Thirteenth General Programme of Work, 2019–2023

Results framework: an update
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Results framework: an update

Why has this document been produced?

1. In resolution WHA72.1, the Seventy-second World Health Assembly in May 2019 approved the Programme budget 2020–2021 and requested the Director-General, inter alia, to continue developing the results framework of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session in January 2020.

Why do we need a results framework?

2. The GPW 13 focuses on the measurable impact on people’s health at the country level. In order to implement this measurement system, a results framework is required to regularly track the joint efforts of the Secretariat, Member States and partners to meet the GPW 13 targets and achieve the Sustainable Development Goals, as well as measure the Secretariat’s contribution. Additionally, the 2017–2018 assessment of WHO by the Multilateral Organisation Performance Assessment Network stated, in keeping with the increased impact- and outcome-focused approach of the GPW 13, that an accurate and reasonable measurement of WHO’s contribution is needed and that there needs to be clarity on what is being tracked and measured.1

What is the results framework?

3. The results framework (Annex) consists of the results that we aim for, to make an impact on people’s health at the country level, and the system to measure for impact (the top-level indicator of healthy life expectancy (HALE), the triple billion targets and the corresponding indices), outcomes (the 46 programmatic indicators) and outputs (using a balanced scorecard). Thus, the GPW 13 WHO Impact Framework2 and the balanced scorecard together constitute the measurement system of the results chain. In addition, supplementary information from qualitative case studies will provide a more holistic view of WHO’s overall impact.


2 Document A72/5.
What is the time frame of the results framework?


What remains to be done to finalize the results framework?

5. Pursuant to resolution WHA72.1, this document summarizes the plans for: refinement of the numerical milestone values for each of the programmatic indicators; elaboration of the methods for calculating each of the triple billion indices and HALE; selection of additional indicators by the Secretariat, in continued consultation with Member States; and finalization of the leading indicators for the results dimension of the balanced scorecard. Each of these steps is summarized below. This document also describes the development process for the measurement of outputs.

How will the numerical milestone values be refined?

6. The Secretariat is currently working, including with partners in the Global Action Plan for healthy lives and well-being for all, to define 2023 milestones for the 2030 targets of the health-related Sustainable Development Goals (SDGs). A meeting with representatives from Member States, all partners in the Global Action Plan and experts is planned for September–October 2019 to agree on the methods to estimate the baseline values of the relevant indicators for 2018 and the milestones for 2023. The milestones serve as a checkpoint midway through the SDG period to determine if progress is on track. The 2018 baselines and 2023 milestones will be provided in a baseline report to be prepared later in 2019. The fact that 38 of the 46 programmatic indicators are SDG indicators reduces the reporting burden on Member States.

How will the methods for calculating each of the triple billion indices and healthy life expectancy be finalized?

Universal health coverage index

7. A combined measure of health service coverage and related financial hardship will be used to monitor progress towards the GPW 13 milestones. Health service coverage will continue to be measured using the service coverage index that has been approved by the Inter-agency and Expert Group on SDG indicators (IAEG-SDGs). The methodology to create the index, related to indicator 3.8.1 of the SDGs, has been well documented and involves a simple aggregation method.1

8. Financial hardship due to large spending on health occurs 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). The methodology to estimate financial hardship related to indicator 3.8.2 of the SDGs has also been approved by the IAEG-SDGs and documented.1

9. Member States, the Secretariat, United Nations partners and the IAEG-SDGs all recognize that the current measure of health service coverage focuses on “crude” coverage and does not capture

“effective” coverage, that is, whether people who need health services are receiving services of 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). The Secretariat will convene a meeting of representatives of Member States, experts and United Nations partners to finalize the methodological work related to the updated index. In the light of comments received from Member States at the governing bodies meetings in January and May 2019 and during informal consultations in the intersessional period following the 144th session of the Executive Board in January, the updated universal health coverage index, measuring effective service coverage, will be piloted in some countries over the course of 2019 and the results will be presented to the Executive Board at its 146th session.

10. The detailed methods to combine effective service coverage and related financial hardship to estimate the number of people in a population benefiting from universal health coverage will be finalized over the course of 2019 in consultation with Member States, partners and experts.

Health emergencies protection index

11. The health emergencies protection index consists of three tracer indicators that capture activities to prepare for, prevent, and detect and respond to health emergencies. This index is the mean value of the indicators of the capacity to prepare, prevent, and detect and respond. Refinements to the methodology and steps to improve data availability, especially for the detect and respond indicator, will be undertaken over the course of 2019. Member States will be consulted in the process of finalizing the methodology.

Healthier population index

12. The healthier population index focuses on measuring the impact of multisectoral interventions influenced by policy, advocacy and regulatory approaches stewarded by the health sector. The priority indicators are being selected from the programmatic indicators. The method for the calculation of the healthier population 1 billion target is under development by the Secretariat: a working group is discussing and addressing methodological issues. The proposed methodology will be reviewed in a consultation with representatives from Member States and experts in September–October 2019.

Healthy life expectancy

13. HALE is a comprehensive summary measure of population health that combines the measurement of lifespan and health span. It is the mean number of years that a person is expected to live in good health, accounting for years lived in less than full health due to disease or injury. WHO regularly reports on HALE through its global health estimates using an accepted standard methodology.

14. Updates of a methodology document will be made available online and the final version will be submitted to the Executive Board at its 146th session along with baselines and milestones for the triple billion indices and the programmatic indicators. The methodology document will also include suggested approaches to data disaggregation for the programmatic indicators and the triple billion indices in order to enable inequality monitoring to determine who is being left behind.
How will additional indicators be selected?

15. 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 are being considered. The Secretariat will continue to engage with Member States and experts over the course of 2019–2021 in defining the indicators for these areas, exploring ways of strengthening data sources and finalizing the methodology through a series of technical consultations. Baselines and milestones will be set once these steps have been completed.

16. The indicators that are agreed on will be then be presented to the Executive Board for inclusion in the next programme budget in 2022–2023.

How will the Secretariat’s contribution and outputs be measured?

17. The Secretariat is making a significant shift in its approach to measuring its contribution, changing from a top-down aggregate approach to one that measures the Secretariat’s impact at the country level. The Secretariat will measure the delivery of outputs as a way of demonstrating its contribution to the achievement of outcomes and to the impact in each country. The integrated nature of the results framework, in particular the outputs, calls for an innovative way of measuring the outputs to promote accountability and more meaningful measurement of Secretariat delivery. To this end, the Secretariat is proposing a new approach for measuring the outputs: it will no longer identify a large number of output indicators, since that approach proved to be insufficient to ensure transparency and accountability and the indicators measured only a small part of the achievement of the outputs.

18. The new approach to output measurement adopts a balanced scorecard approach. In this approach, the Secretariat is proposing to measure the depth and breadth of each output using six assessment parameters, referred to as dimensions. In delivering each output, a similar set of dimensions will be assessed: how well the Secretariat has performed its leadership function; the extent to which the Secretariat has delivered the global goods relevant to achieving the output; the extent to which the Secretariat has delivered technical support to countries; the extent to which the interventions to achieve the output have integrated gender, equity and human rights; the extent to which the output has been delivered with due value for money; the extent to which the early indications of success (leading indicators) are being achieved in ways that influence the impacts (the leading indicators will be linked to the outcome indicators, that is, the 46 programmatic indicators and the triple billion targets).

What remains to be done with regard to output measurement?

19. Specific sets of indicators or a set of criteria to measure the extent to which each dimension has been achieved will be developed over the course of 2019 in order to ensure more objective measurement and reporting.

20. This is a more comprehensive and more robust approach to output measurement since it measures delivery of the work of the Secretariat in ways that influence impact. It helps to track the performance of each entity at each level of the Organization, and therefore provides a better way to ensure accountability. The approach, along with the indicators for each dimension of the balanced scorecard, will be presented to the Executive Board at its 146th session.
How will results be reported?

21. The Secretariat will report on the results framework annually. In a departure from the current reporting format that relies largely on qualitative reports, the annual report in the future will progressively include all aspects of the framework: outputs, outcomes and impact. The report will additionally include qualitative country case studies to provide a more complete picture of WHO’s impact and the difference it makes in people’s lives. At the end of the GPW 13 period, the Secretariat will present a comprehensive report summarizing progress made towards the programmatic milestones, the triple billion targets and the Secretariat’s contribution measured through the balanced scorecard and the qualitative case studies over the 2019–2023 period.

What are the next steps?

22. In summary, the following steps are envisaged for the remainder of 2019 to complete the work on the results framework.

(a) The Secretariat will hold a technical meeting with representatives from Member States and experts in September–October 2019 to agree on the methodology to measure the triple billion targets, progress towards the corresponding milestones, and HALE.

(b) The Secretariat will pilot the proposed updated universal health coverage index, measuring effective service coverage, in selected countries.

(c) The Secretariat will convene the partners in the Global Action Plan for healthy lives and well-being for all to define the baselines and milestones for the programmatic indicators.

(d) The Secretariat will take into account the input received at the regional committee meetings in the preparation of the results framework.

(e) Expert consultations will also be held to finalize the indicators for the different dimensions of the balanced scorecard.

(f) The Secretariat will continue to work on filling critical data gaps and strengthening country data and health information systems.

(g) Informal Member State consultations will continue.

(h) The Secretariat will prepare a full report, including results from the pilots. The report will be presented to the Executive Board at its 146th session.

23. The Secretariat will continue to work alongside Member States, their 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 as they advance in meeting the pledge in the 2030 Agenda for Sustainable Development of leaving no one behind.

ACTION BY THE REGIONAL COMMITTEE

24. The Regional Committee is invited to comment and provide input on the results framework. This will inform the text of the document that will be submitted for consideration by the Executive Board at its 146th session.
ANNEX

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023

RESULTS FRAMEWORK

WHO constitutional objective

The attainment by all peoples of the highest possible level of health

B1 One billion more people benefiting from universal health coverage

B2 One billion more people better protected from health emergencies

B3 One billion more people enjoying better health and well-being

4. More effective and efficient WHO providing better support to countries

Measurement

- Healthy life expectancy (HALE)
- Universal health coverage index
- Health emergencies protection index
- Healthier population index

Outcome indicators
- 38 SDG indicators
- 8 other indicators

Output measurement
- Balanced scorecard to be applied at each of the levels of the Organization
- Qualitative case studies