

## Reference Group on the General Programme of Work Interim Report

1. The group welcomes and applauds the general scope and ambition of the strategy. In particular, the group welcomes the focus on the three areas: UHC, health emergencies, and healthy populations. The group further welcomes that the strategy is firmly embedded in the SDG agenda.
2. The group welcomes the shift towards accountability expressed in outcomes and impact – better health for people. In this sense, the group welcomes the introduction of high level aspirational goals for each of the three main areas. This not only embeds the ambition of the strategy firmly in outcome and impact, but also enables the construction of an impact and measurement framework linking the actions of the Secretariat to outcomes and impact.
3. All three goals combined can be summarized under the rubric of healthier lives. Healthier lives as the overarching goal of the three is consistent with the framing and language of SDG3. A higher level indicator for all three goals combined, healthy life expectancy, should be used to summarize overall progress.
4. The group welcomes the specific commitment to address contribution of the secretariat's work to impact. The ambitious goals framed in the GPW can be catalyzed by WHO but require concerted action by Member States and other development actors. Understanding WHO's contribution to the achievement of these goals, however, is an important step for organizational accountability. The group recognizes the challenges in measurement of contribution, given the special nature of WHO, as a member state organization with a very strong focus on normative guidance. However, the group assesses that these challenges can be addressed through methods that recognize the challenges of attribution but require that changes in key indicators are apportioned to the various financial and technical contributions made by governments, intergovernmental organizations and donors. Addressing the challenge of assessing WHO Secretariat, Member State and other organizations contribution to progress towards objective targets has benefits for all actors. The development of innovative approaches and tools for such measurements should be firmly embedded in the strategy and measurement system to begin in January 2019 building and strengthening existing capacities, previous experiences and enlarging on information sharing and big data.
5. The group analyzed the current measurement of the three goals in more detail. This review suggested that there is substantial room for improved measurement of all three goals and of the monitoring of the three combined. Improved measurement of each of the goals, however, should not be seen as an obstacle for staking ambitious goals for the GPW. The group was generally supportive of framing three ambitious goals that can serve to motivate action and forge a coherent approach to improving health across different programmes in WHO. Nevertheless, within a short period of time, the global goals should be translated into regional and national goals in order for accountability to be possible. Specific recommendations on how to improve the monitoring of each component follow and on how ambitious each goal is.
6. UHC billion goal
  - a) Current published measurements of UHC by WHO are heavily weighted to RMNCH service coverage and include NCD risk factor prevalence rather than NCD services whereas UHC is primarily about access to a more comprehensive package of health services with sufficient quality and without risk of catastrophic expenditure. Alternative UHC measures produced by the GBD collaboration have much more NCD and injury content in their calculation.
  - b) A robust measure of UHC based on tracer indicators must clearly define the service bundles that are included in UHC across levels of the health system (primary through tertiary) and the life

course (womb to tomb); only when the service bundles are defined can the tracer indicator methodology be robustly applied.

c) UHC coverage at baseline across published measures ranges from 2.3 billion as estimated by WHO using 7 of 7 sets of interventions (3.5 billion using 6 of 7 interventions) in a recent analysis to 5.1 billion in the GBD study published in 2016; these numbers while published at different times all refer to the calendar year 2015. The two GBD published analyses also provide information on the trends in UHC coverage and these suggest that if the trends of the last 5 years continued during the GPW period, 460 million would gain UHC service coverage. Even in optimistic scenarios for the future, where all countries moved to the 85<sup>th</sup> percentile of UHC coverage expansion observed in the past, only 509 million would gain UHC service coverage.

d) UHC goals should incorporate both service coverage and adequate financial risk protection. A combined measure can be constructed which is the number with UHC services not subject to catastrophic spending. Since catastrophic spending can only occur when service is accessed and purchased, the combined measure can simply be the number with UHC services minus those with catastrophic spending. This reduces current coverage and the pace of progress by approximately 20%.

e) Achieving the goal of adding 1 billion with adequate UHC is ambitious and will at the least require a doubling of the observed global pace of progress in the last 5 years. Given the wide range of UHC coverage across Member States, achieving UHC by 2030 requires in many countries more than a doubling of the pace of progress. Translating the pace required to achieve UHC by 2030 to what is required to be achieved during the GPW also implies a greater task for some Member States. This variation emphasizes the importance of translating the UHC goal into regional and national figures in the near future.

f) Improved measurement of UHC will require better data systems in many member states to adequately reflect the delivery of the broader set of services that are included in most notions of UHC. Household surveys cannot capture the delivery of many of these services such as diagnosis and effective treatment of many cancers or adequate district hospital emergency services needed for obstetric and abdominal emergencies.

g) WHO should work with other partners including the World Bank and the GBD Collaboration to create a principled consensus for measuring UHC moving forward. Improved measurement of UHC will also need to pay attention to inequalities in UHC coverage within countries.

## 7. Healthier populations billion goal

- a) The group viewed that the goal originally labeled as “Healthy lives” should be renamed as “Healthier populations.” This goal, along with the UHC and the health emergencies goals, all contribute to the overall aspiration of healthier lives, which is aligned to the title of SDG 3. This healthier people goal should exclude personal health services (whether prevention, diagnosis, treatment, palliation or rehabilitation), which are implied by UHC.
- b) Recent trends as assessed by the WHO Secretariat suggest that during the GPW period, 1.1 billion would benefit. If the individual targets framed in the GPW were collectively achieved, 2.4 billion would benefit. These estimates of increases in coverage are based on recent trends are based on adding up beneficiaries of each sub-component. The results are dominated by expected improvements in water, sanitation, and tobacco prevalence. These figures of changes in expected beneficiaries are based on adding up the beneficiaries of each individual component. However, many individuals are likely to benefit from more than

one component. Assuming they are additive is unrealistic. The estimates of coverage and likely pace of progress are therefore substantially over-estimated e.g. beneficiaries of improved water and sanitation are likely to be the same in many communities. Substantial work is needed to solve the issue of overlap; namely that the beneficiaries of many of the disease and risk specific targets may be the same individuals in a country.

- c) Despite these limitations, given the trends and the likely overlaps of different components, articulating a goal for a billion more individuals in healthier populations is useful. It provides an overarching rubric for potentially siloed work across the organization and links these important individual programmes to one of three goals which in turn supports the SDG3 agenda. Adding 1 billion in this goal is ambitious but likely feasible given the plausible overlap between components and observed past trends.
- d) As noted earlier, there is an important need for an overarching measure of the three goals combined and how they contribute to healthy lives. The Group recommends the use of healthy life expectancy as routinely computed and reported already for this purpose. Healthy life expectancy should be reported by age, sex and other sub-populations to capture the equity dimension of SDG 3.

## 8. Safer billion

- a) The group recommended that the language for describing the safer billion was narrowed to make clear that this goal only covered pandemic preparedness and emergencies consistent with the definitions of public health emergencies in the IHRs.
  - b) Measurement of the baseline for those with IHR implementation was seen to be highly problematic. Current assessments are focused on the enabling environment, lack standardization across countries, are often based on self-reporting, and do not capture implementation or whether individuals in those countries are safer. Much work is needed to strengthen the assessment of safety from pandemics and emergencies. The group recommend combining self -assessment with methodologies that can better assess the functional performance of IHRs.
  - c) Despite the severe limitations of current measurement efforts, the group agreed that rapid scale-up of IHR and pandemic preparedness implementation is possible because of a real momentum after the Ebola epidemic in West Africa, so that a goal of 1 billion more living in countries that are safer but not necessarily safe is feasible.
- 8) The group applauded the focus on innovation in the GPW but reiterated that in a diverse, pluralistic world with many institutions playing key roles in research and innovation, WHO's primary role in this area is to set the research agenda, convene institutions from around the world and identify new opportunities. When WHO undertakes its own in-house research and analysis programs this risks deterring it from its core business where only WHO can be effective. The group recommends that WHO's portfolio of in-house research and analysis be reviewed in more detail.
- 9) This is an interim report of the group which will continue deliberating on the measurement of the GPW goals and targets as well as formulating approaches to assessing WHO's contribution to these goals and targets. A final report of the group prepared prior to the World Health Assembly will provide more technical and strategic detail on how measurements of the triple billion goals and sub-component targets can be improved. Overall at this early point in the group's deliberations, we are supportive of the triple billion target as an aspirational goal for WHO Secretariat and Member States that is largely consistent with the SDG3 agenda for 2030.