Introduction
The WHO’s results framework is designed to improve the health of billions of people in the next five years by tracking the joint efforts of the Secretariat, Member States and partners and meet the triple billion targets by 2023. It is intended to also ensure that progress is on track to achieve the health-related Sustainable Development Goals (SDGs) and make course corrections as necessary.

Since 2018, the results framework has been developed in close consultation with the Member States, technical experts and the Secretariat. It comprises of impact measurement, output scorecard and qualitative country case studies. Together, they provide a holistic view of WHO’s overall impact.

The WHO impact measurement is SDG based and measures progress at three levels: 46 outcome indicators and their global targets for 2023, covering a range of health issues; the Triple Billion targets on universal health coverage, health emergencies, and healthier populations to be achieved by 2023; and healthy life expectancy (HALE) quantifying expected years of life in good health as a measure of overall health of populations. The Programme, Budget and Administration Committee of the Executive Board provided recommendations to ensure strong involvement of Member States in piloting measurement of the results framework and consider providing a stepwise roll-out of the reporting framework.

Two technical consultations were held, one global and the other regional in South East Asia, in addition to a series of Member States briefings and online consultations to review the methods over the course of past two years. At each step, the methods were refined in a step-wise manner. As proposed by the Member States, WHO and its six regional and country offices sent a call to 33 Member States, representing all six WHO regions to test the impact measurement. The overall purpose of this exercise was to assess the feasibility of the methods. 33 Members States expressed interest to test the methods. Formal letters were sent from the Director General to all participating countries’ Ministers of Health to obtain commitment to pilot and assure the support of WHO country office, regional office and headquarters.

With the COVID19 pandemic, the Results Framework becomes more important than ever. The health emergencies index can help to measure pandemic preparedness and response as well as identify critical gaps in data where data and health information systems will need to be strengthened.

Participating countries
Angola, Bangladesh, Benin, Bhutan, Brazil, China, Costa Rica, Democratic People’s Republic of Korea, Ethiopia, India, Indonesia, Iran, Kenya, Lao PDR, Lebanon, Maldives, Mauritius, Montenegro, Myanmar, Nepal, Oman, Philippines, Qatar, Russian Federation, Sri Lanka, Syrian Arab Republic, Thailand, Timor-Leste, Tunisia, Turkey, Uzbekistan, Vanuatu, and Viet Nam.

Objectives
1. Assess feasibility of implementing the impact measurement.
2. Consult with various stakeholders including Ministry of Health, National Statistical Offices and registrar general and provide feedback on the data and methods.
3. Compile data for all national indicators and calculate the Triple Billion indices from global and national official databases based on the agreed methodology; review the data gaps and test the methods to calculate the Triple Billion targets.
4. Develop a summary report on the experience and compile a one-stop database for all indicators.
5. Provide a report of the pilot exercise to share with all Member States and finalize the methods and present it at the 73rd World Health Assembly.
6. Identify how the results framework can help strengthen pandemic preparedness and response, including strengthening data and health information systems.

**Approach**

A standard template was developed to compile data for all impact measurement indicators and calculating the triple billion indices based on the metadata. Data was compiled from global databases using nationally reported data wherever possible and population data was sourced from the UN Population Division. Tools to complete the pilot testing were shared with Member States which included the methods report, metadata, and available official data from WHO. All three levels of the organization worked closely with the national counterparts providing technical support, translations, and facilitated the piloting process. As of April 12, nine countries from four regions – Angola, Benin, Bhutan, China, Ethiopia, Kenya, Mauritius, Philippines, and Turkey successfully completed the pilot exercise. The exercise was paused due to the emergency response to Covid-19.

**Findings**

The findings are categorized into two groups focusing on the feasibility and data gaps. Overall, participating countries expressed satisfaction with the improvements in the methods and the extensive participatory approach and timeline to finalise the impact measurement.

**Feasibility and completeness**

- Member States reported that the documentation provided facilitated the completion of the pilot exercise and were relevant and useful.
- The triple billion indices were feasible to calculate based on methods proposed in the report undertaking the pilot exercise.
- The range of completeness for the entire dataset was 67% to 84% among the countries.
- WHO data undergoes country consultation and quality checks prior to publication and Member States agreed with two-thirds of the WHO reported values. These differences were expected and were between the nationally reported data and WHO data for countries. The differences were due to the global estimation approach to ensure global standardization as follows:
  - WHO uses the UN Population Division data for country population estimates while Member States use nationally reported data typically from their latest census and projections.
  - National data is derived from primary data sources whereas WHO global health estimates are calculated using various methods unique to a specific indicator.
  - Standardisation of definitions for some indicators to enable globally comparative data.
  - The use of alternative formulations of indicators by Member States where they do not report on the indicators as per the precise WHO definitions. For example, smoking non-prevalence is reported by WHO to be 75.1 for a one country, whereas the Member State reports a value of 49.5 noting that this figure is for males only.

**Data availability and gaps**

- Outcome Indicators: Of the total of 65 indicators in the impact measurement, including outcome indicators and indicators from the triple billion indices, six indicators have no values in the WHO database. These six indicators include trans-fats, antimicrobial resistance, coverage in fragile settings, substance use disorders, antibiotic consumption and essential medicines.
- Outcome Indicators: Less than half of the countries reported data for four indicators including violence against children, financial hardship (>25%), child development, and women making informed decisions on sexual and reproductive health.
• UHC: nearly three-quarters of Universal Health Coverage (UHC) index indicator data was available in the pilot countries. It should be noted that while the UHC index data from Global Monitoring Reports on UHC (2017, 2019) filled in values for missing data for specific years, only nationally reported values were used for the purposes of this pilots without showing the numbers for years with missing data. Countries were able to report on the service coverage and financial protection and on a combined measure.

• Health Emergencies: Data for indicators for the Health Emergency Protection Index (HEPI) on preparedness and prevention were complete and the countries agreed with WHO values except for minor differences for one country, and data for indicator on time to respond need investments.

• Healthier Populations: For the healthier populations (HPOP) index, 64% of indicator values were available from pilot countries as it likely includes indicators that were not being regularly collected by Member States in the time period specified.

• Data for HALE is complete as this is regularly computed and reported by WHO after undergoing country consultation.

• Data disaggregation by age and population at different socio-economic level to assess equity was deemed to be important.

Recommendations

1. Health Information Systems: Need adequate investment to build up capacity on health information systems at country level to ensure reliable data. Strengthening countries’ data and health information system is the most essential part of the results framework. The would affect the entire health system development. Strengthen countries’ institutional capacity in data, analytics, and use. Address data gaps and reduce data fragmentation. Support data collection platforms i.e. population surveys, administrative records, civil registration and vital statistics; census, registries, and routine health and facility surveillance systems.

2. Partnerships: Strengthen partnership with national statistical offices and registrar general offices and establish networks of collaborators to support countries.

3. Data Exchange Platforms: Develop a one-stop database, that will be periodically updated, for easy access to data, with data visualization and for tracking progress of the impact measurement system at all levels. A Triple Billion dashboard (https://gpw13.azurewebsites.net/) with feedback from Member States on data visualization, indicator data, and national targets has been developed. Disseminate the report and scale up implementation in all Member States using lessons learned from the pilots.

4. Implementation and sustainable capacity in countries: Implement the results framework in countries with support of the WHO country office and WRs. The implementation of the results framework should be a continuous learning process to ensure flexibility and ongoing development as well as capacity building.

5. Track results on a regular basis: It is important to use the measurement framework to identify where progress is lagging, and support countries and partners overcome impediments to drive delivery in order to have impact on the health of the citizens.

6. Reporting of the Results: Results will be reported annually and a final report on the GPW 13 results framework will be published at the end of the GPW 13 in 2023.

7. Pandemic preparedness: Continue to develop the application of the results framework to pandemic preparedness and response, including strengthening if data and health information systems.
### Annex 1: Illustrative sample of data availability in one Member State

<table>
<thead>
<tr>
<th>GPW 13 Results Framework Component</th>
<th># of indicators in framework component</th>
<th># of indicators with WHO data available</th>
<th># of indicators with no WHO data available</th>
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<td>Outcome Indicators</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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