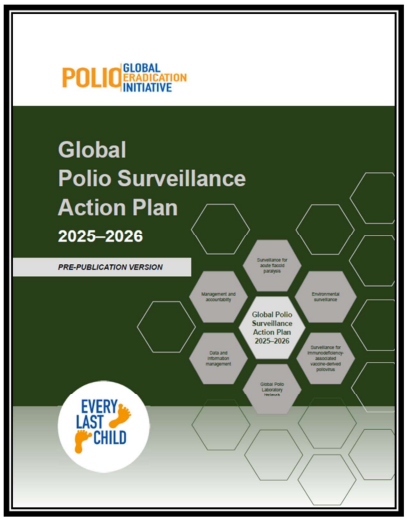
GPSAP Companion Toolkit

Key Performance Indicators (KPIs)



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Toolkits Created for the GPSAP Roll-out

1. Description of the GPSAP 2025-2026
2. How to use GPSAP 2025-2026 to Guide Country Planning
3. **Key Performance Indicators (KPIs)**
   - A description of the KPIs *(not an explanation of their calculation method)*
   - KPIs to be monitored by countries on a regular basis
4. Timeliness of Detection for WPV and VDPV

- This technical tool is the 3rd in a series of 4 tools pertaining to the GPSAP roll-out toolkit.
- It covers the key performance indicators also known as KPIs
- KPIs are the object of a tool to give surveillance officers and data managers, particularly those new to the program, a simple overview of the concept.
- The 2 sections of this document are, first, a description of the KPIs (what they are), then a list of the KPIs that Countries should monitor on a regular basis. This is a resource or “aide-memoire” for Countries.

A description of the KPIs

(not an explanation of their calculation methods)

- So let us first go over the key performance indicators
- Note that we will *not* go into how they are calculated. The calculation methods can be found in the GPSAP itself.

Overview – 1/4

1) Background

- The guiding document for the eradication of polio, globally, is currently the Polio Eradication Strategy 2022-2026. Progress made against the major milestones and targets outlined in that document is assessed using a high-level M&E framework with specific outcomes and a set of **key performance indicators (KPIs)**.
- The surveillance objectives and priorities of the Strategy are translated into the **GPSAP**, which is the guiding document for the surveillance of polio, worldwide.
- Progress made against surveillance quality and timeliness targets set in the GPSAP is assessed using KPIs, all of which are required to be routinely assessed and monitored.
- **Note that**:
  - Indicators in the GPSAP are a subset of those in the Global AFP Surveillance Guidelines
  - Some of the KPIs introduced in the previous GPSAP (2022-2024) will no longer be monitored at the global level; others were modified based on feedback received from countries and regions.

- **M&E** = Monitoring and Evaluation
- Note: Key Performance Indicators (**KPIs**) were first introduced in the Polio Eradication Strategy 2022-2026. KPIs are developed further in the GPSAP and are used to track progress made towards improving surveillance quality and timeliness. The GPSAP also contains Key Performance and Process Indicators (**KPPIs**) which are used to track the extent to which major activities outlined in the document and under each Objective, are implemented.

Overview – 2/4

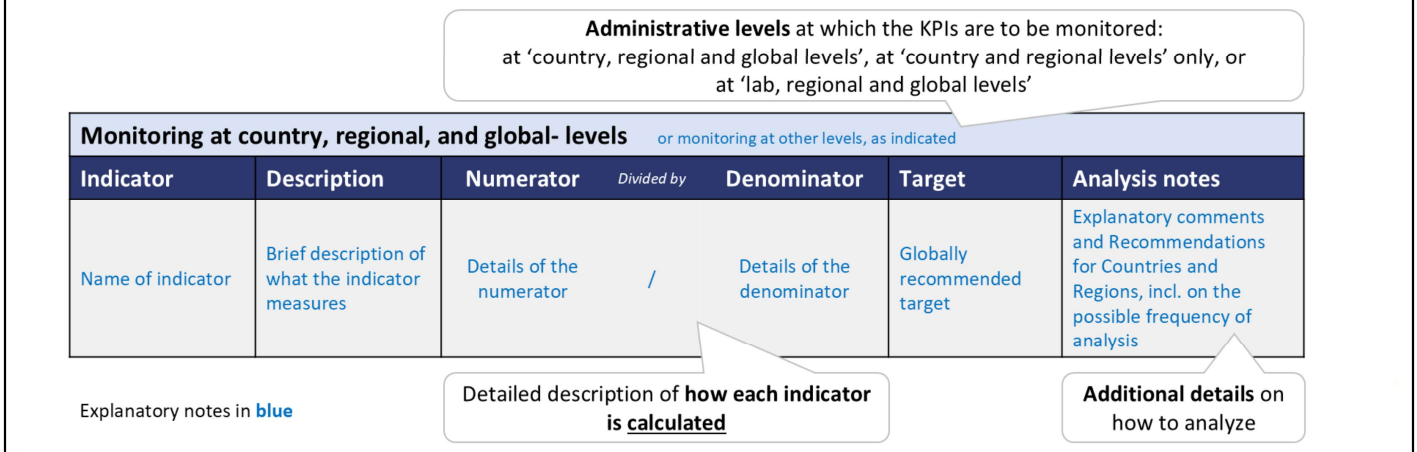
2) Description

- KPIs are organized into 5 groups and are presented in **5 tables** in **Annex C** of the GPSAP:
  - Table C1. GPEI Strategy surveillance KPIs
  - Table C2. AFP surveillance KPIs
  - Table C3. Environmental surveillance KPIs
  - Table C4. Laboratory surveillance KPIs
  - Table C5. KPIs that are no longer to be monitored at the global level
- **2 categories** sub-divide AFP surveillance KPIs and Environmental surveillance KPIs:
  - Surveillance quality – These indicators aim to capture the performance of the surveillance system
  - Timeliness of detection – These indicators aim to capture the speed at which the programme is able to identify any WPV or VDPV.
- **Targets**: Those are recommended but are adaptable by region/country who may choose to set them higher but not lower.
- **Time period** for analysis: 12 months (calendar year or rolling 12-month period).

Overview – 3/4

3) Format

The KPIs listed in **Annex C** are organized into tables with the following format:



- **Targets**: The KPIs represent globally recommended targets. However, Regions and National programs may choose to set higher, but not lower, targets to support their WPV and cVDPV2 elimination goals.

Overview – 3/4 – Examples

Table C1. GPEI Strategy surveillance KPIs

Monitoring at country, regional and global levels						
Indicator	**Description**	**Numerator**	***Divided by***	**Denominator**	**Target**	**Analysis notes**
Non-polio AFP rate – subnational	Proportion of districts with ≥100 000 population aged <15 years that meet the NPAFP rate target of: • AFR, EMR, SEAR: ≥2 • AMR, EUR, WPR: ≥1 • Endemics and OB-affected ≥3	# Districts with ≥100 000 pop <15 years that met the NPAFP target	/	# Districts with ≥100 000 pop <15 years	≥80%	Country and regional offices: Calculations to be done at the lowest administrative level in which results are informative.

Table C3. Environmental surveillance KPIs (analysed by site)

Monitoring at country, regional and global levels							
	Indicator	**Description**	**Numerator**	***Divided by***	**Denominator**	**Target**	**Analysis notes**
ES quality	ES EV detection rate	Proportion of samples where EV was detected	# ES samples that were positive for a poliovirus (paralytic or vaccine) or NPEV	/	# ES samples	≥50%	
	Condition of ES sample	Proportion of samples that arrive in the laboratory in good condition	# ES samples that arrived in good condition at a WHO-accredited lab	/	# ES samples	≥80%	
Timeliness of detection	Timeliness of ES sample shipment	Proportion of samples that arrive at a WHO-accredited lab within **3 days** (domestic shipment) or **7 days** (international) of sample collection	# ES samples with **≤3 days** (domestic) or **≤7 days** (international) between collection and arrival at a WHO accredited lab	/	# ES samples	≥80%	
	Timeliness of detection for WPV/VDPV – ES *Formerly "Overall detection of WPV/VDPV – ES"*	Proportion of ES samples with WPV/VDPV final lab **results within 35** (full laboratory capacity) or **46 days** (without full laboratory capacity) of collection	# WPV and VDPV ES samples that met the target days	/	# WPV and VDPV ES samples	≥80%	Recommended analysis: Median days

- Examples of KPI tables found in Annex C

Overview – 4/4

4) Differences with the previous GPSAP (2022-2024)

- 1 KPI is **newly introduced**. It monitors ES enterovirus (EV) detection rate at the national level, by site.
- 9 KPIs were **modified** either to adjust for timeliness or for a slightly modified calculation.
- 9 KPIs are **no longer monitored** at the global level.

There are slight differences between the KPIs found in the GPSAP 2022-2024 and the current one:

- **1 New** KPI:

As part of the monitoring of environmental surveillance (ES):

- ES enterovirus (EV) detection rate – national level: Proportion of ES sites meeting enterovirus detection sensitivity target of ≥50% (Target: ≥80% of ES sites)

- **9 Modified** KPIs:

As part of the monitoring of the implementation of the GPEI strategy:

- Timeliness of detection for WPV/VDPV

As part of the monitoring of AFP surveillance:

- Timeliness of optimized field and shipment
- Timeliness of detection for WPV/VDPV – AFP
- Adequacy of active surveillance visits

As part of the monitoring of ES:

- Timeliness of detection for WPV/VDPV - ES
- Timeliness of sequencing results
- ES samples collected on schedule

- **9 KPIs are no longer monitored at the global level**. However, countries are encouraged to continue to use them if they are relevant and applicable to their program.

C1. GPEI Strategy Surveillance KPIs

- They derive from the 4 surveillance indicators introduced in the Polio Eradication Strategy 2022-2026 (p.56).
- They summarize national polio surveillance performance and are reported by the GPEI's Surveillance Group (SG) to the GPEI Strategy Committee (SC) and Global Certification Commission (GCC).
- 4 indicators (to be monitored at all levels):

4 to be monitored at **country**, **regional**, and **global**- levels:
• Non-polio AFP rate – subnational
• Stool adequacy – subnational
• ES enterovirus (EV) detection rate – national (new)
• Timeliness of detection for WPV/VDPV (formerly 'Overall detection of WPV/VDPV – System Capacity' – GPSAP (2022-2024), Table E1)

New: Site performance is now measured with the % of **sites** that meet the EV sensitivity target at national level

For AFP and ES samples. It now takes into consideration not only countries **with** full laboratory capacity* (final lab results **≤35 days** of onset), but also countries **without** full laboratory capacity (final lab results **≤46 days** of onset)

* Full laboratory capacity: i.e. capable of performing virus isolation (VI), intratypic differentiation (ITD), and sequencing.

- Tables C1 to C4 in Annex C of this new GPSAP cover the different KPIs that will be tracked and measured during the period 2022-2026.
- Each table is briefly described in this slide and the following ones.
- This slide introduces you to the GPEI Strategy KPIs for Surveillance, found in Table C1 of Annex C.
- Note the new KPI, as well as the modified one.

Reminder: Quality vs. Timeliness KPIs

Surveillance quality – Indicators under this category aim to capture the **performance** of the surveillance system; i.e. its **sensitivity** and thus its ability to detect poliovirus if present or to provide a high level of confidence in the absence of the poliovirus. Countries need to reach a minimum level to attain and maintain certification standard surveillance.

Timeliness of detection – Indicators under this category aim to capture the overall capacity of the programme to identify **rapidly any WPV or VDPV**.

Indicators under both these categories are thus needed to measure the **impact** of action plans aimed at strengthening surveillance.

Examples below:

Surveillance quality

Indicator	Description	Comments
Stool **adequacy**	% AFP cases with 2 stool specs collected ≥24 hrs apart AND within 14 days of onset AND received in good condition at a WHO-accredited lab	Certification standard indicator
Stool **condition**	% of AFP cases with 2 stool specimens received in good condition at a WHO-accredited lab	Certification standard indicator Part of 'stool adequacy'

Timeliness of detection

Indicator	Description	Comments
Timeliness of **field activities**	% of AFP cases with 2 stool specimens collected ≥24 hrs apart AND **≤11 days** of onset of paralysis	Timeliness indicators **Time needs to be optimized at the field and/or at the transport level** (ideally: **11 days** for field activities + **3 days or 7 days** for transport depending on whether the country is with or without "full lab capacity"*)
Timeliness of **stool specimen shipment**	% of AFP cases received at a WHO-accredited lab within **3 days** (domestic shipment) or **7 days** (international shipment) of collection	
Timeliness of **optimized field and shipment**	% of AFP cases with specimens received at a WHO-accredited lab within **14** days (domestic shipment) or **18 days** (international shipment) of onset	

* Full laboratory capacity: i.e. capable of performing virus isolation (VI), intratypic differentiation (ITD), and sequencing.

- This slide explains the difference between quality-related indicators and timeliness of detection-related indicators.
- The GPSAP 2022–2024 introduced a new set of indicators (referred to as timeliness of detection indicators) and targets to specifically monitor and improve the speed of WPV/cVDPV detection.
- Timeliness of detection is essential for a quick response to any poliovirus. It is measured from the onset of paralysis (for cases of acute flaccid paralysis [AFP]) or from the collection of samples (for environmental surveillance [ES) to final positive result.

Below is a more detailed description of the difference between Quality and Speed; esp. between Stool adequacy and Timeliness of field activities (which can cause confusion) - if needed:

- Stool adequacy serves as a **quality** indicator for AFP surveillance and is regularly assessed by national, regional, and global certification commissions. It targets a **14-day period** between the onset of paralysis and the collection of two stool specimens, which is considered the optimal timeframe for detecting poliovirus in stool samples.
- Timeliness of field activities sets an **11-day target** to complete field-level steps from paralysis onset to second stool collection. It is one of a set of timeliness-of-detection indicators introduced by the GPSAP 2022-2024 to specifically monitor and improve the **speed** of WPV/cVDPV detection.

→ Timeliness of detection indicator thus serves a different purpose than the stool adequacy indicator.

→ All timeliness-of-detection indicators should only be used when assessing the speed in which activities are completed.
→ See also the GPSAP Companion Tool “Timeliness of detection”.

C2. AFP surveillance KPIs – 1/2

- They are divided into indicators of **Quality** and of **Timeliness**.
- 15 indicators (**11 to be monitored at all levels** + 4 to be monitored at country and regional levels only):

11 to be monitored at **country**, **regional**, and **global-** levels:

AFP Surveillance Quality	Timeliness of Detection
• Non-polio AFP rate • Stool adequacy • Stool condition • Completeness of AFP contact sampling • Completeness of 60-day follow-up exams	• Timeliness of notification • Timeliness of investigation • Timeliness of field activities • Timeliness of stool specimen shipment (modified) • Timeliness of optimized field and shipment (formerly 'Timeliness of field and shipment activities' – GPSAP (2022-2024), Table E2) • Timeliness of detection for WPV/VDPV - AFP (formerly Overall detection of WPV/VDPV - AFP' – GPSAP (2022-2024), Table E1)

Countries with a polio lab* in-country (**3-day shipment**); Countries with no polio lab in-country (**7-day shipment**)

Now takes into consideration not only countries that have a polio lab in-country (11 days field activities + **3-day shipment** = **14 days**), but also countries that do not have one and therefore need to send their specimens to a polio lab abroad (11 days field activities + **7-day shipment** = **18 days**)

Now takes into consideration not only countries **with** full laboratory capacity (final lab results **≤35 days** of onset), but also countries **without** full laboratory capacity (final lab results **≤46 days** of onset)

* All references to a "polio lab" are to a WHO-accredited polio laboratory.

- This slide introduces you to the AFP Surveillance KPIs, found in Table C2 of Annex C.
- Note here, the 3 KPIs that were modified slightly from their previous version in the GPSAP 2022-2024, and next slide: 1 additional, modified KPI.

C2. AFP surveillance KPIs – 2/2

- They are divided into indicators of **Quality** and of **Timeliness**.
- 15 indicators (11 to be monitored at all levels + **4 to be monitored at country and regional levels only**):

+ 4 to be monitored at **country** and **regional-** levels:
AFP Surveillance Quality
• Completeness of weekly zero reporting
• Timeliness of weekly zero reporting
• Adequacy of active surveillance visits (modified)
• AFP case encounters

Modified calculation - One calculation only, now:
Now: % of high priority sites visited out of all the high priority sites
Before: % of high priority sites visited out of all the high priority sites AND % of visits to high priority sites out the high-priority site visits planned

- Note: '**AFP case encounters**' (also called 'health encounters' or 'health contacts') aims to reflect **health seeking behavior**.

- This indicator measures the proportion of AFP cases who were **notified at their 1st or at their 2nd visit** to a health care entity (e.g. doctor, facility, healer,…).

- The target is for **≥80%** of AFP cases to have had a maximum of 2 encounters with the public health sector between the onset of their paralysis and the notification of their AFP.

- If the AFP was notified at the 3rd visit or beyond, the AFP is considered to have been **missed** by the surveillance system.

- The analysis should also be stratified by the **sex** of the AFP case.

C3. Environmental surveillance KPIs

- They are divided into indicators of **Quality** and of **Timeliness**.
- They are to be analyzed by site.
- 6 indicators (4 to be monitored at all levels + 2 additional ones to be monitored at country and regional levels only):

4 to be monitored at **country**, **regional**, and **global-** levels:

ES Quality	Timeliness of Detection
• ES EV detection rate • Condition of ES sample	• Timeliness of ES sample shipment (modified) • Timeliness of detection for WPV/VDPV - ES (formerly Overall detection of WPV/VDPV - ES' – GPSAP (2022-2024), Table E1)

Countries **with** a polio lab in-country (**3-day shipment**); Countries **without** a polio lab in-country (**7-day shipment**)

Now takes into consideration not only countries **with** laboratory capacity (final lab results **≤35 days** of collection), but also countries **without** laboratory capacity (final lab results **≤46 days** of collection)

+ 2 to be monitored at **country** and **regional-** levels:

ES Quality
• ES samples collected on schedule (modified) • ES sample collected at scheduled (hour)

Modified calculation:
Now: % of ES samples collected in the assigned month
Before: % months with ≥1 sample collected

- This slide introduces you to the Environmental Surveillance KPIs, found in Table C3 of Annex C.
- Note here, the 3 KPIs that were modified slightly from their previous version in the GPSAP 2022-2024.

C4. Laboratory surveillance KPIs

- They are to be analyzed by both surveillance type: **AFP** and **ES**.
- 4 indicators (to be monitored by laboratories, and regional and global levels):

4 to be monitored at **laboratory**, **regional**, and **global-** levels:
• Timeliness of virus isolation results
• Timeliness of ITD results
• Timeliness of shipment for sequencing
• Timeliness of sequencing results (formerly 'Timeliness of reporting PV laboratory results' – GPSAP (2022-2024), Table E3

Now: % of AFP specimens with sequencing results available within **7 days** of receipt at the sequencing lab or within **14 days** for ES samples
Denominator is specimens requiring sequencing
Before: % PV AFP specimens or PV ES samples with sequencing results available within 7 days of receipt at the sequencing lab
Denominator was PV samples positive by ITD requiring sequencing

- This slide introduces you to the Laboratory Surveillance KPIs, found in Table C4 of Annex C.
- Note here, the KPI that was modified slightly from its previous version in the GPSAP 2022-2024.

C5. KPIs no longer monitored – 1/2

- 9 KPIs listed in the previous GPSAP (2022-2024) are **no longer monitored at the global level**, including 6 for **AFP surveillance**.

AFP surveillance

Indicator	Description	Comments
AFP detection - system (GPSAP 2022-2024, Table E1)	% of AFP cases with final lab result within 35 days of onset	The capacity of the system is now monitored only for positive samples.
Timeliness of reporting WPV/VDPV results (detection) (GPSAP 2022-2024, Table E3)	% of stool specimens with WPV/VDPV final lab results ≤21 days of receipt from a DD country OR ≤28 days of receipt from a non-DD country at WHO-accredited Lab	
Timeliness of reporting laboratory results (system performance) (GPSAP 2022-2024, Table E3)	% of stool specimens with final lab results ≤21 days of receipt from a DD country OR ≤28 days of receipt from a non-DD country at WHO-accredited Lab	
Composite index - national (GPSAP 2022-2024, Table E4)	% of pop living in districts meeting both NPAFP rate and stool adequacy target	**Could be relevant for and used by countries if desired.**
Composite index - subnational (GPSAP 2022-2024, Table E4)	% of districts with ≥100,000 children <15 yrs of age meeting NPAFP and stool adequacy targets	**Could be relevant for and used by countries if desired.**
Stool timeliness (GPSAP 2022-2024, Table E4)	% of AFP cases with 2 stool specimens collected ≥24 hours apart, and ≤14 days of onset	**Could be relevant for and used by countries if desired.**

- 9 KPIs that featured in the previous GPSAP (2022-2024) no longer do so in this current GPSAP (2025-2026) and are thus no longer monitored at the global level.
- Countries may however wish to do so if they are relevant to their program.

C5. KPIs no longer monitored – 2/2

- 9 KPIs listed in the previous GPSAP (2022-2024) are **no longer monitored at the global level**, including 3 for **environmental surveillance**.

Environmental surveillance

Indicator	Description	Comments
ES detection - system (GPSAP 2022-2024, Table E1)	% of ES samples with final lab result within 35 days of collection	The capacity of the system is now monitored only for positive samples.
Timeliness of reporting laboratory results (GPSAP 2022-2024, Table E3)	% of ES samples with final lab results ≤32 days of receipt from at a WHO-accredited sequencing Lab	
ES sample collected on schedule (week) (GPSAP 2022-2024, Table E5)	% of samples collected on the assigned week	Replaced by a new KPI with a monthly frequency. **But could be relevant for and used by countries if desired.**

KPIs to be monitored by countries on a regular basis

- The following slides give you a complete list of the KPIs that Countries should monitor on a regular basis.

Indicators to be routinely monitored by countries – 1/4

- Countries are requested to monitor their surveillance performance on a **quarterly basis** using the following 25 indicators (KPIs) found in Annex C.
- The period for analysis is **12 months**, to be calculated by calendar year or rolling 12-month period.
- Targets are the globally recommended ones, but national programmes may opt to set higher targets (not lower ones however).

Table C1. **GPEI strategy surveillance** KPIs

Indicator	Description	Target	Analysis notes
Non-polio AFP rate – subnational	Proportion of districts with ≥100 000 population aged <15 years that meet the NPAFP rate target of: • AFR, EMR, SEAR: ≥2 • AMR, EUR, WPR: ≥1 • Endemics and outbreak-affected: ≥3	≥80%	Country and Regional offices: Calculations to be done at the lowest administrative level in which results are informative.
Stool adequacy – subnational	Proportion of districts that reported ≥5 AFP cases that meet the stool adequacy target (80% of AFP cases)	≥80%	Country and Regional offices: Calculations to be done at the lowest administrative level in which results are informative.
ES enterovirus (EV) detection rate – national	Proportion of ES sites meeting enterovirus detection sensitivity target of ≥50%	≥80%	Restrict to established routine collection sites, e.g., by restricting analysis to sites open ≥12 months with ≥10 samples collected in the last 12 months. No restriction on minimum number of sites to perform analysis.
Timeliness of detection for WPV/VDPV	Proportion of WPVs and VDPVs with final lab results within **35 days** (full laboratory capacity) **or 46 days** (without full laboratory capacity) of onset for AFP cases or collection date for ES samples	≥80%	Recommended supplemental analysis: Examine distribution, outliers, and median days.

- Under this new GPSAP, countries will be requested to monitor the following indicators.

Indicators to be routinely monitored by countries – 2/4

POLIO GLOBAL ERADICATION INITIATIVE

Table C2. **AFP surveillance** KPIs

AFP surveillance quality			
Indicator	**Description**	**Target**	**Analysis notes**
Non-polio AFP rate	NPAFP cases per 100 000 population aged <15 years (rate should be annualized)	AFR, EMR, SEAR: ≥2 AMR, EUR, WPR: ≥1 Endemics and OB-affected: ≥3	For a partial year of data, calculate annualized NPAFP rate. Recommended supplemental analysis: Stratify by sex of AFP case.
Stool adequacy	Proportion of AFP cases with 2 stool specimens collected **≥24 hours** apart AND within **14 days** of paralysis onset AND received in good condition in a WHO-accredited laboratory	≥80%	Recommended supplemental analysis: Stratify by sex of AFP case.
Stool condition	Proportion of AFP cases with two stool specimens arriving in good condition at a WHO accredited lab	≥80%	
Completeness of AFP contact sampling	Proportion of inadequate AFP cases with **3** contact samples collected	≥80%	
Completeness of 60-day follow-ups	Proportion of inadequate AFP cases with a follow up exam for residual paralysis completed within **60-90 days** of paralysis onset	≥80%	Include in the calculation only inadequate cases ≥90 days since paralysis onset (follow-up exams should have been completed and received).
Completeness of weekly zero reporting (WZR)	Proportion of designated reporting sites submitting a zero report/weekly report for AFP cases	≥80%	
Timeliness of WZR	Proportion of designated reporting sites for AFP reporting by the deadline	≥80%	
Adequacy of active surveillance visits	Proportion of **high-priority** sites visited	100%	Reduced from two calculations to one.
AFP case encounters	Proportion of AFP cases with **≤2** health encounters between onset and notification	≥80%	Recommended supplemental analysis: Stratify by sex of AFP case.

Indicators to be routinely monitored by countries – 3/4

POLIO GLOBAL ERADICATION INITIATIVE

Table C2. **AFP surveillance** KPIs

Timeliness of detection			
Indicator	**Description**	**Target**	**Analysis notes**
Timeliness of notification	Proportion of AFP cases reported within **7 days** of paralysis onset	≥80%	Recommended supplemental analysis: Stratify by sex of AFP case.
Timeliness of investigation	Proportion of AFP cases investigated within **48 hours** of notification	≥80%	Recommended supplemental analysis: Stratify by sex of AFP case.
Timeliness of field activities	Proportion of AFP cases with 2 stool specimens collected ≥24 hrs apart AND **≤11 days** of onset	≥80%	Recommended supplemental analysis: Stratify by sex of AFP case.
Timeliness of stool specimen shipment	Proportion of cases with stools that arrive at a WHO-accredited lab within **3 days** (domestic shipment) **or 7 days** (international shipment) of specimen collection	≥80%	Use second stool collection date, unless only one stool collected.
Timeliness of optimized field and shipment	Proportion of cases with samples that arrive in the lab within **14 days** (domestic shipment) or **18 days** (international shipment) of paralysis onset	≥80%	Meaningful for all samples, including negatives.
Timeliness of detection for WPV/VDPV – AFP	Proportion of AFP cases with WPV/VDPV final lab results within **35 days** (full laboratory capacity) **or 46 days** (without full laboratory capacity) of paralysis onset	≥80% of AFP cases	Recommended supplemental analysis: Examine distribution, outliers, and median days.

Indicators to be routinely monitored by countries – 4/4

POLIO GLOBAL ERADICATION INITIATIVE

Table C3. **Environmental surveillance** KPIs (analyzed by **site**)

Environmental surveillance quality			
Indicator	**Description**	**Target**	**Analysis notes**
ES EV detection rate	Proportion of samples where EV was detected	≥50%	
Condition of ES sample	Proportion of samples that arrive in the laboratory in good condition	≥80%	
ES samples collected on schedule	Proportion of ES samples collected in the assigned month	≥80%	Calculation modified to reflect the change of unit from month (before) to samples collected (now).
ES sample collected at scheduled (hour)	Proportion of samples are collected at the recommended hour of day	≥80%	

Timeliness of detection			
Indicator	**Description**	**Target**	**Analysis notes**
Timeliness of ES sample shipment	Proportion of samples that arrive at a WHO-accredited lab within **3 days** (domestic shipment) **or 7 days** (international) of sample collection	≥80%	
Timeliness of detection for WPV/VDPV – ES	Proportion of ES samples with WPV/VDPV final lab results within **35 days** (full laboratory capacity) **or 46 days** (without full laboratory capacity) of collection	≥80%	Recommended analysis: Median days.