



World Health  
Organization

# 13<sup>th</sup> 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

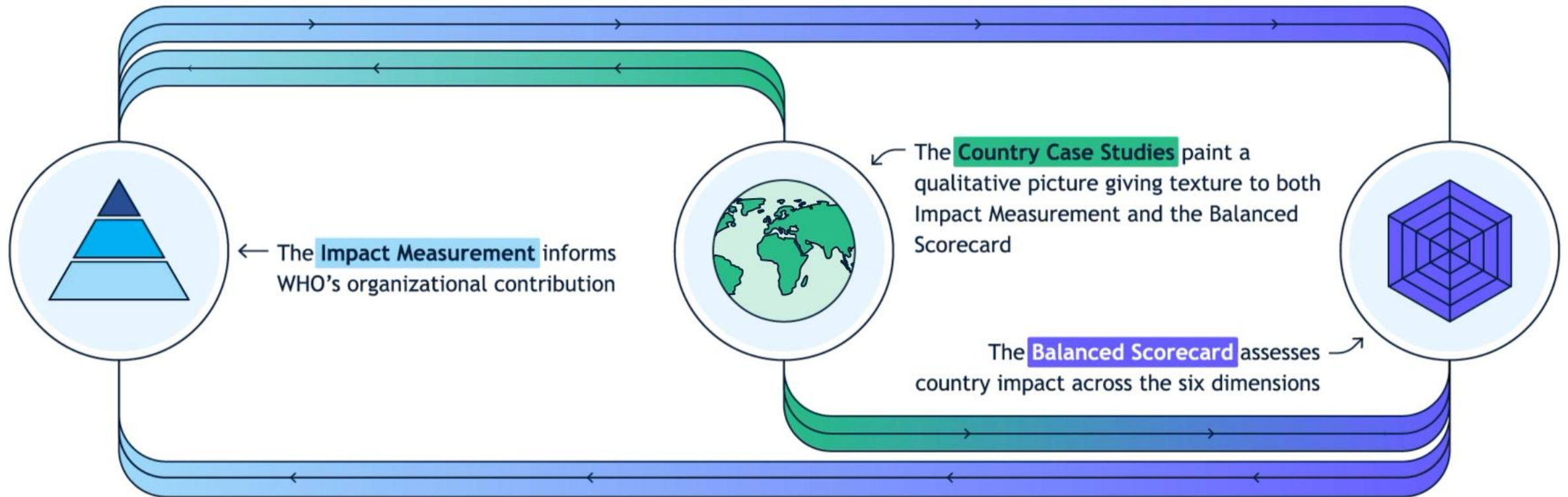
Recommended the Secretariat to proceed with the finalization of the GPW 13 Results Framework:

- 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

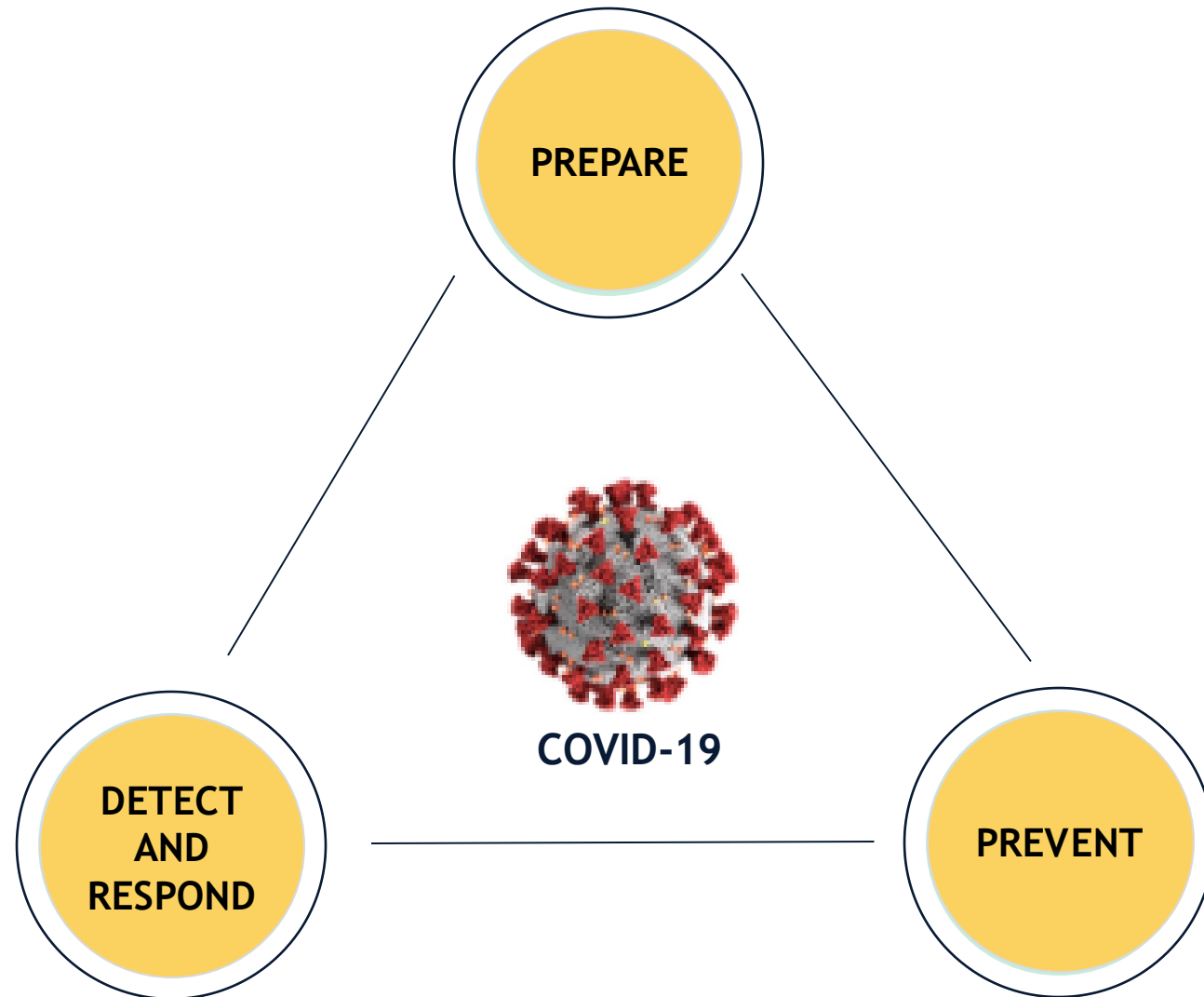


# GPW13 Results Framework

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



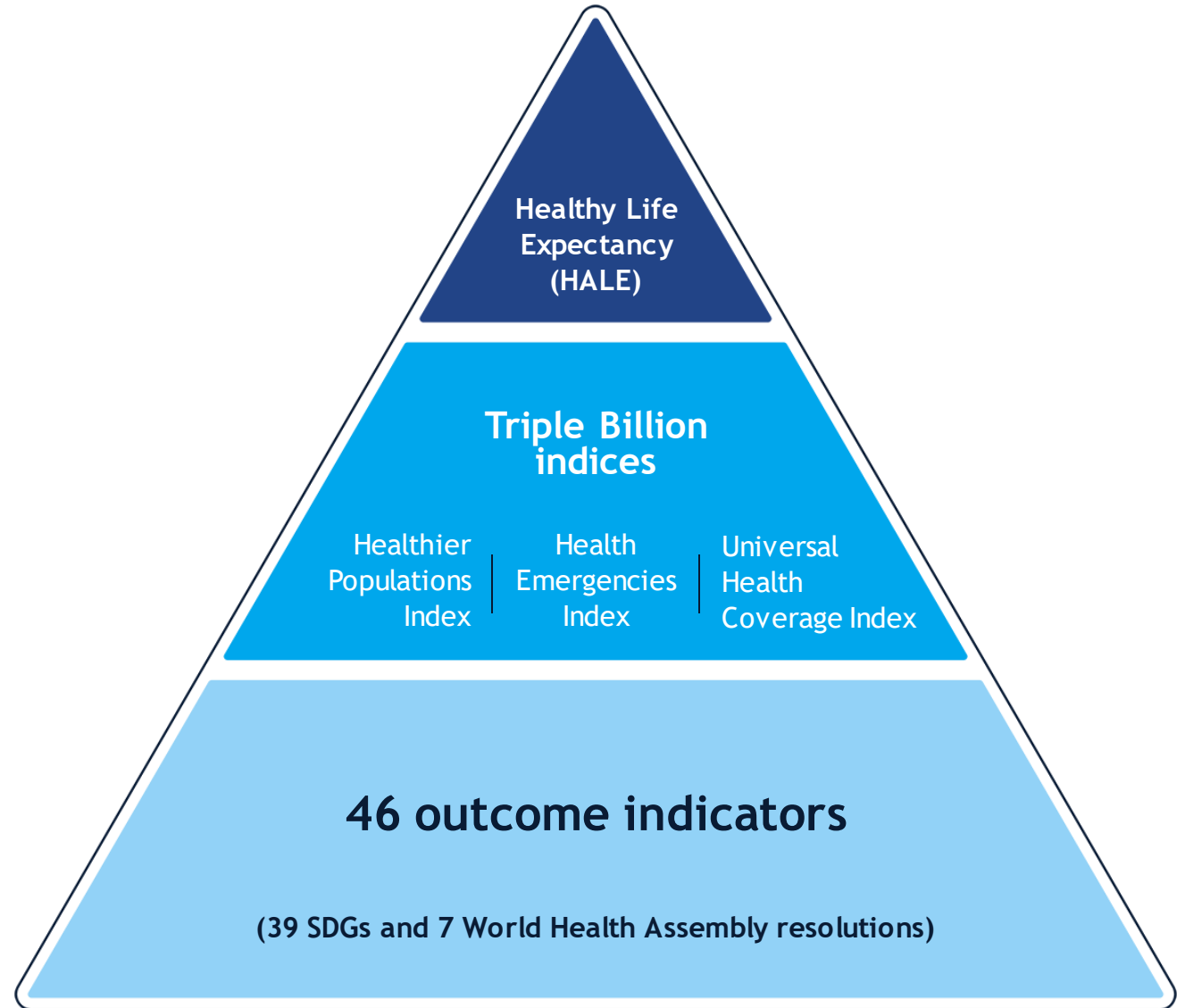


# Impact Measurement

# WHO Impact Measurement

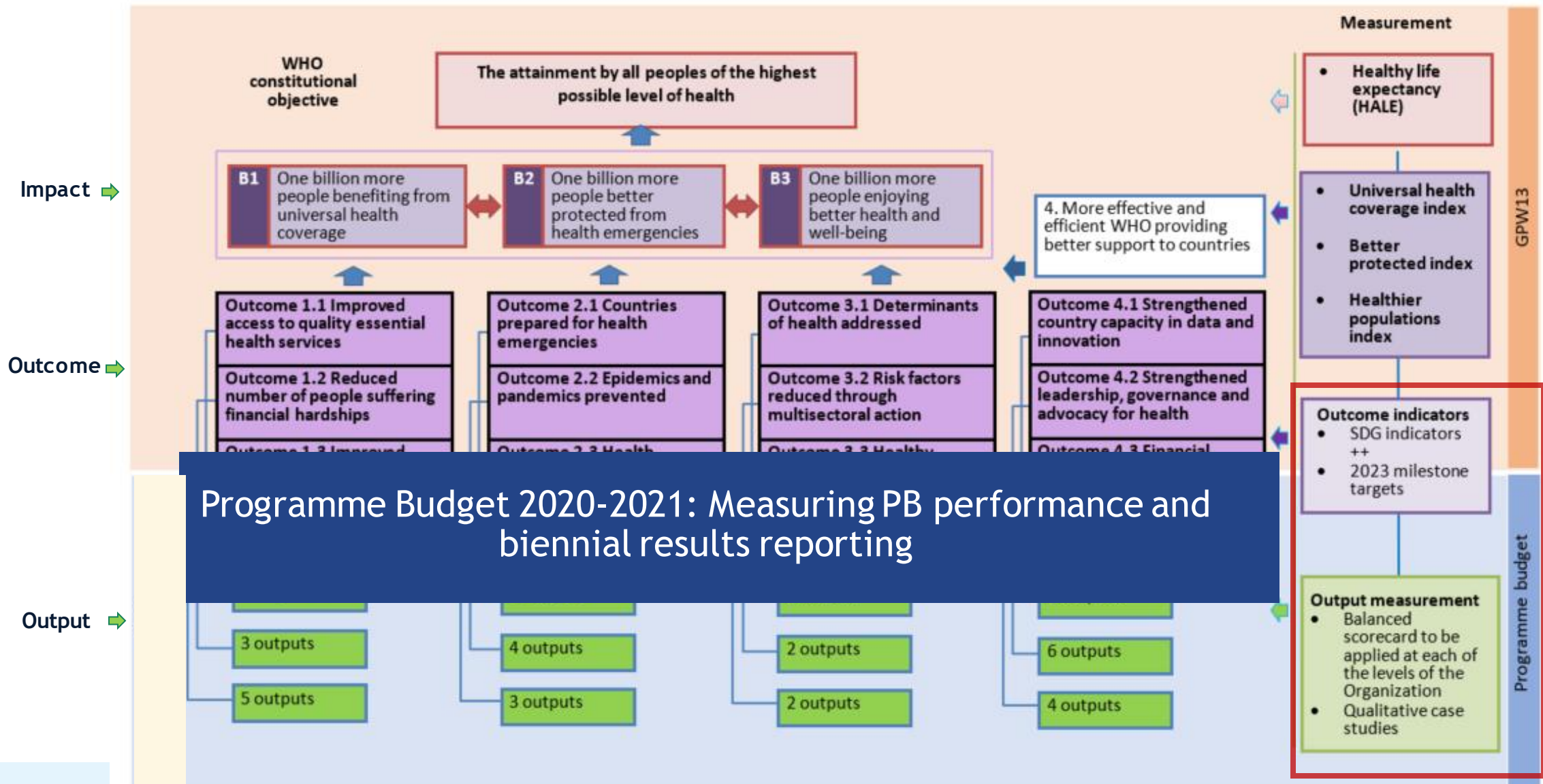
Impact measurement is at the heart of WHO's strategy to have a measurable impact on the people we serve.

It tracks the effort of WHO, countries, regions and partners to meet the Triple Billion targets by 2023 and health-related SDGs by 2030.



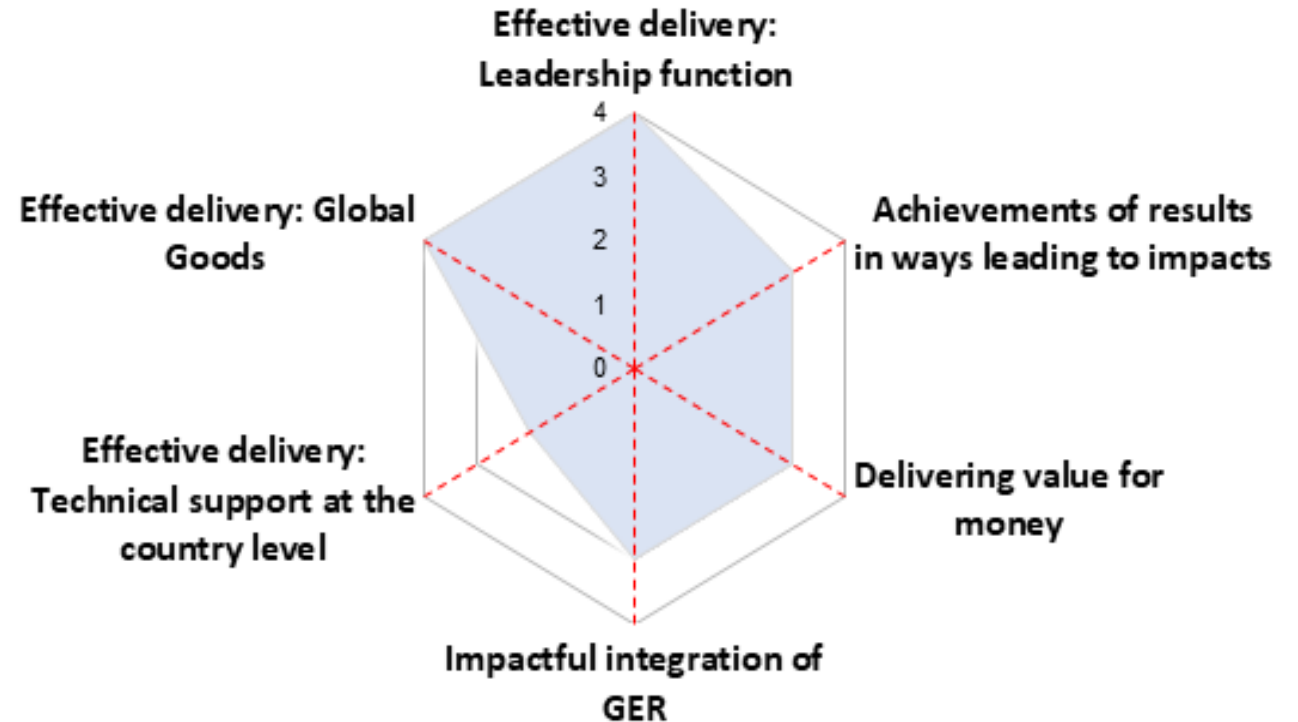
# Output Scorecard

# GPW13 Results Framework and Measurement System

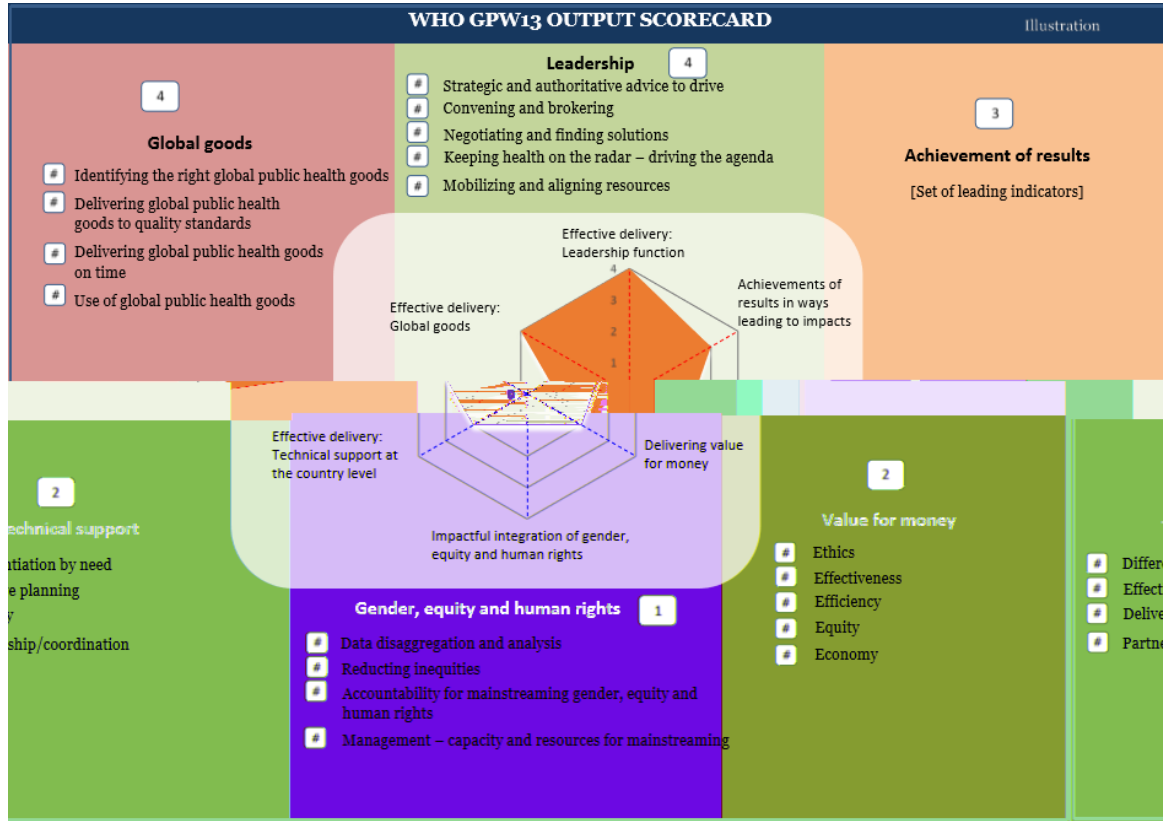


# WHO Output Scorecard

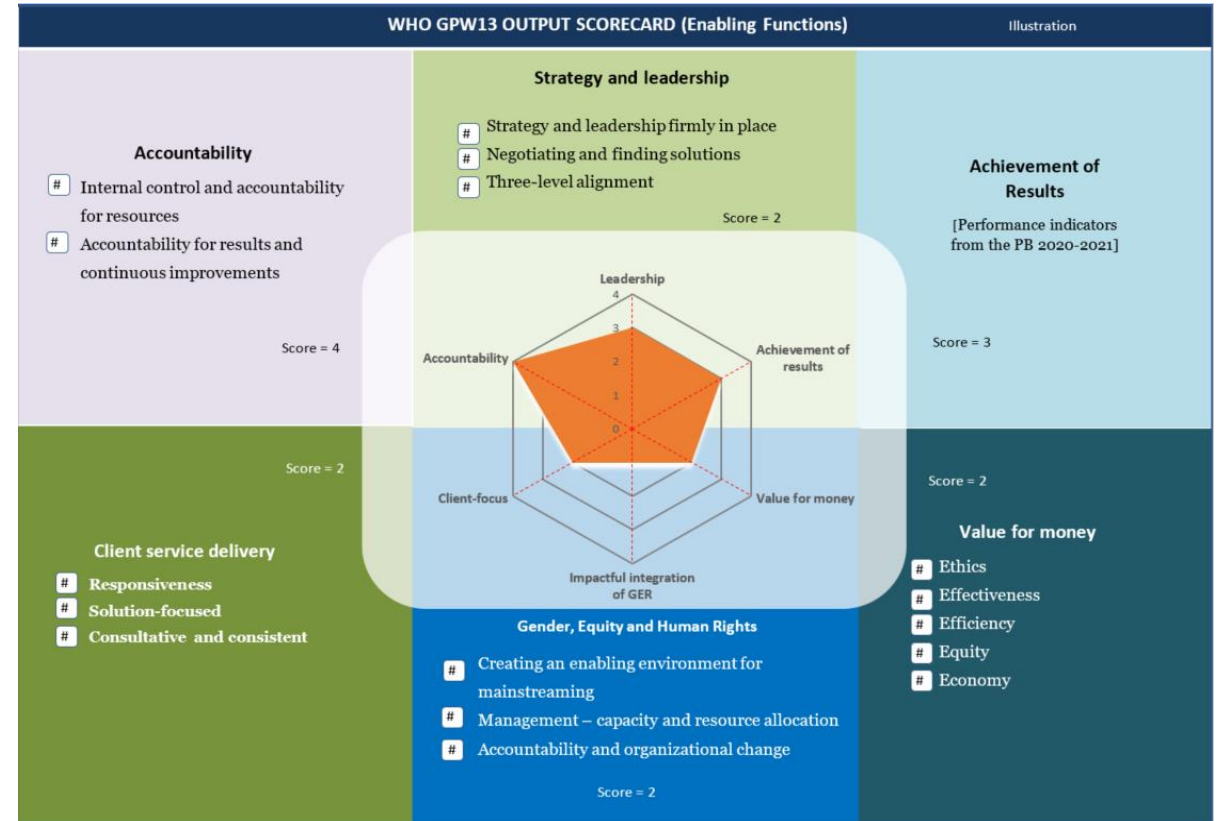
- Assesses Secretariat's contributions (outputs) to the achievement of outcomes/impacts
- Uses a similar set of dimensions, attributes, criteria to assess the output
- Measures parameters more closely related to what Secretariat is expected to deliver (e.g., technical support, leadership, GPHGs)
- More 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



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)

# EB146/28 (Output Scorecard Annex 5)

**Dimensions** - Defines the aspects of performance which will be measured by output

- 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

**Attributes** - Unpacks the dimension to understand what characteristics are being measured under the dimension

- 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.

**Criteria** - A set of standards by which the performance against each attribute is scored

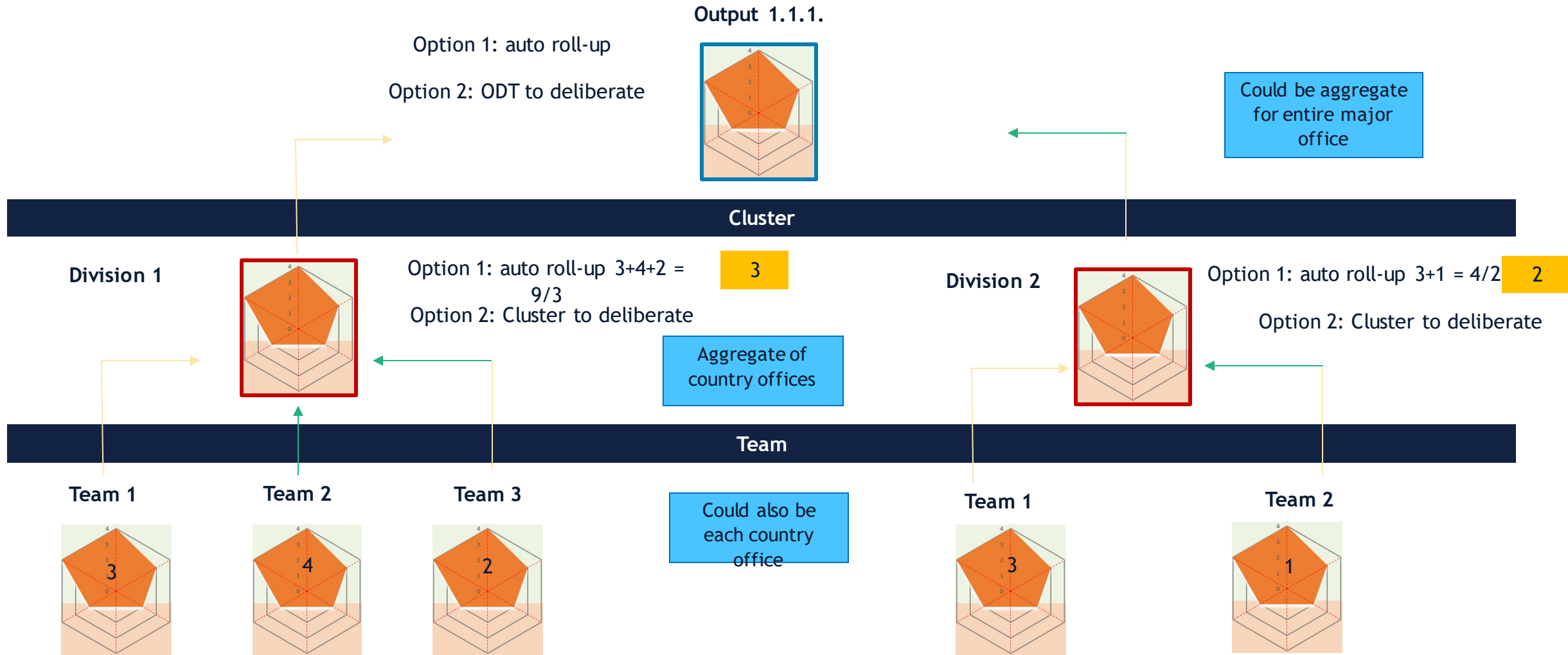
- Outlined for each attribute to guide the scoring; in some cases, existing measurement scales/tools are used, e.g. internal control checklist.

## Scoring scale

- These are references or benchmarks to be used to decide on the score for the attribute. It uses the criteria to define the differentiation of the scores.

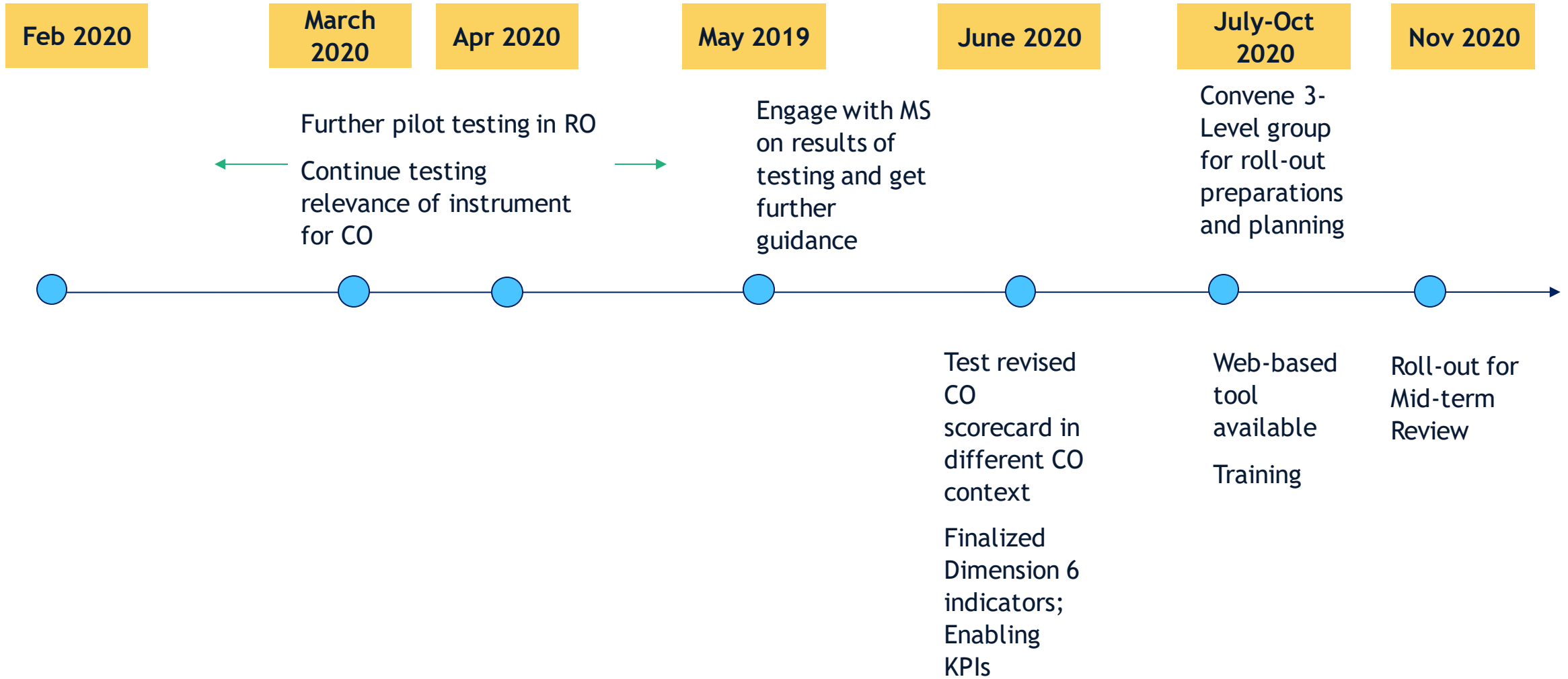
- Four point scoring scale (between 1 and 4, where 4 - strong, 3 - Satisfactory, 2 - Developing, 1 - Emergent). A differentiation between the scores in the scale for each attribute is provided.

# Application and Scoring Options





# Timeline of Output Scorecard Development / Roll-Out



# 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

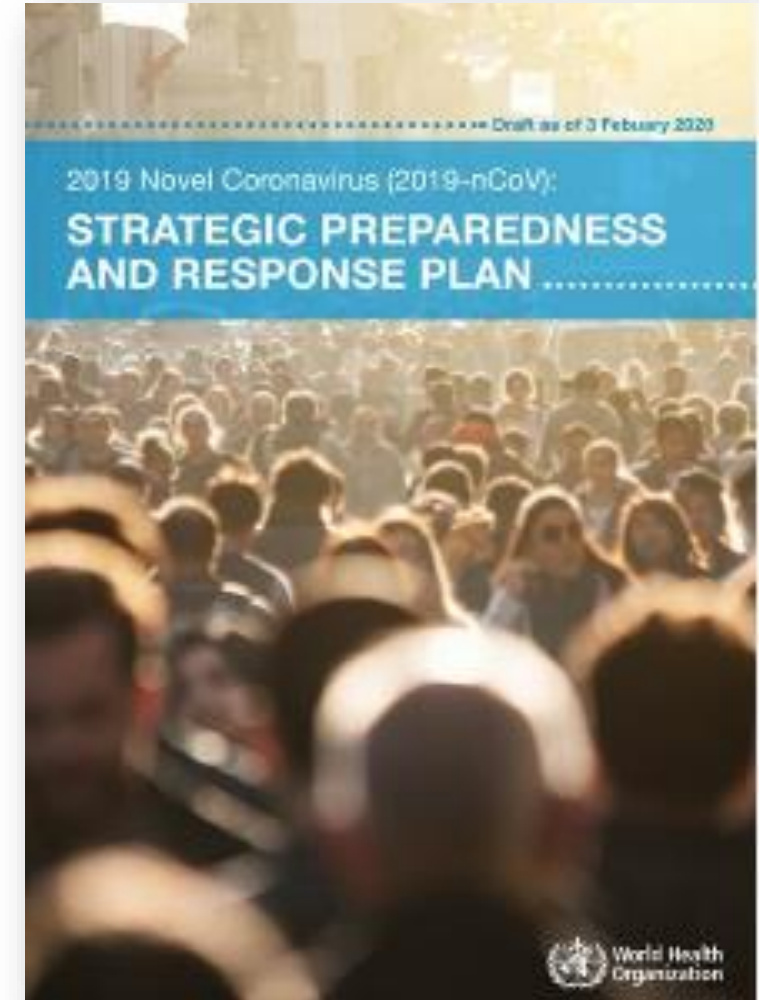
Telling the story behind the numbers and enhancing:

## 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

Immediate response by Indonesian health authorities, WHO and partners contained a vaccine-derived polio virus outbreak

In early 2019, new cases of vaccine-derived poliovirus type 1 (VDPV1) were confirmed in Papua province, causing Indonesia to declare a polio outbreak. This followed the report of an acute flaccid paralysis (AFP) case with onset of paralysis detected in an unvaccinated child of 31 months in November 2018. Detailed in [WHO Weekly Epidemiol. Rec.](#)



**THE CAMPAIGN**



From the 12th edition of the [Annual Report](#)

# 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)

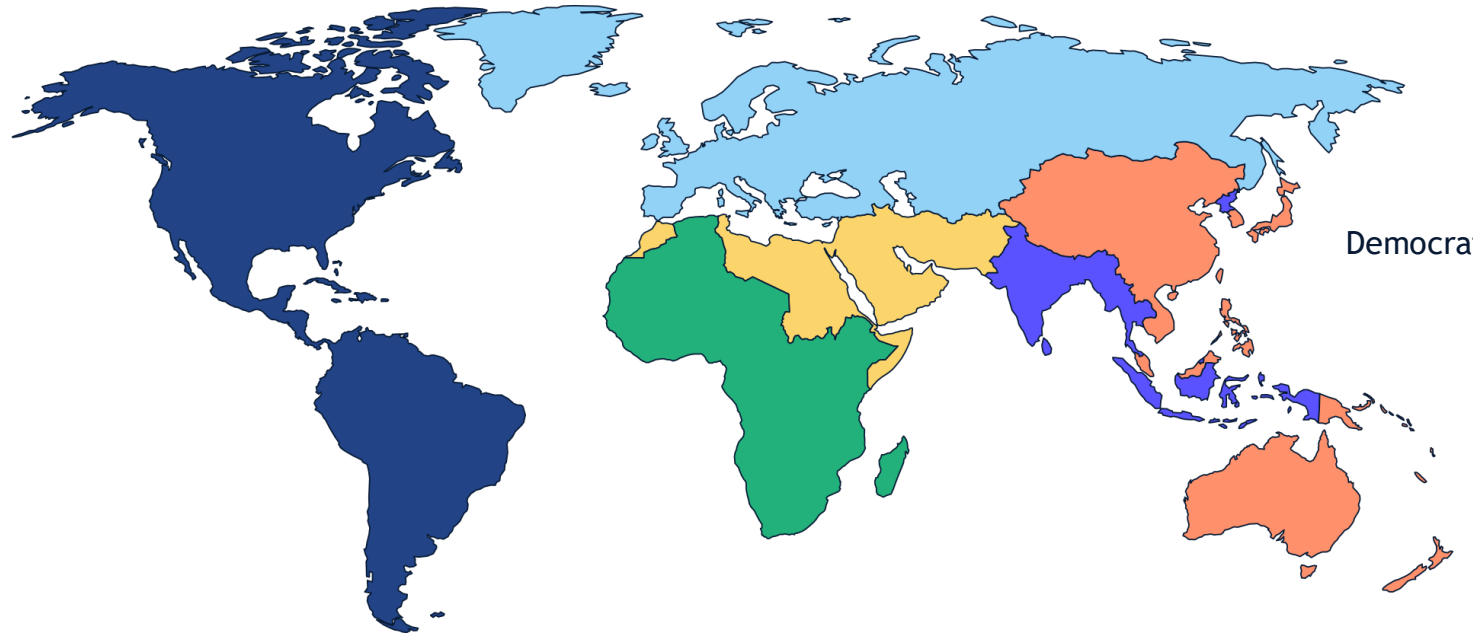
Brazil  
Costa Rica

## 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)

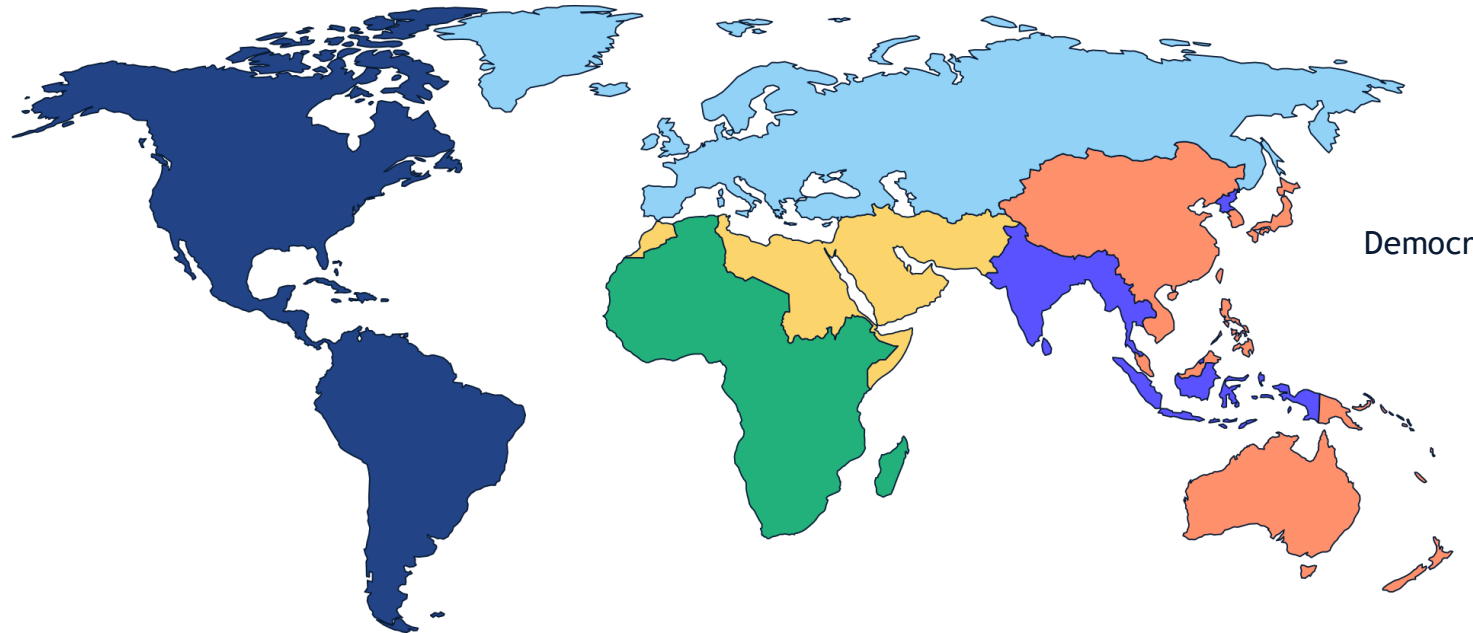
Brazil  
Costa Rica

## SEARO (South-East Asia)

Bangladesh  
Bhutan  
India  
Indonesia  
Democratic People's Republic of Korea  
Maldives  
Myanmar  
Nepal  
Sri Lanka  
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## Zoom Speaker Instructions

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# Agenda

- Overview of the Results Framework
- Pilot Report Status
- **Closing Remarks**

**Thank you**



World Health  
Organization

# 13<sup>th</sup> General Programme of Work

## 2nd Global Technical Consultation

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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:

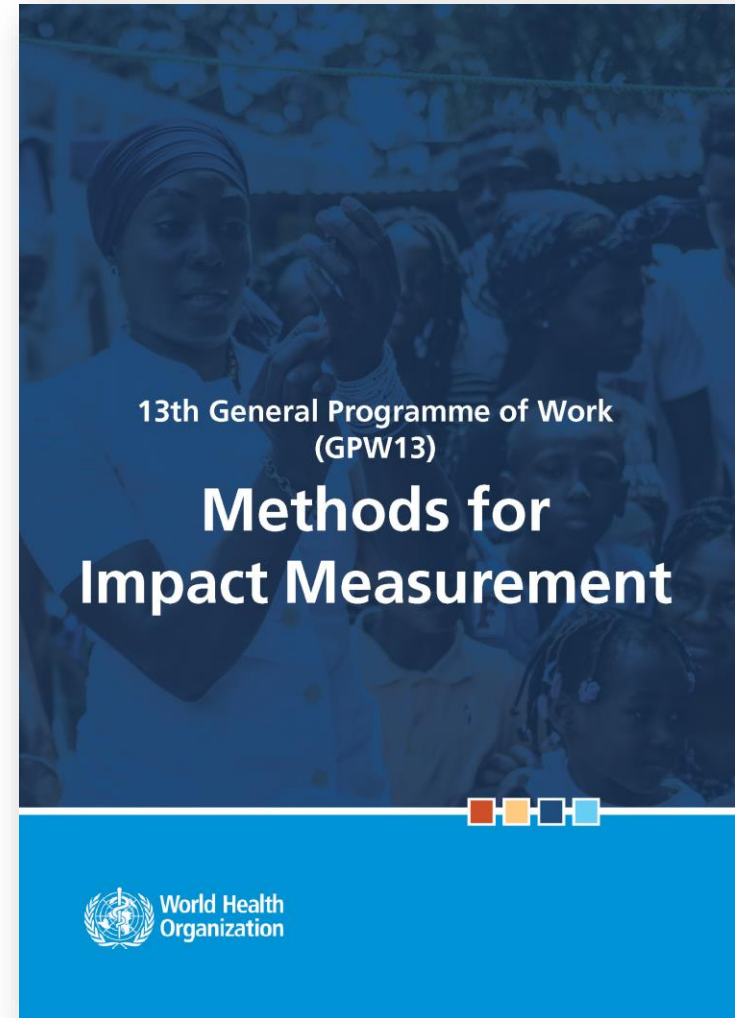
- Shaped by feedback from consultations
- Are kept straightforward and SDG based

## Report focus is on calculation of the Triple Billions:

- Background/ context/ input data
- Method for counting each billion
- Illustrative examples

## Also includes:

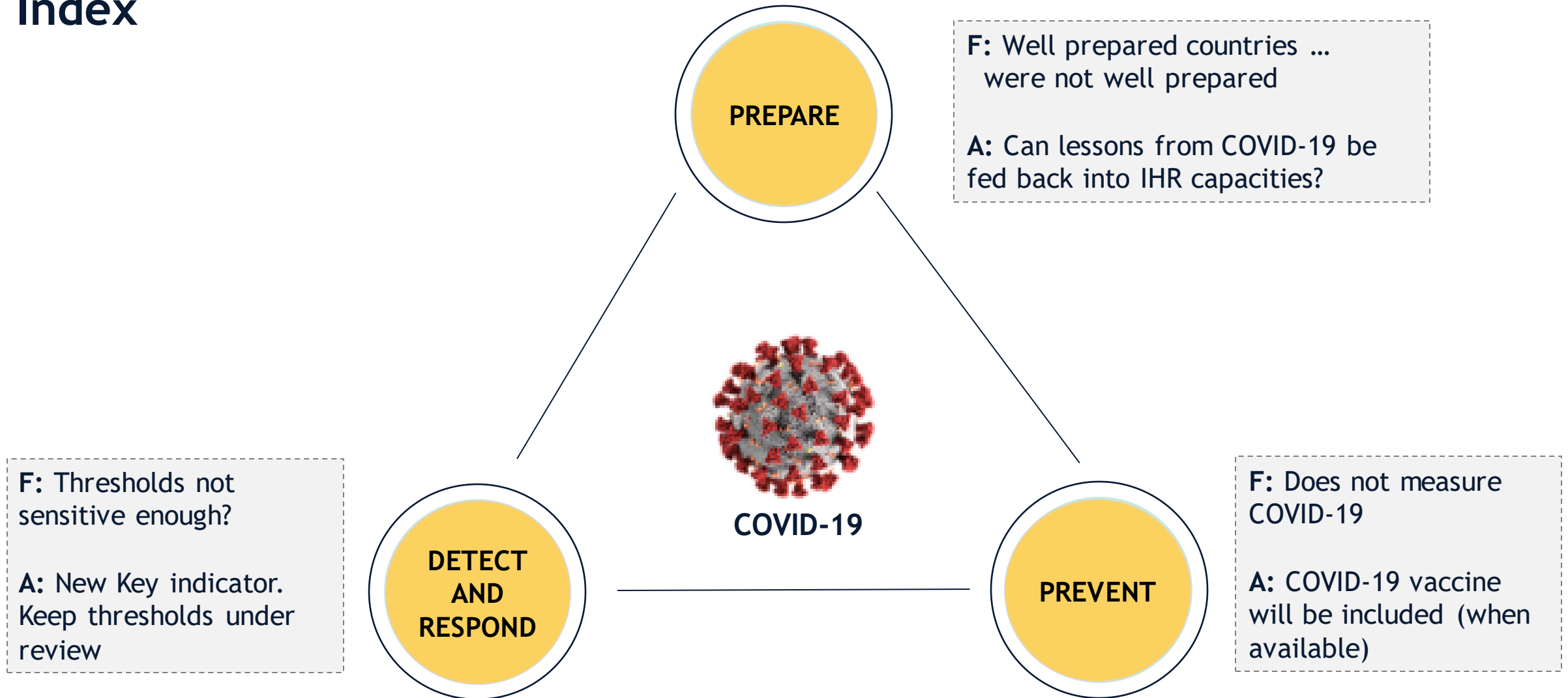
- HALE
- Equity



Final version due to be published in May 2020  
Latest draft version available: [bit.ly/GPW13](https://bit.ly/GPW13)

Submit feedback directly to: [gpw13@who.int](mailto:gpw13@who.int)

# Feedback in context of Covid-19: Health Emergencies Protection Index



COVID-19 is not finished: Wait and learn

# Triple Billion Dashboard

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

**A measurable impact**

Tracking the work of WHO, countries, regions and partners to meet the Triple Billion targets and health-related SDGs.

[Learn More](#)

### Tracking the triple billion targets

**Universal Health Coverage**

One billion more people benefiting from Universal Health Coverage, monitored on two dimensions (coverage of essential health services and avoiding financial hardship) and tracked via 15 indicators.

[Global progress](#)

[Country progress](#)

**Health Emergencies Protection**

One billion more people better protected from Health Emergencies, tracked via six indicators.

[Global progress](#)

[Country progress](#)

**Healthier Populations**

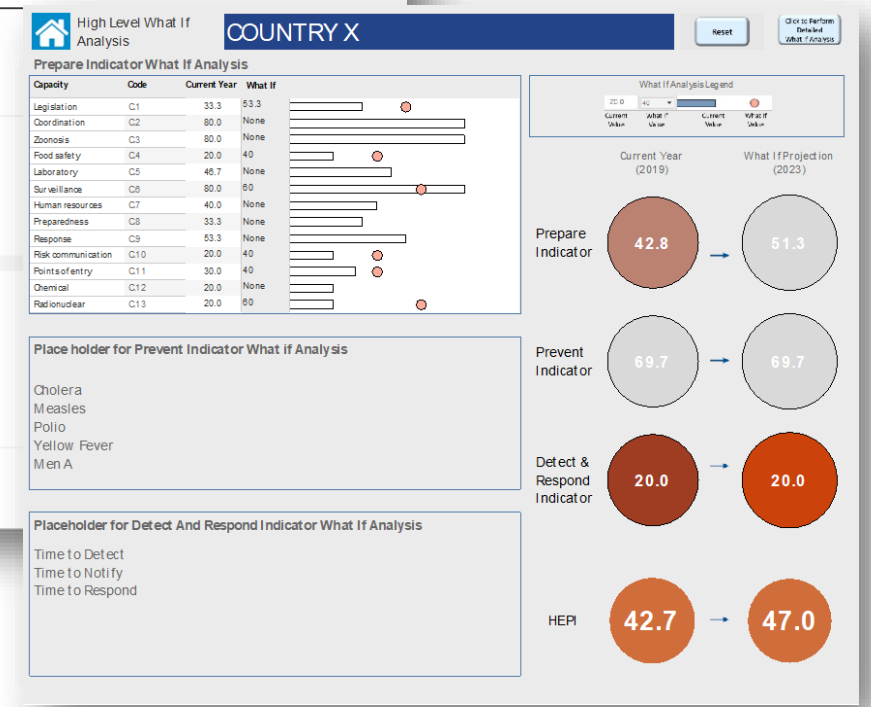
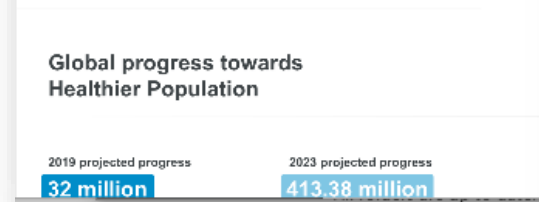
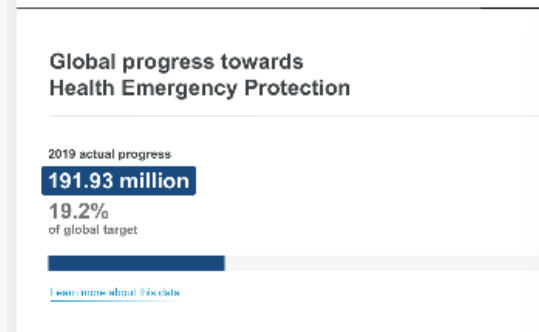
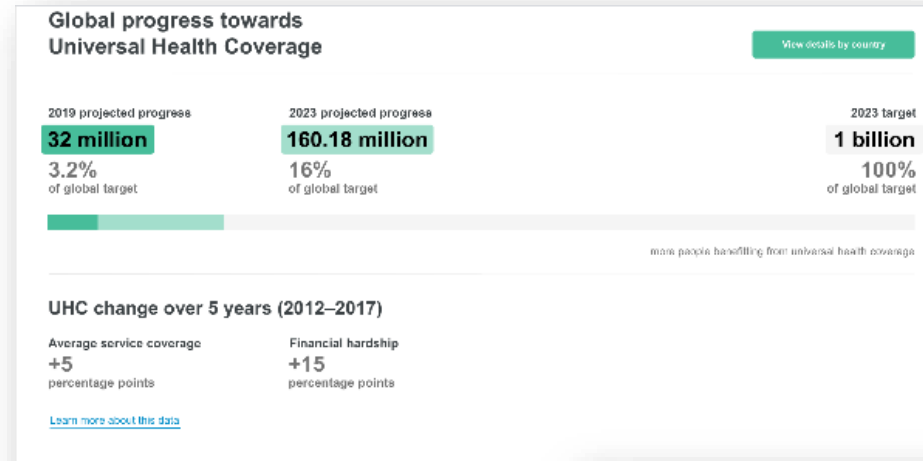
One billion more people enjoying better Health and Well-being, tracked via 16 SDG indicators.

[Global progress](#)

[Country progress](#)

# 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 story boards



# 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.



Transforming data into impact



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

# 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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Mauritius

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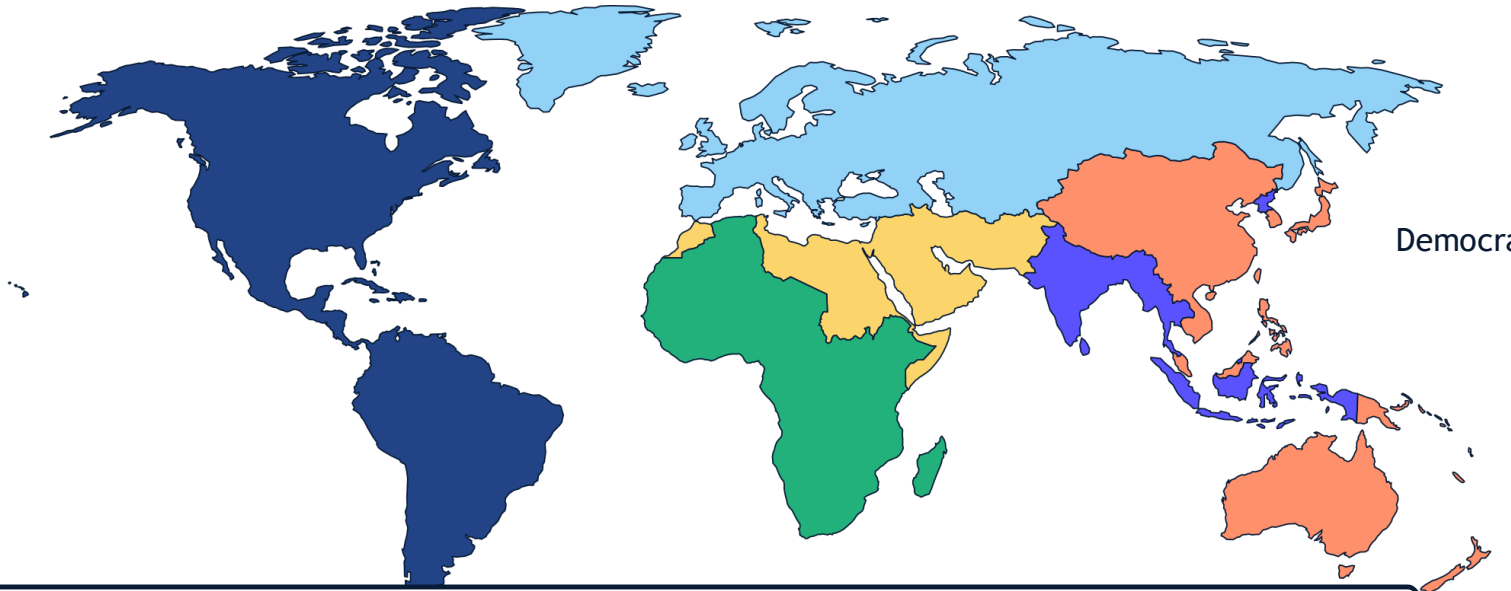
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# | Agenda

- 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



Department of Health, Philippines

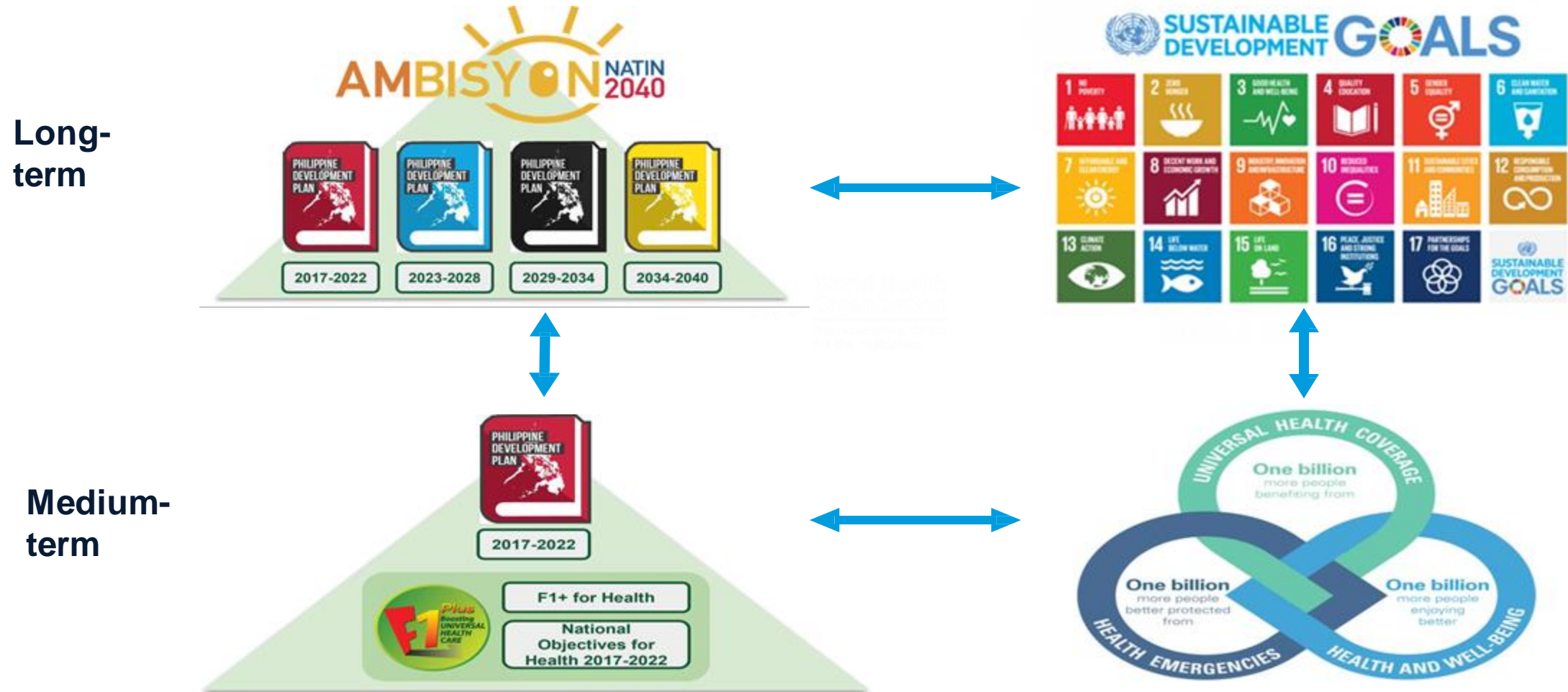


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# Aligning change agendas and Development of Health Sector Goals and Objectives



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# Selection and streamlining of the performance indicators that will measure the health sector performance

	NOH 2011-2016	NOH 2017-2022
<b>Development process</b>	Consolidation of program inputs	Consultative
Approach	Programmatic	Systemic
Framework	No unifying theoretical framework	With clear theoretical framework
Coverage	Financial risk protection, health support systems, better health outcomes, access to quality facilities	Equitable health care financing, responsive health systems, better health outcomes Financing, service delivery, regulation, governance, performance accountability
<b>Total number of indicators</b>	211	55
% with available data	63%	82%*
<b>Alignment</b>	Aligned to health medium-term plan (Kalusugan Pangkalahatan)	Aligned to F1 Plus (medium-term health plan), SDGs, Philippine Development Plan, Ambisyon Natin 2040

\*Methodology for unavailable data is to be developed through commissioned studies



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# Linkage of health plans to national plans and accountability of DOH vis-à-vis the different health sector players



Department of Health, Philippines



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# Status of UHC Implementation in the Philippines



- UHC Act of 2019 signed on Dec 20, 2019
- Implementing Rules and Regulations signed on Oct 10, 2019
- Ongoing development of operationalization guidelines for UHC
  - Consultation with stakeholders
  - Strategic Planning Workshop: UHC Advance Integration Sites

*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)*



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# 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



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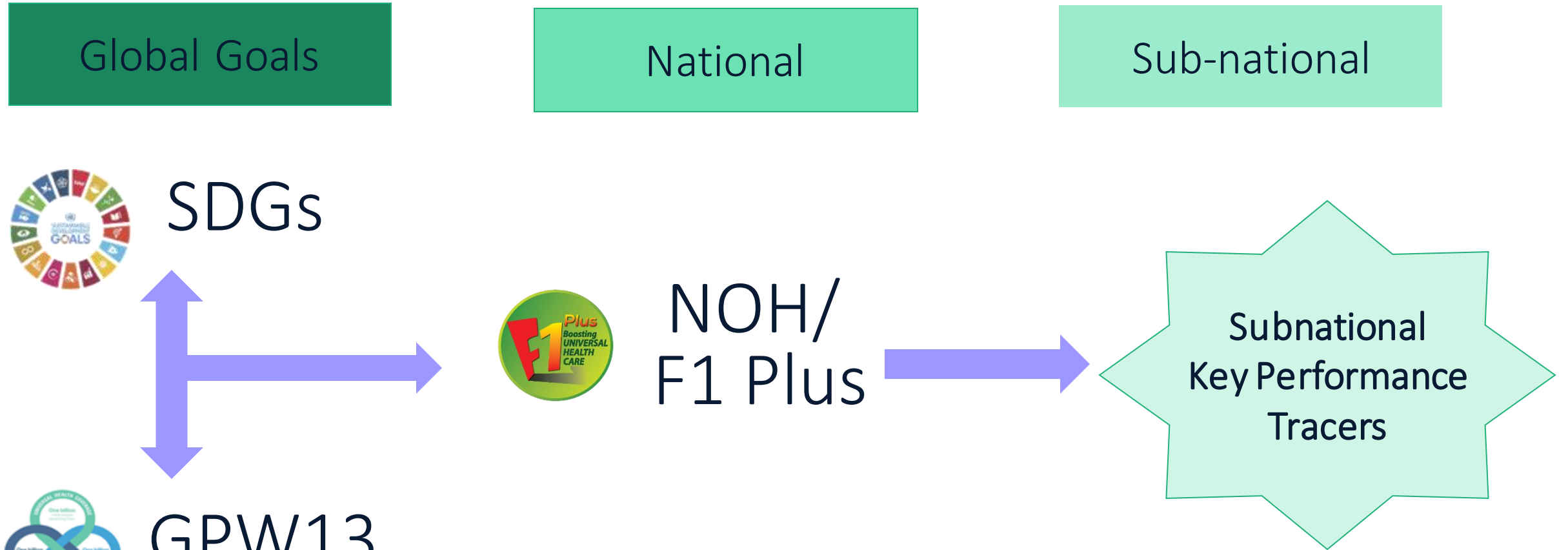


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# Tracking UHC performance



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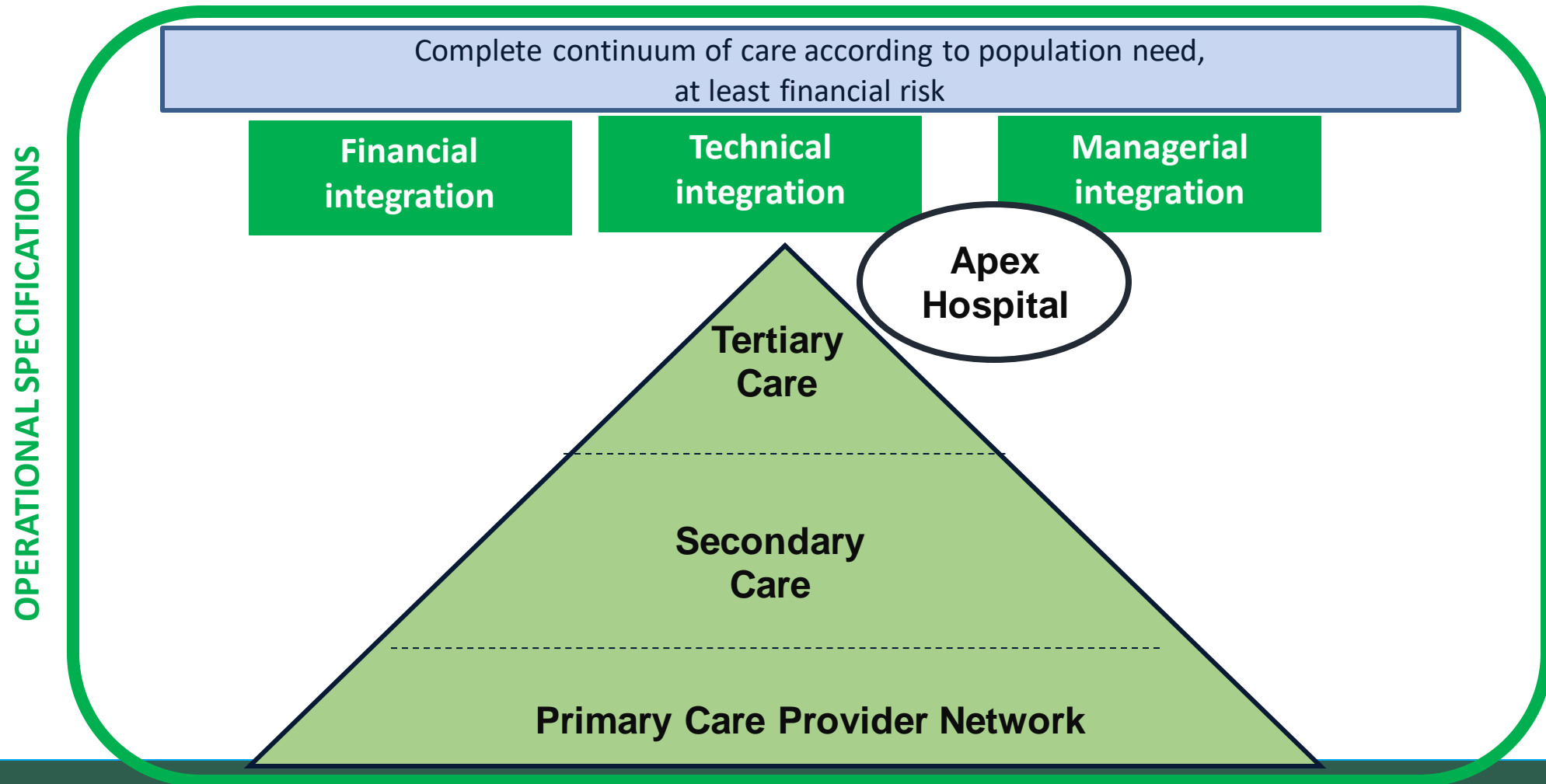
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# UHC delivery model

## PROVINCE -WIDE HEALTH SYSTEM



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# 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



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# UHC Performance Management



**Track  
Progress**



**Localize  
Indices**



**Provincial  
Aggregation**



**Improve  
Data**



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# 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.



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# Presentation at WHA 2020

*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.*



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*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 bassline 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

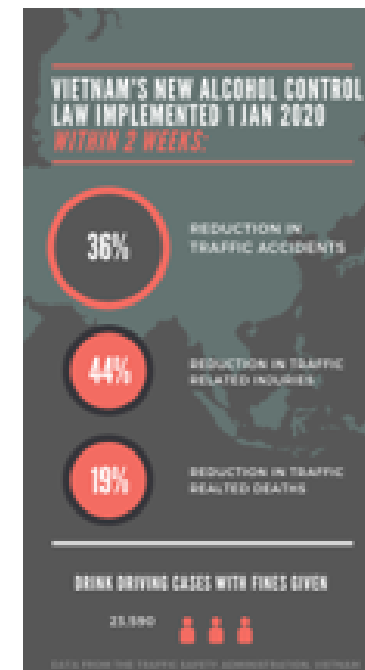
### Alcohol legislation in Vietnam: a story of successful advocacy to address a growing public health problem

Alcohol use in Vietnam has increased dramatically in the past two decades, with the average annual consumption of pure alcohol among adults (age 15 and older) increasing 77% between 2010 and 2016, when it reached 8.3 liters per person.<sup>1</sup> This is the equivalent of every adult drinking an average of 467 bottles of beer per year, and is higher than most other countries in the Western Pacific region. In addition, the prevalence of heavy episodic (binge) drinking among adult men increased >75% from 2010 to 2016 (from 25% to 44%),<sup>2</sup> and underage drinking was already common by 2008 – with nearly half (47.5%) of 14-17 year olds reported drinking alcohol.<sup>3</sup>

The impact of this heavy alcohol use has been equally dramatic. According to the Global Burden of Disease study, 79,000 deaths or 12% of all mortality in 2016 were associated with alcohol use (e.g., from conditions like cirrhosis). In addition, national surveys found that around one-third of all road accidents involving men and 20% of those involving women are alcohol-related, and that one-third of women had experienced some form of harm due to their partner's or husband's heavy drinking.<sup>4,5</sup>



WR in Viet Nam joins with leaders of the Government, National Assembly Social Affairs Committee and people of Hanoi in a march to show support for the alcohol control law



WHO has been advocating to curb the harmful use of alcohol in Vietnam since 2012, through on-going high-level dialogue with the Ministry of Health, at partner meetings, and other events. These efforts helped lead to the National Assembly's approval in 2017 for the drafting of a new alcohol control law, for which WHO provided technical support to the multi-sectoral Drafting Committee. WHO continued its advocacy over the next two years to ensure the law's passage, with strong leadership by the WHO Representative and the participation of all levels of WHO. Key among these activities were a letter sent by the Regional Director in 2018 to the Chairperson of the National Assembly highlighting "best buys" for alcohol control; the issuance of statements and letters to top policymakers refuting false claims about the law by the alcohol industry that was lobbying hard to nullify or weaken it; and a public workshop, co-organized by WHO and the MOH in April 2019 to advocate for the law and provide evidence-based answers to key questions and concerns prior to the National Assembly's meeting to discuss the law.

These efforts, as well as a large public protest in Hanoi following three drunk-driving-related deaths, culminated in the law's passage in June 2019, with almost all original provisions intact. These include restrictions on alcohol advertising, including a ban on radio and TV ads from 6-9 p.m.; restrictions on the sale of alcohol, including a ban on all sales to



# Country Case Studies

## An Example: Ethiopia

**Problem:** Persistent Trachoma and related morbidity (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 managers, monitoring and advocacy to reach those left behind, >\$800K grant from AFRO for NTD elimination

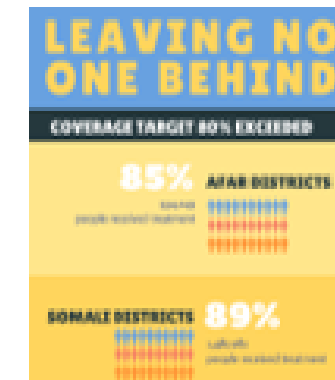
**Impact:** Coverage targets exceeded in remote districts with anticipated TF elimination - pending 2020 surveys

### Leaving no one behind: reaching 100% geographic coverage with mass drug administration to eliminate trachoma as a public health problem in Ethiopia

Ethiopia is more affected by trachoma – the leading infectious cause of blindness – than any other country in the world. In 2019, 72 million people (71% of its population) were living in districts where the active (inflammatory) trachoma component of the disease was considered a public health problem, defined as having a prevalence rate of “trachematous inflammation—follicular” (TF) of ≥5% among children aged 1–9 years. This represented 51% of the global endemic population. Thus, eliminating trachoma as a public health problem in Ethiopia will be a major step towards its elimination worldwide.

WHO is working with partners to eliminate trachoma worldwide using a package of interventions known as the SAFE strategy – S for surgery, A for antibiotic distribution, F for facial cleanliness, and E for environmental improvement (particularly improved access to water and sanitation). The aim is to reach 100% geographic coverage of the A, F and E interventions in all districts with a TF prevalence of ≥5%.

With assistance from WHO and several NGO partners, including the posting of a full-time WHO technical advisor for trachoma in the Ministry of Health for two years, Ethiopia has made considerable progress in implementing the SAFE strategy in the past decade, and has reached the elimination threshold of TF prevalence below 5% in 133 of the country's 726 previously-endemic districts. Progress in implementing mass drug administration (MDA) using antibiotics has especially been made in relatively accessible districts with high TF prevalence rates (≥10%) and where international NGOs have provided support. However, until late 2019, there were still 48 districts with TF rates between 5.0% and 9.9% that were in more remote, arid regions with poor access to safe water (Afar, Somali and Oromia), where MDA had yet to take place.



With the goal of leaving no one behind and reaching 100% geographic coverage, the WHO Country Office advocated to the MOH for MDA in these 48 districts and, with AFRO, helped secure an \$834,000 grant from AFRO's Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN). WHO support also included collaborating with the MOH and partners on the annual training of trainers for regional NTD managers, and monitoring progress of the cascade training down to the district level.]

Despite challenges in reaching these remote, largely nomadic populations, >2.4 million children and adults received azithromycin in Afar and Somali regions between December 2019 and February 2020, for a coverage rate of



Mass drug administration for trachoma in Afar region, Somali region