Introduction

The Thirteenth General Programme of Work, 2019–2023 (GPW 13), focuses on the measurable impact on people’s health at the country level. In order to implement a measurement system, a results framework is required to regularly track the joint efforts of the Secretariat, Member States and partners to deliver impact on the GPW 13 targets and achieve the Sustainable Development Goals (SDGs), as well as measure the Secretariat’s contribution.

The Global Technical Consultation was the first meeting on the GPW 13 Results Framework to engage Member State officials from the National Statistical Offices (NSOs), Ministries of Health, independent experts, and WHO regional and country offices. The meeting was attended by nearly 70 participants from 20 countries.

Objectives

1. WHO Secretariat to provide an update and receive Member States input on the GPW13 Results Framework and its components: the GPW13 Impact Measurement, the Balanced Scorecard, and the Country Case Studies;
2. Identify the critical data gaps and mechanisms to strengthen data and health information systems in countries;
3. Discuss the application of the GPW13 Results Framework in countries to drive delivery of the triple billion targets and SDGs;
4. Agree on a shared plan of work for implementation of the Results Framework in countries and reorient all three levels of WHO toward providing targeted support to countries in the immediate term.

This meeting summary focuses on the discussions. Presentations made during the meeting are available at http://bit.ly/gpw13-ppt.

WHO GPW 13 Results Framework: Update

The GPW 13 Results Framework is one of the transformational shifts to collectively measure impact, track progress toward the health-related SDGs, and deliver on the triple billion targets. The three components of the measurement system for the results framework are:

- Impact measurement
- Output scorecard
- Country case studies.
Member States’ comments focused on four broad areas:

1. **The need to strengthen health information systems in countries:**
   a. Countries strongly preferred to use their own data in tracking progress on the GPW13 outcome indicators and the triple billion targets.
   b. They recognized the need to build capacity in countries to collect, analyze and use data.
   c. WHO’s focus on scaling up the implementation of the International Classification of Diseases (ICD)-11, facilitated by the tools developed by WHO, was timely. This would ensure improved cause of death data from countries. Regional and country support will be provided by WHO to roll-out ICD-11.
   d. Reducing reporting burden will be key given that the GPW13 impact measurement is SDGs driven.
   e. With respect to the ambition of delivering impact on the triple billion targets there is a need to work closely with experts to streamline quality issues with regard to the data being used to track progress.

2. **Link between the GPW13 Results Framework and national health plans:** Member States expressed it was important to have alignment between the GPW 13 Results Framework and national health plans, and to monitor progress and show accountability using these as a basis; several countries have aligned their national plans with the indicators and targets in the GPW13.

3. **One UN one process approach**
   a. Simple and coherent data collection is important. Member States appreciated that the SDGs and GPW 13 Results Framework are closely interlinked.
   b. The SDG Global Action Plan (GAP) report was released at UNGA 2019 in New York. Member States were encouraged to read the SDG GAP report. The main idea is to strengthen data and information systems for health in countries collectively by all stakeholders including Member States, international organizations, national statistical offices etc.

4. **Importance of the output scorecard system:** Member States requested further clarification in a paper to the Executive Board (EB) 2020. WHO should host briefing sessions for Member States in the lead up to the EB. A briefing session is planned for 4 November 2019 at WHO Headquarters.

**Triple billion indices**

Member States’ discussion on the triple billion indices and healthy life expectancy (HALE):

a. **Universal health coverage**
   - While the indicator SDG 3.8.1 has listed a set of underlying indicators to track coverage of essential services, the importance of the indicators will vary from country to country depending on the respective disease burden. Countries could choose additional proxy indicators that may be better suited for tracking progress on service coverage and its impact depending on the health situation and policy environment in the country.
   - Compatibility and comparability between data sources is difficult. It will help if WHO could develop a strategic plan and guidelines for developing standard protocols for data system strengthening and for integrating data from disparate sources.
• Countries, like China, are moving forward with measuring coverage of key health services and would appreciate stronger collaboration with WHO to continue to make progress in data collection, use, and reporting.
• Time trends in the indicator on financial protection (SDG 3.8.2) is of particular interest.
• Member States signalled the need to move towards tracking effective coverage to measure whether people are getting the interventions they need, with the desired quality to produce the intended health gains.

b. **Health emergencies**
• IHR self-reports are getting more reliable and SPAR results are closely correlated with the JEEs.
• The index focuses less on the extensive and equitable distribution of basic health infrastructure and human resources for health which are the essential component to detect and respond to emergencies.

c. **Healthier populations**
• Nutrition indicators, in addition to those on transfats and obesity, could be considered for inclusion in the index.
• Some indicators are included despite data not being available currently because they are SDGs and have been identified as global priorities. There needs to be an increased effort to collect data to track these indicators.
• HALE is a good indicator as a summary measure of population health. However, it is not an adequate measure to replace the index for Healthier Populations since they are measuring different things.

d. **Healthy life expectancy**
• Countries will need support to measure and report on HALE when vital registration systems and other data systems for health are weak. However, this is estimated by WHO for all countries regularly as part of the Global Health Estimates with all the data that are available for a given year.
• Data sources permitting, disaggregation by age and population at different socio-economic level to assess ‘equity’, and not only reporting the national average, would be highly desirable. In the future, indicators on ‘equity’ should be the focus rather than the average.
• HALE could be directly computed from population health surveys that include information on health conditions and include biomarkers.
• There is a need to align WHO’s methods for measuring HALE with methods used by the Institute for Health Metrics and Evaluation.

**Outcome indicators**

Member States’ discussion on outcome indicators:
• These are mainly agreed indicators in the SDGs and World Health Assembly (WHA) resolutions endorsed by Member States. It will be good to allow flexibility to Member States to choose other indicators relevant to their specific situation.
• Obtaining sufficient data and estimating indicators for small countries or for small areas can sometimes be challenging. Digital technology can facilitate training, more intensive data collection, and support analysis if appropriate tools are available.

• It is important to adjust the 2023 targets by country. While the global target is the focus, country targets should be set by Member States taking into account all available data in the country, current country trends in the specific outcome, and the trajectory of that particular outcome on the path to reaching the goal set for 2030 as part of the SDG process.

• Some adjustments to the noncommunicable disease (NCD) related 2023 targets need to be made given that the baseline for the GPW13 is 2018 and not 2015 as in the SDGs.

**Strengthening data and health information systems**

Each of the six regional offices of WHO provided inputs on their work and challenges relating to strengthening data and health information systems.

• **AFRO:** ICD-11 adoption in Botswana, Namibia and Uganda; facility data analysis in 17 countries; District Health Information Software (DHIS)-2 adopted as a common platform.

• **EMRO:** developing a plan for health surveys in the region. Key data gaps identified including on access to medicines.

• **EURO:** support tool to assess health information systems and provide recommendations for action has been piloted. EURO performs a gatekeeping function for all data collection from Member States.

• **PAHO:** strategic plan for 2020-25 focuses on equity, including the identification of key stratifiers and subnational data collection and analysis. Regional core health indicators database of 270 indicators has been maintained for past 25 years.

• **SEARO:** 8 flagship initiatives including the monitoring of UHC and health-related SDGs, Global Health Estimates and national reported data, setting standards, disaggregating data, building capacity and improving reliability of data among others.

• **WPRO:** mix of large and small advances with Member States in conducting high quality data generation, analysis and use depending on country capacity.

**Strengthening partnership with National Statistics Offices**

Key discussion points in this session:

• Quality of collected data often leads to hesitation in reporting. More work is required in countries to build capacity on methodology for estimates.

• In some countries a composite system for HIV, TB and malaria has been set up with the help of The Global Fund. However, more needs to be done to develop an integrated health information and management system.

• Global public health goods should be downloadable and usable by countries.

• WHO to develop a World Health Survey Plus Data Collection Platform that will use a multi-topic, multi-platform and multi-mode approach to fill critical data gaps to monitor progress towards the health-related SDGs and UHC. Standardized survey modules that
can be incorporated into ongoing surveys efforts in countries or combined into an omnibus survey with linkages to health examinations, biomarkers, facility and administrative data sources have been developed and are being implemented in selected countries to demonstrate feasibility and utility.

**Implementation of the WHO GPW 13 Results Framework in countries**

- There are varying levels of collaboration among agencies, all in different steps and stages, and now there is an opportunity to strengthen and forge a strong collaboration through the implementation of the GPW 13 Results Framework.
- It will be important to use data from their original sources, share information widely and encourage greater quality control.
- Some countries noted that indicators from the framework were available and technology was being updated to ensure wider dissemination and regular reporting.
- However, other countries reported that there was a need to strengthen the online reporting systems for health-related SDGs.
- Countries with large populations, such as China and Brazil, also emphasized the need for subnational data especially given wide differences in health achievement across subnational units.
- There are difficulties at the national or district level when stakeholders constantly change. NSOs should be strongly involved in the workshops.
- In some countries civil registration and vital statistics (CRVS) was reliable but there were delays in reporting cause-of-death data.
- Capacity building for strengthening data and health information systems should be undertaken as a joint effort of MOH, NSOs and WHO.

Member States detailed their processes for undertaking an implementation of the GPW13 Results Framework.

**Next steps**

Twenty countries from six WHO regions participated in the Global Technical Consultation. Country representatives discussed plans to implement the results framework with support from their respective WHO country offices. In consultation with WHO country offices, Member States will send a formal letter indicating the type of technical support needed by the Secretariat to implement the results framework. Participation in a follow up meeting in March 2020 is planned to review progress and best practices to share early results in May at the WHA.

WHO secretariat will send regular updates to the participants, including guidance materials on the implementation, beginning January 2020. For further follow up, participants are requested to follow up with their respective country office contacts (see annex 1).

a. Update the results framework based on inputs received at the meeting and update all Member States at a mission briefing on 4 November 2019 in Geneva.
b. Update all SEARO Member States on the results framework and receive inputs at the WHO GPW13 Impact Measurement Indicators for South-East Asia Region consultation on **28-29 November 2019** in New Delhi.

c. Develop a joint plan and guidance materials supported by all 3 levels of WHO to implement the measurement of impacts and outcomes in the GPW13 Results Framework by **January 2020**.

d. Present the updated results framework to the Executive Board, **3-8 February 2020**.

e. In **March 2020**, the 51st UNSTAT Commission will have a session between ministries of health, statistical offices, registrars and allied health offices on the measurement of health outcomes and impact.

f. Organize the 2nd Global Technical Consultation in **March 2020** in Geneva to receive feedback from Member States on implementing the measurement of impacts and outcomes in the results framework.

g. Present the results of implementing the GPW 13 Results Framework at the 73rd World Health Assembly in **May 2020**.

For more information related to GPW 13 Results Framework, please refer to bit.ly/gpw13.
Annex 1

Table 1 WHO Representative contacts for participating Member States

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<tr>
<th>WHO Member State</th>
<th>WHO Country Representative</th>
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Table 2 WHO regional focal points for GPW 13 Results Framework

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