

## **Vision 2023: health for all by all in the Eastern Mediterranean Region: Midterm Push Forward Plan – an overview**

### **Executive summary**

The work of the World Health Organization (WHO) in the Eastern Mediterranean Region is guided by the regional vision, *Vision 2023: Health for all, by all in the Eastern Mediterranean Region, 2020–2023*.<sup>1</sup> The vision and a related regional strategy<sup>2</sup> were shared with the Regional Committee at its 65th and 66th sessions, respectively. They are based around four regional strategic priorities – expanding universal health coverage (UHC), addressing health emergencies, promoting healthier populations and making transformative changes in WHO – which align with WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13)<sup>3</sup> and contribute to achieving the health-related Sustainable Development Goals (SDGs). In 2021, as the half-way point for implementation of the vision and strategy approached, WHO's Regional Director for the Eastern Mediterranean initiated a systematic review to identify successes, gaps and challenges thus far. The review would serve as a basis to develop a *Vision 2023* Midterm Push Forward Plan to accelerate progress in implementing the technical agenda and achieve the envisioned results.

The review identified numerous achievements by Member States and WHO across the four regional strategic priorities, despite the COVID-19 pandemic and ongoing humanitarian emergencies in the Region, but also noted serious gaps where concerted effort is required to reach targets within the set timeframe. It concluded that accelerating action on *Vision 2023* and measuring impact requires a more effective and focused, results-based approach.

Through extensive consultation, a Midterm Push Forward Plan has been developed to respond to the recommendations of the review, building on identified strengths, opportunities, novel approaches and lessons learned. The proposed strategic accelerators will facilitate enhanced implementation of *Vision 2023* including innovative implementation by Member States based on their needs and priorities. A short-term plan for 2021 and deliverables for the longer-term plan for 2022–2023 have also been finalized and will be closely monitored using a new monitoring and evaluation framework.

This paper summarizes progress and challenges so far as identified through the Midterm Review, outlines the Midterm Push Forward Plan and presents a set of prioritized interventions and proposed indicators to scale up implementation of *Vision 2023* towards the aim of health for all by all.

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<sup>1</sup> Vision 2023: Health for all, by all in the Eastern Mediterranean Region, 2020–2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 ([https://applications.emro.who.int/docs/RD\\_Vision\\_2018\\_20675\\_en.pdf?ua=1&ua=1](https://applications.emro.who.int/docs/RD_Vision_2018_20675_en.pdf?ua=1&ua=1)).

<sup>2</sup> WHO's strategy for the Eastern Mediterranean Region, 2020–2023. Turning Vision 2023 into action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<https://applications.emro.who.int/docs/EMRPUB-RDO-014-2019-EN.pdf?ua=1>).

<sup>3</sup> Thirteenth General Programme of Work 2019–2023 [website]. Geneva: World Health Organization; 2021 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>).

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## Introduction

1. On his appointment in June 2018, the WHO Regional Director for the Eastern Mediterranean initiated a comprehensive consultation process to develop a new vision to guide WHO's work in the Region. The result, *Vision 2023: health for all by all in the Eastern Mediterranean Region*, was presented to Member States at the 65th session of the Regional Committee in October 2018. A regional strategy, *WHO's strategy for the Eastern Mediterranean Region, 2020–2023: turning Vision 2023 into action*, which further developed the strategic priorities with more detailed strategic objectives and directions, was presented to Member States at the 66th session of the Regional Committee in October 2019. *Vision 2023* and its regional strategy are designed to align with WHO's global strategic priorities, as set out in WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13) while addressing the specific context, needs and priorities of countries of the Region. The four regional strategic priorities in the vision – expanding UHC, addressing health emergencies, promoting healthier populations and making transformative changes in WHO – align with GPW 13 and ultimately contribute to achieving the health-related Sustainable Development Goals (SDGs).

2. In February 2021, as the half-way point of *Vision 2023* approached, the Regional Director initiated a process to review progress in implementing the strategy, assess the impact of COVID-19 on meeting the vision, and identify appropriate strategies and interventions to ensure the timely achievement of the four strategic objectives. A taskforce comprising external experts and WHO staff was established to conduct a systematic review and develop a *Vision 2023* Midterm Push Forward Plan. The taskforce produced a detailed inception report outlining the aim, expected deliverables, methodological approaches, timeframe, and limitations and risks of the review process.

3. The review was conducted between mid-February and early June 2021. The process entailed systematic and objective consideration of a range of sources to produce findings and recommendations based on solid evidence. Although the strategic objectives and directions of the strategy are linked to existing monitoring frameworks developed to measure progress on GPW 13 (the regional core indicators and KPIs), neither specific milestones nor benchmarks were set when the strategy was developed, which was a barrier to assessing midterm progress. Nevertheless, the review report highlights progress made and proposes some high-level recommendations.

4. Following completion of the review, the taskforce analysed the findings, conclusions and recommendations to identify actions to accelerate implementation of *Vision 2023*, tackle challenges and address gaps while building on existing opportunities. The planning process resulted in the development of a short-term plan for immediate action from August to December 2021 and a longer-term plan covering the remaining two years of *Vision 2023*. This paper summarizes the process, recommendations and outcomes of the *Vision 2023* Midterm Review and Push Forward.<sup>4</sup>

## Midterm Review and Push Forward

5. The Midterm Review centred on the four regional strategic priorities and the supporting approaches set out in *Vision 2023* and the regional strategy. It aimed to assess whether actions to date at the country and regional levels align with the priorities and objectives set out in the vision and strategy; whether efforts have been effective and sustainable in meeting country and regional needs and impacts; and whether interventions have achieved value in terms of converting inputs into results. Finally, it aimed to assess whether *Vision 2023* has been instrumental in improving WHO's performance, particularly at the country level. The review was guided by the following five high-level review questions:

- To what extent have the technical agenda and driving the public health impact in the Region advanced as envisaged in *Vision 2023*?
- What tangible results have been achieved to date to advance the technical agenda and drive public health impact in the Region?

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<sup>4</sup> Detailed reports for all stages of the Midterm Review and Push Forward will be published on the *Vision 2023* website: [www.emro.who.int/about-who/vision2023/vision-2023.html](http://www.emro.who.int/about-who/vision2023/vision-2023.html).

- How efficiently has WHO organized itself in the Region and worked with others to optimize results, as envisaged in *Vision 2023*?
- What have been the main internal and external factors influencing WHO's ability to achieve the results envisaged in *Vision 2023*?
- Moving forward, what changes should WHO make to maximize its effectiveness, achieve the results envisaged in *Vision 2023* and ensure that those gains are sustainable?

6. The review used mixed methods of data collection including a desk review of key documents, online surveys, focus group discussions and key informant interviews to ensure triangulation of evidence from the most appropriate qualitative and quantitative data sources. Internal and external stakeholders at country and regional level participated in the process. The desk review covered around 30 documents as well as presentations by WHO senior staff in the Region on each of the four regional strategic priorities. Nearly 30 senior ministry of health officials, 240 WHO staff and 20 partners responded to the online surveys. Ten focus group discussions and 16 key informant interviews with stakeholders were also conducted. An interactive approach was used to assist in analysing the findings, to ensure that the review was comprehensive. The following paragraphs summarize the conclusions of the Midterm Review based on the five high-level questions.

### *Overall progress of the Vision 2023 technical agenda to drive public health impact*

7. The qualitative surveys showed that overall progress on *Vision 2023* was perceived as satisfactory. However, without clear, specific country and regional milestones and targets geared to implementation of the regional strategic priorities and objectives it was difficult to measure progress. The *Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021*<sup>5</sup> provided some useful insights, as *Vision 2023* was developed to build on efforts made during the initial implementation years of the roadmap. Although progress was observed across all the strategic directions in the roadmap, 2021 targets were met for only 18 of 81 indicators (24%) with partial progress on another 54 (73%) since the baseline year. Progress on some indicators was impacted by the COVID-19 pandemic; this was most clearly evident where indicators showed stalled or even reversed momentum after 2019.

8. Further insights were provided by the report on progress on the health-related SDGs and targets in the Region, launched in June 2021,<sup>6</sup> which can also serve as a baseline for monitoring the vision. The report showed progress on 28 out of 50 health-related SDG indicators between 2015 and 2019, including coverage of skilled birth attendance, adolescent birth rates, communicable disease rates, immunization coverage and density of health care workers. However, the rate of progress on seven of these indicators is too slow to meet the global targets (including maternal, neonatal and child mortality rates, mortality rates due to road traffic injuries, and accessibility of improved drinking water and sanitation facilities). Progress has stalled for an additional eight indicators (including incidence of malaria in endemic countries and mortality rates due to NCDs and pollution), and data are unavailable for 12 of the indicators.

### *Examples of tangible results achieved to advance the technical agenda*

9. The vision specified 10 key initiatives for 2019, and early successes were seen in relation to all of them. The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) was piloted in five countries and the Regional Health Alliance was initiated. The Community-Based Initiatives programme was revitalized through drafting of a regional framework on community engagement, expansion of the Healthy Cities Network and implementation of the school mental health package in five countries. The Patient Safety Friendly Hospital Initiative (PSFHI) was strengthened through adaptation of the PSFHI manual in 10 countries, and four new WHO collaborating centres were established in the Region in 2019. Country

<sup>5</sup> Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 ([https://applications.emro.who.int/docs/EMROPUB\\_2017\\_19695\\_EN.pdf](https://applications.emro.who.int/docs/EMROPUB_2017_19695_EN.pdf)).

<sup>6</sup> Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020: final draft, June 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<http://www.emro.who.int/images/stories/est/documents/progress-on-health-related-sdgs-and-targets.pdf>).

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functional reviews were conducted in 17 of 18 WHO country offices. In 2019, the Regional Office also launched the Fellows@EMRO programme to support building capacity among future public health experts in the Region.

10. The strong commitment shown by Member States to expanding UHC includes the development of national strategies/plans, expansion of integrated service packages and increased coverage of social health insurance initiatives. The Primary Health Care Performance and Measurement and Improvement (PHCMI) initiative has been implemented in nine countries. As stated previously, improvements were seen in some SDG 3 indicators<sup>7</sup> and a third of the 18 health system targets in the roadmap for 2017–2021 have been achieved. However, the impact has been very limited, as reflected by minimal improvements in the UHC service coverage index, which stands at 57 for the Region overall with disparities among countries. More aggressive efforts are needed if at least 100 million more people in the Region are to benefit from good quality health services without financial hardship by 2023, as required by the vision.

11. The pandemic response helped to advance *Vision 2023* beyond emergencies by placing health high on the political agenda. During the first two years of *Vision 2023* implementation, national action plans for health security were developed based on WHO-led joint external evaluations (JEE) in 19 countries and all-hazards risk profiling was completed in 14 countries. By 2020, all countries had strengthened epidemiological surveillance for influenza and had rapid response teams at the national level. Work also progressed in detecting public health events, including strengthening the Early Warning Alert and Response Network in eight fragile and conflict-affected states. The Regional Subcommittee on Polio Eradication and Outbreaks and the Regional Steering Committee for Polio Transition were established, and a regional workplan for polio transition activities was developed to ensure collective action to eradicate polio in the remaining two endemic countries, control vaccine-derived outbreaks and sustain efforts in countries that are certified polio-free.

12. The review noted initiatives to promote healthier populations, particularly in the areas of NCDs and mental health and their risk factors, healthy settings, reproductive, maternal, neonatal, child and adolescent health (RMNCAH), violence and injury prevention and environmental health. Progress was observed on the health-related SDGs associated with health risk factors such as malnutrition, water and sanitation, pollution and violence and health determinants including poverty, education, gender equity and employment. The review also highlighted ongoing initiatives to strengthen community engagement. A key achievement was the 2021 report by the Commission on Social Determinants of Health for the Eastern Mediterranean Region, which recommends evidence-based actions to address health inequities.

13. There has been improvement in reporting on the regional core indicators in the past two years, partly in response to new demands including COVID-19 and the GPW 13 “triple billion” targets. A regional framework and plan of action on using research evidence for health policy-making was endorsed by the 66th session of the Regional Committee in October 2019, and an information technology platform (DHIS2) has been scaled up in 12 countries. Significant Region-wide analyses and resources have been developed, including a comprehensive regional health profile<sup>8</sup> and the revamped Eastern Mediterranean Health Observatory.<sup>9</sup> While these constitute improvements, further systematic work is required to enhance the availability of quality and timely data and information.

### *WHO's efficiency and effectiveness to optimize results*

14. The review identified improvements in WHO's business structure, processes and culture which will provide key building blocks to the intended transformation of the Organization within the Region as part of

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<sup>7</sup> Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020: final draft, June 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<http://www.emro.who.int/images/stories/est/documents/progress-on-health-related-sdgs-and-targets.pdf>).

<sup>8</sup> Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the Region and its countries in 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (<https://applications.emro.who.int/docs/9789290223399-eng.pdf?ua=1&ua=1>).

<sup>9</sup> Eastern Mediterranean Health Observatory [online data repository]. Cairo: WHO Regional Office for the Eastern Mediterranean (<https://rho.emro.who.int>).

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a global process.<sup>10</sup> A more integrated business model imposed by the pandemic improved coordination, integration and responsiveness to country needs. The review highlighted the Incident Management Support Team (IMST) as an excellent platform for joint action to support countries which has strengthened inter-/intra-departmental coordination to enhance information-sharing, avoid duplication of effort and improve outcomes. Strengthened communication was evidenced in WHO's stronger media presence, while the creation of a Communication, Resource Mobilization and Partnership department was a major step towards streamlined strategic communication, sustainability of financial resources and strengthened partnerships. The functional reviews provide a key opportunity to better respond to country needs for impact.

### *Main internal and external factors influencing WHO's ability to achieve results*

15. A key internal factor influencing implementation of *Vision 2023* was the limited integration of programmes and cross-departmental collaboration to deliver "as one" in countries. This limitation is partly explained by the absence of a distinct framework of action for integration across the regional strategic priorities and between the different departments and programmes. Working in partnership with other stakeholders can present challenges and varies by context, with limited space for dialogue and action beyond the ministries of health in some countries. The growing number of stakeholders, partners and donors working in the health sector requires specific leadership, coordination and communication skills as well as technical and financial capacity among WHO teams. Strong commitment to the SDGs and *Vision 2023* and recognition of WHO as the lead public health agency are critical factors that help the Organization to achieve results.

16. External factors have hindered progress on *Vision 2023*, especially the ongoing emergencies and political difficulties in many countries, overall low investment in health and the COVID-19 pandemic. However, the pandemic also provided an impetus for Member States and WHO to engage in novel approaches to advance the technical agenda including digital platforms to ensure the continuity of essential health services and scale up mental health services; establishment of high-level multisectoral coordination committees (whole-of-government/society approach); introduction or strengthening of frameworks; a focus on primary and community-level health care; and active engagement of civil society, service users and care providers. The pandemic also provided opportunities for integration of work across programmatic areas and improved coordination across different sectors and agencies.

### *Changes required to maximize WHO's effectiveness for Vision 2023*

17. Accelerating action on the technical agenda of *Vision 2023* requires focus across the first three regional strategic priorities. Expanding UHC will require strengthening primary health care, promoting sustainable financing, building resilient health systems and producing sufficient numbers of qualified health staff. Addressing health emergencies will require sharing public health solutions to limit the threat from outbreaks, scaling up interventions and incorporating lessons learned from COVID-19 into programme planning. At the same time, concerted effort is needed to eradicate communicable diseases including polio, vaccine-preventable diseases, tuberculosis and malaria. Promoting healthier populations will entail multisectoral action and the effective engagement of communities and civil society to address the determinants of health and challenges due to climate change. Evidence-based policy-making will also require acceleration, and health information systems need to be improved in countries to enhance the availability, disaggregation and transparency of health data.

18. Further efforts are needed to improve WHO's business processes and operational models, strengthen integration of work across departments, and expand partnerships and alliances. More focused attention is needed to strengthen the strategic communication function at the regional and country levels, complemented by organizational flexibility and adaptability to emerging priorities. Empowering and capacitating WHO country offices is critical: this will entail rapid implementation of the recommendations from the country functional reviews, effective and timely technical backstopping from the Regional Office, shifting staff to country offices from headquarters and the Regional Office to strengthen WHO presence in countries, and allocating funds focusing on health priorities with the highest burden in each country. To underpin all this

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<sup>10</sup> WHO Transformation [website]. Geneva: World Health Organization; 2021 (<https://www.who.int/about/transformation>).



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work, it is necessary to establish an effective mechanism and processes to monitor and report on progress in implementing *Vision 2023* and provide regular updates to all levels of the Organization, Member States and partners.

### *Recommendations from the Midterm Review*

19. Based on the review findings, the taskforce identified the following six recommendations, supported by short-term and longer-term actions (set out in Annex 1):

- (i) Increase awareness of and engagement with *Vision 2023*.
- (ii) Enhance and accelerate implementation of the strategy and the priority transformational changes.
- (iii) Harmonize monitoring mechanisms to better assess progress, report on achievements and measure impact.
- (iv) Strengthen and empower fit-for-purpose WHO country offices.
- (v) Be a catalytic leader in health using an integrated approach for enhanced country impact.
- (vi) Strengthen capacities in communication and resource mobilization based on a regional strategy.

### **Vision 2023: Midterm Push Forward Plan**

20. A strategic planning process was conducted from June to August 2021 which solicited inputs from WHO offices, departments and units at country and regional levels to maximize inputs and ensure joint action on *Vision 2023*. Taskforce teams developed the main components of the Midterm Push Forward Plan: strategic accelerators to facilitate implementation of *Vision 2023*; milestones for the short-term plan for 2021 and proposed deliverables for a longer-term plan for 2022–2023; a monitoring and evaluation framework; advocacy materials for *Vision 2023*; and the draft of this document.

### *Strategic accelerators and actions to implement the Midterm Push Forward Plan*

21. Based on the opportunities and challenges identified by the review, and keeping in consideration the need to be guided by the 10 strategic approaches of *Vision 2023*, six cross-cutting strategic accelerators to enhance implementation of the vision were identified, with practical actions for each. The accelerators aim to be realistic and robust to respond effectively, efficiently and sustainably to urgent health demands in emergency contexts, while also addressing the increasingly dynamic and challenging public health needs in all countries of the Region. The six accelerating actions should be carefully considered within the context and capacities of each country to make optimal use of available resources and the organizational set-up when implementing the Midterm Push Forward Plan. The six accelerators are:

- (i) Developing a collective and cohesive regional health agenda that captures needs and complexities, and utilizes greater creativity, innovation for implementation and sustained financing.
- (ii) Working collaboratively and sharing oversight and available resources to capitalize on the outputs and outcomes at country and regional levels.
- (iii) Defining the needed improvements in essential public health functions and health security using a systems approach.
- (iv) Working in multidisciplinary teams to address prioritized health issues integrated across the regional strategic priorities to ensure efficiency and effectiveness in addressing present and future challenges.
- (v) Promoting WHO's leadership in health at different levels to address gaps, build on opportunities for transformation to advance people's health and support Member States in realizing their potential and capabilities to achieve the priority outcomes.
- (vi) Ensuring all WHO staff are working towards the *Vision 2023* Midterm Push Forward Plan to ensure timely, accelerated and proper implementation.

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### *Short-term and longer-term plans*

22. The review confirmed that the regional strategic priorities, objectives and directions remain valid and relevant for the remaining term of *Vision 2023*. The Midterm Push Forward Plan therefore focuses on bridging gaps and tackling challenges identified during the review to accelerate action on *Vision 2023* and ensure its impact. Based on the review recommendations, nine deliverables for urgent implementation and linked to the vision strategy are included in a short-term plan for the period August to December 2021 (Annex 2).

23. In addition, 35 longer-term deliverables for implementation in the next biennium have been identified and integrated within the Programme Budget 2022–2023 (see Annex 3). Some of these deliverables build on the 2021 products. During the strategic planning process, Member States in collaboration with WHO country offices, are encouraged to identify their contribution to a selection of these 35 deliverables based on national priorities so that a comprehensive long-term plan is finalized by December 2021.

### *Monitoring and evaluation framework*

24. The regional strategy has been linked to available sets of indicators and monitoring frameworks including the regional key performance indicators (KPIs) and core indicators and GPW 13 and SDG targets. A key challenge in reviewing midterm progress on *Vision 2023* was the lack of specific milestones and targets. To better monitor, improvements have been made to operational planning for the biennium 2022–2023, to link plans and indicators not only to GPW 13 but also to the vision. In the coming months, a vision implementation framework will be developed to aid in managing implementation of *Vision 2023* including prioritization of activities, allocation of resources and risk management. The vision implementation framework will be the basis for the final evaluation of *Vision 2023* and will also facilitate finalizing the proposed measurement indicators, as outlined below.

25. In addition to the milestones included in the Midterm Push Forward Plan, a shortlist of indicators with regional baselines and targets are being finalized to provide the level of granularity required for monitoring progress and measuring impact across the regional strategic priorities. The proposed *Vision 2023* monitoring and evaluation framework includes a subset of health-related SDG indicators extracted from the SDGs report<sup>11</sup> complemented by output indicators selected from the regional KPIs (Annex 4). These objectively measured indicators provide guidance on the way forward and will help to focus available resources. The monitoring and evaluation framework showing baselines and targets is critical to improve the management of progress and ensure transparent communication to Member States and partners.

26. Risks such as missed timeframes and inadequate resources will be monitored as part of this process so that remedial action can be taken, when necessary, to address challenges that may delay progress at country and regional levels. Annual progress reports will also be submitted to the 69th and 70th sessions of the Regional Committee. A final evaluation will be conducted in the second half of 2023 to assess progress on the set of indicators, document achievements, challenges and gaps, and share lessons learned and best practices to provide recommendations for the future.

### **Action by the Regional Committee**

27. The Regional Committee is invited to endorse the recommendations of the review and adopt the Midterm Push Forward Plan. The regional vision of “Health for all by all” is a call for solidarity and action, and with this in mind Member States are recommended to:

- ensure adequate implementation of all programmes and initiatives required to meet their commitments under *Vision 2023*, the Midterm Push Forward Plan, GPW 13 and the SDGs;

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<sup>11</sup> Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020: final draft, June 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<http://www.emro.who.int/images/stories/est/documents/progress-on-health-related-sdgs-and-targets.pdf>).

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- ensure that health system performance is monitored effectively and that all health-related SDG indicators are collected, analysed and shared so that progress in meeting commitments under *Vision 2023* can be measured using the *Vision 2023* monitoring and evaluation framework;
  - expand UHC by focusing on primary health care and using an integrated approach for public health functions and services to enhance impact at country level;
  - address health security and build resilient health systems in line with global discussions on an international treaty on pandemic preparedness and response, and accelerate the implementation of national action plans for health security including limiting the threat of outbreaks; and
  - expand efforts to advocate for whole-of-government and whole-of society approaches and community engagement to address the social determinants of health, promote healthier populations and build solidarity for health for all by all.



## Annex 1.

### Recommendations of the Midterm Review

By December 2021	By end of 2023
<b>1. Increase awareness of and engagement with Vision 2023</b>	
<ul style="list-style-type: none"> <li>Present a document to the 68th session of the Regional Committee in October 2021 on this review of progress in implementing <i>Vision 2023</i></li> <li>Develop and implement a communication and advocacy action plan to raise awareness of and increase engagement with <i>Vision 2023</i> among WHO staff, Member States and partners, including relevant communication products (newsletters, webpage, case studies, lessons learned, videos and infographics)</li> </ul>	<ul style="list-style-type: none"> <li>Implement the <i>Vision 2023</i> communication and advocacy action plan through quarterly updates to Member States and partners (e.g. newsletters and other channels) and internally to Regional Office/country office staff by documenting and sharing innovations, novel approaches, success stories and lessons learned as well as progress on milestones and targets</li> <li>Provide annual updates on <i>Vision 2023</i> to the Regional Committee</li> </ul>
<b>2. Enhance and accelerate implementation of the strategy and the priority transformational changes</b>	
<ul style="list-style-type: none"> <li>In line with emerging needs, reprioritize and operationalize <i>Vision 2023</i> for greater country impact across the four regional strategic priorities (RSPs):               <ul style="list-style-type: none"> <li>RSP 1: Focus on availability, accessibility, affordability and quality of essential health services to integrate NCDs and mental health, and focus on low-hanging fruit such as immunization and RMNCAH, including during emergencies</li> <li>RSP 1: Identify areas for cross-country collaboration to expand and better integrate UHC</li> <li>RSP 1: Scale up efforts to eradicate communicable diseases including polio, vaccine-preventable diseases, tuberculosis and malaria</li> <li>RSP 2: Accelerate efforts for COVID-19 response including vaccination and community engagement as well as documenting experiences, achievements, challenges, lessons learned and best practices as part of efforts to strengthen overall preparedness and response</li> <li>RSP 2: Encourage the active engagement of Member States in global discussions related to resolution WHA74.7 on health emergencies<sup>12</sup> by holding regular meetings to share knowledge and experience, and ensure that critical points of regional concern are considered in global discussions and agreements leading up to the 150th session of the Executive Board and the Seventy-fifth World Health Assembly</li> <li>RSP 3: Strengthen efforts to promote more systematic engagement with communities and civil society to address COVID-19 and accelerate progress toward the health-related SDG targets</li> <li>RSP 4: Allocate funds to ensure that recently created Regional Office departments (including Communication, Resource Mobilization and Partnership, Chef de Cabinet, SDGs/Gender, Equity and Human Rights, and Community-Based Initiatives) are fully functional, and priority CFR recommendations are implemented</li> <li>RSP 4: Hold a senior management retreat to accelerate implementation of the Midterm Push Forward Plan including clarifying roles and responsibilities of work across the senior management team</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Adopt country-tailored approaches to accelerate progress to meet the health-related SDGs including:               <ul style="list-style-type: none"> <li>RSP 1: Ensure joint ownership of UHC by all relevant technical departments and ensure integrated efforts by all WHO country offices and Regional Office technical units to strengthen essential public health functions and enhance service coverage</li> <li>RSP 1: Advocate for enhanced domestic financing for health</li> <li>RSP 1: Accelerate efforts to produce qualified health staff</li> <li>RSP 2: Accelerate implementation of national action plans for health security (NAPHS), including limiting the threat of outbreaks and in alignment with national strategic health plans</li> <li>RSP 2: Address health security and build resilient health systems, in line with global discussions on an international treaty on pandemic preparedness and response</li> <li>RSP 3: Move forward in implementing recommendations of the SDH Commission</li> <li>RSP 3: Introduce or scale up Region-specific initiatives to promote healthier populations, especially through fostering multisectoral action and community engagement</li> <li>RSP 4: Streamline processes and build capacity in WHO country offices and the Regional Office to improve efficiency and promote results-oriented efforts</li> </ul> </li> </ul>
<b>3. Harmonize monitoring mechanisms to better assess progress, report on achievements and measure impact</b>	
<ul style="list-style-type: none"> <li>Develop a theory of change framework and a monitoring framework for assessing progress in <i>implementing Vision 2023</i> at the regional and country levels by defining specific milestones and targets for each strategic objective, utilizing available monitoring indicators such as the GPW 13 targets and KPIs, to be monitored by the Vision Oversight Committee</li> <li>Consider reprioritizing the strategic objectives under RSP2 in the light of experience with the COVID-19 pandemic and World Health Assembly decisions</li> </ul>	<ul style="list-style-type: none"> <li>Integrate and streamline evidence generation and data-sharing mechanisms with Member States and between partners</li> <li>Build capacity for and strengthen the collection and analysis of sex-disaggregated data</li> <li>Accelerate action on the regional framework for evidence-informed policy-making for health and scale up regional and global efforts including the SCORE technical package, piloting of ICD-11 and the triple billions stocktake</li> </ul>

<sup>12</sup> Resolution WHA74.7. Strengthening WHO preparedness for and response to health emergencies. In: Seventy-fourth World Health Assembly, Geneva, 24–31 May 2021. Geneva: World Health Organization; 2021 ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA74/A74\\_R7-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf), accessed 22 August 2021).

By December 2021	By end of 2023
<b>4. Strengthen and empower fit-for-purpose WHO country offices</b>	
<ul style="list-style-type: none"> <li>• Maintain effective oversight of the transformation process through regular meetings of the Regional Transformation Taskforce and CFR Implementation Committee chaired by the Regional Director</li> <li>• Mobilize financial resources for strengthening WHO country offices and transformation and country cooperation teams at the Regional Office</li> <li>• Follow up implementation of CFR recommendations, including but not limited to: <ul style="list-style-type: none"> <li>– decentralizing procedures from the Regional Office to country offices</li> <li>– allocating resources to retain staff and deploy WHO headquarters/ Regional Office staff to country offices and build staff capacity</li> <li>– ensuring all country offices have up-to-date country cooperation strategies that can be translated into country support plans for the next biennium</li> <li>– prioritizing CFR recommendations to align with the <i>Vision 2023</i> Midterm Push Forward Plan</li> </ul> </li> <li>• Initiate a leadership and health diplomacy course for Regional Office and country office senior managers</li> </ul>	<ul style="list-style-type: none"> <li>• Complete functional reviews of the remaining Regional Office departments to ensure sufficient backstopping for country offices</li> <li>• Establish a mechanism linking country cooperation strategies with country support plans and <i>Vision 2023</i>, including guidance on targeted output selection</li> </ul>
<b>5. Be a catalytic leader in health using an integrated approach for enhanced country impact</b>	
<ul style="list-style-type: none"> <li>• Document and share experiences, achievements, challenges, lessons learned and best practices from the COVID-19 response (e.g. IMST)</li> <li>• Catalyse regional and country partnerships platforms (such as the SDG3 GAP) by documenting and sharing lessons learned and success stories to promote scale up across the Region to support countries in achieving the health-related SDGs</li> <li>• Utilize strategic, comprehensive, country-focused approaches to meeting <i>Vision 2023</i> that are aligned with the 2030 Agenda for Sustainable Development</li> <li>• Strengthen intradepartmental and three-level coordination and collaboration to improve information sharing, avoid duplication of efforts and improve outcomes, using the example of IMST in the COVID-19 pandemic response</li> <li>• Introduce Region-specific initiatives as well as demonstration projects in specific countries that emphasize an integrated approach for stronger, more effective impact on the health-related SDGs at country level</li> </ul>	<ul style="list-style-type: none"> <li>• Scale up best practices and incorporate lessons learned from the COVID-19 response into programme planning, including but not limited to RMNCAH, NCDs, mental health and communicable diseases set for eradication and address the determinants of health as well as broader health systems strengthening</li> <li>• Scale up and strengthen regional and country-level partnerships by sharing success stories and lessons learned, including rolling out the SDG3 GAP in additional low- and middle-income countries</li> </ul>
<b>6. Strengthen capacities in communication and resource mobilization based on a regional strategy</b>	
<ul style="list-style-type: none"> <li>• Capacitate the department of Communication, Resource Mobilization and Partnership by allocating funds to support the recruitment of key staff</li> <li>• Develop/finalize a regional communication, resource mobilization and partnership strategy in coordination with country offices</li> <li>• Map donors and partners and develop a roster of potential donors and partners at regional and country levels</li> <li>• Strengthen existing partnerships and foster emerging partnerships, including with non-health sector stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Launch a development partners forum for collective health action and advocacy in emergency countries</li> <li>• Build the capacity of WHO country office staff to prepare proposals for resource mobilization, especially in countries transitioning from emergencies, and support greater flexibility in resource mobilization</li> </ul>

## Annex 2.

### Short-term plan to December 2021

Review recommendation	Deliverables	Strategic directions	Milestones	Responsible departments/units <sup>a</sup>
<b>Increase awareness of and engagement with Vision 2023</b>	1. Extensive advocacy campaign on <i>Vision 2023</i> is conducted	SD 4.3.b	Paper on the Midterm Push Forward is presented to the Regional Committee in October 2021 and resolution adopted	Midterm Push Forward Taskforce
		SD 4.3.c		
		SD 4.3.d		
<b>Enhance and accelerate implementation of the strategy and the priority transformational changes</b>	2. Expansion of UHC enhanced and integrated, focusing on primary health care services and areas for cross-country collaboration	SD 4.3.b	<i>Vision 2023</i> communication and advocacy action plan is developed and initiated	CRP
		SD 4.3.c		
		SD 4.3.d		
		SD 1.1.b	Validate elimination of at least two communicable diseases in countries of the Region (trachoma in Iraq, Saudi Arabia and Tunisia; hepatitis C in Egypt; mother-to-child transmission of HIV in Oman)	DCD
		SD 1.1.e		
		SD 1.1.f		
		SD 1.1.e	Strategy for safe and appropriate use of injections is developed (Larkana, Sindh, Pakistan)	DCD
		SD 3.3.a	Quality of child health services at primary care level is strengthened in four countries (Libya, Somalia, Sudan and Syrian Arab Republic) through introducing/updating/scaling up implementation of the Integrated Management of Childhood Illness approach	DHP
		SD 1.2.c	Medical oxygen at points of care is made available to improve treatment of acute and severe respiratory illness in three countries (Somalia, Sudan and Yemen)	WHE/UHS
		SD 2.1.d		
	3. Lessons learned from COVID-19 response are adopted and implemented to improve emergency preparedness and response	SD 1.1.e	Monitoring of NCD management at primary health care level is strengthened, including: monitoring system established as part of HEARTS package in Jordan; health systems capacity to integrate NCD services into primary health care assessed in four countries using PHCMI framework; and national monitoring framework for NCDs developed in Oman	NMH
		SD 2.1.a	Regional strategy to address recommendations of emergency response-reviews and is in place	WHE
		SD 2.1.d		
		SD 2.1.d	Work on legislation is initiated to improve preparedness and response to health emergencies or pandemics in countries	WHE
		SD 2.2.a	Laboratory diagnostic capacities to detect high-threat pathogens are established and sustained across all 22 Member States	WHE
		SD 2.1.	Five of seven countries affected by vaccine-derived poliovirus outbreaks to halt circulation by end of 2021, and polio transition plans completed in six high-risk countries	POL/DPM
		SD 3.1.b		
	4. Efforts to advocate whole-of-government and whole-of-society approach to promote healthier populations and leave no one behind are accelerated	SD 3.4.b	Regional workplan for roll-out of the recommendations of the SDH Commission is developed	DHP

		SD 3.1. SD 3.3	Regional strategy for healthy settings in the context of Healthy Cities for health and well-being is finalized	DHP
		SD 3.3.b	Global standards for health-promoting schools are piloted in two countries	DHP
		SD 3.1 d	Tobacco Free Initiative legislation endorsed/adopted by high-level government officials in 11 countries has commenced	NMH
		SD 3.2.c	Food-based dietary guidelines are developed/updated to promote healthy diet in four countries, (Bahrain, Kuwait, Libya, Oman)National nutrition strategies and framework of action on obesity prevention are implemented in four countries (Jordan, Libya, Syrian Arab Republic and Yemen)	NMH
		SD 3.5 c	Regional roadmap to address impact of climate change on environmental health is developed, based on the IPCC Climate Change 2021 report	DHP
<b>Harmonize monitoring mechanisms to better assess progress, report on achievements and measure impact</b>	5. Implementation and monitoring frameworks for assessing progress on <i>Vision 2023</i> at the regional and country levels are developed	SD 1.1.f	Vision implementation framework (theory of change model) is developed	CdC/DPM/all departments/Dr Maha El Rabbat and Midterm Push Forward Taskforce
		SD 4.2.d	Monitoring framework is mapped against strategic objectives and milestones for indicators are identified	PME/Vision Oversight Committee
	6. Health information systems to generate timely quality data are developed, including analysis to guide decision-making	SD 4.4 a	Regional action plan for enhancing evidence-informed policy-making for health is developed	SID
		SD 4.4 b		
		SD 4.5a	Regional strategy for enhancing health information systems including electronic platforms is developed	SID
		SD 4.5c		
		SD 2.3 c	Response monitoring framework for fragile and conflict-affected countries is implemented in at least two countries	WHE
<b>Strengthen and empower fit-for-purpose WHO country offices</b>	7. WHO is further strengthened in the Region and country offices are empowered to be fit-for-purpose	SD 4.1.c	Hold a Partnership and Resource Mobilization Forum to mobilize resources to support implementation of the recommendations of the country functional reviews	CRP/CdC
		SD 4.2.g	Regional functional reviews are completed for at least three departments/units	CdC/DPM/relevant departments (UHS, VP/DCD,CCU)
		SD 4.2.c	Country cooperation strategies are completed/updated and aligned with UNSDCF and annual UNCT workplans in five countries (Bahrain, Egypt, Islamic Republic of Iran, Kuwait and Syrian Arab Republic)	CdC/CCU
		SD 4.1.d	Leadership and gender training (diplomacy and gender, equity and human rights) is carried out in eight countries	CdC
		SD 4.1.d	Report on gender and health in the Region is published	CDC/DHP
		SD 2.2.c	36 staff from country offices and health ministries are trained in WHO's Leadership in Emergencies Programme in November and December	WHE
<b>Be a catalytic leader in health using an integrated approach for enhanced country impact</b>	8. WHO to be a catalytic leader in health using an integrated approach for enhanced country impact	SD 4.3.b	Existing alliances for "health for all by all" are revitalized to expedite SDG3 GAP implementation and established national alliances in at least two countries are activated	CdC
		SD 1.2.a	Essential health services packages are finalized and piloted in two countries (Pakistan and Sudan)	UHS/DCD/DHP/NMH
		SD 1.2.b		
		SD 3.3.a		

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<b>Strengthen capacities in communication and resource mobilization based on a regional strategy</b>	9. Regional strategy for communication, resource mobilization and partnership is finalized, approved and initiated	SD 1.4.a	Regional strategy on vaccine production is developed	UHS/DCD/WHE
		SD 1.4.b		
		SD 1.4.c		
		SD 2.2.b	Action-oriented integrated disease surveillance system is endorsed	WHE/DCD/SID
		SD 4.3.c	Communication, resource mobilization and partnership strategy and plan is developed	CRP
		SD 4.3.d	Roster of potential donors and partners at regional and country levels is developed	CRP

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CCU: Country Cooperation and Collaboration; CdC: Chef de Cabinet; CRP: Communication, Resource Mobilization and Partnership; DCD: Department of Communicable Diseases; DHP: Department of Healthier Populations; DPM: Director of Programme Management; IVP: Vaccine Preventable Diseases and Polio Transition; NMH: Noncommunicable Diseases and Mental Health; PME: Programme Planning, Budget, Monitoring and Evaluation; POL: Polio Eradication; SID: Science, Information and Dissemination; UHS: Universal Health Coverage/Health Systems; WHE: WHO Health Emergencies Programme.

<sup>a</sup> All "Milestones" will be jointly delivered with countries (Regional Office/WHO country offices/Member States).

**Long-term plan for January 2022 to December 2023: proposed deliverables for consideration in the Programme Budget 2022–2023**

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<p><b>Harmonize monitoring mechanisms to better assess progress, report on achievements and measure impact</b></p>	<ul style="list-style-type: none"> <li>RSP 2: Address health security and build resilient health systems in line with global discussions on an international treaty on pandemic preparedness and response</li> </ul>	<ol style="list-style-type: none"> <li>Countries have developed and initiated plans for health systems recovery from COVID-19 and other major emergencies, and in conflict-affected settings with a humanitarian-development-peace nexus approach</li> <li>Multi-hazard risk profiling is systematically and regularly undertaken at country level to inform national preparedness plans</li> <li>Integrated disease surveillance is progressively established/scaled up across the Region, with strong alert and event-based functions</li> <li>Poliovirus is stopped in the two endemic countries and rest of the Region is ready for validation of polio-free status</li> <li>Climate-resilient, sustainable and low-carbon health systems are built in the Islamic Republic of Iran, Jordan, Morocco and Pakistan</li> <li>Regional plan of action for strengthening capacities in monitoring, detecting and responding to radio-nuclear and chemical emergencies is implemented</li> </ol>	<p>WHE, UHS, POL, DCD, DHP</p>
	<ul style="list-style-type: none"> <li>RSP 3: Move forward on recommendations of the SDH Commission</li> </ul>	<ol style="list-style-type: none"> <li>Action plan to address health inequities in line with the recommendations of SDH Commission is developed and initiated</li> </ol>	<p>DHP</p>
	<ul style="list-style-type: none"> <li>RSP 3: Introduce or scale up Region-specific initiatives to promote healthier populations, especially through fostering multisectoral action and community engagement</li> </ul>	<ol style="list-style-type: none"> <li>Approaches for Health in all Policies, multisectoral action and community engagement to leave no one behind and promote healthier populations are scaled up, including priority age groups (e.g. adolescents and elderly) and vulnerable populations (e.g. people with disabilities)</li> <li>Mechanisms and modalities are established to strengthen networking and build partnerships with community-based and civil society organizations</li> <li>Healthy settings approach is scaled up including healthy cities/villages, age-friendly cities, health-promoting schools and healthy workplaces as multisectoral platforms for health and well-being</li> <li>Regional multisectoral roadmaps are developed and initiated to address impacts of climate change on health, promote occupational health and prevent violence and injury</li> </ol>	<p>DHP, NMH, DCD UHS</p>
	<ul style="list-style-type: none"> <li>RSP 4: Streamline processes and build capacity in WHO country offices and the Regional Office to improve efficiency and promote results-oriented efforts</li> </ul>	<ol style="list-style-type: none"> <li>Mechanisms are established to strengthen intercountry collaboration in the Region</li> </ol>	<p>CdC/CCU</p>
	<ul style="list-style-type: none"> <li>Integrate and streamline evidence generation and data-sharing mechanisms with Member States and between partners</li> </ul>	<ol style="list-style-type: none"> <li>Monitoring and reporting of country achievements on Vision 2023 and related global and regional commitments is completed</li> <li>Research and innovation in priority areas is supported and national capacities enhanced for research governance and stewardship at national level</li> </ol>	<p>PME, SID</p>
	<ul style="list-style-type: none"> <li>Build capacity for and strengthen the collection and analysis of sex-disaggregated data</li> </ul>	<ol style="list-style-type: none"> <li>Robust health information systems to generate quality disaggregated health data for monitoring progress are in place, based on the updated (2021) regional strategy and guidance</li> </ol>	<p>SID</p>

	<ul style="list-style-type: none"> <li>Accelerate action on the regional framework for evidence-informed policy-making for health and scale up regional and global efforts including SCORE, piloting of ICD-11 and the triple billions stocktake</li> </ul>	25. Annual and close monitoring of regional progress is undertaken though regular reporting on SDG indicators and other global and regional monitoring efforts are scaled up	SID
<b>Strengthen and empower fit-for-purpose WHO country offices</b>	<ul style="list-style-type: none"> <li>Complete functional reviews of the remaining Regional Office departments to ensure sufficient backstopping for country offices</li> <li>Establish a mechanism linking country cooperation strategies with country support plans and Vision 2023, including guidance on targeted output selection</li> </ul>	26. Functional reviews of Regional Office departments are completed and recommendations implemented  27. Country cooperation strategies, country support plans and Vision 2023 are aligned and linked	CdC  CdC/DPM/PME
<b>Be a catalytic leader in health using an integrated approach for enhanced country impact</b>	<ul style="list-style-type: none"> <li>Scale up best practices and incorporate lessons learned from the COVID-19 response into programme planning, including but not limited to RMNCAH, NCDs, mental health and communicable diseases set for eradication, and address the determinants of health as well as broader health systems strengthening</li> <li>Scale up and strengthen regional and country-level partnerships by sharing success stories and lessons learned, including rolling out the SDG3 GAP in additional low- and middle-income countries</li> </ul>	28. Country capacities in use of modern technology especially digitalization, e-health, e-health care and production of supplies and equipment are strengthened  29. Ensure disability is addressed in national COVID-19 recovery plans  30. Successful implementation of SDG3 GAP and the Regional Health Alliance workplan, success stories are documented and annual reviews conducted  31. WHO leadership in health through partnership is well-recognized and expanded through localized health alliances for strengthened health action	SID, DHP, UHS, NMH, DCD, WHE   CdC  CRP
<b>Strengthen capacities in communication, resource mobilization and partnerships based on a Regional strategy</b>	<ul style="list-style-type: none"> <li>Launch a development partners forum for collective health action and advocacy in emergency countries</li> <li>Build the capacity of WHO country office staff to prepare proposals for resource mobilization, especially in countries transitioning from emergencies, and support greater flexibility in resource mobilization</li> </ul>	32. A development partners forum for collective health action and advocacy in emergency countries is launched  33. The regional Communication for Health (C4H) initiative is rolled out and implemented  34. Resource mobilization skills at WHO country offices are developed, based on standardized tools and templates 35. Joint action plan for WHO and Global Health Initiatives to promote aid effectiveness in the Region is developed	CRP   CRP

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## Annex 4.

### Vision 2023 monitoring and evaluation framework

#### Vision implementation framework

To facilitate monitoring and evaluation of its implementation, the regional strategy was designed to use available sets of indicators and monitoring frameworks including the regional key performance indicators (KPIs) and core indicators as well as GPW 13 and SDG targets. These frameworks include extensive indicators for reporting on health and health systems at country level and also for reporting on WHO's performance (KPIs). The objectives and directions in the strategy were linked to selected indicators from these frameworks.

The existing *Vision 2023* results framework and measurement system (Fig. 1) is an excellent starting point but should be expanded using the logic framework (Fig. 2) developed during the Midterm Review process. Furthermore, the objectives and directions in the vision and strategy have now been integrated into the operational planning process for the 2022–2023 biennium, which will facilitate linking departmental and country plans to the vision and monitoring progress over the course of the biennium. A vision implementation framework (theory of change) will also be developed to aid in managing implementation of *Vision 2023* including prioritization of activities, allocation of resources and risk management. The implementation framework will also facilitate finalizing the proposed indicators for measuring progress.

#### Proposed indicators and KPIs for monitoring and evaluation

A subset of 50 relevant indicators, extracted from existing sets of indicators – namely the health-related SDG indicators included in the regional core indicators and the KPIs – are proposed to facilitate annual reporting to WHO senior management and Member States on progress, achievements, efficiency, effectiveness and impact of *Vision 2023* across the four regional strategic priorities. This shortlist provides the level of granularity required for monitoring progress across the four regional strategic priorities. The chosen indicators include a mix of outputs, outcomes and impact measures and are linked to more than one strategic direction of *Vision 2023*. By aligning with the GPW 13 results framework and internal planning processes, they will also facilitate the process of consolidating and synthesizing information and feedback loops for strategic decision-making (i.e., adaptation, reprioritization, allocation of resources, and so on). Once a vision implementation framework has been developed, consideration should be given to amending the subset of indicators, including expanding the number by utilizing indicators from existing sets or developing new ones when clearly justified.

The proposed list of 25 health-related SDG indicators is based on the summary table in the report of progress on the SDGs in the Eastern Mediterranean Region 2020.<sup>13</sup> Baselines are available from that report, however, regional targets need to be defined for this subset of indicators (Table 1). For example, although GPW 13 targets have been identified for many of the health-related SDG indicators, regional targets for the time period of *Vision 2023* remain to be identified systematically. Member States report on most of these indicators, as they are included in the regional core indicators list or are regularly estimated.

The proposed list of KPIs for WHO in the Eastern Mediterranean Region includes 25 KPIs from a total of 77; these either align with the proposed SDG indicators, or complement them when SDG indicators are not available and/or reported (i.e., for Health Emergencies, Information Management and Business Operations). Although a large portion of existing KPIs have country-specific performance targets, regional-level baselines and targets need to be defined for this subset of indicators (Table 2).

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<sup>13</sup> Progress on the health-related Sustainable Development Goals and targets in the Eastern Mediterranean Region, 2020: final draft, June 2021. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (<http://www.emro.who.int/images/stories/est/documents/progress-on-health-related-sdgs-and-targets.pdf>, accessed 10 September 2021).

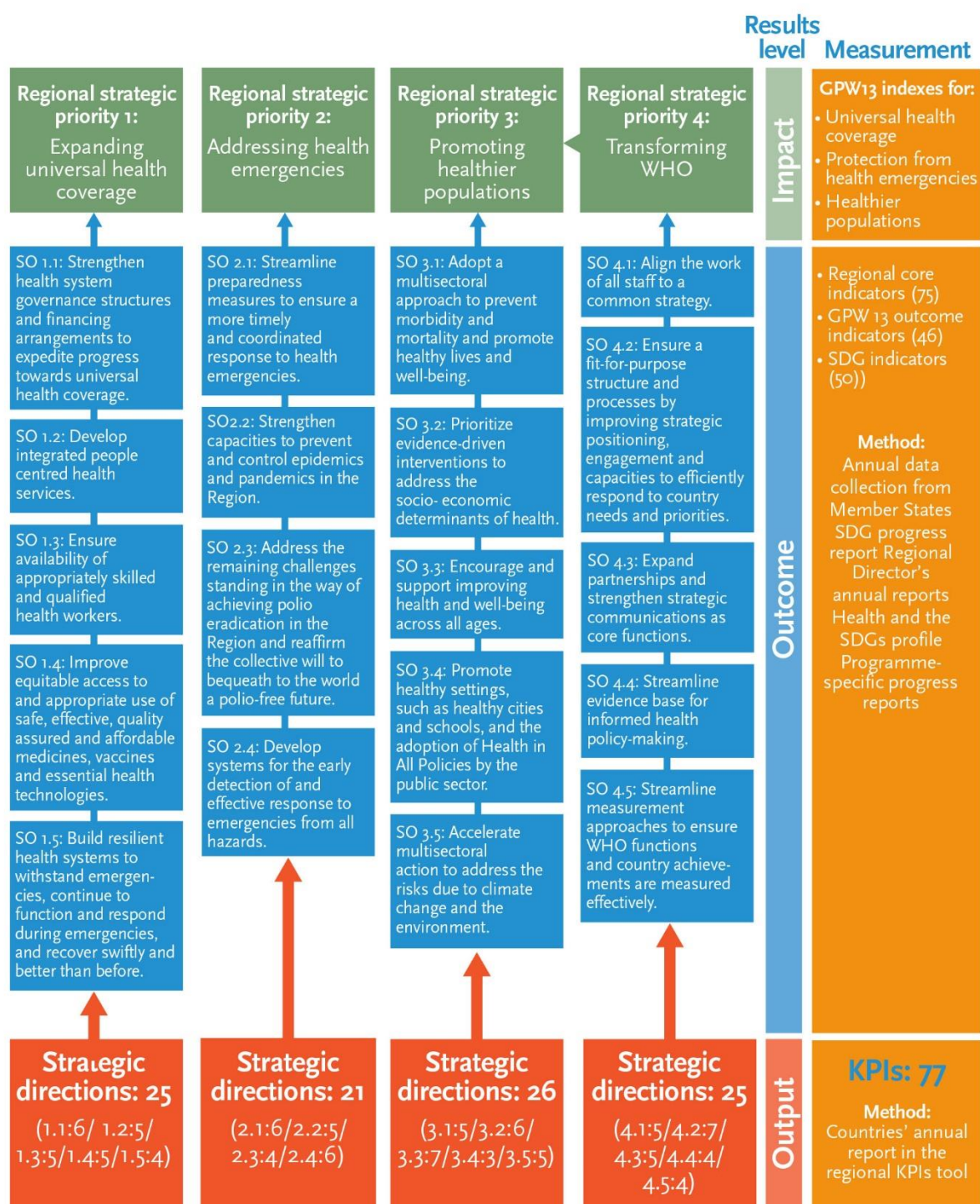
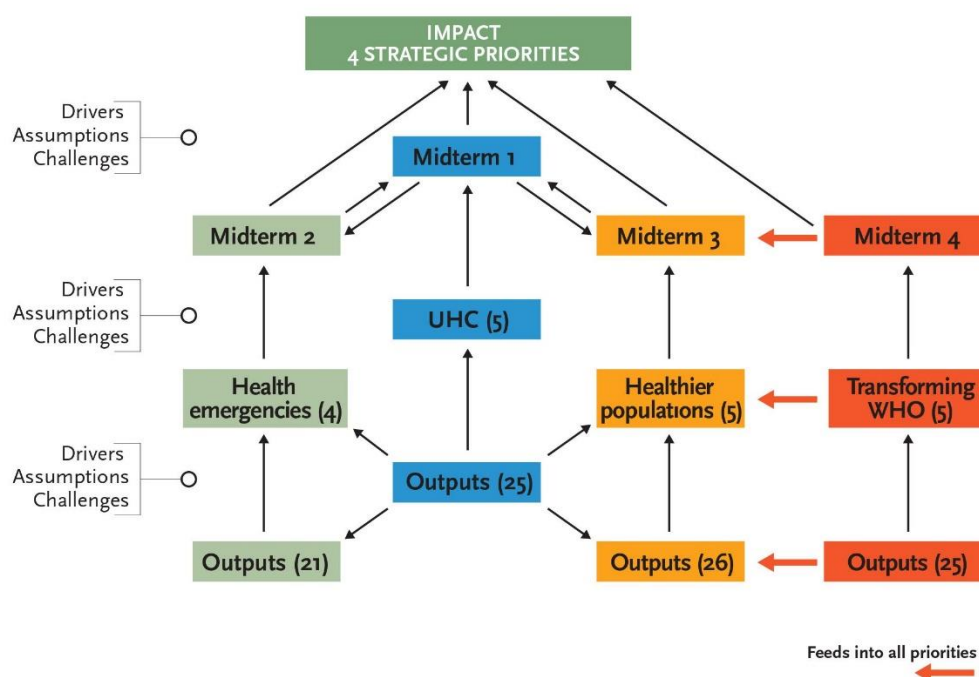


Fig. 1. Vision 2023 results framework and measurement system



Source: Adapted from: Guide for planning and conducting mid-term reviews of FAO–GEF projects and programmes. Rome: Food and Agriculture Organization of the United Nations; 2020 (<http://www.fao.org/3/ca7788en/ca7788en.pdf>).

**Fig. 2. Logic framework**

## Monitoring and reporting mechanism

Regular reports on progress in implementing Vision 2023 through existing monitoring mechanisms will be submitted to the Vision 2023 Oversight Committee and remedial action will be taken when necessary. Annual progress reports will also be submitted to the 69th and 70th sessions of the Regional Committee. A final evaluation of the implementation of Vision 2023 will be conducted in the second half of 2023 to document achievements, challenges and gaps, lessons learned and best practices, and to provide recommendations for the future

**Table 1. Proposed health-related SDG indicators for the Vision 2023 monitoring and evaluation framework**

*Note: GPW 13 targets have been inserted temporarily to provide guidance in determining the regional targets.*

No.	Health-related SDG indicators	2015 (or nearest)	2019 (or nearest)	2023	GPW13 targets
<b>Mortality</b>					
1	3.1.1 Maternal mortality ratio (per 100 000 live births) <sup>a</sup>	175	164		120
2	3.1.2 Births attended by skilled health personnel (%)	98	99		
3	3.2.1 Under-5 mortality rate (per 1000 live births) <sup>a</sup>	52	46		30
4	3.2.2 Neonatal mortality rate (per 1000 live births) <sup>a</sup>	27	25		
5	3.4.1 Probability of dying from NCDs (between ages 30 and 69) (%) <sup>a</sup>	20.8	22.0		15.5
6	3.6.1 Mortality rate from road traffic injuries (per 100 000 population) <sup>a</sup>	23.5	21.8		1.02 million deaths
7	3.9.1 Mortality rate attributed to household and ambient air pollution (per 100 000 population)	31.6	41.5		99.5
<b>Morbidity</b>					
8	3.3.1 New HIV infections (per 1000 uninfected people)	0.06	0.07		410 000 new infections
9	3.3.2 TB incidence (per 100 000 population)	118	115		95
10	3.3.3 Malaria incidence (per 1000 population at risk)	9	10		45
11	3.7.1 Women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods (%)	55	57		66
12	3.7.2 Adolescent birth rate (per 1000 women aged 15–19 years)	48	41		
<b>Means of implementation</b>					
13	3.8.1 UHC service coverage index <sup>a</sup>	53	57		4.5 billion
14	3.8.2 Large expenditure on health as a share of total household expenditure (> 10%)	15.2	...		0
15	3.a.1 Prevalence of tobacco use among persons 15 years and older (%)	18.5	...		17
16	3.b.1 DPT3 Coverage (%)	80	82		
	3.b.1 MCV2 Coverage (%)	68	75		90
	3.b.1 PCV3 Coverage (%)	50	52		
17	3.b.3 Availability of essential medicines in public health facilities (%)	83.4	...		80
18	3.c.1 Density of physicians (per 10 000 population)	14.2	18.2		TBD
	3.c.1 Density of pharmacists (per 10 000 population)	4.5	5.7		
	3.c.1 Density of nurses (per 10 000 population)	20	33		
	3.c.1 Density of dentists (per 10 000 population)	3.6	3.9		
19	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	65.5	...		
<b>Risk factors for health (direct effect on health)</b>					
20	2.2.1 Stunting among children under 5 (%)	26.1	24.2		
21	2.2.1 Wasting among children under 5 (%) <sup>a</sup>	7.5	3.8		5
22	2.2.2 Overweight among children under 5 (%)	8.1	8.0		< 6
23	6.1.1 Access to improved drinking water (%) <sup>a</sup>	88	89		
24	6.2.1 Access to improved sanitation facilities (%) <sup>a</sup>	73	75		
25	16.1.2 Conflict-related deaths (per 100 000 population)	4.9	3.3		

<sup>a</sup> SDGs with explicit targets for 2030; ... Limited country data available to allow reporting on regional progress or determine trend.



**Table 2. Proposed list of KPIs for the Vision 2023 monitoring and evaluation framework**

*Note: Regional-level baselines and targets need to be defined for this subset of indicators.*

No.	ID #	Strategic area	KPI (based on main contribution)	Baseline (2019)	Target (2023)
1	1.1.A	<b>Reproductive and maternal health</b>	<p><b>@ Regional level:</b> Number of countries that have adopted WHO reproductive and maternal health updated guidelines</p> <p><b>@ Country level:</b> Status of adoption of WHO reproductive and maternal health updated guidelines</p>		
2	1.1.B	<b>Neonatal and child health</b>	<p><b>@ Regional level:</b> Number of countries that have implemented WHO key facility- and community-based interventions for newborn and child health and development</p> <p><b>@ Country level:</b> Status of implementation of key facility- and community-based interventions for newborn and child health and development</p>		
3	1.1.C	<b>Vaccine-preventable diseases and immunization</b>	<p><b>@ Regional level:</b> Number of countries that have achieved the Eastern Mediterranean Vaccine Action Plan (EMVAP) targets (90% coverage at national level and 80% coverage at district level)</p> <p><b>@ Country level:</b> Status of achievement of the EMVAP targets</p>		
4	1.1.D	<b>Health care coverage for NCDs and related risk factors</b>	<p><b>@ Regional level:</b> Number of countries that have evidence-based national guidelines/protocols/standards for the assessment and management of cardiovascular risk factors at primary health care level</p> <p><b>@ Country level:</b> Status of integration of cardiovascular risk factors assessment and management at primary health care level</p>		
5	1.1.E	<b>Detection and treatment of tuberculosis</b>	<p><b>@ Regional level:</b> Number of countries that have implemented the United Nations General Assembly (UNGA) Political Declaration and Multisectoral Accountability Framework</p> <p><b>@ Country level:</b> Status of adoption of the UNGA Political Declaration and Multisectoral Accountability Framework</p>		
6	1.1.F	<b>Essential package of services for UHC</b>	<p><b>@ Regional level:</b> Number of countries for which at least 75% of health care facilities have implemented essential package of services for UHC</p> <p><b>@ Country level:</b> Percentage of health care facilities that have implemented essential package of services for UHC</p>		
7	1.1.H	<b>Road traffic injury prevention and control</b>	<p><b>@ Regional level:</b> Number of countries that have conducted emergency care assessments and related roadmaps for priority actions</p> <p><b>@ Country level:</b> Status of the emergency care assessment and related roadmap</p>		
8	1.1.I	<b>Mental health and substance use</b>	<p><b>@ Regional level:</b> Number of countries that have implemented the Mental Health Gap Action Programme (mhGAP)</p> <p><b>@ Country level:</b> Status of implementation of the mhGAP</p>		

9	1.1.K	<b>Skilled health workforce</b>	<p><b>@ Regional level:</b> Number of countries that have developed/updated a health workforce strategic plan</p> <p><b>@ Country level:</b> Status of implementation of the health workforce strategic plan</p>
10	1.2.A	<b>Health financing strategy</b>	<p><b>@ Regional level:</b> Number of countries that have developed a health financing strategy</p> <p><b>@ Country level:</b> Status of development of the health financing strategy</p>
11	1.3.B	<b>Quality, safety and efficacy of medicines</b>	<p><b>@ Regional level:</b> Number countries that have an updated national list of essential medicines</p> <p><b>@ Country level:</b> Status of national list of essential medicines</p>
12	2.1.G	<b>Preparedness capacities assessment</b>	<p><b>@ Regional level:</b> Number of countries that have used findings from the IHR monitoring and evaluation framework to develop or update their national action plans</p> <p><b>@ Country level:</b> Status of using findings from the IHR monitoring and evaluation framework to develop or update national action plans</p>
13	2.2.E	<b>Achieving eradication of wild poliovirus</b>	<p><b>@ Regional level:</b> Number of endemic countries that have implemented National Emergency Action Plan (NEAP) for Polio Eradication and number of non-endemic countries that are effectively prepared for responding to a polio outbreak</p> <p><b>@ Country level:</b> Polio-endemic countries – status of implementation of NEAP Non-endemic countries – status of polio outbreak preparedness and response plan</p>
14	2.2.J	<b>Laboratory for high-threat pathogens</b>	<p><b>@ Regional level:</b> Number of countries that have national plans for laboratory systems and networks strengthening, especially for quality diagnostic testing of high-threat pathogens, adhering to biosafety and biosecurity standards</p> <p><b>@ Country level:</b> Status of national plan for laboratory systems and networks strengthening, especially for quality diagnostic testing of high-threat pathogens, adhering to biosafety and biosecurity standards</p>
15	2.3.A	<b>Emergency operations centre (EOC)</b>	<p><b>@ Regional level:</b> Number of countries that have functioning EOCs</p> <p><b>@ Country level:</b> Status of implementation of the EOC</p>
16	3.1.A	<b>Nutrition</b>	<p><b>@ Regional level:</b> Number of countries that have reviewed/developed national strategies and action plans on nutrition and NCD diet-related risk factors</p> <p><b>@ Country level:</b> Status of development/review of national strategies and action plans on nutrition and diet-related risk factors</p>
17	3.1.B	<b>Water sanitation and health</b>	<p><b>@ Regional level:</b> Number of countries that have implemented surveillance mechanisms for reporting on drinking-water safety</p> <p><b>@ Country level:</b> Status of implementation of a surveillance mechanism for reporting on drinking-water safety</p>

18	3.1.E	<b>Air quality and chemical safety</b>	<p><b>@ Regional level:</b> Number of countries that have performed health impact assessments of air pollution</p> <p><b>@ Country level:</b> Status of implementation of the health impact assessment of air pollution</p>
19	3.2.A	<b>Prevention and control of NCDs through multisectoral actions</b>	<p><b>@ Regional level:</b> Number of countries that have implemented multisectoral action plans</p> <p><b>@ Country level:</b> Status of implementation of the national multisectoral action plan</p>
20	3.2.C	<b>WHO Framework Convention on Tobacco Control</b>	<p><b>@ Regional level:</b> Number of countries that have enforced total bans on tobacco advertising, promotion and sponsorship</p> <p><b>@ Country level:</b> Status of enforcement of total bans on tobacco advertising, promotion and sponsorship</p>
21	4.1.C	<b>Health indicator reports (GPW13/SDGs/health trends)</b>	<p><b>@ Regional level:</b> Number of countries with high-quality annual analytical reports of health sector progress and performance that include relevant disaggregation of health-related SDG data</p> <p><b>@ Country level:</b> Status of required high-quality annual analytical reports of health sector progress and performance that include relevant disaggregation of health-related SDG data</p>
22	4.2.A	<b>Strategic communications</b>	<p><b>@ Regional level:</b> Number of countries that have developed adequate strategic communication resources</p> <p><b>@ Country level:</b> Status of fulfilment of the key strategic communication resources</p>
23	4.2.F	<b>Country focus support</b>	<p><b>@ Regional level:</b> Number of countries that have a valid country cooperation strategy</p> <p><b>@ Country level:</b> Status of the country cooperation strategy</p>
24	4.3.A	<b>Audit, risk and compliance</b>	<p><b>@ Regional level:</b> Number of budget centres with a minimum average score of 75% across a specific period of time</p> <p><b>@ Budget centre level:</b> Overall score of the managerial KPIs</p>
25	4.3.D	<b>Staff recruitments</b>	<p><b>@ Regional level:</b> International/national staff recruitments are completed, from vacancy notice to selection report, within 15 weeks of the initial request</p> <p><b>@ Country level:</b> International/national staff recruitments are completed, from vacancy notice to selection report, within 15 weeks of the initial request</p>