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
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 Agenda 2030 or SDGs and GPW 13 Programme Budget (outcome 4.1 on data and innovation)
- Report annually to Member States

GPW13 Impact Framework: three levels of measurement

- Programmatic targets and indicators
- UHC Index
- Health emergency protection Index
- Healthier populations Index
- Healthy life expectancy (HALE)
**Principles**

- Strengthen country capacity
- Use SDGs and World Health Assembly resolutions
- Avoid additional data burden on countries
- Country relevant
- Focus on equity
- Select indicators that will, by being tracked, accelerate progress with health improvements

**Programmatic Targets**
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
### Current UHC index (service coverage)

<table>
<thead>
<tr>
<th>Tracer topic</th>
<th>Current indicator</th>
<th>Data &gt;2010 (# countries)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. RMNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>Family planning (3.7.1)</td>
<td>112</td>
</tr>
<tr>
<td>Pregnancy care</td>
<td>Antenatal care (4+ visits)</td>
<td>98</td>
</tr>
<tr>
<td>Immunization</td>
<td>3 of diphtheria-tetanus-pertussis</td>
<td>193</td>
</tr>
<tr>
<td>Child treatment</td>
<td>Child pneumonia care-seeking</td>
<td>94</td>
</tr>
<tr>
<td><strong>2. Infectious disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>TB treatment</td>
<td>187</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV treatment</td>
<td>136</td>
</tr>
<tr>
<td>Malaria</td>
<td>Bed nets</td>
<td>29</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>Improved sanitation</td>
<td>176</td>
</tr>
<tr>
<td><strong>3. Noncommunicable disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>Hypertension treatment</td>
<td>110</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes treatment</td>
<td>89</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Tobacco use (3.a.1)</td>
<td>129</td>
</tr>
<tr>
<td><strong>4. Service capacity &amp; access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital access</td>
<td>Hospital bed density</td>
<td>163</td>
</tr>
<tr>
<td>Health worker density</td>
<td>Physician, Surgeon, Psychiatrist</td>
<td>188</td>
</tr>
<tr>
<td>Health security</td>
<td>International Health Regs (3.d.1)</td>
<td>192</td>
</tr>
</tbody>
</table>
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)
**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 countries
  - Follow GATHER guidelines
  - Consult with countries
  - Publish in a peer reviewed journal
  - Submit to Interagency Expert Group on SDG indicators (IAEG-SDGs)
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
### Healthier Populations

![Healthier Populations Diagram](image)

#### 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
Healthy Life Expectancy (HALE) and the triple billion targets

**Attainment by all peoples of the highest possible level of health**

- 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

<table>
<thead>
<tr>
<th>LE</th>
<th>HALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good Health</td>
</tr>
</tbody>
</table>
Data flow

- Input data collected from countries’ original sources, UN system databases, publicly available databases
- Checked for accuracy, data quality, and validation in compliance with Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER)
- Preliminary country estimates generated for indicators
- Country consultation and validation of the draft estimates
- Country feedback incorporated for final estimates

WHO is aligned with IAEG-SDGs dataflow workgroup guidelines

Closing and Next Steps

- Accelerate strengthening country capacity
- Continue Member States’ engagement
- Implement a coherent data and health information strategy
- Data and statistics for policy and impact
- Foster partnerships and collaboration with National Statistics Offices, UN partners, international organizations, academic institutions and multi-sector stakeholders
  - 50th Stats Com event – coordinating mechanism NSO and health sector for effective monitoring of health and health related SDGs