World Health Organization

Proposed programme budget 2020–2021

Thirteenth General Programme of Work, 2019–2023

WHO Impact Framework

Report by the Director-General

1.   The Executive Board, at its 144th session in January 2019, considered an earlier version of this report.[1] In noting the report,[2] the Board agreed to the organization of intersessional consultations prior to the Seventy-second World Health Assembly to enable Member States to discuss and finalize the Impact Framework. The present document has been revised in light of Member States' comments, both at the Executive Board in January 2019 and during the informal consultations held in Geneva in April 2019. It provides an overview of the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 (GPW 13), including its rationale and implementation plan.

Justification for adoption of the GPW 13 WHO Impact Framework

2.   The GPW 13 WHO Impact Framework makes measurable the triple billion targets of the Thirteenth General Programme of Work, 2019–2023 (GPW 13), which were approved by the Seventy-first World Health Assembly, in May 2018 (resolution WHA71.1).

3.   The aims of the GPW 13 WHO Impact Framework are to make a measurable impact on people's health at country level; increase the likelihood that the triple billion targets will be met; accelerate progress towards the Sustainable Development Goals (SDGs); transform how WHO works by anchoring commitments in measurable results; provide a means of tracking the joint efforts of the Secretariat, Member States and partners; and strengthen country data and information systems for health.

Overview of the Framework

4.   The Framework is a three-layer measurement system:

   1.   *Programmatic indicators and milestones.* The programmatic milestones cover a range of health issues and provide a set of measurement indicators that will be used to measure the outcomes in the programme budget. The programmatic milestones and the corresponding indicators are designed to be flexible. Countries will select their priorities and track progress on

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[1] Document EB144/7.

[2] See the summary records of the Executive Board at its 144th session, third meeting, section 2 and fourth meeting.

selected targets using the associated indicators. Not every country will track every target or indicator.

2.   *The triple billion targets*. The triple billion targets are 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies and 1 billion more people enjoying better health and well-being. The goal will be to achieve the triple billion targets by 2023. Each of the triple billion targets will be measured using composite indices as described below.

3.   *Healthy Life Expectancy (HALE)*. HALE quantifies expected years of life in good health at a particular age and can be considered a summary measure of the overall health of populations. It is proposed to use HALE within GPW 13 as an overarching and comparable measure of the impact of the triple billion targets.

Proposed implementation plan

5.   The development of the WHO Impact Framework is being undertaken in two stages. The first stage is being presented at the Seventy-second World Health Assembly, in May 2019. A second stage, to follow over the coming year, will involve refining methods with appropriate discussion and engagement with Member States.

Stage 1. Indicators incorporated into the programme budget 2020–2021

6.   The initial stage, which is required in order for GPW 13 to progress, is for the programme budget and the associated programmatic indicators to be approved. The programmatic indicators are described in the following paragraphs and are identical to those listed in the Proposed programme budget 2020–2021.[1]

Stage 2. For development and finalization in 2019–2020

7.   Further development and finalization will include (a) refinement of the numerical milestone values for each of the programmatic indicators; (b) elaboration of the methods for calculating each of the triple billion indices; and (c) selection of additional indicators by the Secretariat, in continued consultation with Member States.

8.   The programmatic and triple billion milestones will be implemented over the five-year period of the GPW 13. The current programme budget period covers the first two years of that period.

Programmatic indicators and milestones

9.   The programmatic milestones aim to cover a wide range of health issues that are important for global health and aligned with the SDGs. The milestones have been developed by WHO technical programmes and have undergone consultation with Member States and review by partners.

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[1] See document A72/4.

Linking programmatic indicators to the programmatic budget

10.   The programmatic indicators are intended to provide a flexible approach in which Member States select their own priorities. Countries are therefore able to target their efforts according to their specific local health needs. With support from WHO, countries have identified priorities from the programmatic milestones and incorporated these into Country Support Plans. Countries will track progress using the associated programmatic indicators. Not all milestones will be selected in every country, thereby focusing Member States on reporting the most important country-identified issues.

Choice of programmatic indicators

11.   Annex 1 provides a full list of the proposed 46 programmatic indicators, 38 of which are SDG indicators. The eight non-SDG indicators, which were approved in World Health Assembly resolutions and have been selected for GPW 13, cover antimicrobial resistance (AMR) (infections due to AMR; antibiotic consumption); polio; risk factors for noncommunicable diseases (obesity; blood pressure; trans-fats); and emergency-related factors (vaccination for emergencies, essential health services for vulnerable populations).

Possible additional indicators

12.   Other public health priorities, such as service coverage for severe mental disorders, care dependency in older adults, cervical cancer screening and palliative care, are areas for which additional milestones and indicators will be considered once better data become available.

Programmatic milestone numerical values

13.   WHO is currently working, including with SDG Goal 3 Global Action Plan partners, to define 2023 values for the SDG 2030 targets. This will serve as a milestone midway through the SDG period to check whether progress is on track. The baselines for these indicators and milestone values for 2023 will be provided in a baseline report to be prepared later in 2019.

Triple billion indices

Universal health coverage index

14.   A combined measure of service coverage and related financial hardship will be used to monitor progress towards the GPW 13 milestones. The combined measure is defined as the proportion of a population with service coverage and not experiencing financial hardship due to large spending on health in a country in a given year. Consistent with SDG indicator 3.8.1, the principle of tracer indicators is used to assess service coverage. Financial risk protection will be measured by means of the fraction of households receiving health care and not facing large spending on health in a given year (see SDG indicator 3.8.2). Equity in universal health coverage will be addressed by examining the age group (life course) and sex distribution of people included in the baseline data and increases in universal health coverage. The component parts of this index are described below.

Service coverage

15. The Secretariat will continue to use the index to measure service coverage that has been approved by the Inter Agency Expert Group on SDGS (IAEG-SDGs), which reviewed and approved the 2017 service coverage index at its seventh meeting, in April 2018. This essential services coverage index combines the component tracer indicators into an overall index (Annex 2). The 14 tracer indicators measure coverage of a subset of services that reflects various dimensions of the overall coverage of health services. These indicators together serve as tracers to monitor all services to represent overall coverage. The tracer indicators are grouped into reproductive, maternal, neonatal and child health services; treatment for infectious diseases; the prevalence of noncommunicable disease risks (high blood pressure, raised blood glucose and tobacco use); and service capacity and access (measured by hospital bed density, health worker density and International Health Regulations reporting).

16. There is widespread recognition among the Secretariat and United Nations partners that this index measures "crude" coverage and does not capture "effective" coverage, that is, whether people who need health services are receiving the services with sufficient quality to produce the desired health gain. The Secretariat has begun work on an updated index that categorizes tracer indicators by type of care (promotion, prevention, treatment, rehabilitation and palliation) and by age group (life course). Where possible, an existing GPW 13 or SDG indicator will be used as long as the indicator is a tracer for "effective" coverage as defined above. To ensure consistency with SDG indicator 3.8.1, the Secretariat updated the methodology and sought approval of the IAEG-SDGs in November 2018 for that update, which now incorporates several of the SDG Goal 3 indicators. The IAEG-SDGs agreed that there was a need to make progress towards measuring "effective" coverage and recommended that in the interim the Secretariat continue to use the current service coverage index. Once the methodological work related to the updated index has been completed, peer-reviewed and piloted in some countries, the Secretariat will approach the IAEG-SDGs to request approval of the updated methodology.

17. The updated service coverage index will combine the component tracer indicators into an overall indicator by weighting each tracer indicator by the potential health gain achieved through each bundle of interventions proxied by that indicator. The universal health coverage index will be converted into population counts to estimate the number of people who receive effective services and will be adjusted with the figures for financial protection (see below) to measure progress towards the target of 1 billion more people benefiting from universal health coverage. These details will also be provided in the methodology document.

Financial hardship due to large spending on health

18. Financial hardship occurs in two settings: when a household has to pay a very large share of its disposable income on health services (catastrophic payments) or when payment for health services pushes the household below the poverty line (impoverishing payments). A household should be deemed to have experienced financial hardship when either or both occurs. In practice, the definition of catastrophic payment requires the selection of a threshold of total household expenditure or a threshold of non-basic needs expenditure in a given year. The current WHO measure of catastrophic payment is the fraction of households with more than 10% or more than 25% of total household expenditure on health care in a given year. Using the 10% threshold, some countries have very large percentages of households with catastrophic payment. The 25% threshold, however, is very high. Alternative thresholds such as 15% or 20% may be more appropriate. Household surveys will be analysed to determine an appropriate threshold to measure financial hardship.

Health emergency protection index

19.   The target of 1 billion more people better protected from health emergencies is consistent with SDG target 3.d and SDG indicator 3.d.1 and the 2016 report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response.[1] Progress towards the target will be measured using a health emergencies protection index, consisting of three tracer indicators that capture activities to prepare for, prevent, and detect and respond to health emergencies (Annex 3). The three tracer indicators are outlined below.

20.   For the Prepare indicator, attainment of core capacities required by the International Health Regulations will be measured in countries. This indicator is the mean of country implementation of all 13 self-reported core capacities, using external benchmarks to adjust for self-report bias.

21.   For the Prevent indicator, countries will be assessed on their capacity to prevent epidemics and pandemics by using a safe public health measure, namely vaccination. Immunization is a key element to tackle preventable epidemic diseases and leads to the control and elimination of high-threat infectious hazards. The indicator will measure the mean vaccine coverage of groups at risk of epidemic-prone diseases.

22.   For the Detect and respond indicator, countries will be assessed on the timeliness of detection of and response to public health events, including outbreaks and emergencies. Timeliness is measured by the time taken to detect, report, confirm and respond to a public health event. The indicator measures the proportion of public health events detected and responded to in a timely fashion.

23.   The health emergency protection index is the mean value of the indicators of the capacity to prepare, prevent, and detect and respond. On the basis of that value, countries can be categorized into one of five levels of health protection, which describe their overall level of protection from health emergencies. Progress towards this 1 billion target will be measured by the total population in countries having stepped up from one level to the next, which encourages incremental progress in all countries.

Healthier population index

24.   The healthier population 1 billion target focuses on the impact of multisectoral interventions influenced by policy, advocacy and regulatory approaches stewarded by the health sector. The priority indicators (Annex 4) are selected from the programmatic milestones, based on the decreased burden of disease achieved by addressing various social, environmental and behavioural risks through policy, advocacy and regulatory interventions.

25.   The healthier population index will use a lives improved approach, namely totalling the number of individuals affected by improvements in each of the component indicators.

26.   Further development of the indices will continue to be undertaken by the Secretariat along with Member States.

27.   Although the three indices (universal health coverage index, health emergency protection index and healthier population index) and the programmatic milestones and related indicators are in the current GPW 13 measurement system, the Secretariat will continue to improve the measurement of areas such as primary health care, and other areas as they apply to universal health coverage. The Secretariat will

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[1] Document A69/21.

also continue to monitor the other indicators that it currently uses to inform, monitor and evaluate policies and programmes in countries.

Strengthening country data and information systems for health

28.   Strengthening data and information systems for health is a key pillar of the GPW 13 measurement system. When effective data systems are in place, health care can be more rapidly and more efficiently targeted to where it is most needed, saving lives and saving on resources. Nevertheless, the Secretariat recognizes that additional reporting by Member States should be kept to the minimum. This concern is addressed on two levels. First, countries are able to select which programmatic milestones (and indicators) to focus on and are not required to report on all indicators. Second, all but a few of the programmatic milestones are measured by either SDG indicators or World Health Assembly-approved indicators that are already being monitored.

29.   Strengthened country data collection systems, as well as a strengthened capacity to analyse and use data, will support progress towards both GPW 13 and the SDGs. The WHO Secretariat will work alongside national statistical offices and other partners with the specific aim of empowering countries to be able to analyse, interpret and track progress and thus make maximal use of their data.

30.   The following data and health information strengthening measures are proposed.

(1)   *Strengthening country health information systems.* Robust country health information systems, such as administrative level data, vital registration systems (including cause of death), household and facility surveys and diseases registries, are core to obtaining timely accurate health data. WHO will work with countries to set up or improve their data systems.

(2)   *Addressing gaps in data*. Where there is little or no existing data, well planned survey methods supported by appropriate modern technology are both practical and invaluable. WHO plans to launch the World Health Survey Plus (WHS+) – a multi-topic, multimode and multiplatform approach that will provide future standards for household health survey data. The surveys will link to administrative and facility data sources and leverage existing partnerships.

(3)   *Data quality and standard-setting*. The WHO Secretariat will support countries to improve the quality and timeliness of data by providing and improving norms, standards and tools for data governance, collection, storage and dissemination.

(4)   *Disaggregation of data.* Disaggregation of health data allows for better understanding of specific needs and thus reducing health inequalities. WHO will provide support and guidance to countries to improve the disaggregation of health data by age, gender, administrative region and other key equity stratifiers.

(5)   *Analytic methods.* Countries will be supported to analyse their data and track progress. Clearly documented methods will be provided, along with tools for calculation of the programmatic indicators, triple billion indices and HALE index.

(6)   *Transparency.* WHO will make available all input data, metadata and calculation parameters required for the programmatic milestones and indicators and for the estimation of indices.

31.   Country consultation will continue to take place as the final step in the preparation of country estimates, as per current procedures established by the Secretariat.

32.   Additional information on the Impact Framework milestones, indicators and metadata can be found on the WHO website.[1]

ACTION BY THE HEALTH ASSEMBLY

33.   The Health Assembly is invited to note this report.

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[1] See the WHO 13th General Programme of Work (GPW 13) Impact Framework: targets and indicators. Geneva: World Health Organization; 2018 (http://www.who.int/about/what-we-do/GPW13_WIF_Targets_and_Indicators_English.pdf?ua=1, accessed 6 December 2018) and the 13th General Programme of Work (GPW13). WHO Impact Framework: indicator metadata. Geneva: World Health Organization; 2018 (http://www.who.int/about/what-we-do/GPW13_WHO_Impact_Framework_Indicator_Metadata.pdf?ua=1, accessed 6 December 2018).

ANNEX 1

PROGRAMMATIC INDICATORS AND MILESTONES

SDG/WHA Indicator number	Indicator	2023 Milestone
SDG 1.5.1	Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population	Reduce the number of deaths, missing persons and persons affected by disasters per 100 000 population
SDG 1.a.2	Proportion of total government spending on essential services (education, health and social protection)	Increase the share of public spending on health by 10%
SDG 2.2.1	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Reduce the number of stunted children under 5 years of age by 30%
SDG 2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (wasting)	Reduce the prevalence of wasting among children under 5 years of age to less than 5%
SDG 2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (overweight)	Halt and begin to reverse the rise in childhood overweight (0–4 years)
SDG 3.1.1	Maternal mortality ratio	Reduce the global maternal mortality ratio by 30%
SDG 3.1.2	Proportion of births attended by skilled health personnel	
SDG 3.2.1	Under-5 mortality rate	Reduce the preventable deaths of newborns and children under 5 years of age by 17% and 30%, respectively
SDG 3.2.2	Neonatal mortality rate	
SDG 3.3.1	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	Reduce number of new HIV infections per 1000 uninfected population by sex, age and key populations by 73%
SDG 3.3.2	Tuberculosis incidence per 100 000 population	Reduce by 27% the number of new tuberculosis cases per 100 000 population

SDG/WHA Indicator number	Indicator	2023 Milestone
SDG 3.3.3	Malaria incidence per 1000 population	Reduce malaria case incidence by 50%
SDG 3.3.4	Hepatitis B incidence per 100 000 population	Reduce hepatitis B incidence to 0.5% for children under 5 years of age
SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases	Reduce by 400 million the number of people requiring interventions
SDG 3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases	20% relative reduction in premature mortality (age 30–70 years) from noncommunicable diseases (cardiovascular diseases, cancer, diabetes or chronic respiratory diseases) through prevention and treatment
SDG 3.4.2	Suicide mortality rate	Reduce suicide mortality rate by 15%
SDG 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders to xx%[1]
SDG 3.5.2	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol	7% relative reduction in the harmful use of alcohol, as appropriate, within the national context
SDG 3.6.1	Death rate due to road traffic injuries	Reduce the number of global deaths and injuries from road traffic accidents by 20%
SDG 3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	Increase the proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods to 66%
SDG 3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)	Increase coverage of essential health services

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[1] Milestone to be finalized.

SDG/WHA Indicator number	Indicator	2023 Milestone
SDG 3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditures or income	Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services
SDG 3.9.1	Mortality rate attributed to household and ambient air pollution	Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
SDG 3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	
SDG 3.9.3	Mortality rate attributed to unintentional poisoning	
SDG 7.1.2	Proportion of population with primary reliance on clean fuels and technology	
SDG 11.6.2	Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	
SDG 3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	25% relative reduction in prevalence of current tobacco use in persons aged 15+
SDG 3.b.1	Proportion of the target population covered by all vaccines included in their national programme	Increase coverage of 2nd dose of measles-containing vaccine to 85%
SDG 3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	Increase the availability of essential medicines for primary health care, including those free of charge, to 80%
SDG 3.c.1	Health worker density and distribution	Increase health workforce density, with improved distribution
SDG 3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness	Increase in Member States' International Health Regulations capacities
SDG 4.2.1	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	Increase the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being to 80%
SDG 5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15%

SDG/WHA Indicator number	Indicator	2023 Milestone
SDG 5.6.1	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68%
SDG 6.1.1	Proportion of population using safely managed drinking water services	Provide access to safely managed drinking water services for 1 billion more people
SDG 6.2.1	Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	Provide access to safely managed sanitation services for 800 million more people
SDG 16.2.1	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by caregivers in the past month, by 20%
Health emergencies	Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases	Increase immunization coverage for cholera, yellow fever, meningococcal meningitis and pandemic influenza
Health emergencies	Proportion of vulnerable people in fragile settings provided with essential health services	Increase the number of vulnerable people in fragile settings provided with essential health services to at least 80%
WHA68.3	Number of cases of poliomyelitis caused by wild poliovirus (WPV)	Eradicate poliomyelitis to zero cases of poliomyelitis caused by wild poliovirus and establish a clear timetable for the global withdrawal of oral polio vaccines in order to stop outbreaks caused by vaccine-derived poliovirus
WHA68.7	Patterns of antibiotic consumption at national level	ACCESS group antibiotics at ≥60% of overall antibiotic consumption
WHA67.25, WHA68.7	Percentage of bloodstream infections due to antimicrobial resistant organisms	Reduce the percentage of bloodstream infections due to selected antimicrobial resistant organisms by 10%
WHA66.10	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure	20% relative reduction in the prevalence of raised blood pressure

SDG/WHA Indicator number	Indicator	2023 Milestone
WHA66.10	Percentage of people protected by effective regulation on trans-fats	Eliminate industrially produced trans-fats (increase the percentage of people protected by effective regulation)
WHA66.10	Prevalence of obesity	Halt and begin to reverse the rise in obesity

ANNEX 2

UNIVERSAL HEALTH COVERAGE INDEX AND TRACER INDICATORS

Table 1. Universal health coverage index: indicators (service coverage)

	Tracer topic	**Current indicator**
1.	**Reproductive, Maternal, Newborn, and Child Health (RMNCH)**	
	Family planning	Family planning
	Pregnancy care	Antenatal care with 4+ visits
	Immunization	3rd dose of diphtheria-tetanus-pertussis vaccine
	Child treatment	Child pneumonia care-seeking
2.	**Infectious diseases**	
	Tuberculosis	Tuberculosis treatment
	HIV	HIV treatment
	Malaria	Bed nets
	Water and sanitation	Improved sanitation
3.	**Noncommunicable diseases**	
	Cardiovascular disease	Hypertension treatment
	Diabetes	Diabetes treatment
	Tobacco	Tobacco use
4.	**Service capacity and access**	
	Hospital access	Hospital bed density
	Health worker density	Physician, surgeon, psychiatrist
	Health security	International Health Regulations

ANNEX 3

HEALTH EMERGENCY PROTECTION INDEX AND TRACER INDICATORS

Outcomes	Tracer indicators
1. Countries prepared for health emergencies	International Health Regulations States parties self-assessment annual reporting (SPAR)
2. Epidemics and pandemics prevented	Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases
3. Health emergencies rapidly detected and responded to	Timely detection and response to potential health emergencies

ANNEX 4

HEALTHIER POPULATION INDEX AND TRACER INDICATORS

Core	
1	Tobacco use
2	Harmful use of alcohol
3	Safe water
4	Safe sanitation
5	Ambient air pollution
6	Overweight/obesity
7	Road injuries/deaths
Optiona1	
8	Clean household fuels
9	Childhood stunting (under 5 years old)
10	Childhood wasting (under 5 years old)
11	Violence against women
12	Developmentally on track children

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