Technical Paper

Delivering a measurable impact in countries

World Health Organization

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Contents

Executive summary

The world is off track to reach most of the triple billion targets and the health-related Sustainable Development Goals (SDGs). Urgent action is needed to accelerate progress, or the world may fall further off track. In response to the ever-changing global health challenges, WHO embraced the approach of **Delivery for Impact**, as part of its transformation led by the Director General, emphasizing translating data, science, and evidence into tangible results in countries.

Delivery for Impact is a way of working that answers the simple but profoundly important question of how WHO can **drive a measurable impact in countries**. By supporting Member States and working alongside with partners to get things done, Delivery for Impact optimized impact in countries. Over the past five years, WHO has been streamlining this practice across all three levels of the organization and in countries and it is taking root. The opportunity is now to scale it up and make it a core part of GPW14 making a significant contribution to global health.

Incorporating the practice of delivery is a crucial part of the Results-Based Management (RBM) and Country Cooperation Strategy (CCS). This will ensure accountability, efficiency, and transparency of the Secretariat. By integrating delivery principles, WHO aims to be more agile and responsive to country priorities, focusing on effective solutions to accelerate measurable impact and address health inequalities. It puts in place routines to track progress when things go off track, enabling course correction and overcome unforeseen challenges until the goal is achieved. The impact-focused CCS could become a platform for delivery lending to collaborative decision-making, prioritization, implementation of high impact initiatives, resource planning and mobilization, accountability, and supporting Member States, while tracking the Secretariat's contribution.

Almost 100 countries are working on their CCS in collaboration with their governments. Ten WHO country offices have demonstrated impressive commitment using the end-to-end delivery approach in a 100-day challenge. For example, Nepal's success in securing the Pandemic Fund was attributed to integrating acceleration scenarios for implementing the International Health Regulations (2005). Over 50 countries have also adopted delivery tools to enhance their effectiveness to specific programmes.

Global stocktakes, chaired by the Director-General with senior leadership at all three levels, track progress towards SDGs and triple billion targets. These stocktakes focus on the programmatic areas such as climate and health, obesity, tuberculosis, primary health care, health financing, health workforce, health emergencies preparedness, and reducing maternal mortality, to identify milestones and outputs to accelerate progress and drive implementation. These stocktakes shift the focus from problems to solutions and from planning to action, driving implementation and programmatic accountability. Several countries are using delivery stocktakes to track and manage national and subnational progress.

The combined efforts of WHO's RBM system and the Delivery for Impact approach are visibly transforming the organization. This systematic application, evident in the GPW13 global targets, results framework, and country prioritization processes, is leading to a more impact focused WHO, enabling intentional achievement of country impact.

Introduction

Delivery for Impact is a way of working that answers the simple but profoundly important question of how WHO can drive impact in countries. Scaling up and mainstreaming *Delivery for Impact* across all three levels of WHO can be part of the evolution of GPW14. It **optimizes impact at the country level**, by supporting Member States and working alongside partners to reach the ambitious health-related Sustainable Development Goals (SDGs) and the GPW targets.

It promotes efficient and effective planning and implementation of data-driven and impact focused strategies to achieve measurable results. It helps translate the technical and normative guidance and policy solutions into action. It provides structure and tools that empowers Members States in accelerating progress towards the health-related SDGs and triple billion targets.

The delivery approach emphasizes the importance of having clear goals and objectives, identifying measurable targets, developing a delivery plan, then routinely monitoring progress, problem solving and course correction throughout the implementation lifecycle.

This approach is being used in more than 40 country offices, and an end-to-end approach is being piloted in 10 country offices, in collaboration with national governments. The approach has matured and is ready to take to scale.

Put simply, Delivery for Impact happens at the intersection between normative guidance and the realities and complexities of trying to get things done in real time and with real people on the ground. It demands that we know not only what our goals are, but also how we will track our progress – and that we regularly do so.

It puts in place processes – routines – so that we know what is really happening and can intervene when things don't go to plan. Delivery routines make us pay attention, day in and day out, to monitoring change and whether our plans are achieving the impact we intended. And when things go off track Delivery for Impact enables us to step in, to change course, to re-think and to overcome unforeseen challenges, again and again, until we achieve our goals.

Why WHO Needs the Delivery for Impact Approach

The latest data which include COVID-19 impact shows the world is not on track to achieve the health-related SDGs by 2030, with progress at approximately half the required rate of change. Although we possess evidence on how to address these challenges, implementation is hindered by various factors, including weak capacities in interrogating data to identify priorities and drive decision-making, insufficient political commitment, and inadequate problem-solving during implementation.

There is an urgent need to address the gaps, reverse negative trends and to accelerate progress to get on track towards achieving the global goals. To focus efforts on what and where there can be the greatest impact, WHO applies the **Delivery for Impact approach** for enhancing accountability, increasing

uptake of evidence-informed solutions, and enabling effective implementation for measurable results; bringing the Organization in greater alignment around having country-level impact.

With progress lagging at the midpoint of the SDG period, the time to accelerate in the second half of the SDG period is now. Countries can accelerate health SDG/triple billion [1]progress and WHO with other partners can help them to do so. Accelerating health involves both SDG progress through promoting and providing health, as well as protecting against threats using an 'all hazards' approach and resilient health systems based on primary health care (PHC). Building upon the lessons learned over the past five years building a WHO more focused on measurable impact in countries.

What is Delivery for Impact?

The Delivery for Impact approach in the context of WHO is an approach for achieving measurable results through efficient and effective planning and implementation. It focuses on translating technical guidance and policy solutions into action which achieves impact. It is one of the approaches to support Members States to accelerate progress to reach national, regional, and global targets.

The approach emphasizes the importance of setting clear goals and objectives, identifying measurable targets, developing a detailed delivery plan, and closely monitoring progress, problem solving and course correction throughout the implementation lifecycle.

In the context of WHO, Delivery for Impact means working across the 3-levels to enable colleagues in all offices to undertake data-driven assessments of progress and build a picture of ambitious yet realistic acceleration to get back on track.

How Delivery for Impact is applied in WHO

The Delivery for Impact mandate builds on three pillars.
Figure 2: WHO Delivery for Impact approach

ACCELERATE RESULTS

SUPPORT COUNTRIES AND REGIONS TO DRIVE ACTION ON SPECIFIC OBJECTIVES TO ACHIEVE IMPACT

ENHANCE ACCOUNTABILITY

USE EVIDENCE TO IDENTIFY TRENDS, GAPS, BOTTLENECKS AND POSSIBILITIES FOR THE ACCELERATION OF THE SDG-BASED TRIPLE BILLION TARGETS

CAPACITY FOR EFFECTIVE IMPLEMENTATION

LAY THE FOUNDATION OF MAINSTREAMING A DATA AND RESULTS-DRIVEN APPROACH ACROSS ALL LEVELS OF THE WHO

To achieve this, WHO regularly convenes global stocktakes to report on progress toward both SDG and triple billion targets, and within this forum WHO leadership across the 3-levels identify measurable and time-bound milestones relevant accelerating progress toward these targets. A focus of the stocktaking mechanism is to push for a clear specification of the WHO outputs that will drive delivery of these milestones, which contribute to the shared outcomes with our Member States.

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[1] Mapping between health-related SDG and GPW13 measurement framework is provided in Annex 3

The most recent example is a stocktake on how strengthening health workforce drives progress across the triple billion targets (Table 1) Stocktakes have also been conducted on climate change and health emergency preparedness. Stocktakes and Delivery for Impact shift the balance from problems to solutions, and from planning to implementation. They can also be used by governance to track programmatic accountability of the Secretariat, thus also increasing confidence in investments in WHO.

Table 1: Delivery stocktake commitments to double health workforce in LMIC by 2030

Countries	Commitments
40 safeguard and support list countries(AFRO, EMRO)	Intensified support to countries to double workforce by 2030
7 Francophone countries (Benin, Cameroon, CAR, Chad, Madagascar, Mali and Niger)	Investment in training and employment focused on primary health and public health in rural areas
SIDS	Initiate actions on retention, employment and implementation of the WHO Global Code of Practice
100 countries	Strengthen public health and emergency workforce
10 HIC (Australia, Belgium, Canada, France, Germany, Saudi Arabia, Switzerland, UAE, UK, USA)	Adopt domestic and international policies on self-sufficiency
10 countries focusing on CHW (CAR, BEN, TZN, BKF, LIB, ETH, RWA, SEN, SLN, GNB, MOZ, DRC, NGR)	Agile teams to respond to country priorities

Data is analyzed to identify trends, and countries which are most off-track and need to accelerate progress. This analysis is then aligned with the bottom-up prioritization of the country office through the Programme budget, the Country Cooperation Strategy and country support plan. The SDG and triple billion data are used as a common input to all these prioritization processes to ensure alignment across multiple tracks, and a process is in place to develop a unified, simplified, end to end process.

WHO solutions to support countries which are most off track are drawn from WHO Technical Products, summarized in the delivery policy matrix, and are used as the basis for developing an acceleration scenario and acceleration-focused delivery plan. We engage with regions and countries to build capacity to address implementation challenges and promote impact-focused planning.

The Delivery for Impact approach is gaining traction across the 3-levels of the Organization. For example, the tools are fully embedded within the Health Impact Investment Platform recently launched as an innovative financing mechanism to unlock funding from Multilateral Development Banks in support of strengthening primary health care and health security. Within the development of health investment plans, tools such as context analysis wheel, issue tree and implementation plan are integral, and the delivery sprint approach has been requested by participating countries for bringing a time-bound accountability mechanism to implementation.

WHO has led the way on this across SDG partners, as seen through the active collaboration through the SDG3 GAP to align on acceleration opportunities towards health-related SDGs and the Delivery for Impact approach in supporting national acceleration efforts. A recent evaluation of the SDG GAP has

recommended a strengthening of the Delivery for Impact approach as one of the outcomes. The approach will be rolled out across countries, and across specific disease topics, starting with a goal to reduce the number of "zero-dose" children, who are missed by routine vaccination programmes.

Tracking progress for implementing a Delivery for Impact approach across the 3Ps

To embed the Delivery for Impact approach within the 3-levels of WHO, the necessary steps have been simplified into 5 steps. This allows us to focus on 5 steps for effective implementation. The steps are non-linear, often occurring in parallel, and presented in alphabetical order for ease of use.
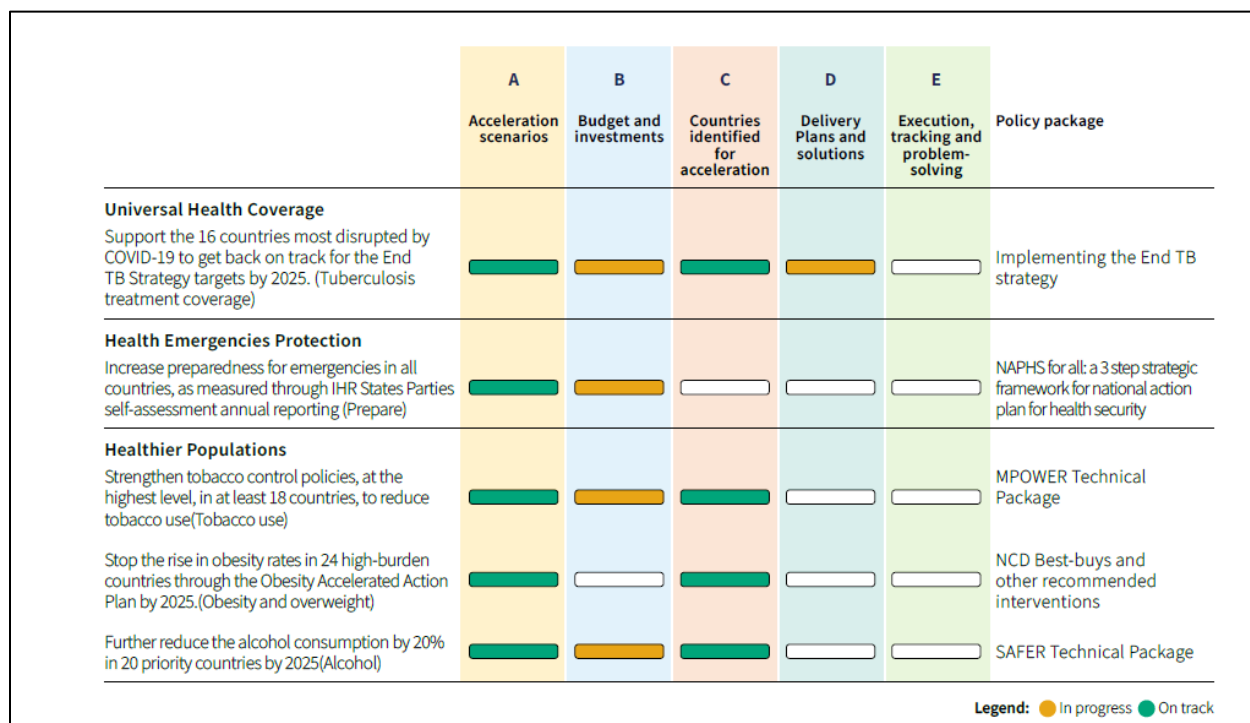
   A. *Acceleration scenarios: considering current progress toward targets, by how much can progress be accelerated?*
   B. *Budget and finances: what are the available and additional resources that need to be mobilized for the acceleration plan?*
   C. *Countries or communities identified for acceleration: which are the high burden/high impact countries? Which communities need to be prioritized?*
   D. *Delivery plans and solutions: what are the most effective interventions WHO can support to be implemented to accelerate progress in countries?*
   E. *Executing a Delivery for Impact approach: including accountability routines for regular progress tracking, problem solving, and course-correction.*

Drawing on the Delivery for Impact approach, the WHO Secretariat will work together with countries to accelerate progress on specific SDG. The delivery dashboard (see global dashboard in figure 3) shows progress on SDG-based global delivery milestones identified through the stocktaking process.[2] The milestones will be monitored using the global delivery dashboard. Most importantly, countries can select and monitor a subset of delivery milestones relevant to their context (figures 4 & 5).

The delivery dashboard will enhance programmatic accountability for the WHO Secretariat and could be of use to Member States in governance reform, in line with the AMSTG (Agile Member States Task Group) recommendations. A recent evaluation of the WHO Results Based Management approach highlighted gaps in the use of RBM within WHO and fragmentation across multiple RBM mechanisms. Delivery for Impact is aligning across existing components of RBM in WHO, whilst strengthening the explicit link between outputs and outcomes at the Member State level.
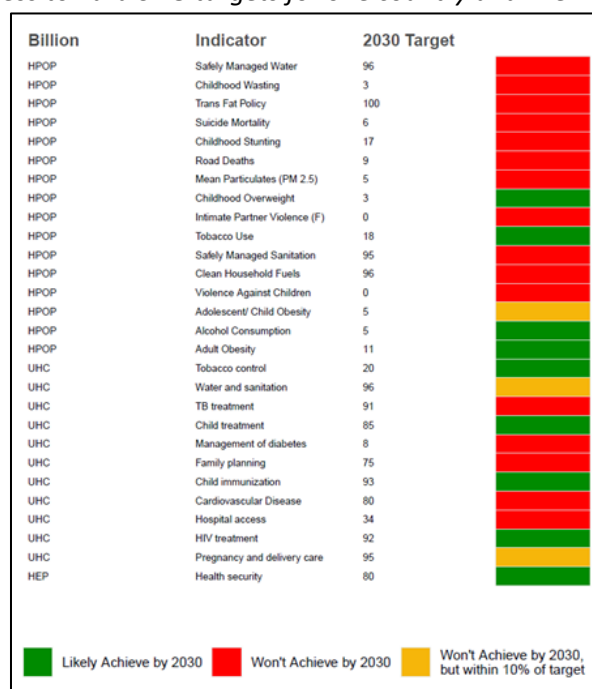
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[2] Annex 1 outlines delivery milestones across three priorities proposed by technical programmes for Programme budget 2024-2025.

Figure 3: Global delivery dashboard

	A	B	C	D	E	
	Acceleration scenarios	**Budget and investments**	**Countries identified for acceleration**	**Delivery Plans and solutions**	**Execution, tracking and problem-solving**	**Policy package**
Universal Health Coverage Support the 16 countries most disrupted by COVID-19 to get back on track for the End TB Strategy targets by 2025. (Tuberculosis treatment coverage)	On track	In progress	On track	In progress		Implementing the End TB strategy
Health Emergencies Protection Increase preparedness for emergencies in all countries, as measured through IHR States Parties self-assessment annual reporting (Prepare)	On track	In progress				NAPHS for all: a 3 step strategic framework for national action plan for health security
Healthier Populations Strengthen tobacco control policies, at the highest level, in at least 18 countries, to reduce tobacco use(Tobacco use)	On track	In progress	On track			MPOWER Technical Package
Stop the rise in obesity rates in 24 high-burden countries through the Obesity Accelerated Action Plan by 2025.(Obesity and overweight)	On track		On track			NCD Best-buys and other recommended interventions
Further reduce the alcohol consumption by 20% in 20 priority countries by 2025(Alcohol)	On track	In progress	On track			SAFER Technical Package

Legend: ● In progress ● On track

At the country level, the delivery dashboard supports countries to track progress on implementation across high-priority outcomes. Data on progress toward SDG achievement (figure 4) and likelihood of meeting global targets forms the basis of a data-informed prioritization process.

Figure 4: heatmap of progress toward SDG targets for one country and likelihood of achieving goals

Billion	Indicator	2030 Target	
HPOP	Safely Managed Water	96	
HPOP	Childhood Wasting	3	
HPOP	Trans Fat Policy	100	
HPOP	Suicide Mortality	6	
HPOP	Childhood Stunting	17	
HPOP	Road Deaths	9	
HPOP	Mean Particulates (PM 2.5)	5	
HPOP	Childhood Overweight	3	
HPOP	Intimate Partner Violence (F)	0	
HPOP	Tobacco Use	18	
HPOP	Safely Managed Sanitation	95	
HPOP	Clean Household Fuels	96	
HPOP	Violence Against Children	0	
HPOP	Adolescent/ Child Obesity	5	
HPOP	Alcohol Consumption	5	
HPOP	Adult Obesity	11	
UHC	Tobacco control	20	
UHC	Water and sanitation	96	
UHC	TB treatment	91	
UHC	Child treatment	85	
UHC	Management of diabetes	8	
UHC	Family planning	75	
UHC	Child immunization	93	
UHC	Cardiovascular Disease	80	
UHC	Hospital access	34	
UHC	HIV treatment	92	
UHC	Pregnancy and delivery care	95	
HEP	Health security	80	

■ Likely Achieve by 2030   ■ Won't Achieve by 2030   ■ Won't Achieve by 2030, but within 10% of target

Nepal has selected five areas to drive measurable impact towards national targets by 2027 with data informed acceleration scenarios. Priorities were determined through a bottom-up approach, where the country office, working with the regional office and headquarters, determined priorities in consultation with the Ministry of Health. Maternal mortality is one of Nepal's five priorities. Nepal has made remarkable progress towards reducing the maternal mortality ratio (MMR). In 2000, there were more than 550 maternal deaths per 100,000 live births. In 2017, the ratio was 186 per 100 000. However, accelerated progress and renewed commitment is needed to achieve further progress towards the SDG target, which calls for a reduction in MMR to less than 70 per 100,000 by 2030. The Delivery for Impact approach will help reach these objectives.

Developing targets and acceleration scenarios allows monitoring of progress. And setting up routines and undertaking active problem-solving will enable the country to remain on track to achieving its goals. Working with technical experts in WHO, the country office identified what solutions WHO will contribute to support the country to address key causes of maternal death. Nepal is tracking progress in maternal mortality, and its four other priority areas (tuberculosis, cervical cancer, mental health, and health emergency preparedness and response), using a tailored Delivery for Impact dashboard (figure 5).

*Figure 5: Country level delivery dashboard in Nepal*
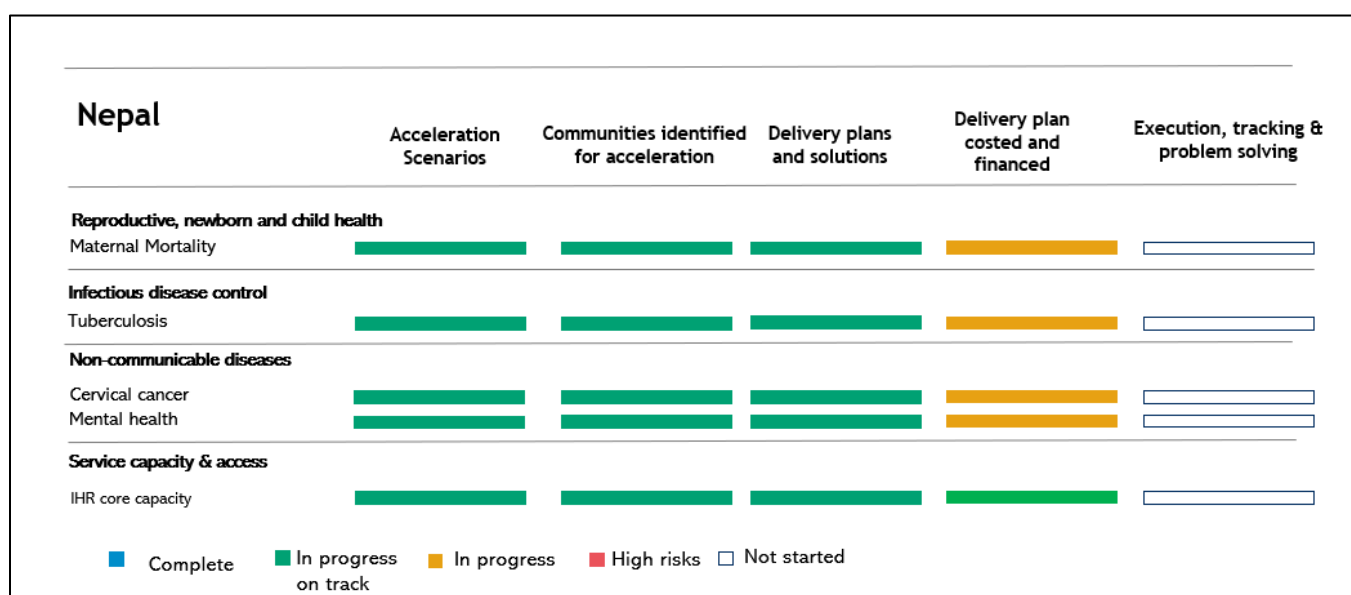
To understand the full potential of the Delivery for Impact approach, imagine introducing routine delivery stocktakes in all countries. Led by the Minister of Health and supported by WHO, the delivery stocktakes would measure progress and identify and overcome roadblocks on a limited set of country-identified priorities.

An example from Madagascar highlights the end-to-end data and delivery approach. The Minister of Health identified 6 priority areas for the coming 2 years. With 3-level WHO support, the current

situation has been assessed, and time-bound targets are in the process of being set for each area (see HIV example, figure 6). Monthly routines track the development and execution of delivery plans, as seen in the country level delivery dashboard (figure 6).

Country- and indicator-specific examples showing acceleration scenarios across the healthier populations (promote), universal health coverage (provide) and health emergencies protection (protect) billions are presented in Annex 2.

Figure 6: The data and delivery journey for Madagascar
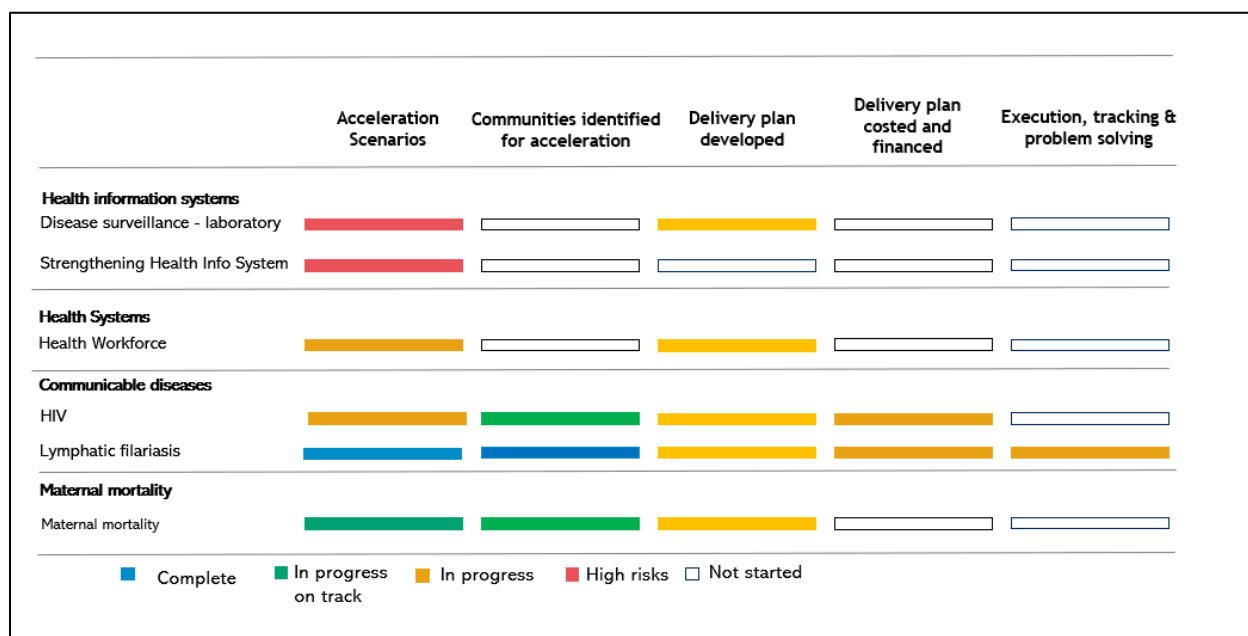
Conclusion

In conclusion, the combined efforts of WHO's results-based management system and the Delivery for Impact approach are visibly transforming the organization. This systematic application, evident in the GPW13 global targets, results framework, and country prioritization processes, is leading to a more impact focused WHO, enabling intentional achievement of country impact.

The Delivery for Impact approach is not just a short-term effort but a long-term commitment to drive progress towards health-related SDGs. By embracing data-driven and impact-focused strategies, we tackle implementation challenges, foster political commitment, and optimize resource allocation to achieve measurable impact.

With continuous assessment, collaboration, and adaptability, we are committed to building a healthier, safer, and more equitable world. No one will be left behind, and all will have access to improved health outcomes. Together, we can accelerate progress towards achieving the SDGs, ensuring a brighter future for global health. With dedication and partnership, we will create a lasting impact and make a positive difference in the lives of people around the world.

For further information, please contact Dr Melanie Bertram (bertramm@who.int), Unit Head for Delivery for Impact, and Dr Pavel Ursu (ursup@who.int), Director for Department of Delivery for Impact, Division of Data, Analytics and Delivery for Impact.

Annex 1: Delivery milestones across three priorities proposed by technical programmes for Programme budget 2024-2025

Promote health (Healthier Populations)
- Stabilize and then reduce carbon emissions from the global healthcare sector on a path to halve emissions by 2030.
- Improve air quality and other environmental risk factors in at least 6 countries by 2025.
- Stop the rise in obesity rates in at least 24 high-burden countries through the Obesity Accelerated Action Plan by 2025.
- Stabilize and then reduce road traffic death rates in at least 12 priority countries by 2025 through implementation of the Global Plan for the Decade of Action for Road Safety 2021-2030.
- Strengthen tobacco control policies, at the highest level, in at least 18 countries, to reduce tobacco use
- Further reduce the alcohol consumption by 20% in at least 20 priority countries by 2025
- Increase the levels of physical activity in at least 10 countries by 10% by 2025

Provide health (universal health coverage)
- By 2030, support 47 countries with greatest health workforce shortages to double their workforce.
- Reduce the number of zero-dose children by 25% by 2025, catch up 35 million left out children, and restore immunization coverage rates to pre-COVID19 levels.
- Support the 55 countries whose maternal mortality rate in 2020 was above 140 maternal deaths per 100 000 live births to reduce maternal mortality levels in line with SDG 3.1.1.
- Support 54 countries off track to achieve SDG 3.2.1 (under 5 mortality) to increase the annual average rate of reduction by an additional 10% by 2025
- Support at least 20 countries scale up interventions to increase the proportion of women of reproductive age (aged 15-49 years) who have their need for contraception satisfied with modern methods (SDG Indicator 3.7.1).
- Support 26 high burden malaria countries to be on track for achieving the SDG targets by 2025.
- Support the 16 countries most disrupted by COVID-19 to get on track for the End TB Strategy targets by 2025.
- Reduce the number of people requiring interventions against neglected tropical diseases to 1.2 billion by 2025.
- Support at least 24 low- and middle-income countries to measure and report service coverage for mental, neurological and substance use tracer conditions (psychosis, depression, epilepsy, alcohol use disorder).
- Accelerate HEARTS implementation to treat hypertension in Bangladesh, India, Nepal, Philippines, Sri Lanka, Vietnam, and countries of the PAHO region, increasing the number of people on treatment by 50% by the end of 2023.
- Halt the rise in financial hardship in at least 25 countries by 2025.

Protect health (health emergencies)
- Increase preparedness for emergencies in all countries, as measured through IHR States Parties self-assessment annual reporting
- Restore vaccine coverage of at-risk groups for epidemic and pandemic prone diseases to pre-COVID-19 levels

- Detect suspected outbreaks within 7 days, notify public health authorities to start an investigation within 1 day, and investigate and establish an initial response within 7 days.
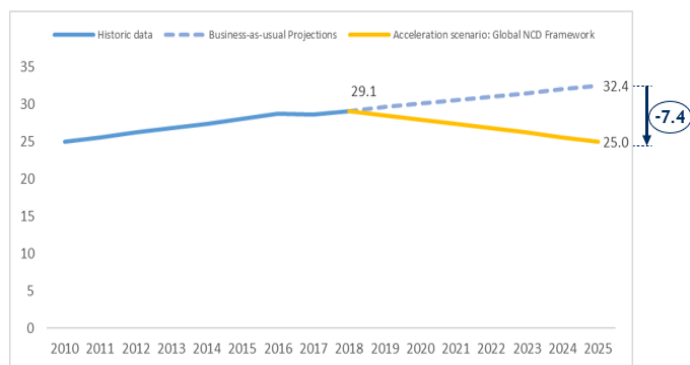
Annex 2: Accelerating progress country examples

*Data to delivery for Bahrain, focus on healthier populations **(Promote health)***

Billion	Indicator	2030 Target	
HPOP	Safely Managed Water	96	🟩
HPOP	Trans Fat Policy	100	🟥
HPOP	Suicide Mortality	6	🟥
HPOP	Childhood Stunting	17	🟩
HPOP	Road Deaths	9	🟩
HPOP	Mean Particulates (PM 2.5)	5	🟥
HPOP	Tobacco Use	18	🟥
HPOP	Safely Managed Sanitation	95	🟩
HPOP	Clean Household Fuels	96	🟩
HPOP	Adolescent/ Child Obesity	5	🟥
HPOP	Alcohol Consumption	5	🟥
HPOP	Adult Obesity	11	🟥
UHC	Tobacco control	20	🟩
UHC	Water and sanitation	96	🟩
UHC	TB treatment	91	🟧
UHC	Child treatment	85	🟩
UHC	Management of diabetes	8	🟥
UHC	Family planning	75	🟥
UHC	Child immunization	93	🟩
UHC	Cardiovascular Disease	80	🟥
UHC	Hospital access	34	🟥
UHC	HIV treatment	92	🟩
UHC	Pregnancy and delivery care	95	🟩
HEP	Health security	80	🟩

🟩 Likely Achieve by 2030　🟥 Won't Achieve by 2030　🟧 Won't Achieve by 2030, but within 10% of target

Prevalence of obesity among adults aged 18+ (%) Business-as-usual projection vs. Acceleration scenario

Historic data — Business-as-usual Projections — Acceleration scenario: Global NCD Framework

29.1　32.4　-7.4　25.0

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

The Delivery Dashboard for Bahrain

Following the 100 days Challenge, priorities selected with Bahrain country office are being implemented, and tracked in this delivery dashboard
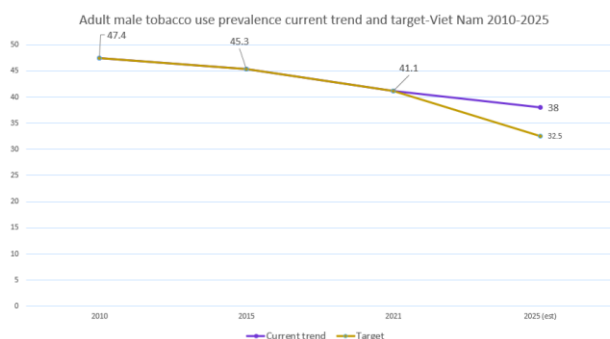
	Acceleration Scenarios	Communities identified for acceleration	Delivery plans and solutions	Budget and finances	Execution, tracking & problem solving
Environmental Health					
Environmental Health	🟩	☐	☐	☐	☐
Road Safety	🟩	☐	☐	☐	☐
Healthier Population					
Obesity	🟩	🟩	🟩	☐	🟧
Healthy universities	🟩	🟩	🟧	☐	☐

🟦 Complete　🟩 In progress on track　🟧 In progress　🟥 High risks　☐ Not started

*Data to delivery for Viet Nam, focus on tobacco use (**Promote health**)*

Billion	Indicator	2030 Target	
HPOP	Childhood Wasting	3	🟥
HPOP	Suicide Mortality	6	🟥
HPOP	Childhood Stunting	17	🟩
HPOP	Road Deaths	9	🟥
HPOP	Mean Particulates (PM 2.5)	5	🟥
HPOP	Childhood Overweight	3	🟥
HPOP	Intimate Partner Violence (F)	0	🟥
HPOP	Tobacco Use	18	🟥
HPOP	Clean Household Fuels	96	🟩
HPOP	Violence Against Children	0	🟥
HPOP	Adolescent/ Child Obesity	5	🟥
HPOP	Alcohol Consumption	5	🟥
HPOP	Adult Obesity	11	🟩
UHC	Tobacco control	20	🟥
UHC	Water and sanitation	96	🟧
UHC	TB treatment	91	🟥
UHC	Child treatment	85	🟩
UHC	Management of diabetes	8	🟩
UHC	Family planning	75	🟩
UHC	Child immunization	93	🟩
UHC	Cardiovascular Disease	80	🟥
UHC	Hospital access	34	🟩
UHC	HIV treatment	92	🟩
UHC	Pregnancy and delivery care	95	🟥
HEP	Health security	80	🟥

Adult male tobacco use prevalence current trend and target: Viet Nam 2010-2025

Adult male tobacco use prevalence current trend and target-Viet Nam 2010-2025
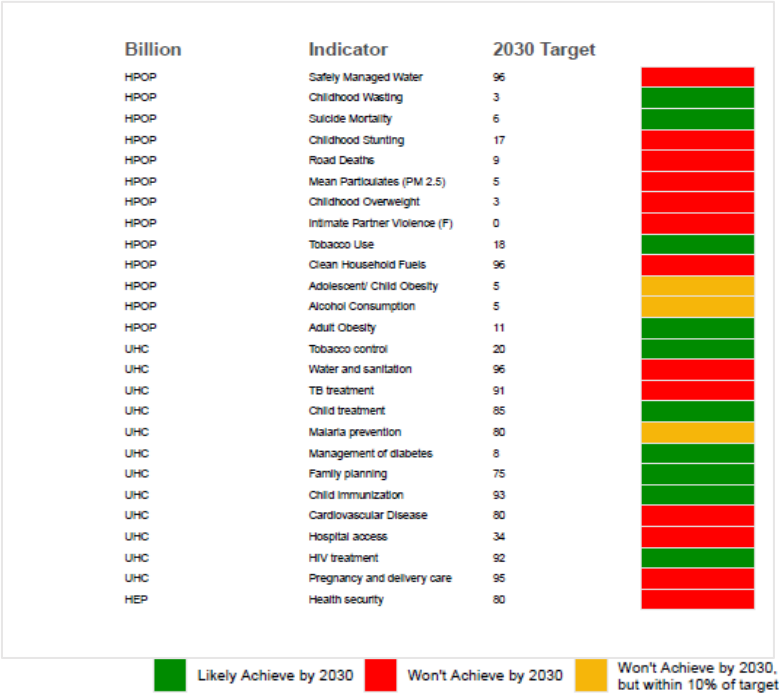
The Delivery Dashboard for Viet Nam

Following the 100 days Challenge, priorities selected with Viet Nam country office are being implemented, and tracked in this delivery dashboard
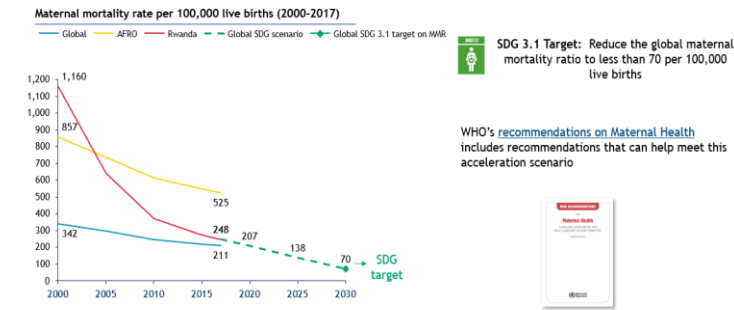
*Data to delivery for Rwanda, focus on maternal mortality (**Provide health**)*

Billion	Indicator	2030 Target	
HPOP	Safely Managed Water	96	
HPOP	Childhood Wasting	3	
HPOP	Suicide Mortality	6	
HPOP	Childhood Stunting	17	
HPOP	Road Deaths	9	
HPOP	Mean Particulates (PM 2.5)	5	
HPOP	Childhood Overweight	3	
HPOP	Intimate Partner Violence (F)	0	
HPOP	Tobacco Use	18	
HPOP	Clean Household Fuels	96	
HPOP	Adolescent/ Child Obesity	5	
HPOP	Alcohol Consumption	5	
HPOP	Adult Obesity	11	
UHC	Tobacco control	20	
UHC	Water and sanitation	96	
UHC	TB treatment	91	
UHC	Child treatment	85	
UHC	Malaria prevention	80	
UHC	Management of diabetes	8	
UHC	Family planning	75	
UHC	Child immunization	93	
UHC	Cardiovascular Disease	80	
UHC	Hospital access	34	
UHC	HIV treatment	92	
UHC	Pregnancy and delivery care	95	
HEP	Health security	80	

Likely Achieve by 2030   Won't Achieve by 2030   Won't Achieve by 2030, but within 10% of target

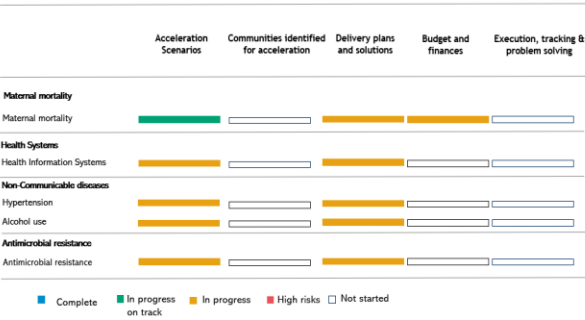**Maternal mortality in Rwanda has reduced, but remains above the Global average and requires continued action to meet SDG 3.1 target by 2030**

Maternal mortality rate per 100,000 live births (2000-2017)

SDG 3.1 Target: Reduce the global maternal mortality ratio to less than 70 per 100,000 live births

WHO's recommendations on Maternal Health includes recommendations that can help meet this acceleration scenario
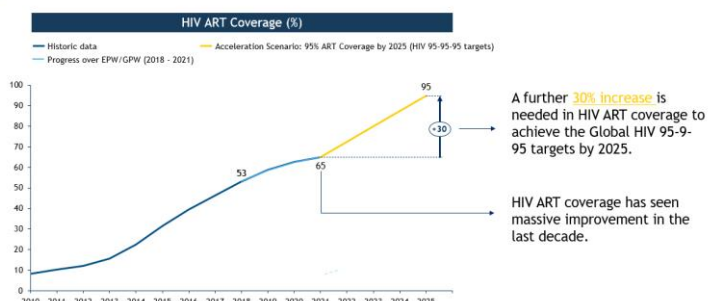
The Delivery Dashboard for Rwanda

Following the 100 days Challenge, priorities selected with Rwanda country office are being implemented, and tracked in this delivery dashboard

	Acceleration Scenarios	Communities identified for acceleration	Delivery plans and solutions	Budget and finances	Execution, tracking & problem solving
Maternal mortality					
Maternal mortality					
Health Systems					
Health Information Systems					
Non-Communicable diseases					
Hypertension					
Alcohol use					
Antimicrobial resistance					
Antimicrobial resistance					

Complete   In progress on track   In progress   High risks   Not started

*Data to delivery for Tajikistan, focus on PHC and HIV (**Provide health**)*

Billion	Indicator	2030 Target	
HPOP	Safely Managed Water	96	🟥
HPOP	Childhood Wasting	3	🟥
HPOP	Trans Fat Policy	100	🟥
HPOP	Suicide Mortality	6	🟩
HPOP	Childhood Stunting	17	🟩
HPOP	Road Deaths	9	🟥
HPOP	Mean Particulates (PM 2.5)	5	🟥
HPOP	Childhood Overweight	3	🟩
HPOP	Intimate Partner Violence (F)	0	🟥
HPOP	Clean Household Fuels	96	🟧
HPOP	Violence Against Children	0	🟥
HPOP	Adolescent/ Child Obesity	5	🟥
HPOP	Alcohol Consumption	5	🟥
HPOP	Adult Obesity	11	🟥
UHC	Tobacco control	20	🟧
UHC	Water and sanitation	96	🟩
UHC	TB treatment	91	🟩
UHC	Child treatment	85	🟧
UHC	Management of diabetes	8	🟥
UHC	Family planning	75	🟥
UHC	Child immunization	93	🟩
UHC	Cardiovascular Disease	80	🟥
UHC	Hospital access	34	🟩
UHC	HIV treatment	92	🟩
UHC	Pregnancy and delivery care	95	🟥
HEP	Health security	80	🟥

Acceleration is also needed to achieve the HIV 95-95-95 global targets in Tajikistan

HIV ART Coverage (%)

- Historic data
- Progress over EPW/GPW (2018 - 2021)
- Acceleration Scenario: 95% ART Coverage by 2025 (HIV 95-95-95 targets)

A further 30% increase is needed in HIV ART coverage to achieve the Global HIV 95-9-95 targets by 2025.

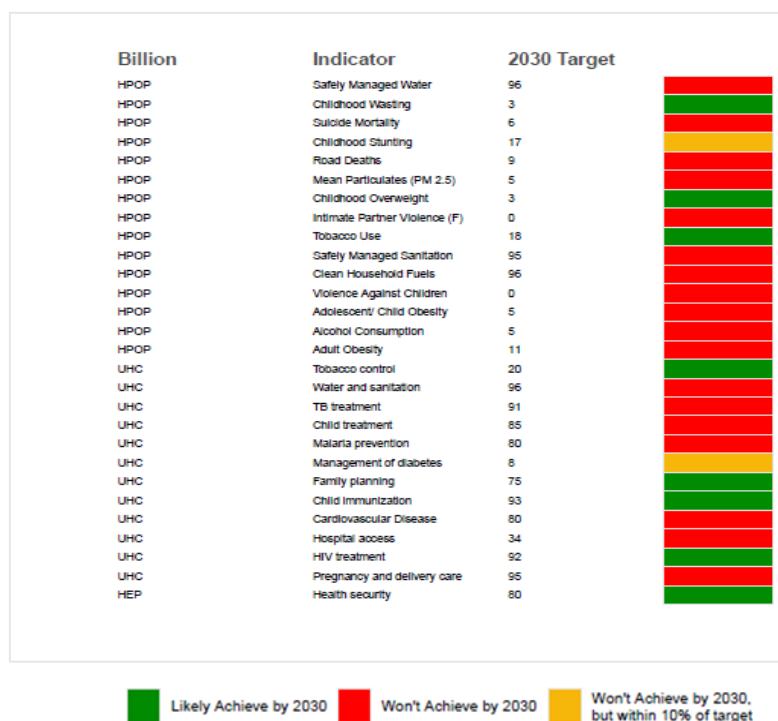HIV ART coverage has seen massive improvement in the last decade.

The Delivery Dashboard for Tajikistan

Following the 100 days Challenge, priorities selected with Tajikistan country office are being implemented, and tracked in this delivery dashboard

	Acceleration Scenarios	Communities identified for acceleration	Delivery plans and solutions	Budget and finances	Execution, tracking & problem solving
Health Financing					
Financial Protection	☐	☐	☐	☐	☐
Primary Healthcare					
Primary Healthcare (NCD + MNH)	🟧	🟧	🟧	☐	☐
Health Systems					
Health Workforce	☐	☐	☐	☐	☐
Health Information Systems	☐	☐	☐	☐	☐

■ Complete   ■ In progress on track   ■ In progress   ■ High risks   ☐ Not started

*Data to delivery for Zambia, focus on health workforce (**Provide health**)*

Billion	Indicator	2030 Target	
HPOP	Safely Managed Water	96	
HPOP	Childhood Wasting	3	
HPOP	Suicide Mortality	6	
HPOP	Childhood Stunting	17	
HPOP	Road Deaths	9	
HPOP	Mean Particulates (PM 2.5)	5	
HPOP	Childhood Overweight	3	
HPOP	Intimate Partner Violence (F)	0	
HPOP	Tobacco Use	18	
HPOP	Safely Managed Sanitation	95	
HPOP	Clean Household Fuels	96	
HPOP	Violence Against Children	0	
HPOP	Adolescent/ Child Obesity	5	
HPOP	Alcohol Consumption	5	
HPOP	Adult Obesity	11	
UHC	Tobacco control	20	
UHC	Water and sanitation	96	
UHC	TB treatment	91	
UHC	Child treatment	85	
UHC	Malaria prevention	80	
UHC	Management of diabetes	8	
UHC	Family planning	75	
UHC	Child immunization	93	
UHC	Cardiovascular Disease	80	
UHC	Hospital access	34	
UHC	HIV treatment	92	
UHC	Pregnancy and delivery care	95	
HEP	Health security	80	

- 🟩 Likely Achieve by 2030
- 🟥 Won't Achieve by 2030
- 🟨 Won't Achieve by 2030, but within 10% of target

Scenario 2 (provided by country team following the 100 days challenge): Increase Core HWF density per 10 000 from 29.13 in 2022 to 44.5 by 2030
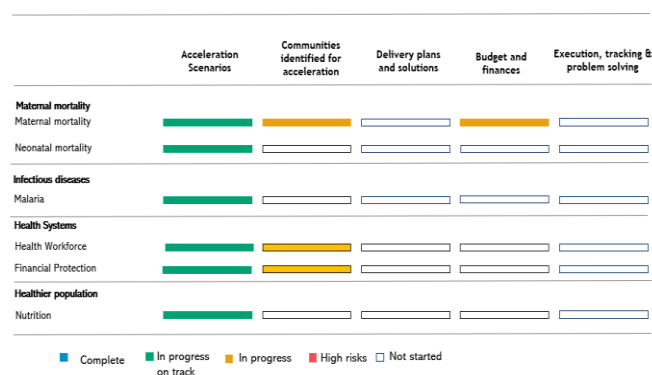
— Historic data provided by country
— Acceleration Scenario to increase Core HWF density per 10 000 from 29.13 in 2022 to 44.5 by 2030

Data points: 8, 10, 14, 19, 28, 29, 45 (+16)

Years: 2010, 2015, 2020, 2025, 2030
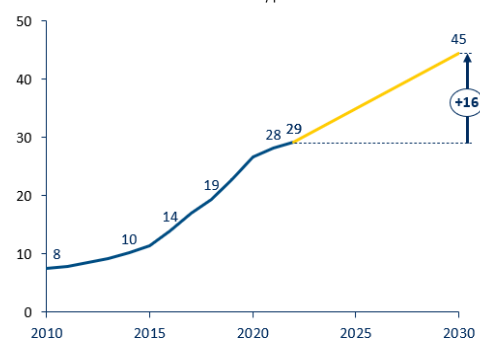
*Data provided by Zambia country office (up to 2022) - reported by MoH for all active health workers offering health services throughout the country (including community health workers)

The Delivery Dashboard for Zambia

Following the 100 days Challenge, priorities selected with Zambia country office are being implemented, and tracked in this delivery dashboard

	Acceleration Scenarios	Communities identified for acceleration	Delivery plans and solutions	Budget and finances	Execution, tracking & problem solving
Maternal mortality					
Maternal mortality	🟩	🟨	⬜	🟨	⬜
Neonatal mortality	🟩	⬜	⬜	⬜	⬜
Infectious diseases					
Malaria	🟩	⬜	⬜	⬜	⬜
Health Systems					
Health Workforce	🟩	🟨	⬜	⬜	⬜
Financial Protection	🟩	🟨	⬜	⬜	⬜
Healthier population					
Nutrition	🟩	⬜	⬜	⬜	⬜

- 🟦 Complete
- 🟩 In progress on track
- 🟨 In progress
- 🟥 High risks
- ⬜ Not started

*Data to delivery for Nepal, focus on health emergencies protection **(Protect health)***

| | Likely Achieve by 2030 | | Won't Achieve by 2030 | | Won't Achieve by 2030, but within 10% of target |

IHR core capacity score has significant room for acceleration compared to Global and Regional averages in Nepal
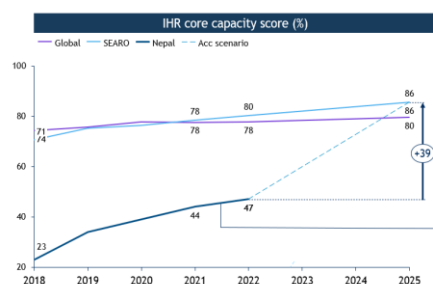
Public health emergency preparedness and response, as well as strengthening IHR core capacities, should remain a priority in the national health agenda.

An increase by 39% is needed to match the regional average by 2025.

The IHR core capacity average score has significantly improved from 23% in 2018 to 47% in 2022.

The Delivery Dashboard for Nepal

The delivery end to end planning process identifies priories and targets, and is consistently applied across workstreams
Using the DFI approach brings a sustained focus on achieving impact, when used as a routine tracking mechanism updated quarterly

Following the 100 days Challenge, priorities selected with Nepal country office are being implemented, and tracked in this delivery dashboard

Annex 3: Mapping of health-related SDGs and GPW13 measurement of the results framework

Table. Mapping 59 HRSDG indicators[3] and 7 WHA resolution indicators to GPW13[4] indicators

#	SDG # / WHA Res.	INDICATOR	GPW13 Indicator
1	SDG 1.5.1	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	✓
2	SDG 1.a.2	Proportion of total government spending on essential services (education, health and social protection)	✓
3	SDG 2.2.1	Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	✓
4	SDG 2.2.2	Prevalence of overweight (weight for height more than +2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	✓
5	SDG 2.2.2	Prevalence of wasting (weight for height more than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	
6	SDG 2.2.3	Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)	✓
7	SDG 3.1.1	Maternal mortality ratio	✓
8	SDG 3.1.2	Proportion of births attended by skilled health personnel	✓
9	SDG 3.2.1	Under-5 mortality rate	✓
10	SDG 3.2.2	Neonatal mortality rate	✓
11	SDG 3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations	✓
12	SDG 3.3.2	Tuberculosis incidence per 100,000 population	✓
13	SDG 3.3.3	Malaria incidence per 1,000 population	✓
14	SDG 3.3.4	Hepatitis B incidence per 100,000 population	✓
15	SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases	✓
16	SDG 3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	✓

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[3] Source. Supplement to: Asma S, Lozano R, Chatterji S, et al. Monitoring the health-related Sustainable Development Goals: lessons learned and recommendations for improved measurement. Lancet 2019; published online Nov 22. http://dx.doi.org/10.1016/ S0140-6736(19)32523-1. (https://www.thelancet.com/cms/10.1016/S0140-6736(19)32523-1/attachment/075d93ef-6124-4333-bc37-f27040a74a41/mmc1.pdf)
[4] Source. EB152/28 https://apps.who.int/gb/ebwha/pdf_files/EB152_B152_28-en.pdf

#	SDG # / WHA Res.	INDICATOR	GPW13 Indicator
17	SDG 3.4.2	Suicide mortality rate	✓
18	SDG 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	✓
19	SDG 3.5.2	Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	✓
20	SDG 3.6.1	Death rate due to road traffic injuries	✓
21	SDG 3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	✓
22	SDG 3.7.2	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	
23	SDG 3.8.1	Coverage of essential health services	✓
24	SDG 3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	✓
25	SDG 3.9.1	Mortality rate attributed to household and ambient air pollution	✓
26	SDG 3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services)	✓
27	SDG 3.9.3	Mortality rate attributed to unintentional poisoning	✓
28	SDG 3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	✓
29	SDG 3.b.1	Proportion of the target population covered by all vaccines included in their national programme	✓
30	SDG 3.b.2	Total net official development assistance to the medical research and basic health sectors	
31	SDG 3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.	✓
32	SDG 3.c.1	Health worker density and distribution	✓
33	SDG 3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness	✓
34	SDG 3.d.2	Percentage of bloodstream infections due to selected antimicrobial-resistant organisms	✓
35	SDG 4.2.1	Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex	✓
36	SDG 5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	✓

#	SDG # / WHA Res.	INDICATOR	GPW13 Indicator
37	SDG 5.2.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	
38	SDG 5.6.1	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.	✓
39	SDG 5.6.2	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	
40	SDG 6.1.1	Proportion of population using safely managed drinking water services	✓
41	SDG 6.2.1a	Proportion of population using safely managed sanitation services	
42	SDG 6.2.1b	Proportion of population using a hand-washing facility with soap and water	✓
43	SDG 6.3.1	Proportion of domestic and industrial wastewater flows safely treated	
44	SDG 6.a.1	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan	
45	SDG 7.1.2	Proportion of population with primary reliance on clean fuels and technology	✓
46	SDG 8.8.1	Fatal and non-fatal occupational injuries per 100,000 workers, by sex and migrant status	
47	SDG 11.6.2	Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	✓
48	SDG 16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age	
49	SDG 16.1.2	Conflict-related deaths per 100,000 population, by sex, age and cause	
50	SDG 16.1.3a	Proportion of population subjected to physical violence in the previous 12 months	
51	SDG 16.1.3b	Proportion of population subjected to psychological violence in the previous 12 months	
52	SDG 16.1.3c	Proportion of population subjected to sexual violence in the previous 12 months	
53	SDG 16.1.4	Proportion of people that feel safe walking alone around the area they live	
54	SDG 16.2.1	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	✓
55	SDG 16.2.3	Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	
56	SDG 16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	

#	SDG # / WHA Res.	INDICATOR	GPW13 Indicator
57	SDG 17.19.2a	Proportion of countries that have conducted at least one population and housing census in the last 10 years	
58	SDG 17.19.2b	Proportion of countries that have achieved 100 per cent birth registration	
59	SDG 17.19.2c	Proportion of countries that have achieved 80 per cent death registration	
60	Health Emergencies	Vaccine coverage for epidemic prone diseases	✓
61	Health Emergencies	Proportion of vulnerable people in fragile settings provided with essential health services (%)	✓
62	WHA66.10 (2013)	Prevalence of raised blood pressure in adults aged ≥18 years	✓
63	WHA66.10 (2013)	Best practice policy implemented for industrially produced trans-fatty acids (Y/N)	✓
64	WHA66.10 (2013)	Prevalence of obesity among children and adolescents (aged 5–19 years) (%)	
		Prevalence of obesity among adults aged ≥18 years	✓
65	WHA68.3 (2015)	Number of cases of poliomyelitis caused by wild poliovirus	✓
66	WHA68.7 (2015)	Patterns of antibiotic consumption at national level	✓