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COVID-19 Strategic Preparedness and Response (SPRP)

Monitoring and Evaluation Framework



World Health
Organization



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COVID-19 SPRP MONITORING AND EVALUATION FRAMEWORK

Rationale

Collecting and analysing global and country response indicators against planned actions or processes is essential to ensure accountability and transparency in monitoring progress and identifying gaps. The COVID-19 Strategic Preparedness and Response Plan (SPRP) Monitoring and Evaluation Framework (COVID-19 M&E Framework) lists key public health and essential health services and systems indicators to monitor preparedness, response, and situations during the COVID-19 pandemic.

Objectives

The COVID-19 M&E Framework aims to assess performance and to provide recorded information to support analysis of progress against the SPRP¹ and the related SPRP Strategy Update.²

The main objective is to establish and maintain a set of global and country indicators to support: strategic thinking, operational tracking, real-time evidence-based decision-making, and to ensure advocacy and transparency between donors, UN agencies, and partners involved in the response. This will allow WHO, other UN agencies, and partners to track progress against goals and to correct approaches and actions should this be necessary.

The specific objectives are to:

- Monitor COVID-19 response activities by measuring key input, output, and outcome indicators at both global and country levels;
- Produce systematic assessments and analyses of response activities;
- Compare activity results against the epidemiological progression of the pandemic;
- Help the prioritization of response activities and inform decision-making amongst all partners;
- Support and accelerate transparency and information sharing;
- Support preparedness and response planning;
- Produce evidence for operational reviews and lessons learned.

Scope

The COVID-19 M&E Framework encompasses the major areas of public health preparedness and response as outlined in the COVID-19 SPRP: Operational Planning Guidelines to Support Country Preparedness and Response.³

The COVID-19 M&E Framework, as outlined in the Structure section of this document, encompasses three categories of planning and monitoring needs: preparedness, response, and situation. The COVID-19 M&E Framework includes input, output, and outcome indicators to achieve the objectives. Indicators on Risk Communication and Community Engagement have been jointly defined between the UN Children's Fund (UNICEF), WHO, and the International Federation of Red Cross and Red Crescent Societies (IFRC) reflecting the joint leadership in pillar 2; and indicators on Points of Entry, International Travel, and Transport activities have been defined between the International Organization for Migration (IOM) and WHO. A set of indicators relevant for vulnerable groups, refugees, and displaced populations is included and aligned with the UN Office for the Coordination of Humanitarian Affairs (OCHA) Monitoring Framework of the COVID-19 Global Humanitarian Response Plan (GHRP) to ensure reporting consistency.

Structure

The COVID-19 M&E Framework is organized around three dimensions:

- 1 **Geographical scope.** The pandemic impacts all countries⁴ worldwide, bringing together countries with diverse epidemiological profiles, resource availability, and data systems. These countries also have diversity in political and social contexts, including low capacity and conflict and humanitarian settings. Indicators are, therefore, regrouped as follows:
 - Global level: Set of key indicators to monitor global and cross-cutting issues for all countries;
 - Countries: All countries affected by the COVID-19 pandemic;
 - Priority countries: Countries affected by the COVID-19 pandemic as defined in the GHRP.⁵

1 To access the SPRP (3 February 2020) see: <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

2 To access the SPRP Strategy Update (14 April 2020) see: https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19

3 To access the Operational Planning Guidelines to Support Country Preparedness and Response (12 February 2020) see: https://www.who.int/docs/default-source/coronaviruse/COVID-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4

4 In this document, the word "countries" represents countries, territories, and areas.

5 To access the GHRP (April-December 2020) see: <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>



2 Planning and monitoring needs. Indicators aim to inform decision-making for both planning and monitoring purposes and can be regrouped as follows:

- **Preparedness:** Preconditions to respond;
- **Response:** Short-term emergency phase, primarily focusing on activities;
- **Situation:** Less reactive indicators that provide a situational snapshot at a certain point in time, including country requirements that are assessed on an annual or biannual basis, as well as indicators with delayed reporting (e.g., data from national health systems). The focus is on situation analysis and impact of the COVID-19 pandemic on routine public health initiatives, processes, and activities.

3 Pillars/areas. Indicators have been regrouped around nine pillars and one thematic area:

- Pillar 1: Country-level coordination, planning, and monitoring
- Pillar 2: Risk communication and community engagement
- Pillar 3: Surveillance, rapid response teams, and case investigation
- Pillar 4: Points of entry, international travel, and transport
- Pillar 5: National laboratories
- Pillar 6: Infection prevention and control
- Pillar 7: Case management
- Pillar 8: Operational support and logistics
- Pillar 9: Maintaining essential health services and systems
- Thematic area: Cross-cutting issues

This is summarized in table 1.

Table 1 Structure of the COVID-19 M&E Framework

	Geographical scope		
	Global	Countries	Priority countries
Pillar			
1 Country-level coordination, planning, and monitoring	Preparedness Situation Response	Preparedness Situation Response	Preparedness Situation Response
2 Risk communication and community engagement	Preparedness Response	Preparedness Response	Preparedness Response
3 Surveillance, rapid response teams, and case investigation		Response	Response
4 Points of entry, international travel, and transport		Preparedness Situation	Preparedness Situation Response
5 National laboratories	Preparedness	Preparedness Situation Response	Preparedness Situation Response
6 Infection prevention and control	Situation	Situation	Situation Response
7 Case management	Response	Response	Response
8 Operational support and logistics			Response
9 Maintaining essential health services and systems		Situation	Situation Response
Cross-cutting issues			
	Preparedness		Response



Methodology

The COVID-19 M&E Framework is a collaborative initiative among multiple stakeholders. It is based on a logical framework aimed to identify inputs, outputs, outcomes, and impacts of the response.

The indicators proposed (see COVID-19 M&E Framework indicators section and Annex 1) were chosen from a consultative selection with COVID-19 response pillar leads, incident managers, and M&E focal points across the six WHO regions and with OCHA, IFRC, IOM, and UNICEF. Some indicators are derived from previously validated registries for outbreak response, as well as from previous strategic preparedness and response plans and other sector, cluster, or agency outcome indicator repositories and adapted to this context.

Frequency and analysis cycle

Indicators will be collected with differing frequency, though reporting will primarily follow the epidemiological week. Monthly indicators will be collected the second week of each month with reference to the previous month.

Indicators have different collection frequencies (e.g., weekly, quarterly, annually). Those referring to the existence of a certain capacity or plan need to be asked once (at baseline). Updates are necessary only for countries that have not reported a capacity or plan. Indicators with annual frequency should be reported once, unless unforeseen updates will be available that could impact the indicator. Table 2 summarizes the distribution of indicators by source and frequency.

The analysis plan will be collectively defined to respond to countries' needs for decision making. Final aggregation, analysis, and visualization will be provided at the beginning of each subsequent epidemiologic week, or monthly, according to previously established and agreed frequency of each indicator.

Table 2 Number of indicators by source and frequency

Frequency of reporting	Sources		
	Global	Regional	Total
Weekly	10	3	13
Monthly	8	11	19
Annual	5	1	6
Total	23	15	38



COVID-19 M&E Framework Indicators

Pillar 1 Country-level coordination, planning, and monitoring

- Percentage of countries with COVID-19 national plan;
- Percentage of countries with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response;
- Percentage of countries that recommended or required at least 4 out of 6 personal measures in the context of COVID-19;
- Percentage of countries that report having at least one mass gathering event affected by COVID-19 (cancelled, postponed, suspended, or re-opened in a post-crisis scenario) as a result of a Risk Assessment exercise.

Pillar 2 Risk communication and community engagement (RCCE)

- Percentage of countries which have a national COVID-19 risk communication and community engagement plan;⁶
- Percentage of countries where a RCCE coordination mechanism is active and formally implemented (e.g., multi-sectoral RCCE team, working group, task force);
- Percentage of countries that have mechanisms in place to capture community feedback (e.g., community meetings, hotlines, health volunteer network, social listening, surveys, etc.).

Pillar 3 Surveillance, rapid response teams, and case investigation

- Weekly number of new confirmed cases nationwide, disaggregated by age group and sex;
- Weekly number of new confirmed case deaths from COVID-19 disaggregated by age group and sex;
- Weekly number of new confirmed cases hospitalized due to COVID-19 disease, disaggregated by age group and sex;⁷
- Case fatality amongst confirmed COVID-19 cases, disaggregated by age group and sex;⁷
- Weekly number of new confirmed cases in health care workers,⁸ disaggregated by sex;⁷
- Percentage of countries testing for COVID-19 and reporting routinely through established sentinel or non-sentinel Influenza-like Illness (ILI), severe acute respiratory infections (SARI), acute respiratory infections (ARI) surveillance systems such as the Global Influenza Surveillance and Response System (GISRS) or other WHO platforms;
- Percentage of countries with a focal point for contact tracing implementation and training;
- Percentage of countries implementing seroepidemiological investigations or studies.

Pillar 4 Points of entry (PoE), international travel, and transport

- Percentage of countries in which designated PoE have public health emergency contingency plans;
- Percentage of designated PoE which have notified at least one COVID-19-related alert in the previous week.

Pillar 5 National laboratories

- Percentage of countries with COVID-19 laboratory test capacity;
- Percentage of countries scoring 100% on External Quality Assessment Project (EQAP);
- Weekly number of persons tested for COVID-19, disaggregated by age group and sex.⁷

Pillar 6 Infection prevention and control (IPC)

- Percentage of countries that have a national IPC programme and water, sanitation and hygiene (WASH) standards within all health care facilities;
- Percentage of acute health care facilities with triage capacity;
- Percentage of acute health care facilities with isolation capacity;
- Percentage of countries with long-term care facilities (LTCF) that have a national policy and guidelines on IPC for LTCF;
- Percentage of countries with a focal point for IPC training;
- Number of health workers trained in IPC in the previous week.

Pillar 7 Case management

- Percentage of countries that have a clinical referral system in place to care for COVID-19 cases;
- Percentage of hospitalized COVID-19 cases that are discharged;
- Number of Intensive Care Units (ICU) beds provided to priority countries through Emergency Medical Teams (EMT) or similar surge mechanisms;
- Number of health workers trained in case management of COVID-19 patients in the previous week.

Pillar 8 Operational support and logistics

- Number and percentage of medical masks (3 plies) provided against country request;
- Number and percentage of laboratory tests provided against country request.

Pillar 9 Maintaining essential health services and systems

- DTP3 vaccination coverage amongst children under 12 months of age;
- Institutional delivery/Number of health facility-based deliveries;
- Essential health services during COVID-19 pandemic;
- Percentage of countries where at least one VPD immunization campaign was affected (postponed, suspended, fully or partially) by the COVID-19 pandemic.

Cross-cutting issues

- Percentage of countries with multi-sectoral mental health and psychosocial support technical working group;
- Percentage of countries that have national occupational safety and health plans or programmes for health workers.

⁶ Risk communication and community engagement are two different but interlinked subjects that are managed differently across countries. Some countries have one joint plan, others have two separate plans. Countries with disjoint RCCE plans are requested to respond to this indicator as one. In some countries, plans only relate to community engagement in the title, but also include risk communication elements. In this case, it can be reported as 'yes.'

⁷ Disaggregation by age group and sex is currently only available for confirmed cases and confirmed case deaths. It is under consideration for other indicators and may be added in the future as it becomes available.

⁸ This includes community health workers.



Dissemination plan, audience, and products

Products will reflect the needs of UN Country Teams (UNCTs) and partners in the regions. They will primarily consist of an activity report and a weekly updated dashboard that will be established to facilitate data visualization. The dashboard will provide global, regional, and functional data views tailored towards different audiences, including national government decision makers, donors, and partners. The dashboard will be available online and a link will be shared with key stakeholders on a weekly basis following updates.

Evaluation

A mid-term evaluation of the COVID-19 M&E Framework will be held three months after the launch of the COVID-19 M&E Framework.

Business Owner

The WHO Health Information Management and Strategic Planning Departments, in collaboration with Country Support Teams, will coordinate the collation, analysis, visualization, and dissemination of measured indicators.

Overview of the COVID-19 M&E Framework indicators

Indicator	Planning and monitoring needs	Type	Target	Geographical scope			Sources		Frequency		
				Global	All countries	Priority countries	Global	Regional	Weekly	Monthly	Annual
Pillar 1 Country-level coordination, planning, and monitoring											
Percentage of countries with COVID-19 national plan	Preparedness & Response	Process	100%	x				WHO		x	
Percentage of countries with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response	Preparedness & Response	Process	100%	x				WHO		x	
Percentage of countries	Response	Output	100%		x		WHO			x	

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24558

