

## 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

# Monitoring Framework: Context

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



## operational trackers / dashboards

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

*informs*

*informs*

# Results monitoring framework

Impact



Outcomes

High population immunity

High virus detection capacity

Low risk of re-introduction

- 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

Outputs



Inputs / Activities

- Support all outputs
- Financial
  - Vaccines
  - Human
  - Policy development

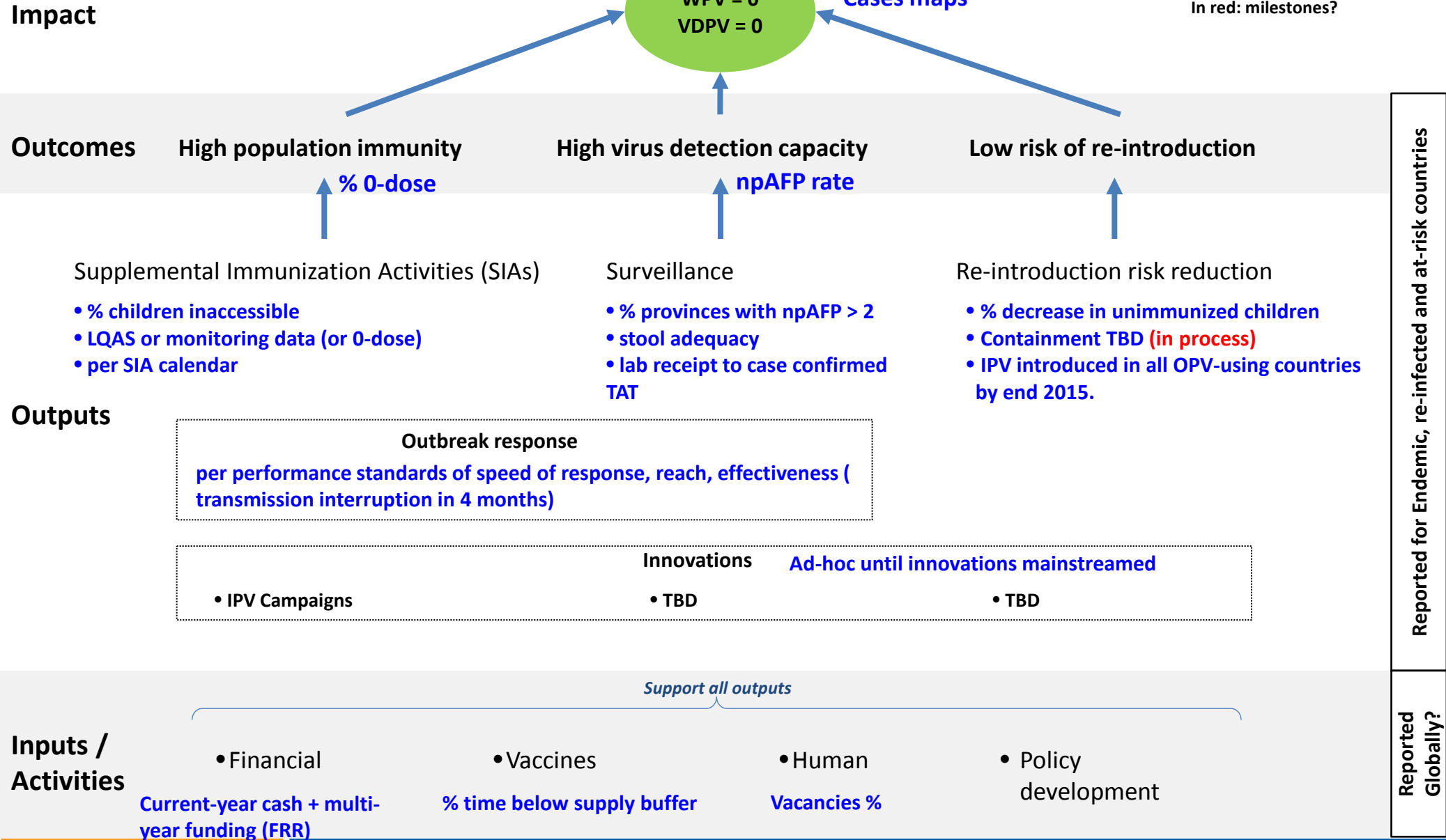
Reported for Endemic, re-infected and at-risk countries

Reported Globally?

# Results monitoring framework:

## Indicators

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 on-going 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 accessing 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.



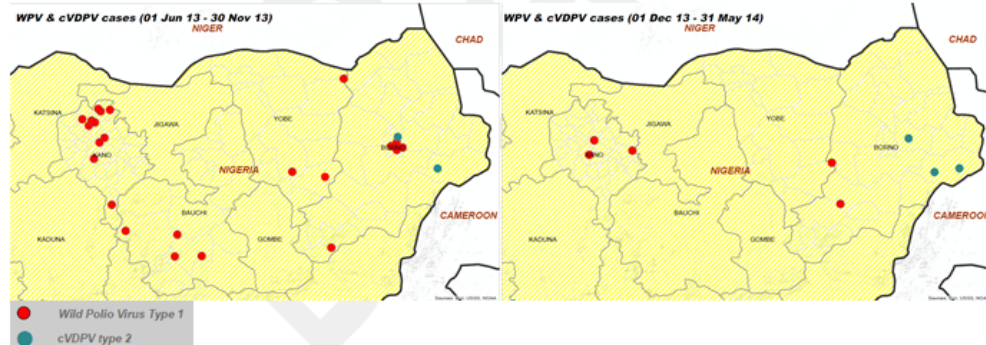
# Tracking of progress across all 4 objectives

## Objective 1: Detect and interrupt all poliovirus transmission

### Endemics

#### Progress in Nigeria and Afghanistan

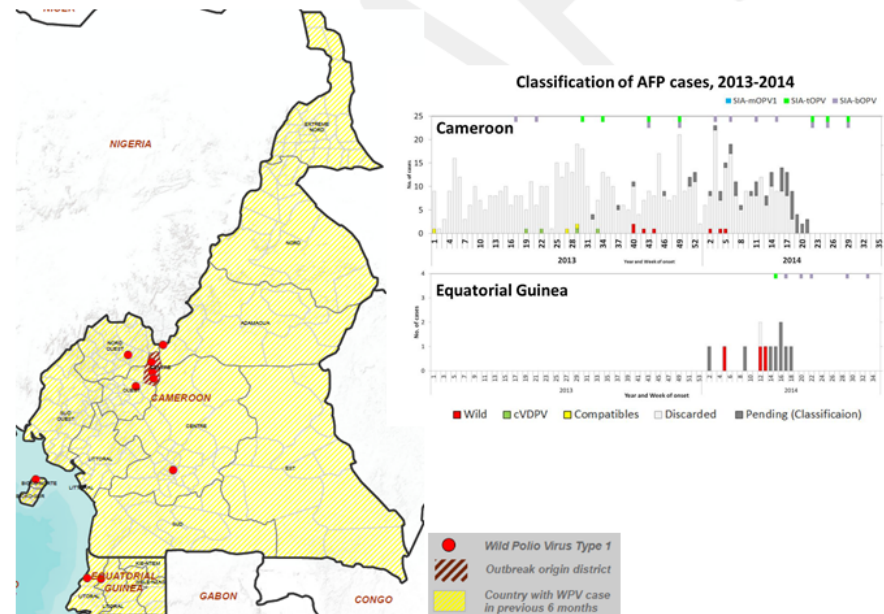
Nigeria and Afghanistan have made major progress towards achieving a polio-free status. **Nigeria** has seen a significant decrease in the number of wild poliovirus type 1 (WPV1) cases, from 53 in 2013, to three in 2014. The programme in Nigeria has never been as coherent and effective as it is currently. 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 system 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)

Endemic Countries	State/Area	outcome	indicator	Target	2014		2015	
					H1	H2	H1	H2
Nigeria	North Central (Kano, Katsina, Jigawa, Kaduna)	Interrupt transmission	<b>number of cases</b>	-> 0 case	10			
		high population immunity	% 0-dose	<10%	1.9			
			LQAS	>= 90%	Dec 75%			
			% inaccessible	<5%				
			% children missed due to child not being seen	<2.5%				
			% children missed - refusal	<1%				
			% of refusal children among WPV cases	<30%				
			Frequency and type of activities	per plan				
		high virus detection	<b>non polio AFP rate</b>	> 2 per 100,000	4.7			
			stool adequacy	> 80%	89.8			
			lab receipt to case confirm	< 7 days				
		Low risk of reintroduction	RI improvement: annual reduction in number of unimmunized children	>10%				
		Rest of country	Interrupt transmission	<b>number of cases</b>	0 case			
	high population immunity		% 0-dose	<10%	0.7			
			LQAS	>= 90%				
			% inaccessible	<5%				
			Frequency and type of activities	per plan				
	high virus detection		<b>non polio AFP rate</b>	> 2 per 100,000	5.1			
			stool adequacy	> 80%	97%			
			lab receipt to case confirm	< 7 days				
	Low risk of reintroduction**		RI improvement: annual reduction in number of unimmunized children	>10%				
			IPV introduction	intro by 2015				
			Containment	TBD				
		Certification	TBD					

objective 1  
objective 2

objective 3  
objective 4



# 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)

Outbreak	Countries *	outcome	indicator	Target	year of outbreak	
					H1	H2
Central/Western Africa	All	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 72 hours		
			Timing of 1st response	=< 4 weeks	2 campaigns	
			SIAs plan execution	>= 3 campaigns within first 3 months		
		Follow-on Response	interim assessment	Conducted at 3 months		
			final assessment	Conducted at 6 months		
	Cameroon	Interrupt transmission within 4 months	<i>number of cases</i>	0 case after 4 months	4	
		high population immunity	% 0-dose	<10%	18.2	
			LQAS	>= 90%	Jul SIA: 9%	
			% inaccessible	<5%		
			Frequency and type of activities	per plan		
		high virus detection	<b>AFP rate</b>	> 2 per 100,000	3	
			stool adequacy	> 80%	77.2	
			lab receipt to case confirm	< 7 days		
		Low risk of reintroduction	RI improvement: annual reduction in number of unimmunized children	>10%		
	IPV introduction		intro by 2015			
	Containment		TBD			

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

objective 1  
objective 2

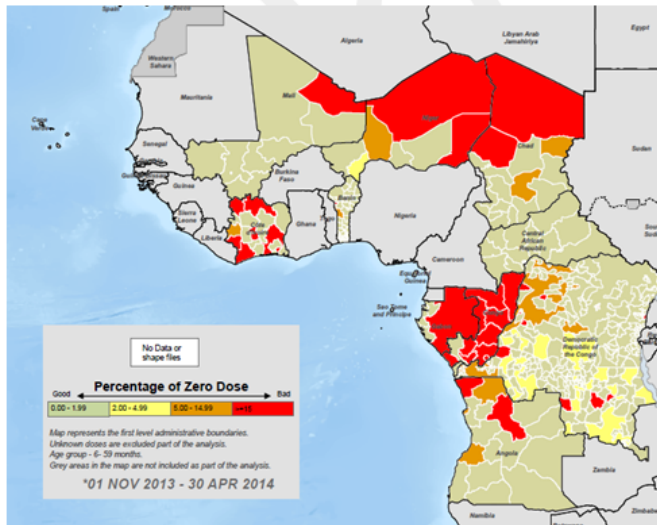
objective 3  
objective 4

# Tracking of progress across all 4 objectives

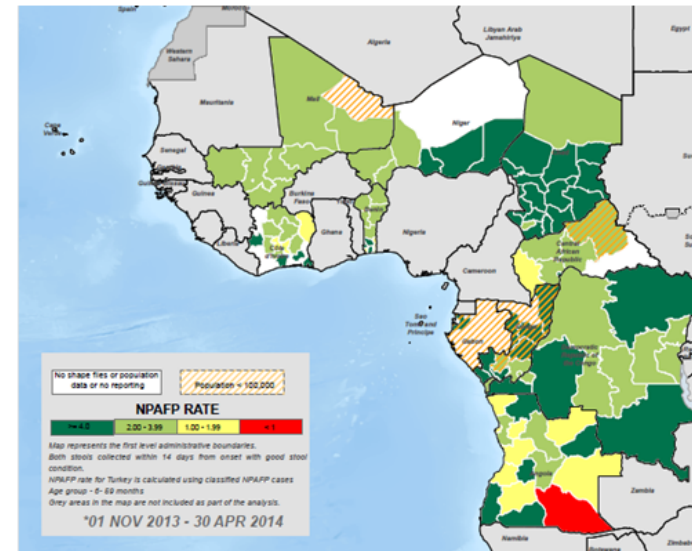
## Red List countries

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, Cote 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,)

Countries *	outcome	indicator	Target	2013 (Jul-Dec)										2014	
				CAR	CHA	CNG	DRC	GAB	MAI	NIG	IVC	BEN	ANG	Jan-Jun	Jul-Dec
CAR CHA CNG DRC GAB MAI NIG IVC BEN ANG	Interrupt transmission	<b>number of cases (1)</b>	0 case after 4 months	0	0	0	0	0	0	0	0	0	0		
	high population immunity	% 0-dose	<10%	0	3.6	37.5	2	0	0	1.1	4.3	21.7	4.9		
		LQAS / IM	>= 90% / IM: <5% missed children	n/a: <2013	Nov SIA:	n/a: <2013	Aug SIA:	n/a: <2013	Oct SIA: 6%	Nov SIA:	Oct SIA: 5%	Oct SIA: 6%	n/a: May		
		% inaccessible	<5%												
		% children missed due to child not being seen	< 2.5%												
		% children missed due to refusal	< 1%												
		Percent of refusal children among WPV cases	<30%												
		Freqency and type of activities	per plan												
	high virus detection	npAFP rate	> 2 per 100,000	1.6	4.2	3.5	2.8	0.2	1.6	1.7	2.4	2.3	1.3		
		stool adequacy	% of Admin 1 > 2/100,000	85.7	92.9	80.4	86	50	87.9	77.3	87.2	91.7	85		
		case onset to primary isolation	< 21 days												
		Environmental surveillance	TBD in 2014												
	Low risk of reintroduction	RI improvement: annual reduction in number of	>10%												
		IPV introduction	intro by 2015												
		Containment	TBD												

objective 1	objective 3
objective 2	objective 4

(1) case or virus in environmental sample

fully met
partially met
Not met

# Monitoring progress

## Annex 5 – Global Level Monitoring

outcome	indicator	Target	2014		2015		2016		2017		20
			H1	H2	H1	H2	H1	H2	H1	H2	H1
All	<b>Financing:</b> 12-month cash gap	0									
	<b>Financing:</b> Strategy funding gap										
	<b>Staffing:</b> Percent of approved posts vacant	<10%									
high population immunity	<b>Vaccine supply:</b> % of weeks forecast goes below buffer in next 6 months	<10%									
Low risk of reintroduction	number of OPV using countries introducing <b>IPV in Routine.</b>	Per IMG									
	Increase in coverage of <b>RI</b> in 10 focus countries	Per IMG									
	Certification & Containment: TBD	2014 Type 2 2014 GAP III									
Legacy Planning	Consultations: inputs into plan	by end 2014									

objective 1

objective 3

objective 2

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 1<sup>st</sup> half 2014