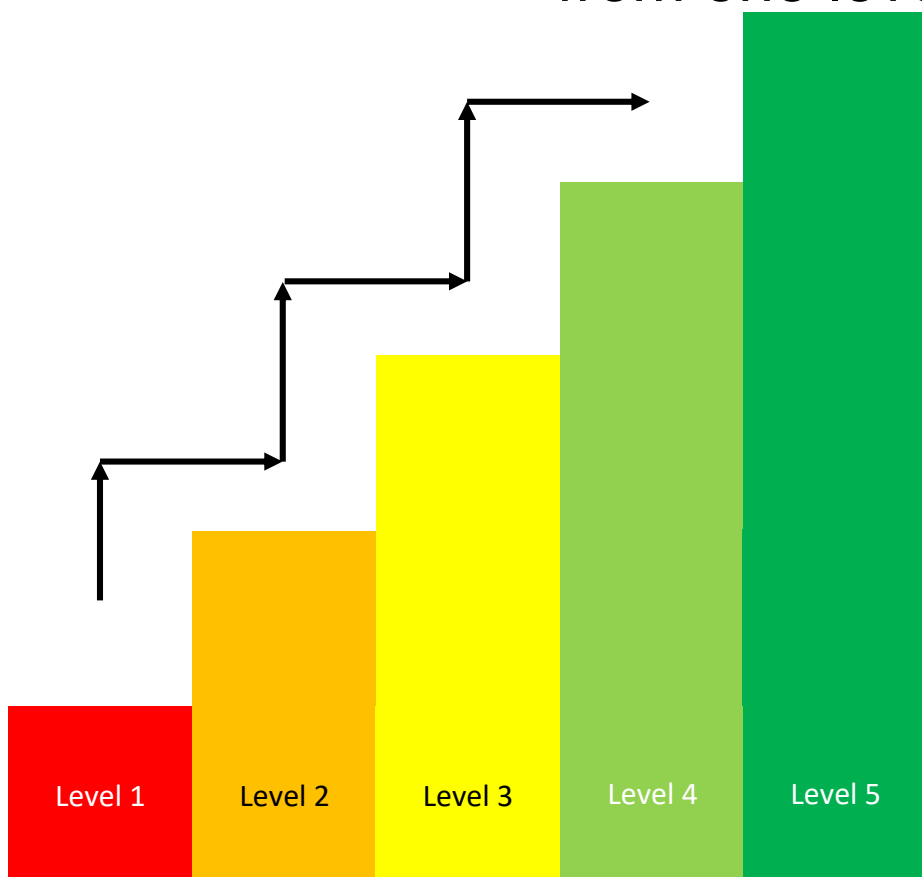
Date the event is first reported to a public health authority

Earliest date of event verification through a reliable verification mechanism

Earliest date of any public health intervention, including communications, decontamination, source control, or medical countermeasures

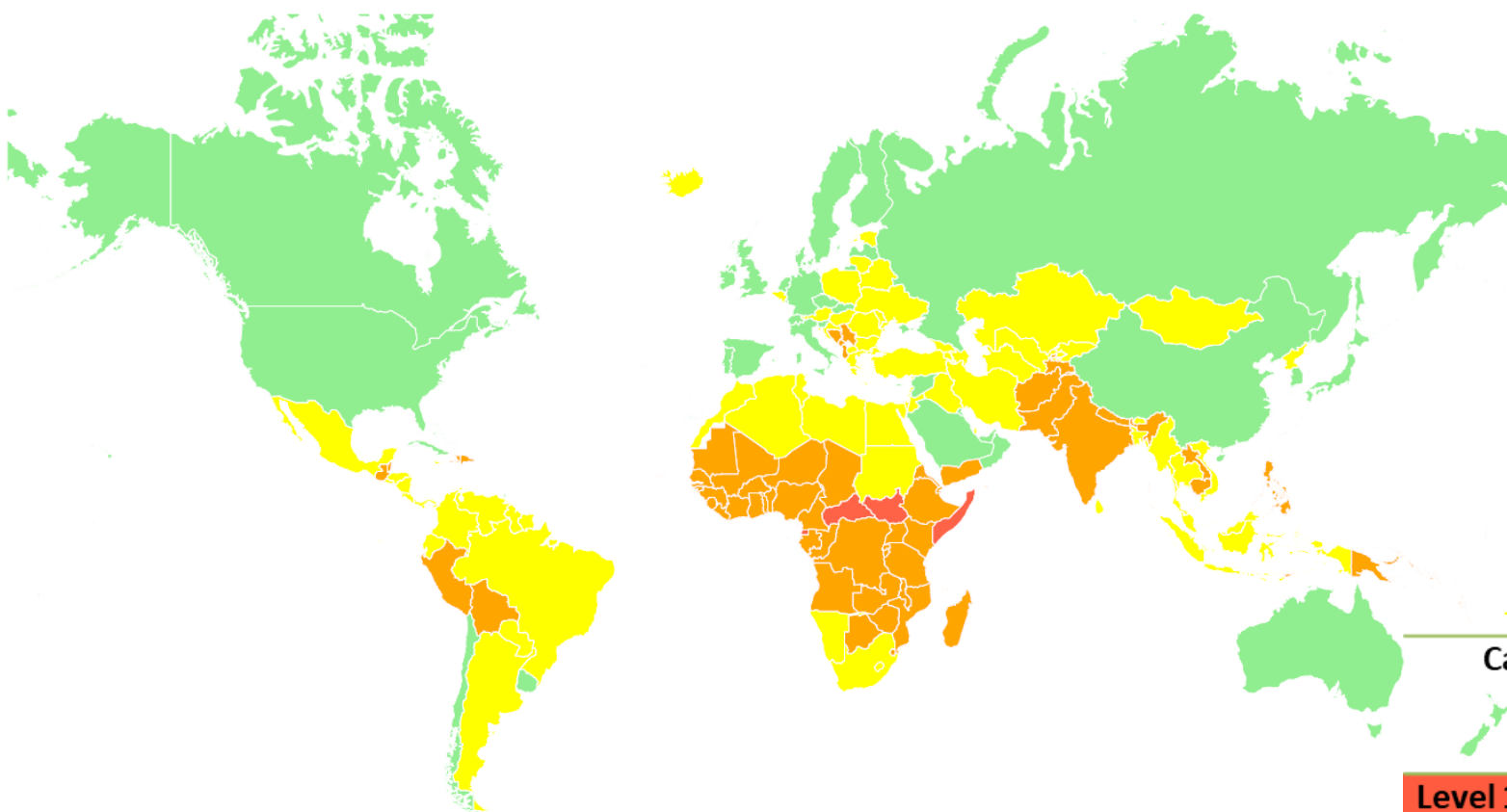
Measuring progress for better protected

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*



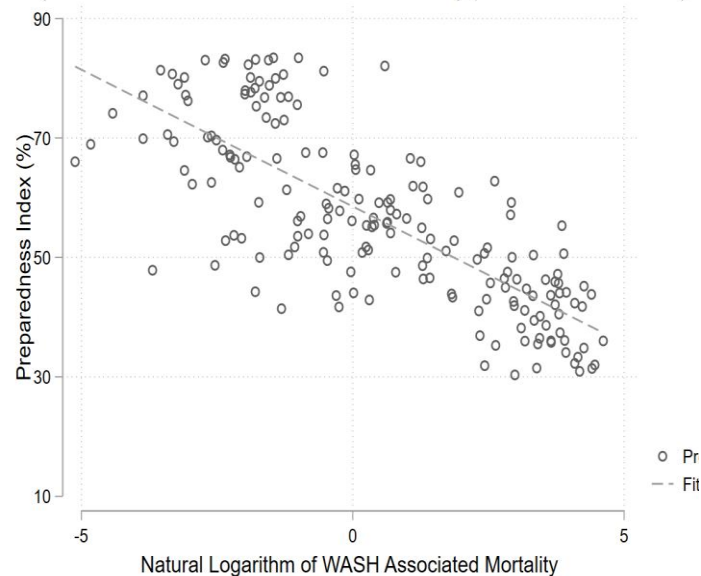
Category	Number of Member States	Total Population
Level 1: <30	4	32 million
Level 2: 30–<50	68	2,746 million
Level 3: 50–<70	77	2,004 million
Level 4: 70–<90	44	2,610 million
Level 5: ≥90	0	0

* Final baseline index being developed

Association between better protected index proxy emergency outcomes

Mortality rate attributable to unsafe WASH services per 100,000

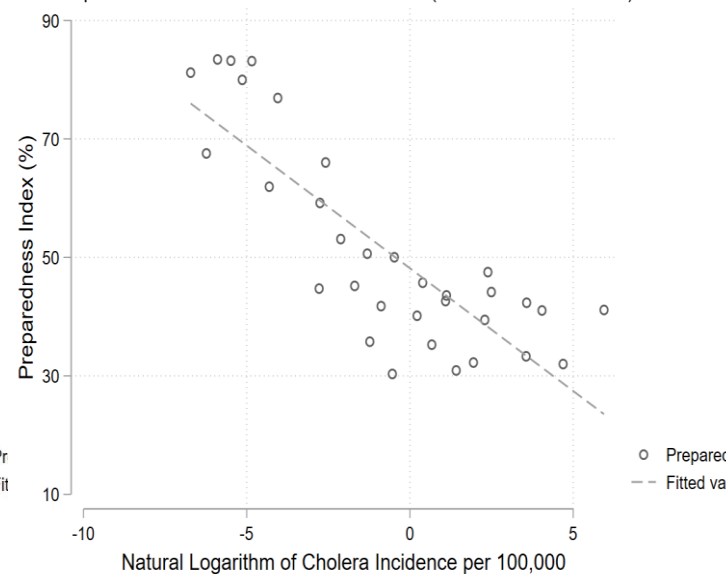
Preparedness Index and WASH Associated Mortality (n = 194 Member States)



$R = -0.77$

Cholera (2016) Incidence per 100,000

Preparedness Index and Cholera Incidence (n = 37 Member States)



$R = -0.83$

Diarrheal Mortality Rate per 100,000

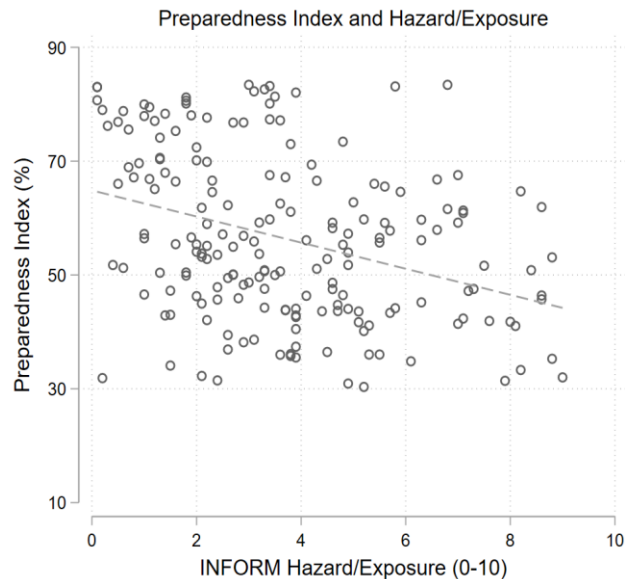
Preparedness Index and IHME Diarrheal Mortality (n = 186 Member States)



$R = -0.58$

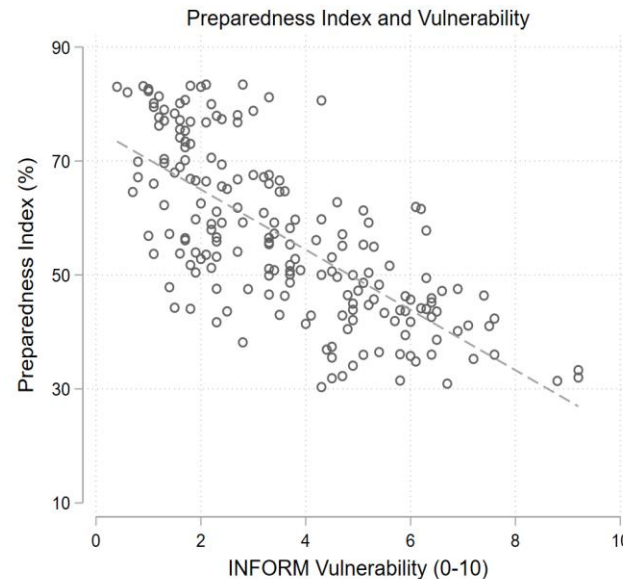
Association between better protected index and INFORM*

INFORM Hazard/Exposure



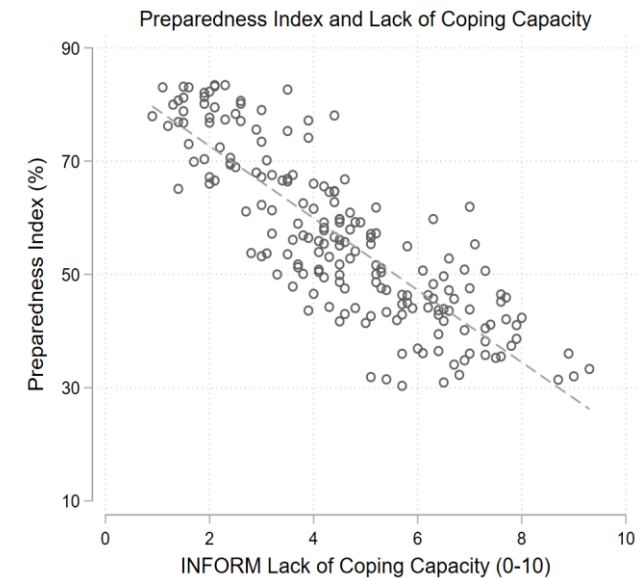
$R = -0.35$

INFORM Vulnerability



$R = -0.71$

INFORM Coping capacity

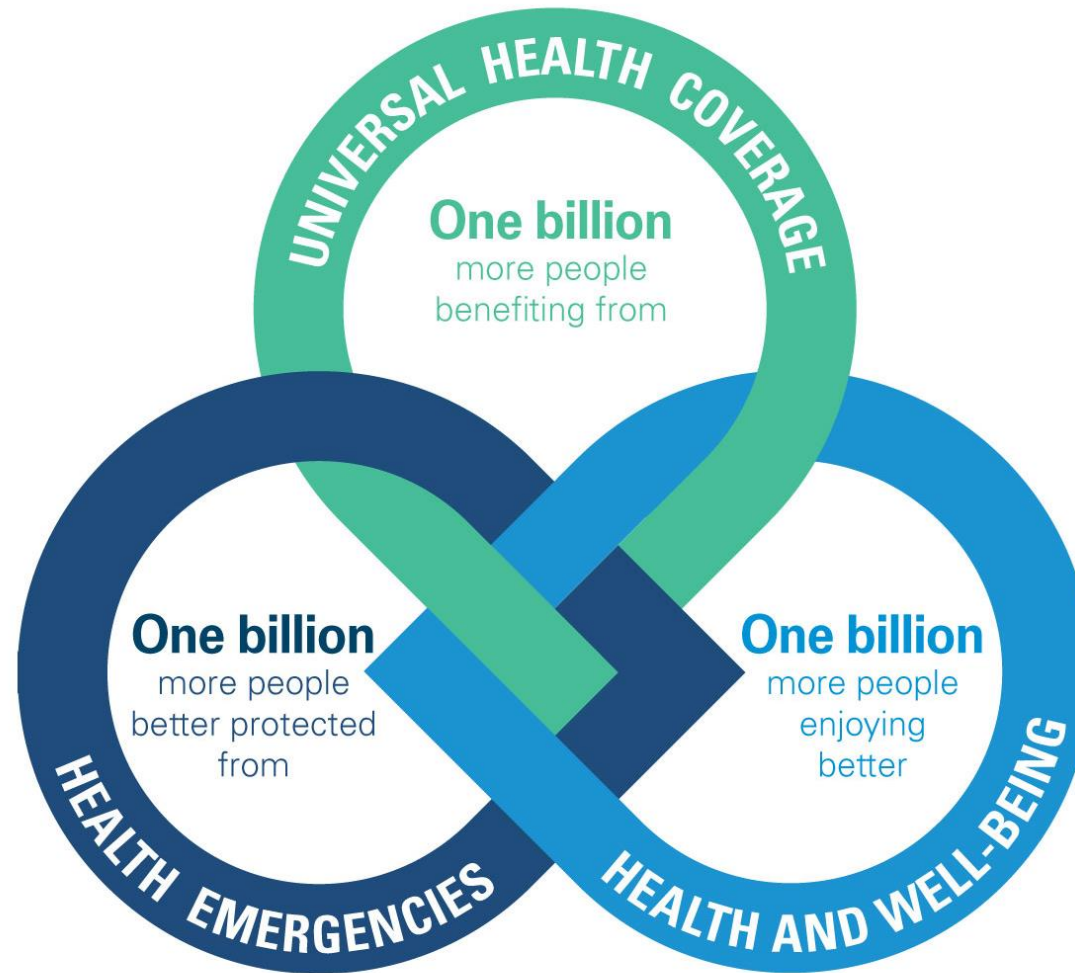


$R = -0.84$

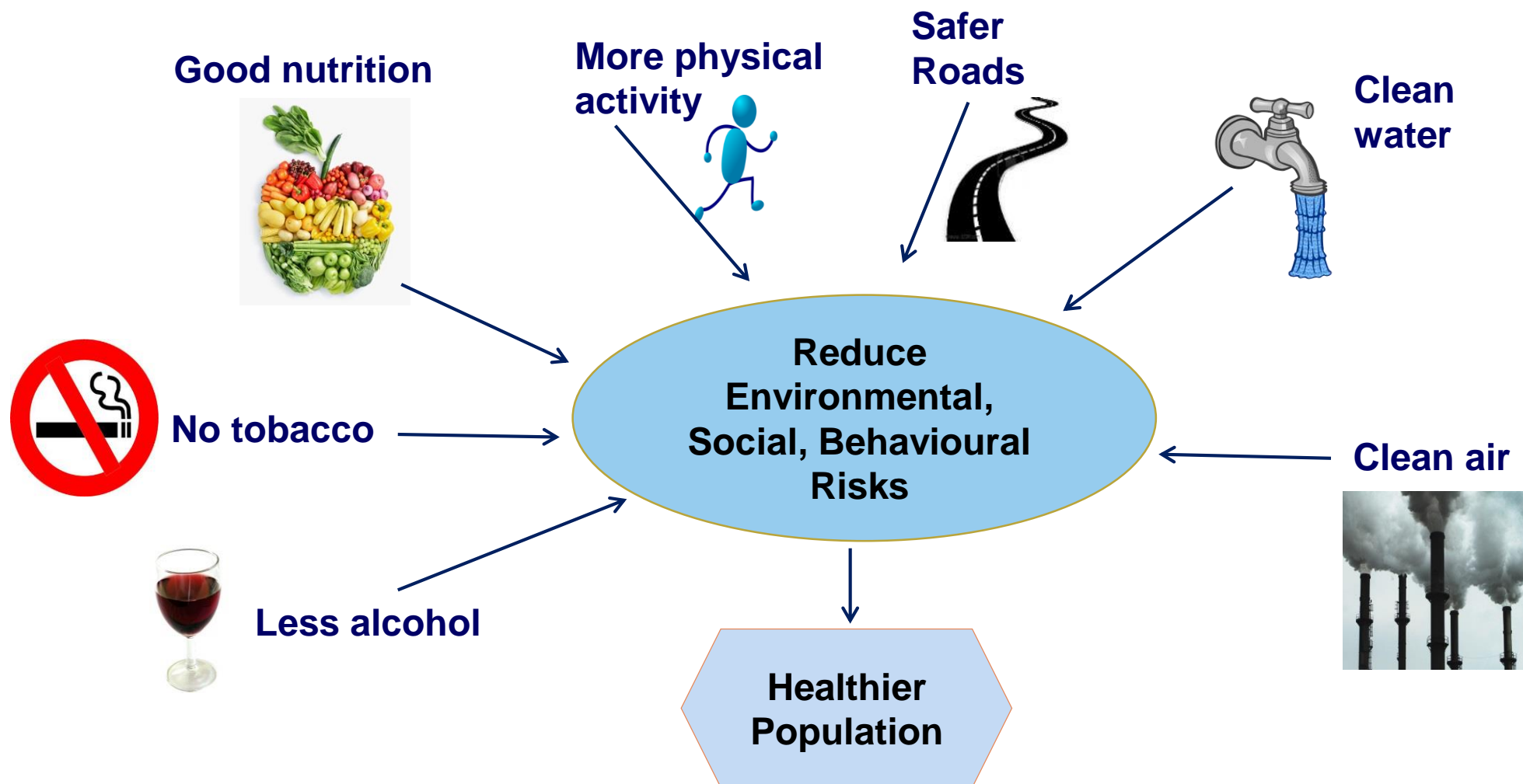
The preparedness index is highly correlated with vulnerability and lack of coping capacity, but not hazard and exposure, providing construct validity

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

Healthier Populations



Healthier Population Index Concept



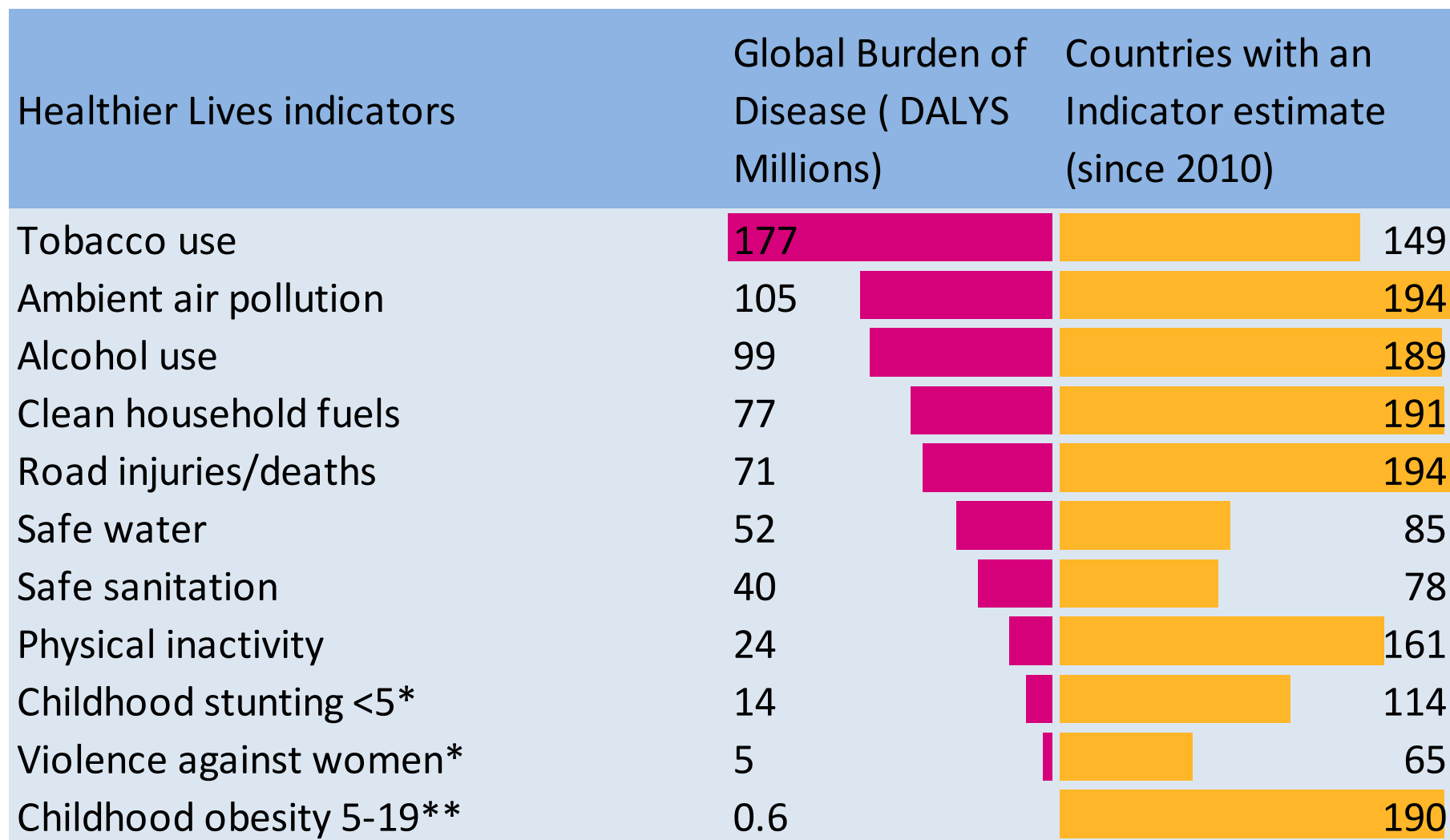
Healthier Population Index Construct

- 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

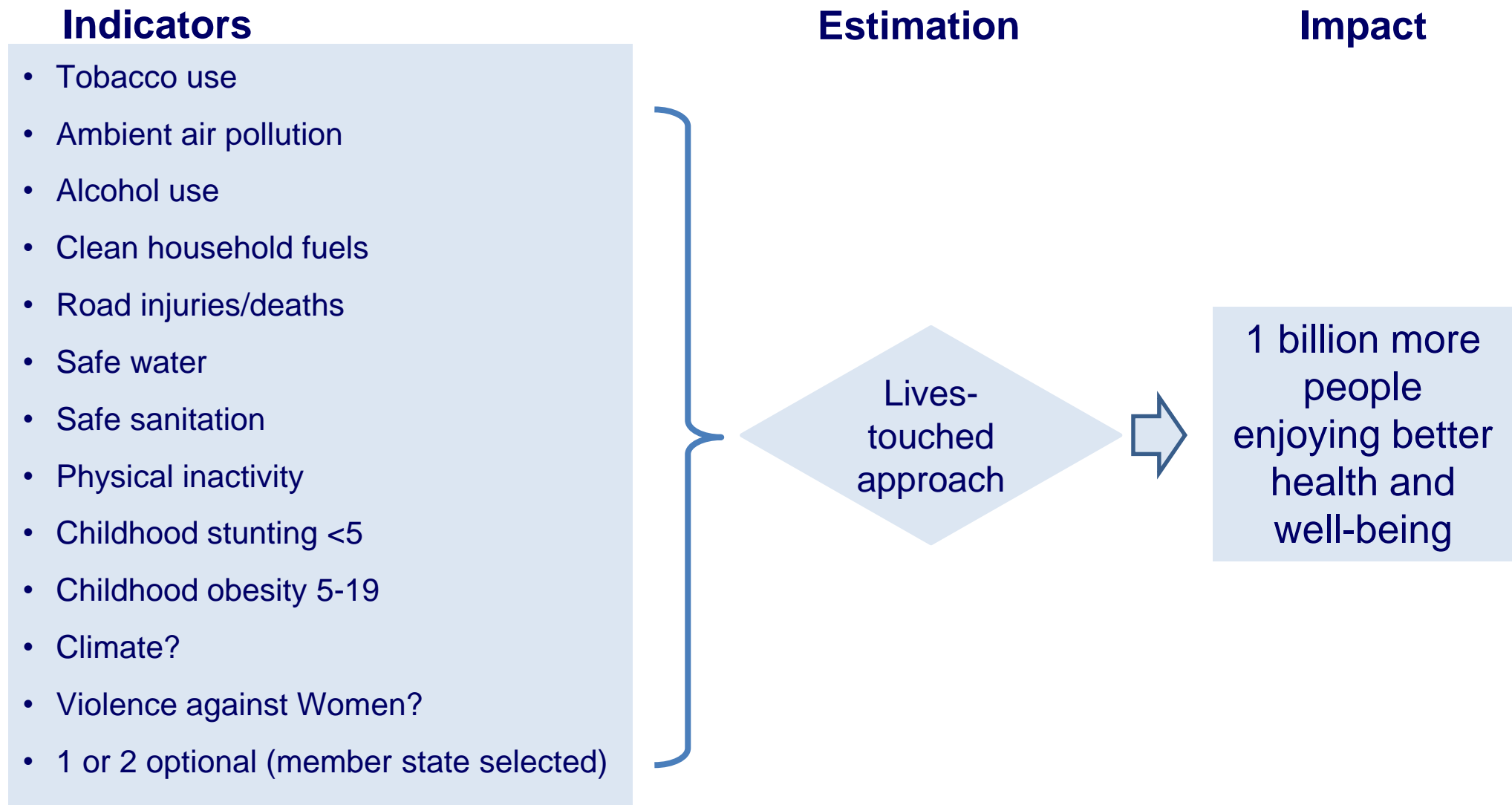
- **Selection criteria:**
 - SDGs / 46 programmatic targets
 - good data availability
 - greatest burden of disease/ significant impact
 - measures health-related risk
 - related to planned activities in PB 20-21
 - independence
- Aim is to use ~10 indicators and keep it simple

Top indicators- provisional list



Source: Data from GHO and UN SDG databases

Healthier Populations Index



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?

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

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)

	AFR	AMR	EMR	EUR	SEAR	WPR	World
Safe water	13	26	18	16	6	5	84
Safe sanitation	2	49	22	21		209	303
Tobacco use*	12	12	21	7	127	70	248
Alcohol use*	0	3	0	21	-39	-12	-27
Road injuries/deaths*	0	0	1	0	1	1	2
Childhood stunting <5	6	1	1	1	9	2	20
Childhood obesity 5-19	-3	-4	-3	-2	-6	-12	-30
Clean household fuels	3	19	-1	17	20	18	75
Total	32	107	58	80	117	281	675

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



Healthy Life Expectancy (HALE)

- 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:
 - i. Period life table for average number of years lived in each age interval
 - ii. 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>



**World Health
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APPENDIX

ESTIMATION PROCESS

