13th General Programme of Work

2nd Global Technical Consultation

16 April 2020 | Day 1

To submit questions, go to https://www.sli.do/ and use event code: GPW13RF
Opening remarks

Dr. Zsuzsanna Jakab

Deputy Director-General of the World Health Organization
Introductions

Dr. Samira Asma
Assistant Director General of Data, Analytics, and Delivery for Impact

Imre Hollo
Director of Strategic Planning

Shambhu Acharya
Department of Country Strategy and Support

Amit Prasad
Technical Officer
Welcome
Agenda

1. Overview of the Results Framework
   • Impact Measurement
   • Output Scorecard
   • Country Case Studies

2. Pilot Report Status & Open Feedback

3. Closing Remarks
146 Executive Board Recommendations

Recommended the Secretariat to proceed with the finalization of the GPW 13 Results Framework:

- Review & share pilot-testing results in advance of WHA73
- Ensure alignment of impact measurement with health-related SDGs
- Strengthen the accountability of the WHO Secretariat to Member States & reduce reporting burden on countries
- Use feedback from Member States, WHO Regional Committee, ministries of health and national statistical organizations to proceed with a step-wise rollout of the GPW 13 Results Framework
GPW13 Results Framework

WHO’s Impact Measurement, Country Case Studies and Output Scorecard feed into each other in a virtuous circle, whereby success in one should lead to success in the others.
Relevance of the Results Framework to the COVID-19 Pandemic
Impact Measurement
Impact measurement is at the heart of WHO’s strategy to have a measurable impact on the people we serve.

It tracks the effort of WHO, countries, regions and partners to meet the Triple Billion targets by 2023 and health-related SDGs by 2030.
Output Scorecard
GPW13 Results Framework and Measurement System

Programme Budget 2020-2021: Measuring PB performance and biennial results reporting
WHO Output Scorecard

• Assesses Secretariat’s contributions (outputs) to the achievement of outcomes/impacts
• Uses a similar set of dimensions, attributes, criteria to assess the output
• Measures parameters more closely related to what Secretariat is expected to deliver (e.g., technical support, leadership, GPHGs)
• More transparent way to report results: assessment results are summarized into a score that is displayed in a ‘spider diagram’
• The results can be displayed in many ways, e.g., by output globally, major office, level
• Internally, to be used for more targeted actions to improve performance
## WHO Output Scorecard: Two types

### WHO GPW13 OUTPUT SCORECARD

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>Strategic and authoritative advice to drive \nConvening and brokering \nNegotiating and finding solutions \nKeeping health on the radar – driving the agenda \nMobilizing and aligning resources</td>
</tr>
<tr>
<td><strong>Global goods</strong></td>
<td>Identifying the right global public health goods \nDelivering global public health goods to quality standards \nDelivering global public health goods on time \nUse of global public health goods</td>
</tr>
<tr>
<td><strong>Technical support</strong></td>
<td>Differentiation by need \nEffective planning \nDelivery</td>
</tr>
<tr>
<td><strong>Gender, equity and human rights</strong></td>
<td>Data disaggregation and analysis \nReducing inequalities \nAccountability for mainstreaming gender, equity and human rights \nManagement – capacity and resources for mainstreaming</td>
</tr>
</tbody>
</table>

### Value for money

- Ethics
- Effectiveness
- Efficiency
- Equity
- Economy

### Achievement of results

- Impactful integration of gender, equity and human rights
- Effective delivery: Global goods
- Achievements of results in ways leading to impacts
- Delivering value for money

### WHO GPW13 OUTPUT SCORECARD (Enabling Functions)

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy and leadership</strong></td>
<td>Strategy and leadership firmly in place \nNegotiating and finding solutions \nThree-level alignment</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>Internal control and accountability for resources \nAccountability for results and continuous improvements</td>
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<tr>
<td><strong>Client service delivery</strong></td>
<td>Responsiveness \nSolution-focused \nConsultative and consistent</td>
</tr>
<tr>
<td><strong>Gender, Equity and Human Rights</strong></td>
<td>Creating an enabling environment for mainstreaming \nManagement – capacity and resource allocation \nAccountability and organisational change</td>
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</tbody>
</table>

### Assessment of performance

- Assessment of performance against the delivery of the outputs under outcome 1.1. to 4.1 (technical work)
- Assessment of performance against the delivery of enabling functions (outputs under 4.2 and 4.3)
6 dimensions (for each of the technical and enabling scorecard); these relate to what is strategically important to measure WHO performance in relation to the output.

Between 2 to 6 attributes are identified by dimension. For each attribute, a set of criteria are outlined to guide the scoring of the attributes. Each attribute is scored; the average of attribute scores becomes the dimension score.

Outlined for each attribute to guide the scoring; in some cases, existing measurement scales/tools are used, e.g. internal control checklist.

Four point scoring scale (between 1 and 4, where 4 - strong, 3 - Satisfactory, 2 - Developing, 1 - Emergent). A differentiation between the scores in the scale for each attribute is provided.

Each of the above is detailed for both the technical scorecard and the enabling scorecard (EB paper).
Application and Scoring Options

Option 1: auto roll-up
Option 2: ODT to deliberate

Cluster

Division 1
Option 1: auto roll-up 3+4+2 = 9/3
Option 2: Cluster to deliberate

Division 2
Option 1: auto roll-up 3+1 = 4/2
Option 2: Cluster to deliberate

Team

Team 1
Team 2
Team 3

Could also be each country office

Aggregate of country offices

Could be aggregate for entire major office

1
Team 2
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Team 1
Timeline of Output Scorecard Development / Roll-Out

- **Feb 2020**: Further pilot testing in RO
- **March 2020**: Continue testing relevance of instrument for CO
- **Apr 2020**: Engage with MS on results of testing and get further guidance
- **May 2019**: Test revised CO scorecard in different CO context
- **June 2020**: Finalized Dimension 6 indicators; Enabling KPIs
- **July-Oct 2020**: Convene 3-Level group for roll-out preparations and planning
- **Nov 2020**: Web-based tool available; Training

Roll-out for Mid-term Review
Member State Engagement

The Output Scorecard

- Assesses Secretariat’s performance
- Internal assessment with independent validation mechanism
- Validation mechanism could involve Member States (e.g., leadership at country level)

MS Involvement in Pilot-Testing and Finalization

- Small consultative group of Member States (voluntary) to provide guidance and MS perspective
- Briefings after the completion of pilot testing
- Engagement on the finalization of leading indicators for the “Results Dimension” of the Scorecard
Country Case Studies
What’s in a Country Case Study?

1. The problem is identified and quantified

2. The achievement, result or impact related to SDGs is clear

3. WHO’s contribution in collaboration with MS & partners is described

4. Challenges and lessons learned are shared

5. Illustrative visuals - infographs and pictures are included where possible

Case studies for end 2018-19 Biennium Reporting

112 case studies submitted from 81 countries - stories from each region published in the report and all will be published online on the PB webportal in full.
Country Case Studies - Putting Countries at the Center

Telling the story behind the numbers and enhancing:

**GPW13 Results Reporting**
Along with the Impact Framework & Output Balanced Scorecard

**Mutual Learning**
Sharing public health innovations and lessons learned about what works among countries to help prepare, prevent, detect and respond - including the Covid-19 Response
Country Case Study: Indonesia

Problem: Vaccine derived polio virus outbreak (Papua province)

The solution: IHR notification & outbreak declaration. Vaccination campaign covering 1.2 million children with bivalent Oral Poliovirus Vaccine (bOPV)

WHO’s Contribution: Support response plan and establish an emergency operations centre. Clinical guidelines, procure test kits and transport samples by air to National Polio Lab. Set-up of a field office and deployment/training of epidemiologists and local officers

Impact: No further outbreak, population better protected from health emergencies

The Challenge: Reaching remote populations in the highlands
Country Case Studies - Areas for Future Development

We will continue to improve the quality and dissemination of country case studies

GPW13 Results Framework
- Going forward case studies will be clearly linked to programmatic outcomes and the billions
- WHO contribution will be framed by the 6 elements of the output balanced scorecard
- This will enable a more crystallized focus on results in line with WHO’s wider shift to results
- Cases cover WHO differentiated approaches to country support

More focus on challenges
- Case studies that explore challenges, lessons learned and even failure will be collected and shared
- A mechanism for learning from and responding to these challenges and lessons will be needed
- Country case studies will be used to support WHO’s shift to putting countries at the centre

Institutionalizing story telling
- Collecting and disseminating country case studies will be institutionalized
- Training, guidance and processes will be put in place learning from this years’ experience to continue to improve the quality and utility of case studies
- Case studies will be collected and disseminated regularly - not just for annual reporting.
Agenda

- Overview of the Results Framework
- Pilot Report Status & Open Feedback
- Closing Remarks
Objectives of the Pilot Testing

1. Assess **feasibility** of implementing the impact measurement
2. Consult with **stakeholders** Ministry of Health, National Statistical Offices, registrar general and partners to provide feedback on the methods
3. Compile data for all **national indicators** and calculate the Triple Billion indices
4. Review the **data gaps** and propose recommendations to strengthen country data and health information systems
5. Finalize **methods** and present it to the 73rd WHA
6. Identify how results framework can help **strengthen pandemic preparedness and response**, including **strengthening data and health information systems**

Thank you to the Member States for pilot testing & Paving the way toward finalizing the methods!
Regional Feedback

**AFRO (Africa)**
- Angola
- Benin
- Ethiopia
- Kenya
- Mauritius

**EMRO (Eastern Mediterranean)**
- Iran (Islamic Republic of)
- Lebanon
- Oman
- Qatar
- Syrian Arab Republic
- Tunisia

**EURO (Europe)**
- Russian Federation
- Turkey
- Montenegro
- Uzbekistan

**PAHO (Americas)**
- Brazil
- Costa Rica

**SEARO (South-East Asia)**
- Bangladesh
- Bhutan
- India
- Indonesia
- Democratic People’s Republic of Korea
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Thailand
- Timor-Leste

**WPRO (West Pacific)**
- China
- Philippines
- Lao People’s Democratic Republic
- Vanuatu
- Viet Nam
Learnings from the Pilot Testing

Findings

- The triple billion indices were feasible to calculate based on proposed methods
- The range of completeness for the entire dataset was 67% to 84% among the countries
- Data was available for HALE and all HEPI indicators; some gaps in UHC, HPOP, outcomes
- Differences were reported in some indicator values between WHO and Member States data

Recommendations

- Strengthen countries’ data and health information systems to address data gaps
- Develop a one-stop database for tracking progress of the GPW 13 impact measurement
- Strengthen partnership with NSOs and RG offices and establish networks of collaborators
- Implement and scale up the results framework in countries with all partners
Welcoming Country Feedback

AFRO (Africa)
- Angola
- Benin
- Ethiopia
- Kenya
- Mauritius

EMRO (Eastern Mediterranean)
- Iran (Islamic Republic of)
- Lebanon
- Oman
- Qatar
- Syrian Arab Republic
- Tunisia

EURO (Europe)
- Russian Federation
- Turkey
- Montenegro
- Uzbekistan

PAHO (Americas)
- Brazil
- Costa Rica

SEARO (South-East Asia)
- Bangladesh
- Bhutan
- India
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Zoom Speaker Instructions
To be selected to speak, please ‘Raise your hand’ in Zoom by clicking Participants in the navigation and clicking Raise Hand. You will then be unmuted to speak.
Agenda

- Overview of the Results Framework
- Pilot Report Status
- Closing Remarks
Thank you
13th General Programme of Work
2nd Global Technical Consultation

17 April 2020 | Day 2

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Agenda

Update on Progress
- Methods Report
- Triple Billion Dashboard
- Delivery for Impact

Reports from WHO Regions and Countries

Conclusion and Next Steps
Methods Report

Describes the methods that measure the impact of GPW13

The GPW13 Methods:
• Shaped by feedback from consultations
• Are kept straightforward and SDG based

Report focus is on calculation of the Triple Billions:
• Background/ context/ input data
• Method for counting each billion
• Illustrative examples

Also includes:
• HALE
• Equity
Feedback in context of Covid-19: Health Emergencies Protection Index

COVID-19 is not finished: Wait and learn

F: Well prepared countries ... were not well prepared
A: Can lessons from COVID-19 be fed back into IHR capacities?

F: Does not measure COVID-19
A: COVID-19 vaccine will be included (when available)

F: Thresholds not sensitive enough?
A: New Key indicator. Keep thresholds under review
Triple Billion Dashboard

One stop database of official country data to track progress toward health-related SDGs and Triple Billion Targets
Data Visualizations

- Multilingual capabilities
- Tools for every indicator (surveillance, technical and policy packages, guidelines, country support tools)
- Tailored for regions and countries
- Simulation scenarios and storyboards
Delivering a Measurable Impact on People’s Wellbeing in Countries

Our ultimate goal is to make sure no country, no city, no community, no person is left behind. It is the people we serve and the people we look after.

Real-time progress tracking to achieve the health-related SDGs and Triple Billion targets

Transforming data into impact
Agenda

- Recap of Day 1 GPW13 Meeting

Reports from WHO Regions and Countries
- Country Reports: Experiences from pilot testing and lessons learned

- Conclusion and Next Steps
Welcomed Member State Feedback & Recommendations

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Agenda

- Recap of Day 1 GPW13 Meeting
- Reports from WHO Regions and Countries
- Conclusion and Next Steps
Next Steps

• Submit report to Members States at World Health Assembly 73
• Launch database and dashboards
• Use data to drive impact in countries
• Report results annually

Upcoming Announcements

• Bloomberg Philanthropies will be hosting a webinar series on Data Health - Data for COVID-19, the first webinar is Wednesday 22 April at 8:00 AM EST on “Rapid Mortality Surveillance.”
• World Health Statistics Report launching 7 May 2020
• Triple Billion Stocktake in June 2020
• SCORE Technical Package: First global status report on health data - Autumn
Closing Remarks

Dr. Zsuzsanna Jakab
Deputy Director-General of the World Health Organization

Thank you to all who have participated and for your continued partnership in GPW13 Results Framework.
Thank you

and stay healthy!
Appendix
Country Pilot Experiences & Additional Country Case Studies
Tracking the Philippines’ progress in UHC

Dr. Francisco T. Duque, III
Secretary of Health
Republic of the Philippines
Aligning change agendas and Development of Health Sector Goals and Objectives
<table>
<thead>
<tr>
<th>Development process</th>
<th>NOH 2011-2016</th>
<th>NOH 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach</td>
<td>Programmatic</td>
<td>Systemic</td>
</tr>
<tr>
<td>Framework</td>
<td>No unifying theoretical framework</td>
<td>With clear theoretical framework</td>
</tr>
<tr>
<td>Coverage</td>
<td>Financial risk protection, health support systems, better health outcomes, access to quality facilities</td>
<td>Equitable health care financing, responsive health systems, better health outcomes Financing, service delivery, regulation, governance, performance accountability</td>
</tr>
<tr>
<td>Total number of indicators</td>
<td>211</td>
<td>55</td>
</tr>
<tr>
<td>% with available data</td>
<td>63%</td>
<td>82%*</td>
</tr>
</tbody>
</table>

Alignment

<table>
<thead>
<tr>
<th>Alignment</th>
<th>NOH 2011-2016</th>
<th>NOH 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aligned to health medium-term plan (Kalusugan Pangkalahatan)</td>
<td>Aligned to F1 Plus (medium-term health plan), SDGs, Philippine Development Plan, Ambisyon Natin 2040</td>
</tr>
</tbody>
</table>

*Methodology for unavailable data is to be developed through commissioned studies.
Linkage of health plans to national plans and accountability of DOH vis-à-vis the different health sector players
The UHC Act seeks to “ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk.”

(Section 3(b) – RA 11223)
Progress in GPW13 work

- Continuous discussion with the Inter-agency Committee on Health and Nutrition Statistics (IACHNS) to ensure health data availability, granular enough to track progress in UHC

- Setting up of coordinated performance management system linked with SDGs/GPW13 and NOH to track progress in the UHC rollout at the subnational (provincial) level is underway

- Timely and data-driven course correction strategies at the integration sites will be made available

- On-going indicator selection from the basket of SDGs/GPW13 and NOH is ongoing to identify good ‘tracers’ of UHC coverage and successful integrations (i.e., technical, managerial and financial) at the subnational level
Tracking UHC performance

Global Goals

SDGs

NOH/F1 Plus

Subnational Key Performance Tracers

National

GPW13

Sub-national
UHC delivery model

Complete continuum of care according to population need, at least financial risk

Financial integration  
Technical integration  
Managerial integration

Apex Hospital

Tertiary Care

Secondary Care

Primary Care Provider Network
Suitability of GPW13 to UHC integration at subnational level

- Ongoing discussions with WHO to determine and select ‘key performance tracers’ of UHC integration

- WHO to support setting up of cloud-based data dashboards to ensure timely and meaningful use of data at all levels

- Explore strategies for integration of vertical programs using the UHC delivery model

- Explore the feasibility of a joint program management team composed of PhilHealth Board and DOH Execom to be replicated at the regional level for coordinated program management
UHC Performance Management

Track Progress
Localize Indices
Provincial Aggregation
Improve Data
Objectives for GPW13 Results Framework Pilot

- A streamlined investment in data and health information systems strengthening through PhilHealth and PSA

- To develop the macro structures for the effective utilization of the cascading metrics from impact (SDGs), outcomes (GPW13 and NOH) to outputs thereby improving the feedback loop in planning, implementation, monitoring and evaluation.

- To improve the granularity, frequency and availability of health data

- To improve collaboration in the use of timely, reliable and actionable data that drive progressive policies and programs.
Case study on the Philippines’ experience with UHC and the adaptation of GPW13 to set up the performance management systems will be shared during the World Health Assembly this year.
Maraming salamat po!
Syria
Pilot Experience
Syria’s Relevance of Impact Measurement and Experience

The WCO Syria considered the output measurement (Balanced Scorecard) and the outcome measurement (SDG indicators) as applicable measurement for the country, particularly the country issued the first SDG VNR report in 2019 covering the results from (2011-2015), and the second VNR is being prepared to be issued by the end of 2020. However, there is a significant gap in health information for the crisis period 2011-2020. Moreover, some of UHC and Healthier populations indicators are not applicable due to lack in national health surveys conducted during the war period.
Strengths and Limitations of the Pilot Experience

Limitation
• The country has a significant gap in data during the period between 2011-2020 (Crises period), which consider has a badly impact on the ability of calculating the measurement indicators.

Strengths
• The country issued the first SDG VNR report in 2019 covering the period between 2011-2015. also the country is preparing the second VNR to be issued by the end of 2020, these reports may be used as baseline data.
  -- Also, WCO is collaborating with health partners to strengthen the national health information system such as:
    1) Routine primary and secondary health information system
    2) Civil registry vital statistics (CRVs)
    3) Other
What are the indicators that are most relevant?

Relevant Indicators
Outcome indicators are the most relevant at country level. Also, Polio and Measles indicators are reported regularly in Syria. Moreover, all facilities indicators are reported regularly throughout HeRAMS.

Challenging Indicators
The most challenging indicators are those which need to conduct a household health surveys.
Relevance to COVID-19

1. **UHC** the Service Capacity and Access indicators including (Hospitals access, Health workforce, Health security)

2. **Health emergency:** Detect and Respond Indicator
What do you need support from WHO on data and health information systems?

1. Build health data repository
2. Strengthen the integrated health surveillances
3. Strengthen the routine health information systems
Country Case Studies

An Example: Vietnam

**Problem:** Alcohol consumption and high rates of related disease and injury

**The solution:** Alcohol control legislation - implemented Jan 1 2020

**WHO’s Contribution:** Advocacy, evidence building and technical support to develop legislation

**Impact:** (still early) but already 36% fewer traffic incidents, 19% fewer traffic related deaths
Country Case Studies

An Example: Ethiopia

**Problem:** Persistent Trachoma and related morbidly (blindness) with previous Mass Drug Administration (MDA) attempts not covering remote communities.

**The solution:** An expanded MDA campaign toward elimination

**WHO’s Contribution:** The evidence-based SAFE strategy, a full-time technical advisor placed in MoH for two years, training support for district NTD manages, monitoring and advocacy to reach those left behind, >$800K grant from AFRO for NTD elimination

**Impact:** Coverage targets exceeded in remote districts with anticipated TF elimination - pending 2020 surveys