

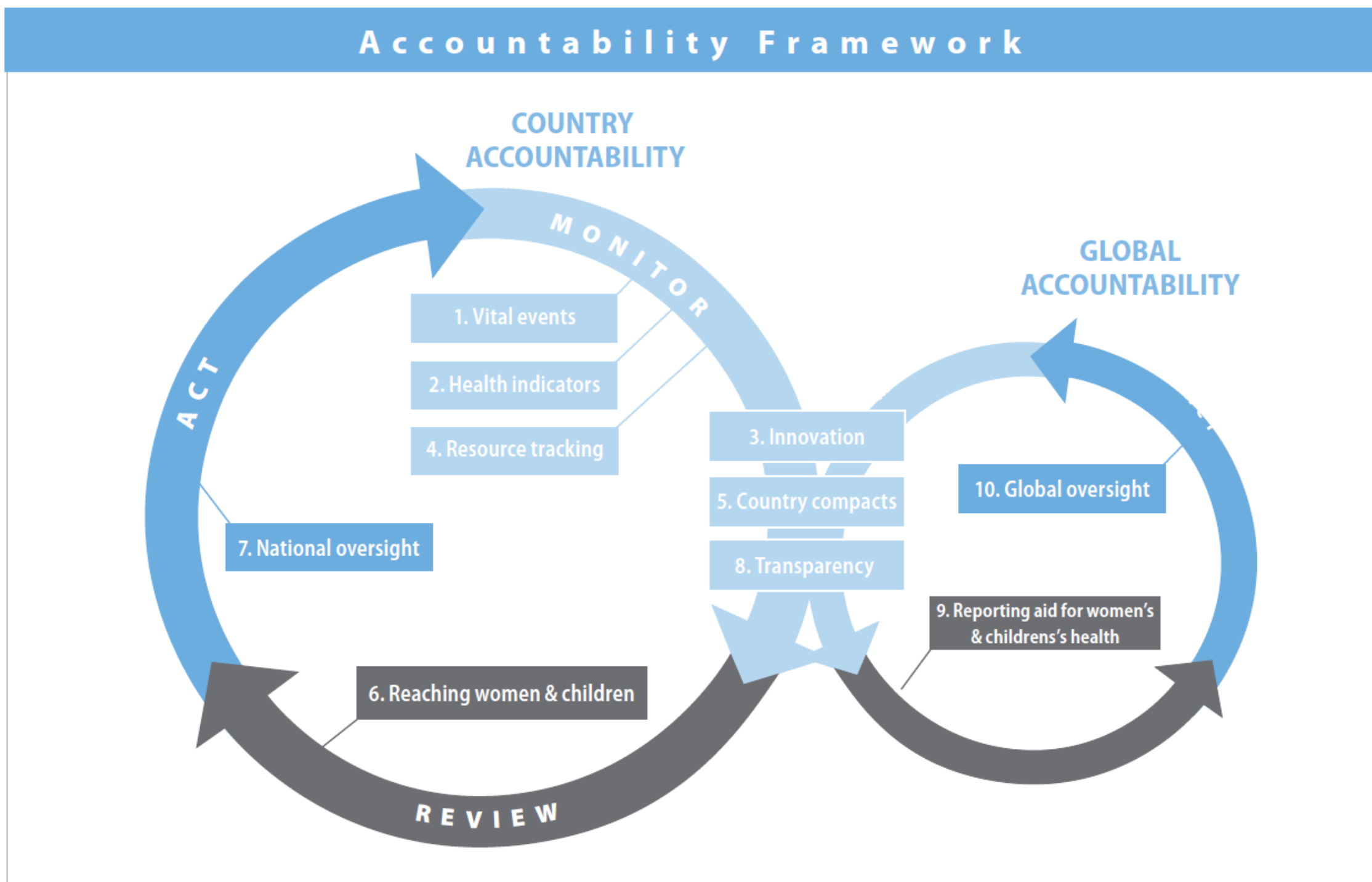
The GVAP Monitoring and Evaluation/Accountability Framework

**SAGE Meeting
November 6-8, 2012**

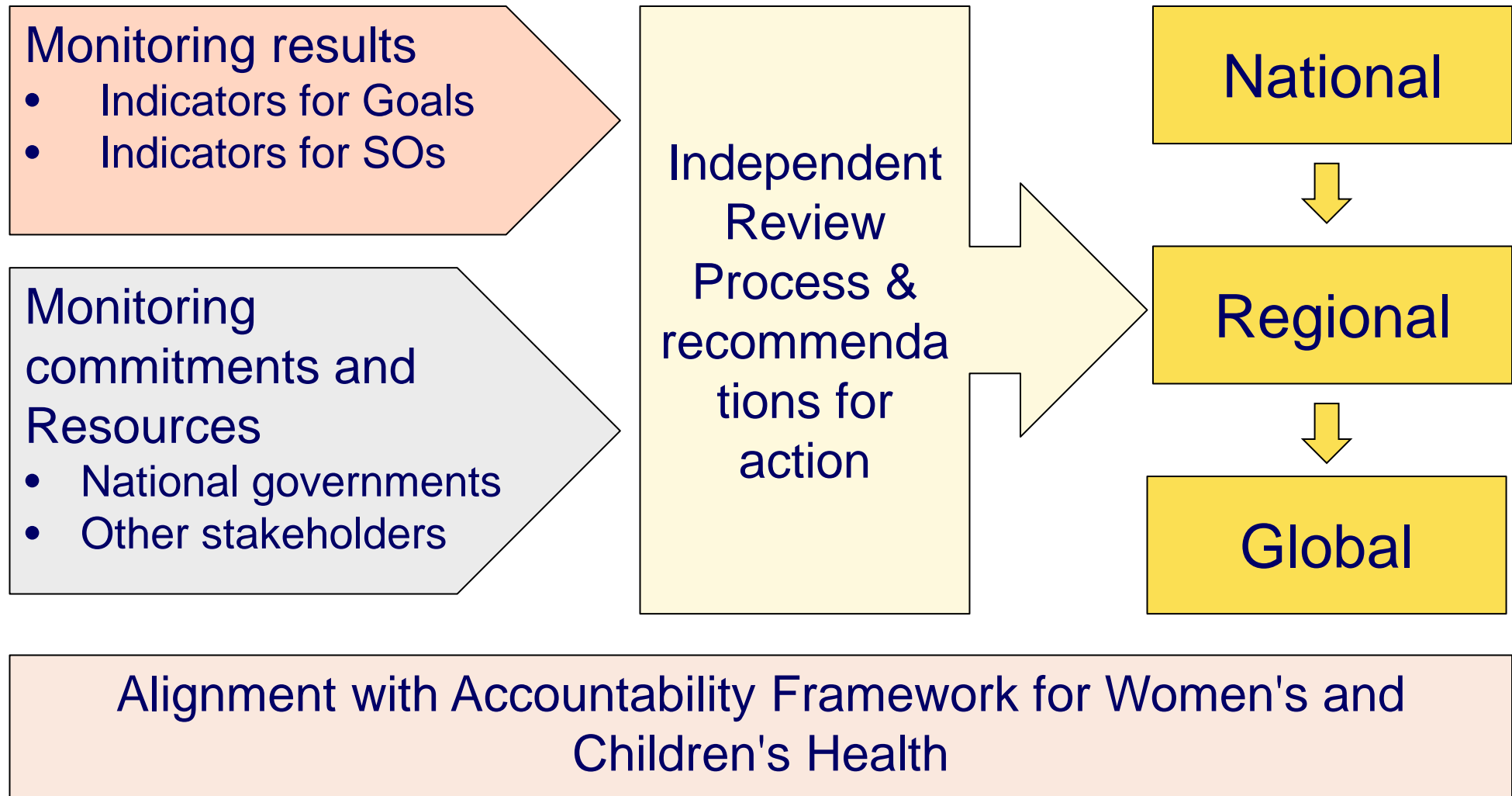


**World Health
Organization**

Fig. 1. The accountability framework for women's and children's health



The GVAP M&A Framework



Process followed to define indicators for GVAP pre WHA 2012

Step 1: Developed long-list of potential indicators based on inputs from consultations

Input on indicators solicited during:

- Southern Africa consultation
- Middle East, Europe and Northern Africa Consultation
- Europe CSO consultation and monthly CSO teleconferences
- R&D working group meeting
- Etc.

Long-lists included in GVAP Draft 2

Step 2: Convened working group to recommend short list of indicators for GVAP

DoVC Working group members:

- Tony Burton (WHO)
- Daniel Thorton (GAVI)
- John Grove (BMGF)
- David Brown (UNICEF)
- Dragoslav Popovic (UNICEF)
- Chung-Won Lee (CDC)

Selection criteria:

- Relevance to outcome
- Relevance to countries
- Ease of measurement
- Objectivity

Step 3: Validation process for indicators recommended for GVAP

Validation and review process:

- SC 15 February
- SAGE 16 February
- SC 17 February
- Americas regional consultation reviews indicators 27-28 Feb
- [SAGE 12 March TC](#)
- [SAGE 10-12 April](#)
- WHA May 2012



Scope of Work Post-WHA

- Focused on developing operational definitions, defining data sources and methods for collecting and reporting data
- Involved technical groups responsible for different areas, followed by broader stakeholder consultation to solicit feedback
 - DoVC M&E WG
 - DoVC R&D WG
 - Various WHO departments (GPEI, IVB, EWEC)
 - SAGE WG on Vaccine Hesitancy
 - Measure DHS
 - Project OPTIMIZE
 - Broader consultation with various stakeholder including CSOs, industry and over 600 people on DoVC distribution list
- Some indicators needed reformulation or replacement since original ones were considered to be difficult /resource intensive to monitor and track
 - Limits on total number of indicators
 - Take feasibility, reporting burden and resource requirements into consideration

Indicators for GVAP Goals

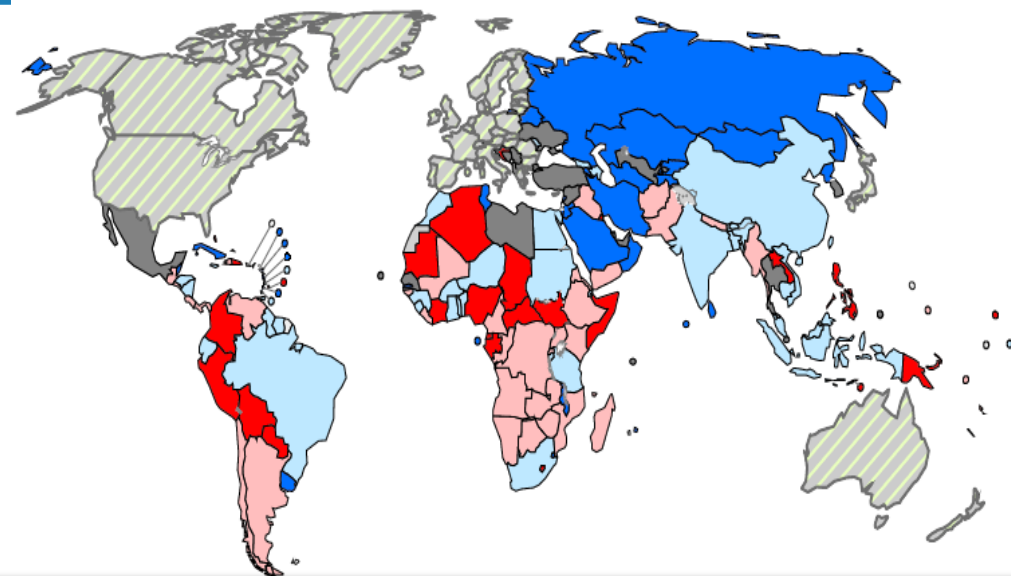
(Goals 1 and 2)

No.	Goal	Original indicator	Issues or changes
G 1	Achieve a world free of poliomyelitis	<ul style="list-style-type: none"> • Interrupt wild poliovirus transmission globally • Certification of poliomyelitis eradication 	<ul style="list-style-type: none"> • Target years changed • 2014 for interruption of WPV transmission • 2018 for certification
G 2	Meet global and regional elimination targets	<ul style="list-style-type: none"> • Measles elimination • Rubella/CRS elimination • Neonatal tetanus elimination 	<ul style="list-style-type: none"> • No changes • Operational definitions developed; aligned with verification /validation guidelines

Indicators for GVAP Goals

(Goal 3)

No.	Goal	Indicator
G 3	Meet vaccination coverage targets in every region, country and community	<ul style="list-style-type: none"> Reach 90% national coverage and 80% district coverage for DTP-containing vaccines Reach 90% national coverage and 80% district coverage for all vaccines in national programme Number of low and middle income countries that have introduced one or more new or underutilized vaccine




Issues /changes:


- Reporting district level coverage in countries where WUENIC and country reports differ
- Suggested option is to conduct **district level surveys** twice in the decade: will give only baseline and one late measure
- Significant investments in **effort** and **cost**, but would be required only in subset of countries (if WUENIC $\geq 90\%$ and admin data show all districts $\geq 80\%$)
- Move** highlighted indicator to **Goal 4**
- Suggestion to **add indicator** on # countries with DTP3 $\geq 80\%$ for ≥ 3 years

Countries sustaining $\geq 80\%$ DTP3 coverage, 2009-2011

Alternative is to stay with current coverage indicator but also include data on countries that have sustained coverage $\geq 90\%$ for 3 or more years in annual report

113 countries sustained 90% coverage from 2009-11

 **>80% (151 countries or 77%)**

 **< 80% (43 countries or 23%)**

 **Not available**

 **Not applicable**

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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Source: WHO/UNICEF coverage estimates 2011 revision. July 2012
Map production: Immunization Vaccines and Biologicals, (IVB),
World Health Organization.
194 WHO Member States. Date of slide: 25 July 2012.

Indicators for GVAP Goals

(Goals 4 and 5)

No.	Goal	Indicator	Issues or changes
G 4	Develop and introduce new and improved vaccines and technologies	<ul style="list-style-type: none"> Licensure and launch of vaccine or vaccines against one or more major currently non-vaccine preventable diseases (such as dengue, hepatitis C, cytomegalovirus, respiratory syncytial virus, leishmaniasis, hookworm and group A streptococcus) Licensure and launch of at least one new platform delivery technology <i>Number of low and middle income countries that have introduced one or more new or underutilized vaccine</i> 	<ul style="list-style-type: none"> Deleted list of vaccines from indicator but will use for active tracking Included improved vaccines in indicator Defined "platform delivery technologies" Moved highlighted indicator from G3 to G4
G 5	Exceed the MDG 4 target for reducing child mortality	<ul style="list-style-type: none"> Reduce under five mortality rate by 2/3 compared to 1990 by 2015 Exceed 2015 target by 2020 	<ul style="list-style-type: none"> None

Indicators for GVAP Strategic Objectives

(SO 1 and 2)

No.	Strategic Objective	Indicator	Issues or changes
SO 1	All countries commit to immunization as a priority	<ul style="list-style-type: none"> • <i>Domestic expenditures for immunization per person targeted</i> • Presence of an independent technical advisory group that meets defined criteria 	<ul style="list-style-type: none"> • Replaced indicator with one on domestic expenditures for immunization (with slight reformulation)
SO 2	Individuals and communities understand the value of vaccines and demand immunization both as a right and a responsibility	<ul style="list-style-type: none"> • <i>% of countries that have assessed (or measured) the confidence gap in vaccination at subnational level with implementation of corrective actions</i> • <i>% of un- and under-vaccinated in whom lack of confidence was a factor that influenced their decision</i> 	<ul style="list-style-type: none"> • New indicators proposed by SAGE WG • Concern on measurability of proposed indicators that may be addressed by: <ul style="list-style-type: none"> • pilot in a few regions • issue guidance • Alternate suggestion: use DTP1-MCV1 drop out rate instead

DTP1 – MCV1 drop-out

DTP3	No. of countries	DTP1-MCV1
< 50%	7	-18 to 21
50-79%	25	-3 to 31
80-89%	32	-2 to 28
≥ 90%	130	-5 to 15

Countries with DTP3 ≥ 90% and DTP1-MCV1 drop out ≥ 10%:

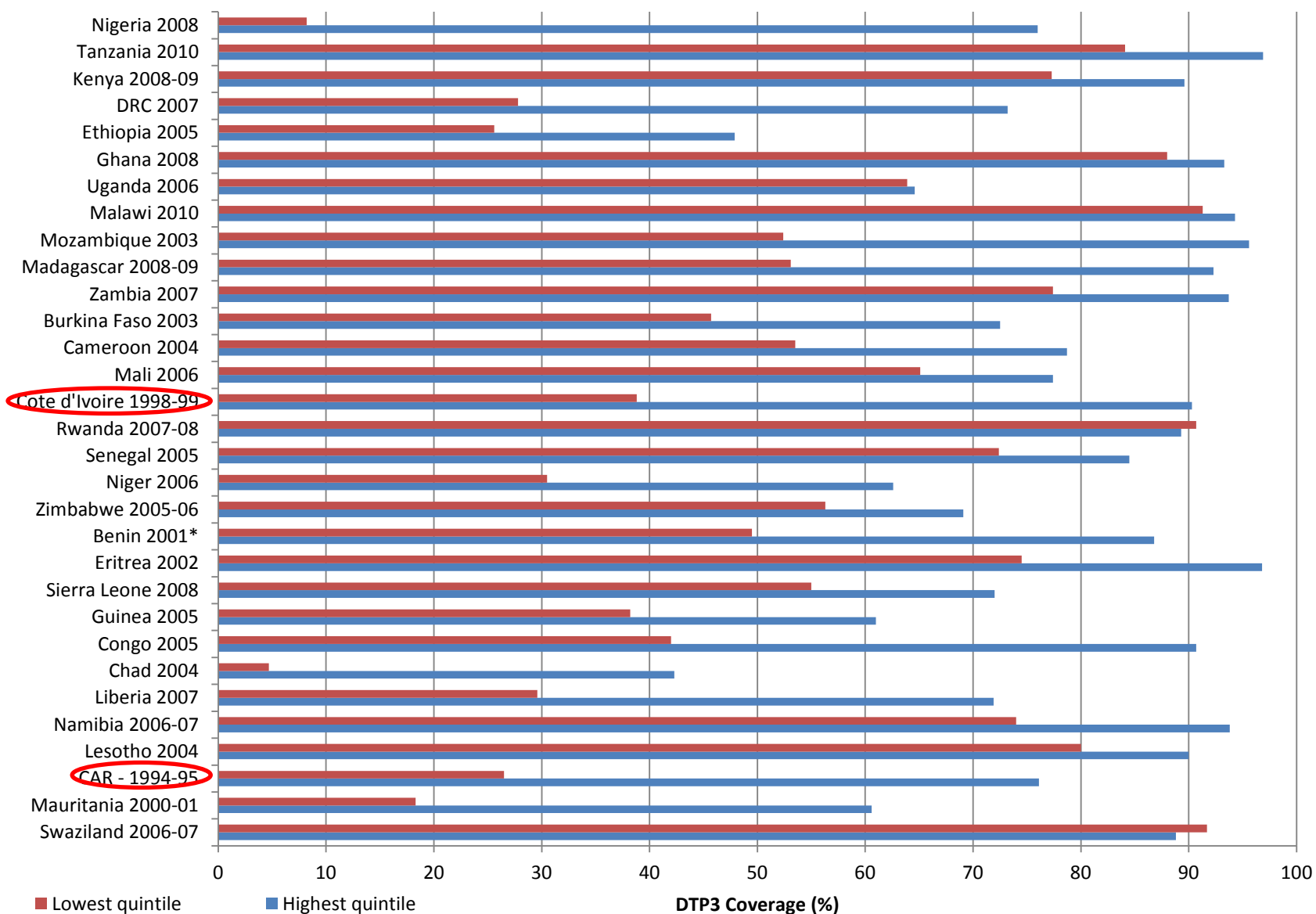
France, Jamaica, Cyprus, Malta, Sudan, Burkina Faso, Samoa

Indicators for GVAP Strategic Objectives

(SO 3)

No.	Strategic Objective	Indicator	Issues or changes
SO 3	The benefits of immunization are equitably extended to all people	<ul style="list-style-type: none"> Percentage of districts with \geq 80% coverage with 3 doses of diphtheria-tetanus-pertussis-containing vaccine Reduction in coverage gaps between wealth quintiles (AND another appropriate equity indicator) 	<ul style="list-style-type: none"> Reformulated indicator to report on % district with \geq 80% DTP3 (instead of less than) Reformulated indicator to measure gaps between wealth quintiles (not just lowest and highest) AND also other appropriate equity indicator. Suggestion to add targets as proposed by GAVI secretariat: <ul style="list-style-type: none"> <i>% of countries that have a disparity of <20 percentage points in immunization coverage between the lowest and highest wealth quintile: 60% by 2015 and 75% by 2020</i>

DTP3 Coverage for Lowest and Highest Wealth Quintiles, DHS surveys 2001-2011



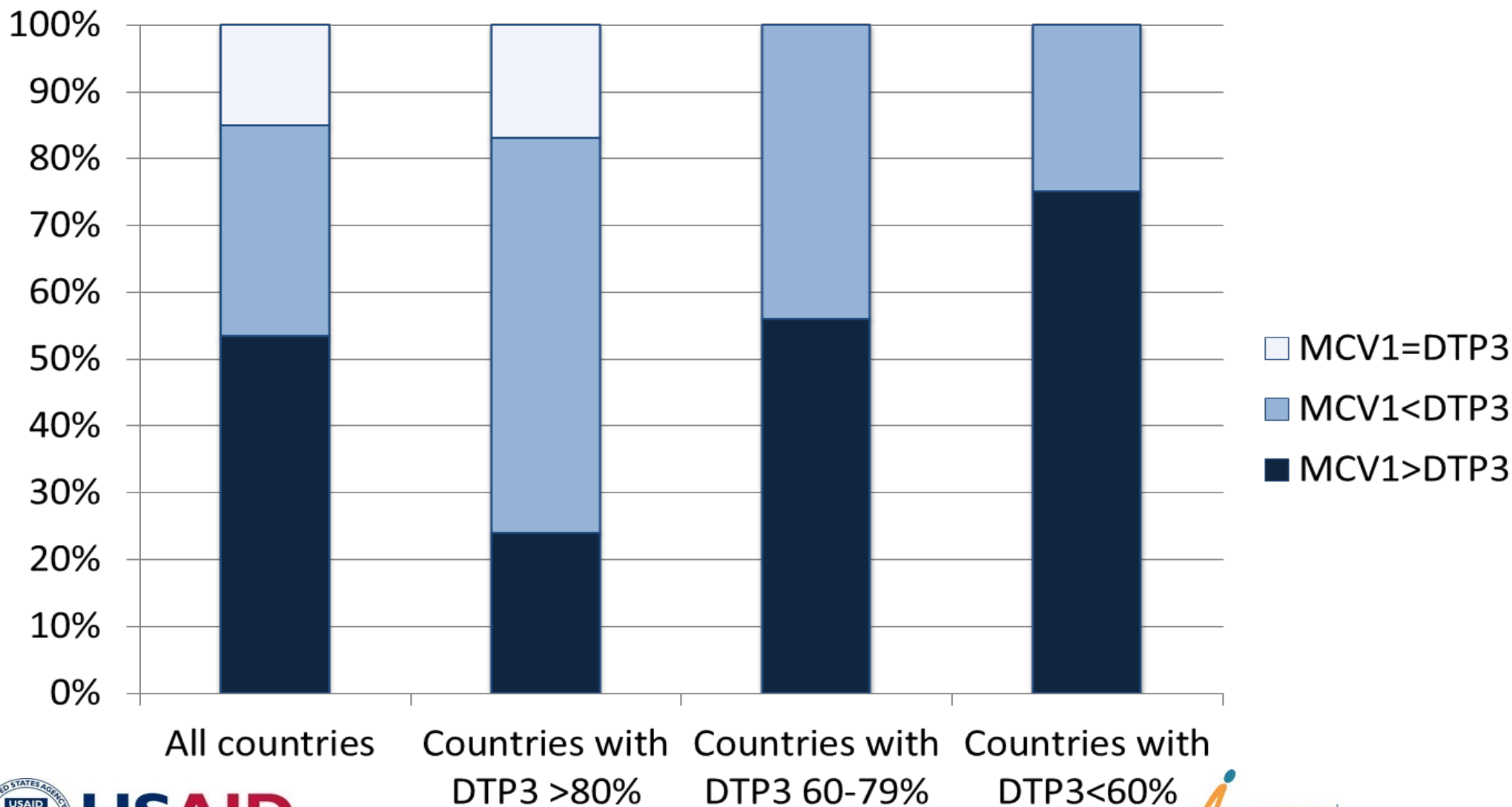
Indicators for GVAP Strategic Objectives

(SO 4)

No.	Strategic Objective	Indicator	Issues or changes
SO 4	Strong immunization systems are an integral part of a well-functioning health system	<ul style="list-style-type: none"> DTP1 to measles first dose dropout rate Immunization coverage data assessed as high quality by WHO and UNICEF <i>Number of countries that have established surveillance with laboratory confirmation for invasive bacterial disease and rotavirus diarrhoea and report to WHO</i> 	<ul style="list-style-type: none"> Suggestion to change to DTP1-DTP3 drop out rate <ul style="list-style-type: none"> GVAP M&E group supports this proposal Specified data quality to be measured using WUENIC "Grade of Confidence" Added indicator on surveillance Suggestion to add indicator monitoring integration of immunization with broader health systems made by CSO constituency <ul style="list-style-type: none"> Could not come up with suitable indicator

Comparison of 2011 DTP3 and measles coverage in the WHO/AFRO region, by category of DTP3 performance

(WHO/UNICEF estimates posted 14 July 2012)



Indicators for GVAP Strategic Objectives

(SO 5)

No.	Strategic Objective	Indicator	Issues or changes
SO 5	Immunization programmes have sustainable access to predictable funding, quality supply and innovative technologies	<ul style="list-style-type: none"> <i>Number of doses of vaccines of assured quality used in a country (licensed by functional NRA) as % of total doses of vaccines used in national immunization programme</i> 	<ul style="list-style-type: none"> Dropped original indicators <ul style="list-style-type: none"> The one on domestic expenditures moved to SO 1 One on production capacity dropped Suggestion to add an indicator related to vaccine price

Proposed indicator on vaccine price:

- Change in the total cost of vaccines to fully immunize a child with pentavalent, pneumococcal and rotavirus vaccines*

Vaccine Price Indicator

- ***Feedback from internal discussions:***

- Can only track indicator for countries procuring through UNICEF/PAHO RF
- Does not address the more acute issue of prices for self-procuring MICs (77% of birth cohort of MICs in self-procuring countries)
- Prices for pneumo and rota may not change much for GAVI eligible and graduating MIC in next 5 years because of AMC and long term contracts
- Price difference between different products; schedules vary between countries (e.g. 3 or 4 doses of PCV)
- Setting a target for price reduction may be counter-productive

- ***Possible ways forward:***

- **Use proposed indicator as an interim measure**, but establish a process for collecting price information from broader set of MICs, including self-procuring, e.g. V3P project
- Establish an **alternate interim indicator**, e.g. Pentavalent vaccine price through UNICEF/PAHO RF and replace later as proposed above
- Defer establishing an indicator now but establish one later as proposed above
- **No specific indicator** but narrative on vaccine price trends in annual reports, including progress in supporting procurement mechanisms and defining pricing criteria, policies and best practices

Indicators for GVAP Strategic Objectives

(SO 6)

No.	Strategic Objective	Indicator	Issues or changes
SO 6	Country, regional and global research and development innovations maximize the benefits of immunization	<ul style="list-style-type: none"> Progress towards development of HIV, TB, and malaria vaccines Progress towards a universal influenza vaccine (protecting against drift and shift variant) Progress towards institutional and technical capacity to carry out vaccine clinical trials 	<ul style="list-style-type: none"> Reformulation on all 3 indicators Indicator 1: proof of concept for vaccine with efficacy $\geq 75\%$ becomes target Indicator 3: limit monitoring research capacity to only vaccine clinical trials.
SO 6	Country, regional and global research and development innovations maximize the benefits of immunization	<ul style="list-style-type: none"> <i>Number of vaccines that have either been re-licensed or licensed for use in a controlled temperature chain (CTC) at temperatures above the traditional 2-8 C range</i> <i>Number vaccine delivery technologies (devices & equipment) that have received WHO pre-qualification</i> 	<ul style="list-style-type: none"> Two new proposed indicators No suitable indicator for supply chain management



Request to SAGE

- **Specific feedback** and recommendations on:
 - Feasibility and need for surveys to validate district level coverage
 - Addition of indicator of DTP3 $\geq 80\%$ for 3 or more years
 - Proposed indicators to measure "confidence in immunization"
 - Retention of indicator on district level DTP3 coverage in SO 3
 - Choice of drop-out rate for SO 4 indicator
 - Addition of surveillance indicator for SO 4
 - Addition of indicator to measure integration of immunization and health systems
 - Vaccine price indicator for SO 5
- Review and recommendations on any other proposed reformulations /changes and operational definitions