Global Polio Partners Group

Monitoring Framework for the GPEI Polio Eradication & Endgame Strategic Plan

High Level Meeting of the Global Polio Partners Group (PPG)
16 June 2014
Objectives

• Explain the context & development of the framework
• Obtain feedback on the updated monitoring framework
• Share draft examples of future reporting
• Answer questions & receive input
At the Nov 2013 PPG meeting, donors requested an updated monitoring framework of the *Polio Eradication & Endgame Strategic Plan 2013-2018*. The Polio Steering Committee (PSC) committed to address the issue.

The updated monitoring framework:

- enables tracking of progress across all 4 objectives on a 6-monthly basis
- uses data that supports operations management
- reflects the results orientation underpinning the GPEI strategy
- is more relevant for donors and other stakeholders
Framework, scorecard, dashboards

Donors report
- Every 6 months
- Synthetic view of what “good”, or “on track” looks like (mostly outputs and outcomes)
- Built from the POB scorecard, risk register and Working Group trackers/dashboards

Results monitoring framework

Outcomes ↔ Outputs ↔ Activities ↔ Inputs

Existing data / data collection processes

POB scorecard
- Management focus (outputs, performance indicators)
- Quarterly indicators & trends

informs

Operational trackers / dashboards
- Typically, at Working Group level
- Focus mostly on inputs, activities
- Many monthly indicators, some quarterly

informs
Results monitoring framework

**Impact**

WPV = 0
VDPV = 0

**Outcomes**

- High population immunity
- High virus detection capacity
- Low risk of re-introduction

**Outputs**

- Supplemental Immunization Activities (SIAs)
  - High access
  - High quality/coverage
  - Adequate frequency/ right Vaccine mix

- Surveillance
  - High coverage/reach
  - High quality/sensitivity
  - Timeliness

- Re-introduction risk reduction
  - RI strengthening
  - Travellers vaccination
  - Containment
  - IPV introduction
  - tOPV/bOPV switch

**Innovations**

- IPV Campaigns
- TBD
- TBD

**Support all outputs**

- Financial
- Vaccines
- Human
- Policy development

Reported for Endemic, re-infected and at-risk countries
Results monitoring framework:

**Indicators**

- **Impact**
  - WPV = 0
  - VDPV = 0

- **Outcomes**
  - High population immunity
    - % 0-dose
  - High virus detection capacity
    - npAFP rate
  - Low risk of re-introduction

**Supplemental Immunization Activities (SIAs)**
- % children inaccessible
- LQAS or monitoring data (or 0-dose)
- per SIA calendar

**Surveillance**
- % provinces with npAFP > 2
- stool adequacy
- lab receipt to case confirmed
- TAT

**Re-introduction risk reduction**
- % decrease in unimmunized children
- Containment TBD (in process)
- IPV introduced in all OPV-using countries by end 2015.

**Outbreak response**
- per performance standards of speed of response, reach, effectiveness (transmission interruption in 4 months)

**Innovations**
- IPV Campaigns
- TBD

**Support all outputs**

**Inputs / Activities**
- Financial
  - Current-year cash + multi-year funding (FRR)
- Vaccines
  - % time below supply buffer
- Human
  - Vacancies %
- Policy development

In red: milestones?
Donor Report

Examples
Executive Summary

Highlights in Progress

DRAFT DOCUMENT

Donor Report – First Half 2014

Progress against the Polio Eradication and Endgame Strategic Plan 2013-2018

Highlights

Objective 1: Detect and interrupt all poliovirus transmission
- Endemic countries: Strong progress in Nigeria and Afghanistan, but polio cases on the rise in Pakistan.
- Outbreaks: Horn of Africa appears close to control. Strong response in the Middle East, despite ongoing security challenges. Worrying virus spread in Central Africa.
- Red List countries: 27 vaccination campaigns conducted in 8 of the 10 Red List countries from January to May 2014. Some countries’ vulnerability indicators are a concern and the security situation in Central African Republic makes access for all children difficult.

Objective 2: Strengthen immunization systems and withdraw oral polio vaccine
- 50 out of 126 countries have already introduced or formally committed to introduce IPV by the end of 2015, with 32 additional countries indicating their intent to do so. All 10 focus countries have developed annual national immunization plans that take into account polio assets to improve broader immunization goal.

Objective 3: Contain poliovirus and certify interruption of transmission
- Certification: WHO region of South-East Asia certified polio-free on March 27, 2014, on track to globally certify wild poliovirus type 2 as eradicated by 2014.
- Containment, the objective for this year is to finalize GAPIII. The draft is set to be reviewed by the Global Polio Laboratory Network (GPLN) by end June 2014.

Objective 4: Plan polio’s legacy
- Draft Global Framework consultation paper for discussion at the WHO Regional Committee Meetings in Q3/Q4 is set to be ready by end of June 2014.
Tracking of progress across all 4 objectives

Objective 1: Detect and interrupt all poliovirus transmission

Endemics

Progress in Nigeria and Afghanistan

Nigeria and Afghanistan have made major progress towards achieving a polio-free status. Nigeria has seen a significant decrease in the number of wild poliovirus type 1 (WPV1) cases, from 53 in 2013, to three in 2014. The programme in Nigeria has never been as coherent and effective as it is currently. Programmatic improvements in Kano state, the major endemic polio reservoir for Nigeria in the past, have been particularly striking. Borno state continues to face substantial security challenges and has continued gaps in surveillance that it is attempting to address. While access to children has improved substantially during the past year in Borno, access continues to be limited in many areas and SIA quality remains inadequate in areas that are accessible (cf. Annex 2).

During the past 6 months, 10 Supplementary Immunization Activities (SIAs) have been conducted in Nigeria, vaccinating more than 58 million children between 3 and 6 times. Up to 92,000 vaccination teams were deployed during these campaigns.

Importation countries

In Central Africa, the WPV1 outbreak in Cameroon has spread to Equatorial Guinea and risks further spread. The programme is currently accelerating efforts to improve quality of surveillance and SIA in Cameroon. In Equatorial Guinea, immunization systems is weak and the outbreak appears to be widespread within the country but the government has been very intensively engaged and nationwide immunization campaigns are currently ongoing to prevent further spread of the virus.
# Monitoring progress

**Annex 2 – Endemic Country Monitoring** *(In the actual report, this annex will include three tables, one for Nigeria, one for Afghanistan and one for Pakistan; and values will be provided for all indicators)*

<table>
<thead>
<tr>
<th>Endemic Countries</th>
<th>State/Area</th>
<th>outcome</th>
<th>indicator</th>
<th>Target</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>North Central (Kano, Katsina, Jigawa, Kaduna)</td>
<td>Interrupt transmission</td>
<td>number of cases</td>
<td>0 case</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% 0-dose</td>
<td>&lt;10%</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LQAS</td>
<td>&gt;= 90%</td>
<td>Dec 75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>% inaccessible</td>
<td>&lt;5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>% children missed due to child not being seen</td>
<td>&lt;2.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>% children missed - refusal</td>
<td>&lt;1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>% of refusal children among WPV cases</td>
<td>&lt;30%</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Frequency and type of activities per plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low risk of reimportation</td>
<td>non polio AFP rate</td>
<td>&gt; 2 per 100,000</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low risk of reimportation</td>
<td>stool adequacy</td>
<td>&gt; 80%</td>
<td>89.8</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Low risk of reimportation</td>
<td>lab receipt to case confirm</td>
<td>&lt; 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Rest of country</td>
<td>Interrupt transmission</td>
<td>number of cases</td>
<td>0 case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% 0-dose</td>
<td>&lt;10%</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>LQAS</td>
<td>&gt;= 90%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>% inaccessible</td>
<td>&lt;5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>Frequency and type of activities per plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High risk of reimportation</td>
<td>non polio AFP rate</td>
<td>&gt; 2 per 100,000</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High risk of reimportation</td>
<td>stool adequacy</td>
<td>&gt; 80%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High risk of reimportation</td>
<td>lab receipt to case confirm</td>
<td>&lt; 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High risk of reimportation</td>
<td>RI improvement: annual reduction in number of unimmunized children</td>
<td>&gt;10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPV introduction</td>
<td>intro by 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certification</td>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Containment</td>
<td>TBD</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Monitoring progress

**Annex 3 – Outbreak monitoring – Central Africa example** *(In the actual report, this annex will include three tables, one for each active outbreak: Central Africa, Horn of Africa, Middle East. Values will be provided for all indicators)*

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Countries *</th>
<th>outcome</th>
<th>indicator</th>
<th>Target</th>
<th>H1</th>
<th>H2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central/Western Africa</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td></td>
<td>Initial responsiveness</td>
<td>Emergency declared + plan drafted within 72 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Timing of 1st response</td>
<td>=&lt; 4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-on Response</td>
<td>SIA's plan execution</td>
<td>&gt;= 3 campaigns within first 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>interim assessment</td>
<td>Conducted at 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>final assessment</td>
<td>Conducted at 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interrupt transmission within 4 months</td>
<td>number of cases</td>
<td>0 case after 4 months</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td></td>
<td>% 0-dose</td>
<td>&lt;10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>high population immunity</td>
<td>LQAS</td>
<td>&gt;= 90%</td>
<td></td>
<td>Jul SIA: 9%</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>% inaccessible</td>
<td>&lt;5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Frequency and type of activities per plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>AFP rate</td>
<td>&gt; 2 per 100,000</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>stool adequacy</td>
<td>&gt; 80%</td>
<td></td>
<td>77.2</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>lab receipt to case confirm</td>
<td>&lt; 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>RI improvement: annual reduction in number of unimmunized children</td>
<td>&gt;10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>high virus detection</td>
<td>IPV introduction</td>
<td>intro by 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td></td>
<td>Containment</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* List all countries affected by outbreak / included in outbreak response

**Objective 1**
- Containment TBD

**Objective 2**
-AFP rate > 2 per 100,000

**Objective 3**
- SIA completeness >= 90% July

**Objective 4**
-LQAS >= 90% July

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*Every Last Child*
Tracking of progress across all 4 objectives

Red List countries

The Red List countries are 10 uninfected countries at high risk of polio outbreaks. The main determinants of risk are the risk of poliovirus importation (based on history of importation and proximity to infected areas), the consequences of importation (population immunity status, complex emergencies) and the risk of delays in detection of the virus (surveillance). The 10 countries currently on this list are Angola, Benin, the Central African Republic, Chad, Congo, the Democratic Republic of Congo, Côte d'Ivoire, Gabon, Mali, Niger.

A key indicator of population immunity status in these countries is the proportion of children among suspected polio cases that have not been vaccinated (definition in Annex 1 — 0-dose):

A key indicator for the quality of the surveillance network is the rate of non-polio acute flaccid paralysis cases in the population (definition in Annex 1 — nPAFP rate):
## Monitoring progress

Annex 4 – Red List countries monitoring *(In the actual report, values will be provided for all indicators,)*

### Objectives

- **Objective 1:** fully met
- **Objective 2:** partially met
- **Objective 3:** not met
- **Objective 4:** TBD

### Indicators

<table>
<thead>
<tr>
<th>Countries</th>
<th>outcome</th>
<th>indicator</th>
<th>Target</th>
<th>CAR</th>
<th>CHA</th>
<th>CNG</th>
<th>DRC</th>
<th>GAB</th>
<th>MAI</th>
<th>NIG</th>
<th>IVC</th>
<th>BEN</th>
<th>ANG</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR</td>
<td>Interrupt transmission</td>
<td>number of cases (1)</td>
<td>0 case after 4 months</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHA</td>
<td></td>
<td></td>
<td>% 0-dose</td>
<td>&lt;10%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>DRC</td>
<td></td>
<td></td>
<td>% inaccessible</td>
<td>&lt;5%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>GAB</td>
<td></td>
<td></td>
<td>% children missed due to child not being seen</td>
<td>&lt; 2.5%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>MAI</td>
<td></td>
<td></td>
<td>% children missed due to refusal</td>
<td>&lt; 1%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>NIG</td>
<td></td>
<td></td>
<td>Percent of refusal children among WPV cases</td>
<td>&lt; 30%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>IVC</td>
<td></td>
<td></td>
<td>Frequency and type of activities</td>
<td>per plan</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td>BEN</td>
<td></td>
<td></td>
<td>npAFP rate</td>
<td>&gt; 2 per 100,000</td>
<td>1.6</td>
<td>4.2</td>
<td>3.5</td>
<td>2.8</td>
<td>0.2</td>
<td>1.6</td>
<td>1.7</td>
<td>2.4</td>
<td>2.3</td>
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<tr>
<td>ANG</td>
<td></td>
<td></td>
<td>stool adequacy</td>
<td>% of Admin 1 &gt; 2/100,000</td>
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<td>92.9</td>
<td>80.4</td>
<td>86</td>
<td>50</td>
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<td>77.3</td>
<td>87.2</td>
<td>91.7</td>
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<td></td>
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<td>case onset to primary isolation</td>
<td>&lt; 21 days</td>
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<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
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<td></td>
<td></td>
<td></td>
<td>Environmental surveillance</td>
<td>TBD in 2014</td>
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<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
</tr>
<tr>
<td></td>
<td>Low risk of reintroduction</td>
<td>RI improvement: annual reduction in number of cases</td>
<td>&gt;10%</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IPV introduction</td>
<td>intro by 2015</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
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<td>Containment</td>
<td>TBD</td>
<td>0</td>
<td>3.6</td>
<td>37.5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1.1</td>
<td>4.3</td>
<td>21.7</td>
<td>4.9</td>
</tr>
</tbody>
</table>

*(1) case or virus in environmental sample*
## Monitoring progress

### Annex 5 – Global Level Monitoring

<table>
<thead>
<tr>
<th>outcome</th>
<th>indicator</th>
<th>Target</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>Financing: 12-month cash gap</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Financing: Strategy funding gap</td>
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</tr>
<tr>
<td></td>
<td>Staffing: Percent of approved posts vacant</td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high population immunity</td>
<td>Vaccine supply: % of weeks forecast goes below buffer in next 6 months</td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low risk of reintroduction</td>
<td>number of OPV using countries introducing IPV in Routine.</td>
<td>Per IMG</td>
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<td>Per IMG</td>
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<td>Legacy Planning</td>
<td>Consultations: inputs into plan</td>
<td>by end 2014</td>
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### Objectives

- **objective 1**
- **objective 2**
- **objective 3**
- **objective 4**
Feedback to date

- Donors welcomed efforts to improve monitoring framework
- Agreed with structure/logic. Suggestions to make it more intuitive
- Importance of information on progress on a six monthly basis
- Include financial and community demand information
- Need for high level/global level information for senior leaders and politicians - information to digest quickly. More detail can be tiered
- Indicators which show progress on routine immunization
- Importance of activity information (e.g. number of campaigns) that demonstrate scale of programme
- Limit GPEI transaction costs of producing reports
- Include information on how quality of data is measured.
Next Steps

• Incorporate any final input

• Produce August report covering 1st half 2014