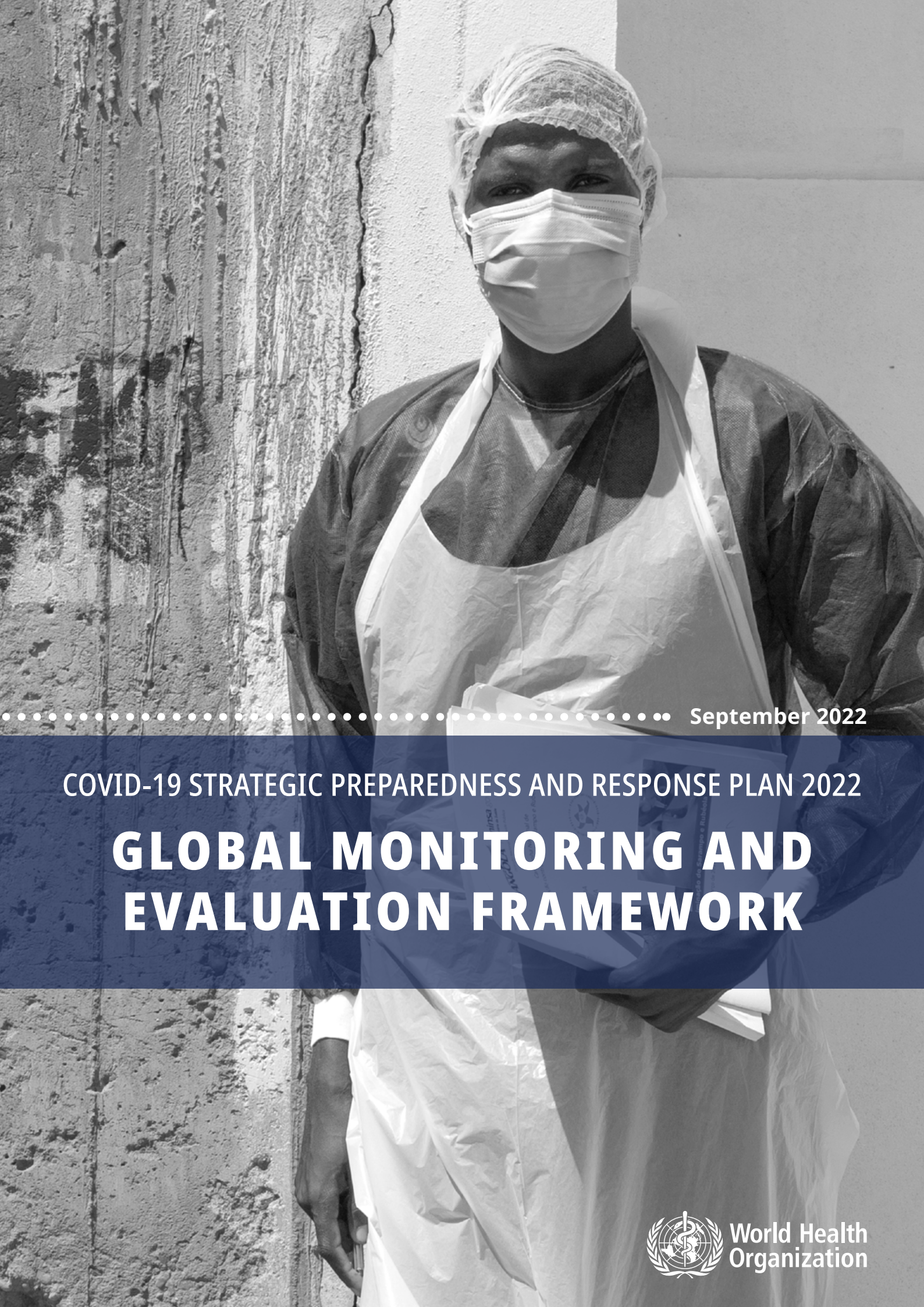
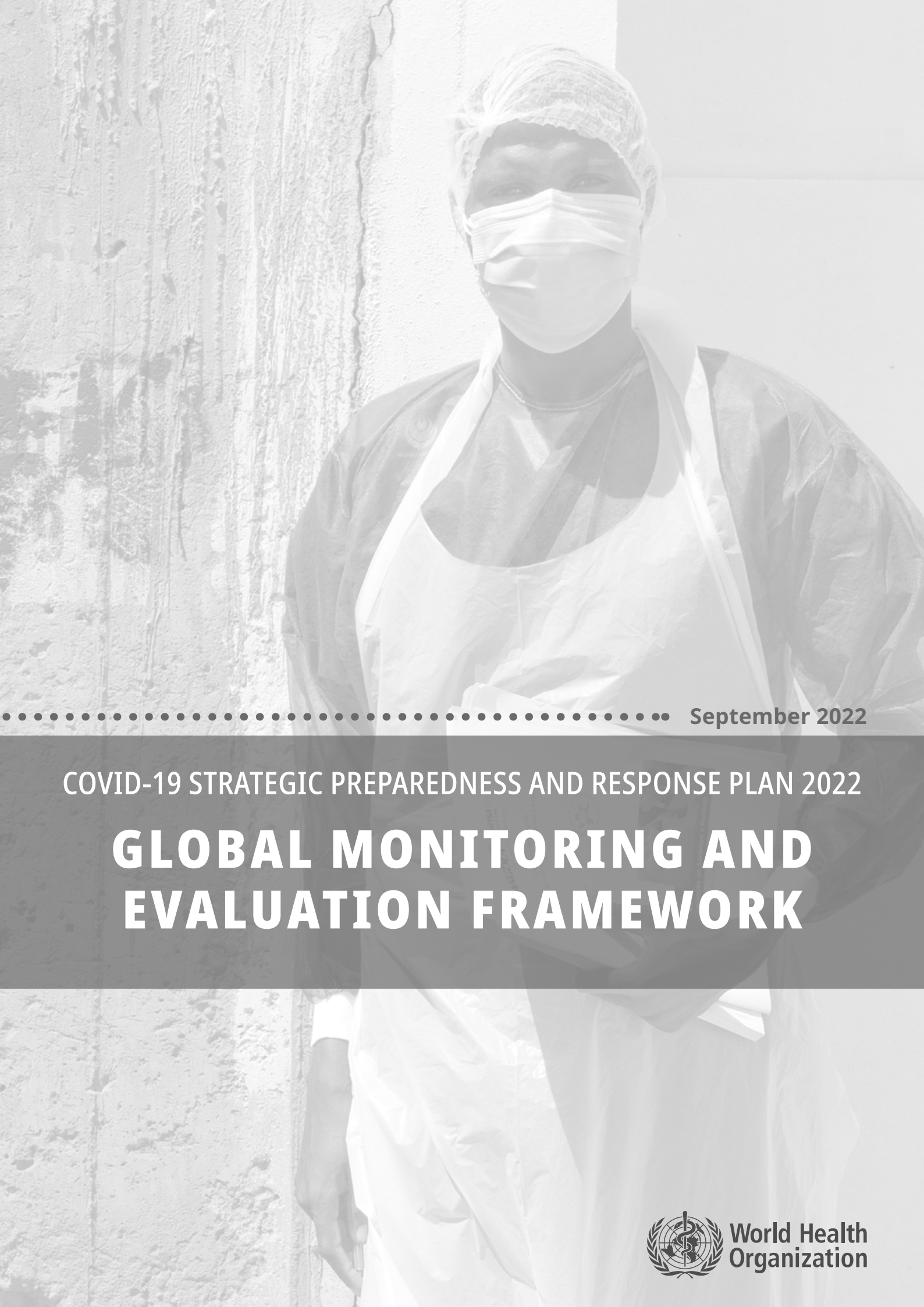


September 2022

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN 2022

GLOBAL MONITORING AND EVALUATION FRAMEWORK

World Health Organization



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Roll out of COVID-19 vaccines in Angola.
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About this document

WHO published its Strategic Preparedness, Readiness, and Response Plan for Ending the Global COVID-19 Emergency (SPRP) in March 2022, which outlines key strategic adjustments for national, regional and global levels.

Based on the 2022 SPRP and following the mandate of the WHO Secretariat by the Governing Bodies to implement, monitor and evaluate the said plan, the COVID-19 SPRP 2022 Global Monitoring and Evaluation (M&E) framework has been established, which updates the approach and methods for tracking and reporting on global progress and achievements against the 2022 SPRP. The following document includes a short summary table of the SPRP M&E Framework's country indicators and WHO milestones (Section 4) and the accompanying methodological notes (Annex 1 and 2). Monitoring the implementation of the SPRP 2022 will support countries, WHO, UN agencies and partners in strategic thinking and course correction as needed to strengthen the response to COVID-19, as well as monitor WHO's support to Member States.

To this end, the SPRP 2022 M&E Framework will continue to make use of the Act-Accelerator and Multilateral Leaders Task Force Global COVID-19 Access Tracker (GCAT). The dynamic tool is used to transparently track progress toward the global targets for accessing COVID-19 vaccines, therapeutics, diagnostics and personal protective equipment (PPE).[1]

WHO COVID-19 support in Afghanistan. © WHO / Mehdi Ansari

1 https://www.covid19globaltracker.org/

Introduction

The COVID-19 Strategic Preparedness, Readiness and Response Plan for 2022 (SPRP 2022), which was developed and published in March 2022, has two main strategic objectives:

1 Reduce and control the incidence of SARS-CoV-2 infections to protect individuals, especially the vulnerable, from exposure and reduce the risk of future variants;
2 Prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term consequences of infection to a minimum.

The SPRP 2022 Global M&E Framework aims to monitor and report on global SPRP 2022 implementation, inclusive of WHO's support of Member States. Timely information and analysis of the response progress and the evolving epidemiological COVID-19 situation are critical to inform strategic adjustments, operational tracking, and decision-making, as well as ensuring accountability and transparency. This document outlines key reporting requirements to contribute to the global monitoring of SPRP 2022.

The specific objectives of this SPRP 2022 M&E Framework are to:

- monitor and report on country and global COVID-19 response actions to reduce and control the incidence of SARS-CoV-2 infections and to prevent, diagnose and treat COVID-19;
- promote sharing of lessons learned, and enhance transparency and innovation amongst countries and partners;
- document WHO's support to Member States for COVID-19 preparedness, readiness and response by tracking and reporting on contributions and actions to Member States in the form of quantifiable milestones.

Target audience

This document is primarily directed at SPRP 2022 implementing authorities, monitoring and evaluation focal points at national, regional and global levels, including at WHO offices who are responsible for managing, monitoring and reporting on SPRP 2022 implementation, as well as WHO partners. The framework also serves to inform Member States and donors about progress in the implementation of country and global COVID-19 response actions by WHO and countries. In addition to a dashboard, WHO will continue to publish progress on country-level indicators and WHO milestones in public reports, such as the COVID-19 operational updates and the annual COVID-19 SPRP reports.

Scope

The scope of the SPRP M&E framework is the updated COVID-19 SPRP (2022). It links with adapted regional reporting frameworks under the COVID -19 SPRP 2022. In addition, the framework interfaces with other existing preparedness and response frameworks, including International Health Regulations (IHR 2005) and the White Paper on Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience to contextually align and maintain coherence in global and national programmatic monitoring.

Finally, the M&E Framework interfaces with response reviews and stock takes such as the IHR Emergency Committee for COVID-19 that advises the WHO Director-General on the Public Health Emergency of International Concern (PHEIC) status and the associated Temporary Recommendations directed at State Parties, to strengthen the COVID-19 response globally.

Approach

This M&E Framework continues to be a collaborative initiative among stakeholders driven by WHO's global and regional incident management support teams (IMSTs). The M&E Framework uses a combination of country-level indicators, WHO milestones that consolidate WHO's contributions, and narrative case studies to complement existing financial monitoring, stakeholder coordination and feedback mechanisms.

COVID-19 vaccines arrive in Fiji via COVAX. © WHO / Jin Ni

Methodology

Data collection

There are multiple sources of information for COVID-19 SPRP reporting from the global, regional and country level as well as from WHO's participation with multilateral partnerships.

Global COVID-19 Access Tracker (GCAT)

The GCAT is a dynamic tool which is used to transparently track progress toward the global targets for accessing COVID-19 vaccines, therapeutics, diagnostics and personal protective equipment (PPE). It regularly consolidates reporting along defined indicators from all ACT-A partners (inclusive of WHO) and public sources as related to vaccines, therapeutics, diagnostics and protecting health workers. Reporting for these indicators is disseminated via the public-facing dashboard.[2]

Response, Readiness and Requirements tracker (3RT)

The 3RT is a tracker to support national authorities, local health coordinators and country partners to centralize their data and insights on local emergency situations to enable rapid interventions – within COVID-19 response and future health crises.

Developed by WHO and situated on the Partners Platform, the 3RT will support country readiness and response efforts by providing:

- quantitative and qualitative metrics that will provide core information on epidemiology, progress towards targets, access to and delivery of tools at national, sub-national and health facility levels, to inform policy dialogues, operational planning and strategic prioritization of resources;
- centralization of information to strengthen national monitoring and evaluation capacities during emergencies to support coordination of Public Health Emergency Operations Centres (PHEOCs) and in-country partners;
- support a notification system for when health systems are overwhelmed to trigger rapid intervention and escalation of issues nationally as well as within partners' incidence management systems (country, regional and global);
- dissemination of global guidance and best practices across decision-makers involved in the response, supporting national and sub-national interventions to mitigate identified strategic or operational challenges.

The 3RT is planned for release in the third quarter of 2022. Further documentation of the technical support to countries through this tool and its dissemination will be included in future WHO reporting through this tool.

COVID-19 Vaccine Delivery Partnership (CoVDP)[3]

WHO is a member of the COVID-19 Vaccine Delivery Partnership and the One Support Team, in which global and regional partners work with countries in a coordinated and integrated way. At country level, One Team, led by governments and inclusive of relevant stakeholders, is supporting the scale-up and delivery of vaccines, including support to address bottlenecks. WHO will regularly report vaccine-related activities and actions as part of the CoVDP situational updates.

The vaccine-related key performance indicators (KPIs) have been developed to guide monitoring progress towards the Global COVID-19 vaccination strategy in a Changing World, released in July 2022, to:

- support action and celebrate success related to goals and operational opportunities within the strategy, such as demand generation;
- support prioritization of population groups;
- address stakeholder data fatigue;
- build on KPIs that are already being monitored and reported; and
- inform and reinforce stakeholders' processes for data collection.

WHO Pulse Survey

WHO plans to conduct its fourth global pulse survey on continuity of essential health services during the COVID-19 pandemic in the fourth quarter of 2022. The findings offer critical insights from country key informants on the impact of the COVID-19 pandemic on essential health services, the challenges health systems are facing to ensure access to essential COVID-19 tools (including diagnostics, therapeutics, vaccines and personal protective equipment for healthcare workers), and how countries are responding to mitigate disruptions, recover services, and integrate innovations and gains during COVID-19 pandemic response into longer-term building of resilient health systems.

RCCE Collective Service

Risk Communications and Community Engagement (RCCE) Collective Service is a partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Global Outbreak Alert and Response Network (GOARN), as well as key stakeholders from the public health and humanitarian sectors. The Collective Service is bolstering the capacity of governments and partners to prioritize, structure and coordinate their work – ensuring a lasting impact. Community capacities, knowledge, feedback and insights inform decision-making at every step of the response, improving both the quality and the consistency of risk communication and community engagement.

2 https://www.covid19globaltracker.org/

3 https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/covid-19-vaccine-delivery-partnership

Under the SPRP 2022 reporting, WHO will regularly link to the Collective Service's existing reporting mechanisms and additional monitoring and evaluation reporting across partners.

Early AI-supported response with social listening (EARS)[4]

The social listening platform aims to show real-time information about how people are talking about COVID-19 online, so that decision-makers may better manage response efforts as the infodemic and pandemic evolve. This platform currently monitors 30 countries and provides insights on 41 different COVID-19 categories with a focus on the cause of the virus, symptoms, transmission, immunity, variants, treatment, vaccine, and myths as well as sources of information and misinformation.

Under the SPRP 2022 M&E reporting, WHO will regularly link to existing consolidation of data and analysis from EARS and provide updates.

Further indicator details including key terms, scope, disaggregation, description of data sources, and targets are also detailed in Annex 2. The scope of indicators varies, with some referring to Gavi COVAX AMC-eligible countries and economies, World Bank income-level classifications or Humanitarian Response Plan (HRP) Countries for 2022. Indicators will be collected with varying frequencies based on the specifications of the methodological notes.

Data management and validation

Data will be validated by the data source focal points and then logically checked by the WHO global SPRP M&E team. All data are subject to continuous verification by WHO (with the exception of data provided by third-party sites, which are not validated by the SPRP M&E team) and may change based on retrospective updates or reviews.

The identified data sources will be integrated into the modern data architecture, which will contribute to streamlining the data cycle process, ensuring quality, completeness and timeliness of the data.

Country-level indicator analysis and reporting

Country-level indicators

WHO will continue to track and publish country-level indicator progress under the SPRP 2022 within a WHO-supported dashboard. A subset of core, high-level indicators will be highlighted in the dashboard, with senior management as the target audience. WHO Regional Offices will publish additional indicator progress and analysis through existing regional channels. An overview of country-level indicators is available in Annex 2.

WHO milestones: reporting of WHO contributions, actions and support to Member States

WHO will monitor a set of key contributions to support Member States' COVID-19 preparedness and response plans, as specified in Annex 1. Progress on indicators and WHO milestones, which aim to measure support provided to Member States to implement the SPRP 2022, will be reported on a quarterly basis, starting from quarter 2 of 2022 (Annex 1).

WHO milestones

As part of the implementation of the SPRP 2022, WHO will track and publicly report on milestones, which consist of consolidated figures highlighting WHO's support to Member States and their progress over time.

These milestones include those that contribute to the five core Health Emergency Preparedness and Response (HEPR) systems' key capacities, including 1) emergency coordination; 2) collaborative surveillance; 3) clinical care; 4) community protection, and 5) access to countermeasures.

Key milestones to be gathered include but are not limited to:

- Training, missions, deployments and meetings conducted related to relevant COVID-19-related topics;
- Laboratory training, strategic and technical support missions/visits provided to countries on respiratory pathogens (inclusive of COVID-19);
- COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence;
- Meetings and webinars to facilitate countries to share lessons learned, scientific insight and optimization of strategies to improve COVID-19 pandemic responseefforts;
- Assessments of variants, including identification of variants that may meet the criteria for Variants of Interest and Variants of Concern;
- OpenWHO course enrolments and course completion rates by geographic area.

Complementary milestones

Considering the holistic landscape for strengthening preparedness and response capacities for public health emergencies, complementary milestones from other WHO programmes such as the Pandemic Influenza Preparedness (PIP) Framework are presented. The activities described by these complementary milestones are not funded through SPRP 2022. Instead, they are intended to present a more comprehensive picture of WHO's progress to support Member State capacity strengthening.

4 https://www.who-ears.com/

Highlights from the field

Highlights from the field, at the global, regional or country level, will be reported through the Operational Update. The Operational Update is available online through the WHO website and is disseminated widely. These highlights will include (when relevant):

- Background/Context
- Date of action(s)
- Region(s) and/or countries involved
- Relevant WHO operational and strategic support to Member States
- Activities leading to achievements and indicator progress
- Contribution to COVID-19 preparedness, readiness or response
- Photos or graphics

Monthly Operational Updates

WHO will continue to publish Monthly Operational Updates (MOUs), which will consolidate operational updates on WHO activities and actions on the ground and be published via WHO's situational report webpage. These regular updates on WHO operations at the 3-levels will be sourced from WHO Country Offices and the major offices (regional and global levels) and published situational updates. In addition, WHO will also periodically include featured articles from WHO strategic partners on country-level implementation.

Weekly Epidemiological Updates

The Weekly Epidemiological Update (WEU) provides an overview of the global, regional and country-level COVID-19 cases and deaths, highlighting key data and trends; as well as other pertinent epidemiological information concerning the COVID-19 pandemic. In addition, periodically the WEU provides a special focus on key topics, including describing WHO's contribution to research and analysis.

ACT-Accelerator quarterly reporting

As a member of ACT-Accelerator, WHO will also continue to report ACT-A related activities through the quarterly reporting mechanism established by the ACT-A Hub. This reporting includes key activities and achievements by WHO across the major pillars: vaccines, diagnostics, therapeutics, and the Health Systems Response Connector (HSRC). WHO will link to ACT-A reporting in its regularly issued products.

WHO Country Presence Report

In 2023, WHO, as part of its biennial reporting, will conduct the Country Presence Report (2021-2022), which provides an overview of what WHO does in countries to advance the 13th Global Programme of Work to the World Health Assembly under decision WHA 69(8), including WHO's support to countries responding to the COVID-19 pandemic.

WHO-supported communities of practice

WHO hosts multiple fora to facilitate communities of practice to support Member States in their COVID-19 preparedness, readiness and response actions as well as dissemination of global guidance. As appropriate, WHO will provide updates and disseminate main findings from communities of practice to wider audiences via the WHO website.

Regional reporting mechanisms

Existing regional situational reporting mechanisms and WHO Country Office mechanisms will also highlight WHO's actions to support Member States in ending the acute phase of the COVID-19 pandemic.

COVID-19 policy briefs

WHO has produced six short policy briefs, based on previously published technical guidance, to help countries update their response strategies and focus on critical aspects of managing the acute and long-term threats of COVID-19 while consolidating the foundation for a stronger public health infrastructure. The policy briefs outline key actions that national and subnational policy-makers can undertake in the following areas: COVID-19 testing; clinical management of COVID-19; reaching COVID-19 vaccination targets; maintaining infection prevention and control measures for COVID-19 in health care facilities; building trust through risk communication and community engagement; and managing the COVID-19 infodemic.

Updating and adjusting the SPRP 2022 Global Monitoring and Evaluation Framework

Throughout the SPRP 2022 implementation, periodic reviews will take place to ensure the appropriateness and suitability of the reporting and monitoring approach. Based on these periodic reviews, adjustments to the M&E Framework may be made as necessary.

Oxygen Delphi Process[5] to formulate indicators and reporting

WHO's Clinical Team is conducting a Delphi exercise to finalise oxygen-related indicators. Upon completion of the Delphi process in quarter three, WHO will incorporate the indicators within this M&E Framework.

Moving towards resilient surveillance systems for respiratory viruses of pandemic potential

The COVID-19 acute pandemic response phase is now moving toward plans for longer-term public health management. WHO is working with Member States, technical and financial partners to develop a strategical framework for resilient surveillance systems for respiratory viruses of pandemic potential. Based on the results of extensive Member States consultation and following a global consultation in May 2022, a framework will be developed to guide countries on how respiratory viruses of pandemic potential should be sustainably monitored and assessed, and new variants or novel viruses detected, using existing surveillance platforms. This strategy will help international partners and donor agencies focus technical and financial resources on the most essential surveillance needs, and define short and medium-term actions in the next one to five years to bridge critical gaps.

The SPRP 2022 M&E Framework and the associated reporting will also link to relevant respiratory-pathogen reporting mechanisms, to ensure the integration of COVID-19 into the global respiratory pathogen framework.

Limitations

There are limitations to monitoring SPRP 2022 technical implementation and progress globally through the approach presented in this framework. Key limitations are presented and discussed below:

Ending of the acute phase and scaling-down of some emergency mechanisms

The framework has limited capacity to drive real-time response operations at the national and sub-national levels due to time lags in reporting and differing contexts. With additional concurrent emergencies and scaling-down of emergency response monitoring of COVID-19 in countries, there are some challenges to track country progress.

Timeliness of reporting and verification

As a framework with global coverage, it is challenging to validate data and information collated from country level. A network of WHO SPRP 2022 M&E focal points from WHO regional offices and headquarters was established in 2021 to coordinate with technical pillar teams and IMST leadership to facilitate accurate reporting and ensure high-quality analyses. The network will continue to play a critical role in collecting, validating and reporting of SPRP 2022 progress.

Usage of qualitative data and case studies

For qualitative data and case studies, lessons learnt may not be generalizable across different settings and contexts. Attempts to summarize observations may obscure significant sub-national heterogeneity, particularly when there are vulnerable populations such as in humanitarian contexts. This highlights the importance of regional and country level operational monitoring so that specificities are more appropriately captured and shared.

Preparing quality case studies is a time-consuming process. WHO will continue to work with countries and partner agencies, including ACT-A partners, to continuously identify and share implementation case studies.

5 The objective of a Delphi process is to gather expert opinions that will refine and support efforts to establish global standards or in this case indicators.

Overview of country-level indicators and WHO milestones

The following is an overview of country-level indicators as well as milestones that WHO will use to track its own supportive actions for country implementation of the SPRP.

Note regarding WHO milestones below:
Additional activities, meetings and/or trainings of relevance under Deliverables A-E (optional): List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) done during the reporting period that contributed to the achievement of Deliverables A-E.

Emergency coordination: review, planning and strategic support

Country-level indicators

Indicator	Reporting frequency
Indicator 1.1: Proportion of countries that have conducted at least one After-Action review (AAR), Intra-Action Review (IAR) or equivalent review of the COVID-19 response	Quarterly
Indicator 1.2: Number of Member States that developed or updated a respiratory pathogen pandemic preparedness plan	Annual
Indicator 1.3: Proportion of countries with a health system recovery plan to strengthen health service resilience and preparedness for future health emergencies	Semi-Annual

WHO milestones

Deliverable A: Quality COVID-19 national and international strategies, plans and operational readiness are maintained

Milestone	Reporting source
Milestone 1.1: WHO technical assistance and support for reviewing lessons learned or evaluating COVID-19 response actions to better optimize planning and future actions	WHO Regional Offices (RO), WHO Country Offices (CO)
Milestone 1.2: WHO technical assistance and support for optimizing national and regional strategies, plans, and COVID-19 operational readiness	WHO RO
Milestone 1.3: Technical meetings, consultations and webinars to facilitate countries to share lessons learned, scientific insight and optimization of strategies to improve COVID-19 pandemic response efforts	WHO HQ, WHO RO
Milestone 1.4: Member State briefings relevant to COVID-19 held	WHO HQ
Milestone 1.5: WHO Operational Updates disseminated publicly	WHO HQ
Milestone 1.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence	WHO HQ/Publications
Milestone 1.7: COVID-19/courses available on OpenWHO[6]	WHO HQ/OpenWHO

Complementary milestones

Milestones	Reporting source
Milestone 1.8: Tools, policies and guidance documents developed or revised taking into consideration COVID-19 lessons learned as related to a common approach to managing global deployment operations for pandemic influenza	WHO HQ/ PIP Secretariat

6 Note: The milestones related to OpenWHO courses and COVID-19 related guidance and tools will be tracked across all 5 core HEPR areas. As part of the OpenWHO analysis, further analysis on user profiles, languages as well as subject of all COVID-19/respiratory pathogen-related courses will be reported.

Collaborative surveillance and public health intelligence, laboratory capacity building for respiratory pathogens and genomic surveillance, risk forecasting, and response monitoring

Country-level indicators

Indicator	Reporting frequency
Indicator 2.1: Proportion of countries that integrate COVID-19 surveillance into sentinel systems that monitor influenza	Monthly
Indicator 2.2: Proportion of countries testing and timely reporting SARS-CoV-2 through sentinel (ILI, SARI, ARI) or non-sentinel surveillance systems of GISRS	Monthly
Indicator 2.3: Proportion of Member States that are monitoring hospitalization rates in-country on a weekly basis and reporting to WHO or publicly[7]	Monthly
Indicator 2.4: Proportion of Member States that publicly share SARS-CoV-2 genetic sequence data	Monthly
Indicator 2.5: Proportion of Member States with capability or access to timely sequencing of SARS-CoV-2	Quarterly
Indicator 2.6: Proportion of countries participating in WHO External Quality Assessment (EQA) Programme 2022	Annual
Indicator 2.7: Proportion of countries with 100% performance across laboratories participating in a SARS-CoV-2 EQA scheme	Annual

WHO milestones

Deliverable B: Countries are technically supported to operationalize their COVID-19 collaborative surveillance, diagnostics, laboratory capacity, genomic sequencing, and public health intelligence

Milestone	Reporting source
Milestone 2.1: Laboratory trainings, strategic and technical assistance and support missions, webinars, and EQA-implementation support provided to countries	WHO HQ, WHO RO
Milestone 2.2: Technical assistance and strategic support for surveillance provided to countries (for data management, data reporting, IT, contact tracing, etc.) and for epidemiological or situational reporting	WHO HQ/Berlin Hub, WHO RO
Milestone 2.3: Proportion of supplies requested (e.g., diagnostics) through WHO supply mechanisms that are shipped within 8 weeks of request validation	WHO HQ/Operational Support and Logistics (OSL)
Milestone 2.4: Assessments of variants, including identification of variants that may meet the criteria for Variants of Interest and Variants of Concern	WHO HQ/TAG on SARS-CoV-2 Virus Evolution
Milestone 2.5: WHO Weekly Epidemiological Updates (WEU) published	WHO HQ
Milestone 2.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence	WHO HQ/Publications
Milestone 2.7: COVID-19/courses available on OpenWHO	WHO HQ/OpenWHO

Complementary milestones

Milestones	Reporting source
Milestone 2.8: Laboratory trainings and technical support missions/visits provided to countries on influenza, MERS-CoV or other respiratory pathogens	WHO HQ/PIP Secretariat

7 Note: This indicator is monitored for epidemiological purposes on a weekly basis. For M&E purposes, the results are available on a monthly basis.

Clinical care, infection prevention and control, resilient health systems

Country-level indicators

Indicator	Reporting frequency
Indicator 3.1: Proportion of Member States that are monitoring hospitalization rates in-country on a weekly basis	Monthly
Indicator 3.2: Proportion of countries where at least one vaccine preventable disease (VPD)-immunization campaign was affected by COVID-19 that has since been reinstated using risk mitigation strategies	Quarterly
Indicator 3.3: Proportion of countries reporting disruption to essential health services	Annual
Indicator 3.4: Health care-associated infections (HCAI) surveillance is available and implemented in health care facilities through a national system[8]	Annual
Indicator 3.5: Infection, Prevention and Control (IPC) programmes are in place and functioning at national and health facility levels according to WHO IPC core components[4]	Annual
Indicator 3.6: National standards and resources for safe built environments, including appropriate infrastructure, materials, and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities are implemented at national and subnational levels[5]	Annual

WHO milestones

Deliverable C: Countries are technically supported to operationalize their COVID-19 clinical care, integration of best IPC practices and building resilient health systems

Milestone	Reporting source
Milestone 3.1: Proportion of supplies requested (biomedical equipment) through WHO supply mechanisms that are delivered within 10 weeks of request validation	WHO HQ/OSL
Milestone 3.2: Proportion of supplies requested (PPE) through WHO supply mechanisms that are shipped within 6–8 weeks of request validation WHO	WHO HQ/OSL
Milestone 3.3: Clinical management *(oxygen, biomedical, clinical care, maintaining essential health services)* trainings and technical support webinars, missions, or supportive visits provided to countries	WHO HQ/Clinical Network, WHO RO
Milestone 3.4: Technical assistance, webinars, trainings, and support missions/visits for IPC and Water, Sanitation and Hygiene (WASH) provided to countries (health workforce capacity building, IPC coaching, technical support missions)	WHO HQ WHO RO, WHO CO
Milestone 3.5: Technical assistance, webinars, trainings, support missions/visits, and provision of tools for maintenance of essential health services during the COVID-19 pandemic	WHO HQ/ Essential Health Services (EHS) Pillar
Milestone 3.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence	WHO HQ/Publications
Milestone 3.7: COVID-19/courses available on OpenWHO	WHO HQ/OpenWHO

8 **4** IHR (2005) SPAR 2022 indicator

Community protection: two-way information sharing, multisectoral approach to social welfare, public health and social measures

Country-level indicators

Indicator	Reporting frequency
Indicator 4.1: Proportion of countries with an active, multi-source social listening mechanism in place	Semi-Annual
Indicator 4.2: Proportion of countries that have capabilities to track and address infodemics and health misinformation	Semi-Annual
Indicator 4.3: Proportion of countries, territories, and areas that reported having at least one mass gathering event affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post crisis scenario) as a result of a risk assessment exercise/risk-based approach	Quarterly

WHO milestones

Deliverable D: Countries are technically supported to operationalize their COVID-19 Risk Communication and Community Engagement, infodemic management and public health and social measures

Milestone	Reporting source
Milestone 4.1: Technical assistance, webinars, trainings, and supportive missions/visits for infodemic management to countries	WHO HQ/Infodemic Management Team in collaboration with Regional Offices
Milestone 4.2: WHO Collaborating centres and partners trained in infodemic management to support country capacity building	WHO HQ/Infodemic Management Team
Milestone 4.3: Technical assistance for trainings, exercises and support missions/visits for risk-based approaches for mass gatherings or international travel (including public health measures at Points of Entry) related to COVID-19 provided to countries	WHO HQ/Mass Gatherings Team, WHO Points of Entry
Milestone 4.4: Technical assistance, trainings, and supportive missions/visits for RCCE to countries (online or in-person trainings, including training of trainers), support to RCCE strategies	WHO Regional Offices
Milestone 4.5: Technical products, information tiles and other RCCE-related materials published and disseminated	WHO HQ/RCCE Team
Milestone 4.6: WHO's Information Network for Epidemics (EPI-WIN) products are developed, disseminated and tracked	WHO HQ/EPI-WIN
Milestone 4.7: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence	WHO HQ/Publications
Milestone 4.8: COVID-19/courses available on OpenWHO	WHO HQ/OpenWHO

Access to countermeasures: vaccine, research and development

Country-level indicators

Indicator	Reporting frequency
Indicator 5.1: Share of total population vaccinated with a complete primary series and share of total population vaccinated with at least one booster/additional dose	Monthly
Indicator 5.2: Share of healthcare workers vaccinated with a complete primary series, and share of health workers vaccinated with at least one booster/additional dose	Monthly
Indicator 5.3: Share of older adults vaccinated with a complete primary series, and share of older adults vaccinated with at least one booster/additional dose	Monthly
Indicator 5.4: Number of vaccine safety studies by product and by country	Monthly

WHO milestones

Deliverable E: Countries and front-line responders have access to COVID-19 resources, tools, guidance, and strategic support to scale-up countermeasures including research and COVID-19 vaccination to end the acute phase of the pandemic

Milestone	Reporting source
Milestone 5.1: COVID-19 vaccination trainings, webinars, and technical and strategic support missions/visits provided to countries	COVID-19 Vaccine Partnership
Milestone 5.2: Interim statements on composition of current COVID-19 vaccines published	WHO TAG on COVID-19 Vaccine Composition
Milestone 5.3: Number of countries supported by WHO with supplies to conduct Solidarity Trials through R&D Blueprint	WHO/HQ Operational Supplies and Logistics
Milestone 5.4: Number of requested COVID-19 products (supply volume) that have been shipped to countries through WHO supply mechanisms	WHO HQ/ Operational Supplies and Logistics
Milestone 5.5: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence	WHO HQ/Publications
Milestone 5.6: COVID-19/courses available on OpenWHO	WHO HQ/OpenWHO

Annexes

Annex 1. Country indicator methodological notes

The following is a consolidation of the methodological notes of the country-level indicators that will be reported under the 2022 SPRP.

Emergency coordination: review, planning and strategic support

The following method notes are aligned to the country-level indicators that support SPRP reporting.

Indicator 1.1: Proportion of countries that have conducted at least one After-Action review (AAR), Intra-Action Review or equivalent review of the COVID-19 response	
Rationale for use*[9]	This indicator aims to support the monitoring of the IHR Emergency Committee's temporary recommendations issued by the WHO Director-General for States Parties during the 4th, 5th, 11th and 12th meetings to "share best practices, including from intra-action reviews, with WHO, to apply lessons learned from countries and mitigating resurgence of COVID 19." Findings from evaluations, review exercises and intra-action reviews can inform in-country decision-making, adjust COVID 19 operational response plans, improve capabilities for preparedness and response actions across the 10 SPRP pillars, as well as to link to dissemination of best practices across Member States. Countries may choose to conduct more than one IAR or equivalent review exercise, inclusive of conducting exercises at the sub-national level
Definition of key terms	**An IAR**[10] is a country-led, facilitated discussion bringing together a small group of COVID 19 responders, including decision-makers with knowledge of the public health response pillars under review, such as multisectoral coordination, surveillance, and diagnostic testing. The objective of the IAR is collective learning, in which responders can share experiences and identify current challenges and bottlenecks, as well as what actions are working to further improve the response to COVID 19 and contribute to the health system strengthening in the long term. This may also include IARs completed at the subnational level. The guidance and tools for COVID 19 intra-action reviews can be found here and an addendum published in April 2021, inclusive of the COVID-19 vaccine. An equivalent country-level review refers to any country-driven process that brought together multi sectoral stakeholders to review the COVID 19 response and identify challenges and lessons learned to inform future actions. These may also include reviews conducted at the subnational level.
Measurement	
Numerator	Number of countries completing at least 1 IAR/AAR or equivalent review exercise within the country
Denominator	All Member States
Disaggregation	Disaggregation by IAR or AAR
Scope	All Member States
Target	There is no target set for this indicator
Data collection and reporting	
Data source	IHR Monitoring and Evaluation Framework reporting, the Intra-Action/After-Action Review teams; publicly available reporting
Reporting start date	Continued from SPRP 2021
Report frequency	Quarterly

9 Note: This indicator is continued from 2021 SPRP M&E Framework.

10 To access the Guidance for conducting a country COVID-19 intra-action review (IAR) (23 July 2020) see here: https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1

Indicator 1.2: Number of Member States that developed or updated a respiratory pathogen pandemic preparedness plan[11]	
Rationale for use	Advance planning and preparedness are critical to help mitigate the impact of a pandemic. A country with a pandemic plan will have better knowledge and capacities for timely response to a pandemic (IHR Core Capacity 5: Preparedness). On 27 April 2022, WHO published a policy brief on Strengthening pandemic preparedness planning for respiratory pathogens which encouraged countries to develop or update their respiratory pathogen preparedness plans. The policy brief recognizes the interdependencies in systems and capacities needed to prepare for and respond to pathogens with pandemic potential based on their common mode of transmission. Key components within a plan include coordination, risk communication and community engagement, health intelligence and health interventions. This latest WHO policy guidance reinforces and builds on previous guidance in four ways: • incorporates recent learning from COVID-19 and other respiratory pathogen events; • encourages multi-sectoral and multi-level coordination; • stresses the importance of having national and sub-national triggers to scale up and down operational response to respiratory pathogen events; and • recognizes that similar capacities, systems and tools can be used for holistic respiratory pathogen preparedness.
Definition of key terms	**Member States which developed a plan:** Member States that developed a respiratory pathogen pandemic preparedness plan since the publication of the WHO Respiratory Pathogen Preparedness Policy Brief on 27 April 2022. **Member States which updated their plan:** Member States that updated their respiratory pathogen pandemic preparedness plan since the publication of the WHO Respiratory Pathogen Preparedness Policy Brief on 27 April 2022. **Respiratory pathogen pandemic preparedness plan:** A document detailing the national strategy for respiratory pathogen pandemic preparedness. Depending on national context and priorities, the plan may be pathogen specific (e.g. an influenza pandemic plan) or pathogen agnostic (covering respiratory pathogens holistically). It can also be a generic pandemic preparedness and response plan if it articulates (e.g., in an annex or within different sections of the document) specificities for respiratory pathogens.
Measurement	
Numerator	Number of Member States that developed or updated a respiratory pathogen pandemic preparedness plan since 27 April 2022. The plan must have been fully written or revised to meet the criterion of this indicator.
Denominator	All Member States (N=194)
Disaggregation	• By Member State • By PIP Framework target country (n=65 in 2022-23 biennium) • By WHO Region
Scope	Global volume
Target	The indicator will be monitored till December 2031. The lifespan of this indicator is longer-term. Targets are set by biennium allowing for a lengthy roll-out period to account for the COVID-19 pandemic: • By 31 December 2025: 30% Member States (n=58) • By 31 December 2027: 50% Member States (n=97) • By 31 December 2029: 70% Member States (n=136) • By 31 December 2031: 80% Member States (n=155)

11 Note: This plan is different to a National Action Plan for Health Security (NAPHS). The NAPHS articulates how a country will strengthen the IHR core capacities. A respiratory pathogen pandemic preparedness plan focuses more specifically on a hazard type (respiratory pathogens), where similar surveillance and response systems/capacities are needed to enable a robust public health response at the time of an emergency (e.g. GISRS, SARI case management, similar PHSM etc). Thus, the respiratory plan should be seen as a contingency plan within the NAPHS that mutually reinforces preparedness capacities/systems but from a hazard-specific lens.

Data collection and reporting	
Data source	Regional Offices Collected through the WHO HQ PIP Framework M&E Officer
Reporting start date	From 27 April to 31 December 2022 After that, 1 January to 31 December each year.
Report frequency	Updated once annually

Indicator 1.3: Proportion of countries with a health system recovery plan to strengthen health service resilience and preparedness for future health emergencies	
Rationale for use	This indicator aims to support the monitoring of the IHR Emergency Committee's eleventh meeting modified temporary recommendation issued by the WHO Director-General for States Parties to enhance the access to health "including through the restoration of health services at all levels and strengthening of social systems to cope with the impact of the pandemic". The Committee also noted that "WHO's provision of guidance, training, and tools to support States Parties' recovery planning process from the COVID-19 pandemic and future respiratory pathogen pandemic preparedness planning" is of continued importance." Recovery plans should take account of lessons learned from COVID-19 to strengthen country capacities to manage risks for future emergencies and apply the principles of building back better. In order to track recovery planning for the health sector, WHO will integrate the monitoring of this indicator within the WHO Pulse Survey.
Definition of key terms	For the definition of essential health services, access guidance on COVID 19: Operational Guidance for Maintaining Essential Health Services During an Outbreak.
Measurement	
Numerator	Number of countries with dedicated health system recovery plan
Denominator	All responding countries to the WHO Pulse Survey
Disaggregation	Disaggregated by region
Scope	Participating countries for WHO Pulse Survey
Target	This indicator will be regularly monitored and does not have a set target
Data collection and reporting	
Data source	WHO Pulse Survey
Reporting start date	Quarter 4, 2022
Report frequency	This indicator is aimed at reporting on a semi-annual basis and will be adjusted based on the number of times the Pulse Survey is administered during 2022/23.

Collaborative surveillance and public health intelligence, laboratory capacity building for respiratory pathogens and genomic surveillance, risk forecasting, and response monitoring

The following method notes are aligned to the country-level indicators that support SPRP reporting.

Indicator 2.1: Proportion of countries that integrate COVID-19 surveillance into sentinel systems that monitor influenza	
Rationale for use	As noted in the IHR (2005) Emergency Committee's temporary recommendation issued by the WHO Director-General for State Parties, existing influenza surveillance systems, coordinated through the Global Influenza Surveillance and Response System (GISRS), should be leveraged and enhanced to integrate respiratory disease surveillance, including SARS-CoV-2. Considering the likely co-circulation of influenza, SARS-CoV-2 viruses and other respiratory viruses (ORVs), influenza sentinel surveillance systems are the global platform to efficiently monitor the community transmission and evolution of SARS-CoV-2 viruses, and to detect and monitor the relative co-circulations of these viruses. Countries are encouraged and have started integrating SARS-CoV-2 surveillance into existing influenza sentinel systems to complement the COVID-19 pandemic response. This indicator aims to monitor the integration of SARS-CoV-2 surveillance into existing influenza sentinel systems for sustainable global surveillance of relative co-circulation of SARS-CoV-2 and other respiratory viruses of public health importance.
Definition of key terms	Routine surveillance systems are key to monitoring trends in transmission. WHO recommends that countries consider using existing surveillance systems to monitor trends in COVID-19 cases. This includes the testing of samples collected in these syndromic surveillance systems (ILI, SARI, pneumonia or ARI) in GISRS laboratories and the reporting of this information through existing regional and global platforms. 127 countries, areas and territories (CAT) participate in routine respiratory disease surveillance through GISRS.
Measurement	
Numerator	• Countries conducting sentinel surveillance during the northern hemisphere influenza season: number of CAT reporting for 20 or more weeks in the period between week 40 and week 20 of the following year. • Countries conducting sentinel surveillance during the southern hemisphere influenza season: number of CAT reporting for 13 or more weeks in the period between week 18 and week 40 of the same year. • Countries conducting year-round sentinel surveillance for influenza: number of CAT reporting for 32 or more weeks in the period between week 40 and week 39 of the following year.
Denominator	• Countries conducting surveillance during the northern hemisphere influenza season: 57 • Countries conducting surveillance during the southern hemisphere influenza season: 10 • Countries conducting year-round influenza surveillance: 60
Disaggregation	N/A
Scope	All countries of GISRS
Target	55%
Data collection and reporting	
Data source	WHO HQ Global Influenza Programme will be responsible for the data collection of this indicator and will share data with the HQ SPRP M&E Team for indicator reporting.
Period covered	October 2021 – October 2022
Reporting frequency	• June 2022 • November 2022 • November 2022

Indicator 2.2: Proportion of countries testing and timely reporting SARS-CoV-2 through sentinel (ILI, SARI, ARI) or non-sentinel surveillance systems of GISRS	
Rationale for use	This indicator aims to monitor progress against the IHR (2005) Emergency Committee's temporary recommendation issued by the WHO Director-General for State Parties to "integrate respiratory disease surveillance by leveraging and enhancing the Global Influenza Surveillance and Response System (GISRS) by looking at **timeliness** of reporting through the Global Influenza Surveillance and Response System (GISRS). Routine surveillance systems are key to monitoring trends in transmission. 127 countries, areas and territories (CAT) participate in routine respiratory disease surveillance through the GISRS (as of January 2022). Many of these systems are now being adapted to also monitor for COVID-19. Countries with limited resources for identifying and reporting on COVID-19 cases may prioritize monitoring trends through routine sentinel or non-sentinel surveillance systems.
Definition of key terms	A surveillance system aims to monitor trends of cases. WHO recommends that countries consider using existing surveillance systems to monitor trends in COVID-19 cases. This includes the testing of samples collected in these syndromic surveillance systems (ILI, SARI, pneumonia or ARI) in GISRS laboratories and the reporting of this information through existing regional and global platforms. Timeliness of reporting includes reporting on the same week or by the following week.
Measurement	
Numerator	Number of CAT testing for SARS-CoV-2 through established sentinel syndromic (ILI, SARI, pneumonia, or ARI) and non-sentinel surveillance systems of GISRS and timely reporting to regional and global platforms
Denominator	CAT participating to GISRS and expected to conduct ILI, SARI, ARI surveillance during the specific time of the year: Week 1 to 17: 117 Week 18 to 20: 127 Week 21 to 39: 70 Week 40: 127 Week 41 to 52: 117
Disaggregation	N/A
Scope	All countries of GISRS
Target	60%
Data collection and reporting	
Data source	WHO HQ Global Influenza Programme will be responsible for the data collection of this indicator and will share data with the HQ SPRP M&E Team for indicator reporting
Period covered	January 2022
Reporting frequency	Weekly

Indicator 2.3: Proportion of Member States that publicly share SARS-CoV-2 genetic sequence data	
Rationale for use	This indicator aims to support the International Health Regulations (IHR, 2005) Emergency Committee's temporary recommendation issued by the WHO Director-General for States Parties (14 January 2021) to "increase molecular testing and genetic sequencing and share sequences and meta-data with WHO and through publicly accessible databases to enhance global understanding of the virus evolution and inform response efforts" and to "utilize the WHO SARS-CoV-2 global laboratory network, leverage GISRS and other laboratory networks for timely reporting and sharing of samples; support other State Parties, where needed, in timely sequencing of SARS-CoV-2 virus specimens." Genetic sequence data are important to track the ongoing outbreak and monitor the evolution of the virus, in order to detect SARS-CoV-2 variants and understand implications for public health and social measures, diagnostics, therapeutics and vaccines. By monitoring the proportion of countries that publicly share SARS-CoV-2 genetic sequence data, transparency and capacity to generate sequence data can be investigated. There are publicly accessible databases that promote the rapid sharing of SARS-CoV-2 sequences to help researchers understand how viruses evolve and spread during the pandemic. Uploading sequence data to one of these databases indicates transparency and willingness to share data. In addition, it can show which countries have in-country capacity for sequencing or are able to refer samples internationally.
Definition of key terms	**"Share"** means that a Member State or institution/entity on a Member State's behalf has uploaded SARS-CoV-2 sequences to a publicly accessible database. **"Genetic sequence data"** is the genetic composition of SARS-CoV-2 and its variants that has been determined by sequencing. It includes both whole genomes and partial sequences. **"Publicly accessible database"** Database that is accessible to all, including the scientific community, policymakers and the general public. Publicly accessible databases may have access mechanisms, registration and authorization procedures or terms and conditions, but are not private, not limited to an institution and not restricted to a category or group of users.[12]
Measurement	
Numerator	Number of Member States sharing virus sequence data on a publicly accessible database each month
Denominator	All Member States
Disaggregation	Reporting may include further disaggregation by World Bank Income Status or WHO Region
Scope	All countries
Target	75%
Data collection and reporting	
Data source	WHO HQ Laboratory Pillar will consolidate data reporting for this indicator, including using publicly accessible sequence databases and share results with the WHO HQ SPRP M&E Team
Reporting start date	Continued from January 2021
Report frequency	Monthly

12 World Health Organization. 2018. FACT SHEET Genetic sequence data and databases. Available here

Indicator 2.4: Proportion of Member States with access to timely sequencing of SARS-CoV-2	
Rationale for use	This indicator aims to support the International Health Regulations (IHR 2005) Emergency Committee's temporary recommendations issued by the WHO Director-General for States Parties (13 April 2022) to "enhance genomic surveillance to detect potential new variants and monitor the evolution of SARS-CoV-2".[13] This indicator is also aligned with the Global genomic strategy for pathogens with pandemic and epidemic potential (2022-2032).[14]
Definition of key terms	**Genomic sequencing capability:** refers to the Member State having produced at least one SARS-CoV-2 sequence. **Timely:** triggering the start of genomic sequencing within 7 days of sample collection. **Access:** referral for sequencing to international institutions/entities such as WHO Collaborating Centres or reference laboratories.
Measurement	
Numerator	**Member States with capability or access to timely sequencing of SARS-CoV-2**
Denominator	All Member States
Disaggregation	Genomic sequencing capability or access to timely sequencing of SARS-CoV-2 will use the following disaggregation: • No in-country sequencing capability OR timely international referral mechanism established • No in-country sequencing capability but timely international referral mechanism is established • Between 1-3 in-country laboratories have sequencing capabilities with NONE providing a public health surveillance function • Between 1-3 in-country laboratories have sequencing capabilities with AT LEAST ONE providing a public health surveillance function • Between 4 or more laboratories have sequencing capabilities with NONE providing a public health surveillance function • Between 4 or more country laboratories have sequencing capabilities with AT LEAST ONE providing a public health surveillance function • Unknown sequencing capability status
Scope	All Member States
Target	100% of countries have access to sequencing through in-country capability or genomic sequencing referral mechanism
Data collection and reporting	
Data source	WHO Regional Lab Teams and WHO Genomics Secretariat
Reporting start date	March 2021
Report frequency	Quarterly

13 https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

14 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8958828/

Indicator 2.5: Proportion of countries participating in WHO External Quality Assessment (EQA) Programme 2022	
Rationale for use	External Quality Assessments (EQAs) are used to monitor the quality of laboratory testing. WHO used existing capacity in the Global influenza laboratory network and established a new SARS-CoV-2 molecular EQA scheme in 2020 to assess and promote global testing capacity for SARS-CoV-2. All laboratories testing for SARS-CoV-2 are encouraged to enrol in a national or international recognized EQA scheme, where available, to assess testing quality.
Definition of key terms	EQAP stands for External Quality Assessment Project (EQAP). Laboratories performing molecular testing for SARS-CoV-2 are participating in the EQA scheme to monitor quality.
Measurement	
Numerator	Number of countries that participate in the WHO EQAP 2022
Denominator	All countries with PCR capacity for SARS-CoV-2 detection
Disaggregation	This indicator will be disaggregated to report: • countries participating in WHO EQA national programme; • countries participating in the subnational laboratory EQA programme
Scope	All national laboratories conducting SARS-CoV-2 molecular testing
Target	National: 100% Subnational: 50%
Data collection and reporting	
Data source	National: HQ Global Influenza Programme will collect this data and report it to the WHO HQ SPRP M&E Team for national-level information. Subnational EQA: For sub-national laboratory participation in EQAP, the WHO/Lyon Laboratory team will consolidate available information from the Regional Laboratory Focal Points and share with the HQ SPRP M&E Team.
Reporting start date	January 2022
Report frequency	Annual

Clinical care, Infection Prevention and Control, Resilient Health Systems

The following method notes are aligned to the country-level indicators that support SPRP reporting.

Indicator 3.1: Proportion of Member States that are monitoring hospitalization rates in-country on a weekly basis	
Rationale for use	It is critical for Member States to monitor hospital capacity to continue to respond to the COVID-19 pandemic while maintaining essential health services. This indicator aims to support the IHR Emergency Committee's temporary recommendation to States Parties in April 2022 to "collect and publicly share indicators to monitor the burden of COVID-19 (e.g. new hospitalizations, admissions to intensive care units and deaths.)" [15]
Definition of key terms	**Hospitalization:** admission to hospital for treatment **Intensive Care Unit (ICU) admission:** provision of care to critically ill patients that provides intensive and specialized medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency.[16]
Measurement	
Numerator	# Member States monitoring hospitalization rates
Denominator	Total Member States (n=194)
Disaggregation	None
Scope	All Member States
Target	100%
Data collection and reporting	
Data source	WHO HQ Surveillance Pillar will consolidate the data reporting from Member States and share analysis with the HQ SPRP M&E Team.
Reporting start date	March 2022
Reporting frequency	This indicator will be monitored on a weekly basis by the Epi Pillar. For M&E purposes, it will be disseminated on a monthly basis.

15 https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

16 https://pubmed.ncbi.nlm.nih.gov/27612678/

Indicator 3.2: Proportion of countries where at least one vaccine preventable disease (VPD)-immunization campaign was affected by COVID-19 that has since been reinstated using risk mitigation strategies	
Rationale for use	This indicator aims to support the monitoring of the IHR Emergency Committee's eleventh meeting modified temporary recommendation issued by the WHO Director-General for States Parties to "ensure availability of essential health, social and educational services" and enhance the access to health "including through the restoration of health services at all levels and strengthening of social systems to cope with the impact of the pandemic". Mass immunization campaigns complement routine immunization services and contribute to increased coverage of the most common childhood vaccinations. Some countries experienced disruptions to routine immunization services. In addition, planned mass immunization campaigns for routine immunization were disrupted during the initial phase due to public health and social measures, further impacting the routine immunization coverage rates for vaccine preventable diseases (VPDs).
Definition of key terms	**VPD mass campaigns** include the following: measles and rubella, Tetanus-Diphtheria, bivalent oral polio vaccine (bOPV), monovalent oral polio vaccine 2 (mOPV2), Yellow Fever, Typhoid vaccine, oral cholera vaccine (OCV), and Meningitis A.
Measurement	
Numerator	Number of countries where at least one planned VPD campaign that was previously postponed or suspended, either fully or partially, due to COVID 19 has been reinstated.
Denominator	Number of countries where at least one planned VPD vaccination campaign was postponed or suspended, either fully or partially, because of COVID-19.
Disaggregation	N/A
Scope	Member States, inclusive of sub-analysis of strategies used to reduce risk associated with VPD campaigns.
Target	N/A
Data collection and reporting	
Data source	WHO/IVB HQ team maintain the Immunization Repository, which includes inputs from partners. The Immunization Repository is updated regularly by WHO, UNICEF and other key immunization partners as information becomes available. In addition to rolling updates by stakeholders, WHO at all-levels review and update the repository on a quarterly basis.
Reporting start date	January 2021 (continued indicator)
Reporting frequency	Quarterly

Indicator 3.3: Proportion of countries reporting disruption to essential health services during COVID-19	
Rationale for use	This indicator aims to support the monitoring of the IHR Emergency Committee's eleventh meeting modified temporary recommendation issued by the WHO Director-General for States Parties to "ensure availability of essential health, social and educational services" and enhance the access to health "including through the restoration of health services at all levels and strengthening of social systems to cope with the impact of the pandemic".
Definition of key terms	For the definition of essential health services, access guidance on COVID 19: Operational Guidance for Maintaining Essential Health Services During an Outbreak.
Measurement	
Numerator	Number of Member States reporting disruption of core essential health services during the COVID 19 pandemic
Denominator	All Member States who respond to the WHO Pulse Survey
Disaggregation	This will be disaggregated by type of essential health services: • primary care services • emergency, critical, and operative care • rehabilitative and palliative care • community care • tracer service areas
Scope	Participating countries for WHO Pulse Survey
Target	Decreased proportion of MS reporting disruption of EHS based on 2021 Pulse Survey
Data collection and reporting	
Data source	WHO HQ Essential Health Services team will compile all results from the administered WHO national Pulse Survey on continuity of essential health services during the COVID 19 pandemic.
Reporting start date	This indicator is continued from SPRP 2021
Reporting frequency	This indicator is aimed at reporting on a bi-annual basis and will be adjusted based on the number of times the Pulse Survey is administered during 2022/23.

The following three indicators are linked to the 2022 State Parties Annual Reporting (SPAR) under International Health Regulations (IHR 2005). These IPC-related methodological notes are in the same form as the IHR (2005) reporting and will be incorporated into SPRP 2022 reporting. Reporting for these two indicators will be sourced via the responsible team within the HQ Secretariat under the Health Security Preparedness Department under the WHO Emergency Preparedness Division based in Geneva.

Indicator 3.4: Health care-associated infections (HCAI) surveillance is available and implemented in health care facilities through a national system	
Level 1	No national HCAI surveillance programme or national strategic plan for HCAI surveillance, including pathogens that are antimicrobial resistant and/or prone to outbreaks is available or under development.
Level 2	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available but not implemented.
Level 3	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented through a national system. Selected secondary and tertiary health care facilities are conducting HCAI surveillance (as specified above) and provide timely and regular feedback to senior management and health workers.
Level 4	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented nationwide in all health care facilities through a national system according to the WHO recommendations on IPC core components. Regular reports are available for providing feedback.
Level 5	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available and implemented nationwide in health care facilities through a national system according to the WHO recommendations on IPC core components. Data are shared and being used continuously and in a timely manner to inform prevention efforts. The quality and impact of the system are regularly evaluated, and improvement actions are taken accordingly.

Indicator 3.5: IPC programmes are in place and functioning at national and health facility levels according to WHO IPC core components	
Level 1	An active national IPC programme or operational plan according to the WHO minimum requirements is not available or is under development.
Level 2	An active national IPC programme or operational plan according to WHO minimum requirements exists but is not fully implemented. National IPC guidelines/ standards exist but are not fully implemented.
Level 3	An active national IPC programme exists, and a national IPC operational plan according to the WHO minimum requirements is available. National guidelines/standards for IPC in health care are available and disseminated. Selected health facilities are implementing guidelines using multimodal strategies, including health workers' training and monitoring and feedback.
Level 4	An active national IPC programme is available according to WHO IPC core components guidelines and is leading implementation of the national IPC operational plan and guidelines nationwide using multimodal strategies, including health workers' training and monitoring and feedback in place. More than 75% of health care facilities meet WHO minimum requirements for IPC programmes, guidelines, training, and monitoring/feedback.
Level 5	IPC programmes are in place and functioning at national and health facility levels according to the WHO IPC core components and their compliance and effectiveness are exercised (as applicable), reviewed, evaluated and published. Plans and guidance are regularly updated in response to monitoring and feedback

Indicator 3.6: National standards and resources for safe built environment, e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan [Level 4]	
Level 1	National standards and resources for safe built environment,[17] e.g., water, sanitation and hygiene (WASH) in health care facilities,[18] including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and for optimization of staffing levels in health care facilities are not available or under development.
Level 2	National standards and resources for safe built environment e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, exist but they are not fully implemented through a national plan.
Level 3	National standards and resources for safe built environment, e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, exist and are implemented in health care facilities at national level through a national plan.
Level 4	National standards and resources for safe built environment, e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan.
Level 5	National standards and resources for safe built environment, e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and for optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and subnational levels according to a national plan, and are regularly exercised (as applicable) and monitored and improvement actions are taken accordingly.

17 See definition of "Safe environment" in the Glossary.

18 For global standards on WASH in health care facilities refer to: Adams J, Bartram J, Chartier Y. Essential environmental health standards in health care. Geneva: World Health Organization; 2008 (https://apps.who.int/iris/bitstream/handle/10665/43767/9789241547239_eng.pdf, accessed 2 April 2018). WASH in health care facilities should include national WASH policy and standards, operational strategy, and facility guidelines, education and training programmes, and surveillance, monitoring and audit, and maintenance of essential WASH services (see WHO website: https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health, accessed 2 April 2018).

Community protection: two-way information sharing, multisectoral approach to social welfare, public health and social measures

The following method notes are aligned to the country-level indicators that support SPRP reporting.

Indicator 4.1: Proportion of countries with an active, multi-source social listening mechanism in place	
Rationale for use	This indicator aims to support the tracking of implementation of the eleventh meeting of the IHR Emergency Committee's temporary recommendation issued by the WHO Director-General for States Parties to "address risk communications and community engagement challenges, proactively counter misinformation, and include communities in decision-making." Aligned with the IHR temporary recommendations, the SPRP 2022 strategy encourages Member States to build up robust social listening systems that can accommodate diverse datasets that facilitate rapid integrated analysis to produce insights that can be rapidly acted upon to both improve immunization programme strategies and improve overall emergency response operations. It is important to connect analysis of the knowledge, attitudes and practices of the community as well as trends for information dissemination (misinterpretation, misinformation and disinformation) to decision-makers and shape risk communication response strategies and further community engagement. To do so, an active and multi-source social listening mechanism is essential.
Definition of key terms	**Active, multi-source social listening mechanism:** A social listening mechanism will be considered to meet both criteria for this indicator if: • **Active:** information shared on a timely basis to inform health emergency response actions by decision-makers. • **Multi-source:** is a combination of information from more than one point of information such as: online, social media, content communities, community feedback, call centers, surveys, or other data gathering mechanisms.
Measurement	
Numerator	Number of Member States with active, multi-source social listening mechanism in place
Denominator	Total Member States
Disaggregation	Disaggregated by Region
Scope	This indicator will be focused on Member States with WHO Country Presence
Target	The target will be set based on the initial baseline
Data collection and reporting	
Data source	WHO Pulse Survey
Reporting start date	June 2022
Reporting frequency	This indicator will be reported on a semi-annual basis

Indicator 4.2: Proportion of countries that have capabilities to track and address infodemics and health misinformation	
Rationale for use	This indicator aims to monitor the implementation of the IHR Emergency Committee's eleventh meeting modified temporary recommendation issued by the WHO Director-General for States Parties to "address **risk communications and community engagement challenges, proactively counter misinformation and disinformation, and include communities in decision making**." An infodemic can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them. With growing digitization – an expansion of social media and internet use – information can spread more rapidly, which can help to fill information voids more quickly but can also amplify harmful messages. To monitor the progress of this indicator, the WHO Pulse Survey tool which assesses essential health services will be used. The Pulse Survey will disaggregate the current capability of the country to track and address infodemic and health misinformation.
Definition of key terms	**An infodemic** is an overabundance of information, both online and offline. It includes deliberate attempts to disseminate wrong information to undermine the public health response and advance alternative agendas of groups or individuals. **Infodemic management** is the systematic use of risk- and evidence-based analyses and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies. It aims to ensure people have access to factual information in a timely manner that is easily understood; so that they may rapidly adopt behaviours to protect their health and the health of others during an epidemic. Infodemic management must be backed up by science, rely on evidence-based interventions, and make use of best practices, including sharing experiences and continuous learning.
Measurement	
Numerator	Number of countries self-reporting to have the capability to track and address infodemic and health misinformation either within the Ministry of Health or within another governmental Ministry
Denominator	This indicator is aimed at reporting on a bi-annual basis and will be adjusted based on the number of times the Pulse Survey is administered during 2022/23.
Disaggregation	Responses will be disaggregated by: • Yes, capability present within Ministry of Health or equivalent • Yes, capability within government but in another Ministry • Not yet, but planning on setting up a unit • No unit, but we have staff completing these tasks • No • Don't know
Scope	All responding countries to the WHO Pulse Survey
Target	N/A
Data collection and reporting	
Data source	WHO Pulse Survey
Reporting start date	January 2021 (continued indicator)
Reporting frequency	This indicator is aimed at reporting on a semi-annual basis and will be adjusted based on the number of times the Pulse Survey is administered during 2022/23.

Indicator 4.3: Proportion of countries, territories, and areas that reported having at least one mass gathering event affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post crisis scenario) as a result of a risk assessment exercise/risk-based approach.	
Rationale for use	In the context of the COVID 19 pandemic, WHO recommends that any decision related to holding a mass gathering should be based on a rigorous appraisal of the associated risks, and of the organizers' capacity to mitigate them through the implementation of a defined set of precautionary measures and communicate any relevant information to the prospective participants. This indicator aims to support the monitoring of the IHR Emergency Committee's fourth meeting temporary recommendation issued by the WHO Director-General for States Parties to "take a risk-based approach to mass gathering events by evaluating, mitigating and communicating risks."[19] For the purpose of SPRP 2022 monitoring, WHO HQ and Regional Offices will identify a list of planned mass gathering events that are potentially high risk as the scope for this indicator. High risk refers to events which are highly visible or during which transmission of SARS-CoV-2 is likely to occur due to size (large events), duration (multi-day events), location (indoors) or other criteria that are relevant for the country context (such as significant cultural, social or political events with high country reputational risk). Where feasible, WHO will validate the list of events identified with Member States. Both single and multi-country events will be considered for inclusion in the monitoring of this indicator with the aim to strengthen the application and monitoring of the risk assessment exercise/risk-based approach at international, national and sub-national levels, and to bring the attention of relevant authorities and mass gathering event organizers to the importance of this process. The list of events will be reviewed on a quarterly basis and updated as required. The application of the risk assessment exercise/risk-based approach by Member States will be tracked over time on a quarterly basis as well as WHO technical support.
Definition of key terms	A COVID 19 risk assessment exercise/risk-based approach relies: (1) on the use of one of the tools developed by WHO for this purpose or of any of their derivative adaptations, or (2) on the adoption of any risk-based approach to support the decision-making process related to the organization of a mass gathering in the context of COVID 19. The process should be based on the three steps of risk evaluation, risk mitigation and risk communication, and should be jointly undertaken by relevant health authorities and event organizers.
Measurement	
Numerator	Number of Member States that have used at least one risk assessment exercise/risk-based approach for a planned mass gathering event
Denominator	All Member States
Disaggregation	No disaggregation for this indicator
Scope	All Member States
Target	100%
Data collection and reporting	
Data source	WHO HQ Mass Gathering Team and regional office Mass Gathering Focal Points will regularly track mass gathering risk assessments and will develop a list of major mass gathering events. This list will include information provided by event organizers to WHO/HQ Mass Gathering team. This pre-identified list will serve as the initial basis for monitoring activities associated with mass gatherings and the usage of a risk assessment/risk-based approach. This list will be updated on a quarterly basis by the Mass Gathering focal points at the HQ and Regional levels. The list of events will be managed by the WHO Collaborating Centre for Global Health Security, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA in collaboration with WHO/HQ Mass Gathering team. Information on the application of risk assessment/risk-based approaches for each event in the list will be based on inputs from WHO RO Mass Gathering focal points.
Reporting start date	This indicator is continued from 2021
Reporting frequency	Quarterly

19 https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

Access to countermeasures: vaccine, research and development

The following method notes are aligned to the country-level indicators that support SPRP reporting.

Indicator 5.1: Share of total population vaccinated with: • **a complete COVID-19 primary series;** • **with at least one booster/additional dose**	
Rationale for use	This indicator aims to support the International Health Regulations (IHR, 2005) Emergency Committee's temporary recommendation issued by the WHO Director-General for States Parties (13 April 2022) to **"achieve national COVID-19 vaccination targets in line with global WHO recommendations of at least 70% of all countries' populations" and "continually assess their vaccine coverage and epidemiological situation in relation to the COVID-19 pandemic."** This indicator is aligned with Goal 1 of the Global Vaccine Strategy to track "countries' trajectory towards broader population immunity, measured as progress against a 70% total population target."
Measurement	
Numerator	Population with: • a complete COVID-19 primary series; • at least one booster/additional dose
Denominator	Total population
Analysis	This indicator will be reported with two points of analysis: • share of total population vaccinated with a complete COVID-19 primary series • share of total population vaccinated with at least one booster/additional dose
Scope	This indicator will be focused on all Member States (n=194)
Data collection and reporting	
Data source	eJRF, and Ministry of Health public-facing reporting (Numerator) United Nations population estimates (Denominator)
Reporting start date	March 2021
Report frequency	Monthly

Indicator 5.2: Share of healthcare workers vaccinated with: • **a complete primary series, and** • **at least one booster/additional dose**	
Rationale for use	This indicator aims to support the International Health Regulations (IHR, 2005) Emergency Committee's temporary recommendation issued by the WHO Director-General for States Parties (13 April 2022) to **"prioritise vaccinations of high-risk populations"** inclusive of health workers. As detailed in the updated Global COVID-19 Vaccination Strategy, updated in July 2022, Goal 1 of the vaccination metrics includes the aim to **"progress towards reaching an aspirational target of 100% of health care workers."**[20] As detailed in the WHO SAGE roadmap published in January 2022, prioritizing health workers for COVID-19 vaccination is critical to protecting essential health services and continuity of care as well as addressing the occupational health risks associated with health workers. Evidence suggests that "health workers are at high risk of acquiring infection and possibly of severe morbidity and mortality (health workers were among the first victims of the pandemic)." There is also a risk of onward transmission to people and patients who are at higher risk of serious COVID-19 outcomes; and third, that prioritization is supported by the principle of reciprocity: health workers play critical roles in the COVID-19 response, putting not only themselves but also potentially their household members at higher risk for the sake of others.
Definition of key terms	**Health workers** are defined as all people engaged in work actions whose primary intent is to improve human health. This includes health service providers, such as doctors, nurses, midwives, public health professionals, laboratory technicians, health technicians, medical and non-medical technicians, personal care workers, community health workers, healers and practitioners of traditional medicine. It also includes health management and support workers, such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities. Health workers include not only those who work in acute care facilities but also those employed in long-term care, public health, community-based care, social care and home care and other occupations in the health and social work sectors.[21]
Measurement	
Numerator	Number of health workers vaccinated with • complete primary series, and • at least one booster/additional dose
Denominator	Total health workers
Scope	All Member States
Data collection and reporting	
Data source	eJRF, and Ministry of Health public-facing reporting (Numerator) https://ilostat.ilo.org/data ; https://www.who.int/data/gho/data/themes/topics/health-workforce) (Denominator)
Reporting start date	April 2021
Report frequency	Monthly

20 https://www.who.int/publications/m/item/global-covid-19-vaccination-strategy-in-a-changing-world--july-2022-update
21 Ibid.

Indicator 5.3: Share of older adults vaccinated with: • **a complete primary series** • **at least one booster/additional dose**	
Rationale for use	Targeting high priority groups most vulnerable to severe COVID-19 disease will be important to reduce morbidity, mortality, and to protect health systems This indicator is aligned with the Global COVID-19 Vaccination Strategy (July update) Goal 1 towards "progress towards reaching an aspirational target of 100% of older populations [60+]". Older adults were identified as the highest priority use group category, according to the "WHO SAGE roadmap for prioritizing use of COVID-19 vaccines" (21 January 2022)[22]. Older age is associated with a steep rise in risk for more severe disease, hospitalizations, and death. The risk of death related to COVID-19 is extremely high in older adults compared with that in younger adults.
Definition of key terms	**Older adults:** The threshold for the definition of 'older adults' may vary from country to country but is typically adults older than 60 years of age[23] Older aged populations are defined differently across countries in Africa, so the reporting of this indicator includes those 50 years and older from those countries where the definition is such.
Measurement	
Numerator	Older adults vaccinated with a • a complete primary series • at least one booster/additional dose
Denominator	Total older adult population
Scope	This indicator will be tracked across all Member States
Data collection and reporting	
Data source	eJRF, and Ministry of Health public-facing reporting (Numerator) United Nations population estimates (Denominator)
Reporting start date	April 2021
Report frequency	Monthly

22 WHO SAGE roadmap for prioritizing use of COVID-19 vaccines
23 SAGE Recommendations, page 16

Indicator 5.4: Number of vaccine safety studies by product and by country	
Rationale for use	In line with the IHR Emergency Committee's advice to WHO to increase countries' capacities for COVID 19 vaccine introduction, including "monitoring uptake and vaccine safety", this indicator seeks to monitor the implementation of vaccine safety studies by vaccine product.
Measurement	
Numerator	Number of vaccine safety studies conducted
Denominator	No denominator
Disaggregation	This indicator will be disaggregated by vaccine product and by country
Scope	All Member States
Target	No target is set for this indicator
Data collection and reporting	
Data source	• WHO International Clinical Trials Registry Platform (ICTRP) , • IVAC View-hub (an online, interactive, map-based platform for visualizing data on vaccine use and impact).[24]
Reporting start date	March 2022
Report frequency	Monthly

24 https://view-hub.org/

Annex 2. WHO milestones methodological notes

This annex provides an overview of the WHO milestones with further explanation as part of the method notes, including the reporting source.

Output 1: Emergency coordination: review, planning and strategic support

Deliverable A: Quality COVID-19 national and international strategies, plans and operational readiness are maintained

Milestone 1.1: WHO technical assistance and support for reviewing lessons learned or evaluation of COVID-19 response actions to better optimize planning and future actions, Reporting Source: WHO Regional Office (RO), WHO Country Offices (CO)

	Type of assistance/ support[25]	Date	Place	WHO office providing support[26]	Participating countries	Number of people participating *(if applicable)*
E.G.	*Technical Support Mission to conduct Intra-Action Review*	*April 2022*	*Tajikistan*	*WHO EURO+ WCO Tajikistan*	*Tajikistan*	*40*
1						
2						

Milestone 1.2: WHO technical assistance and support for optimizing national and regional strategies, plans, and COVID-19 operational readiness are delivered by WHO, Reporting Source: WHO RO

	Type of assistance/ support[27]	Date	Place	WHO office providing support	Participating countries
E.G.	*Workshop on national respiratory pathogen planning*	*June 2022*	*Phnom Penh, Cambodia*	*WHO-Cambodia*	*Cambodia*
1					
2					

Milestone 1.3: Meetings and webinars to facilitate countries to share lessons learned, scientific insight and optimization of strategies to improve COVID-19 pandemic response efforts, Reporting Source: WHO HQ, WHO RO

	Type of assistance/ support[28]	Date	Place	WHO office providing support	Participating countries	Number of people participating *(if applicable)*
E.G.	*Webinar series: COVID-19 lessons learned for diagnostics*	*May 2022*	*Online*	*WHO/AFRO*	*Sierra Leone, Liberia, Guinea, Senegal*	*64*
1						
2						

25 Training, mission, support to evaluations/assessments for evaluations, reflection exercises, and Intra-Action Reviews (IARs).
26 WHO Office organizing/conducting the activity (e.g. HQ, RO, CO).
27 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.
28 Hosting/convening of meetings, webinar series or communities of practices that support sharing of lessons learned and innovation across Member States.

Milestone 1.4: Member State briefings held relevant to COVID-19 held, Reporting Source: WHO HQ

	Member State briefing	Date	Place	WHO office	Number of participating countries	Number of people participating *(if applicable)*
E.G.	*MS Briefing*	*17 May 2022*	*Online*	*WHO Governing Bodies*	*120*	*156*
1						
2						

Milestone 1.5: WHO Operational Updates disseminated publicly

The milestone's status is reported by WHO-HQ and will be tracked based on the operational publications on the WHO website.

Milestone 1.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence,[29] Reporting Source: WHO/HQ/Publications

	Guidance or tool updated	Pillar	Date	Type	WHO office
E.G.	*Living Guidance: Clinical Management*	*Clinical Management*	*June 2022*	*Guidance*	*WHO HQ*
1					
2					

Milestone 1.7: COVID-19/courses available on OpenWHO[30], Reporting Source: WHO HQ/OpenWHO

	Course title	Pillar	Course release date	Enrolments overall	Number enrolments in 2022 (with user analysis)	Languages available
E.G.	*Clinical Management of Patients with COVID-19: initial approach to the acutely ill patient*	*Clinical Management*	*June 2022*	*17252*	*3200*	*5*
1						
2						

29 Note: This milestone will be tracked across all 5 HEPR core areas for reporting by WHO-HQ Publications.
30 Note: This milestone will be tracked across all 5 HEPR core areas for reporting purposes by WHO's OpenWHO team.

Complementary Milestone 1.8: Tools, policies and guidance documents developed or revised taking into consideration COVID-19 lessons learned as related to a common approach to managing global deployment operations for pandemic influenza, Reporting Source: WHO HQ/PIP Secretariat

	Type of tool/policy/guidance developed or revised	Purpose of the tool/policy/ guidance	Completion date	Stakeholders involved
1.				
2				

Additional activities, meetings and/or trainings of relevance under Deliverable A (optional):
List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) done during the reporting period that contributed to the achievement of Deliverable A.

Output 2: Collaborative surveillance and public health intelligence, laboratory capacity building for respiratory pathogens and genomic surveillance, risk forecasting and response monitoring

Deliverable B: Countries are technically supported to operationalize their COVID-19 collaborative surveillance, diagnostics, laboratory capacity, genomic sequencing, and public health intelligence

Milestone 2.1: Laboratory trainings, strategic and technical assistance and support missions, webinars, and EQA-implementation support provided to countries, Reporting Source: WHO HQ/Lyon + WHO RO

	Type of assistance/ support	Date	Place	WHO office providing support	Participating countries	Number of people participating *(if applicable)*
E.G.	*Scientific meeting on comprehensive and sustainable genomic surveillance strategies*	*June 2022*	*Izmir, Türkiye*	*WHO- Türkiye, WHO EURO, WHO-Lyon*	*Türkiye, Azerbaijan, Bosnia and Herzegovina, Denmark, Georgia, Germany, Kyrgyzstan, North Macedonia, Republic of Moldova, Serbia, and United Kingdom of Great Britain and Northern Ireland*	*22 national participants + 33 internationals*
1						
2						

Milestone 2.2: Technical assistance and strategic support for surveillance provided to countries (for data management, data reporting, IT, contact tracing, etc.) and for epidemiological or situational reporting, Reporting Source: WHO Regional Offices, WHO Berlin Hub

	Type of assistance/ support	Date	Place	WHO office providing support	Participating countries	Number of people participating *(if applicable)*
E.G.	*Training on community surveillance across all municipalities*	*March 2022*	*Timor-Lestee*	*Timor-Leste*	*Timor-Leste*	*25*
1						
2						

Milestone 2.3: Proportion of supplies requested (diagnostics) through WHO supply mechanisms that are shipped within 8 weeks of request validation, Reporting Source: WHO/HQ/OSL

WHO-OSL will report on overall diagnostics supplies procured through WHO supply mechanisms that are shipped, and the proportion of diagnostics supplies that shipped within the 8 weeks target.

Milestone 2.4: Assessments of variants, including identification of variants that may meet the criteria for Variants of Interest and Variants of Concern, Reporting Source: WHO HQ/TAG on SARS-CoV-2 Virus Evolution

	Assessment of variant	Date	WHO office providing support	Publication report location
E.G.	*VOI Assessment XXXX*	*June 2022*	*WHO-TAG*	*XXXXX*
1				
2				

Milestone 2.5: WHO Weekly Epidemiological Updates (WEU) published, Reporting Source: WHO/HQ

This milestone will be tracked by WHO-HQ and will be based on the tracking of the published epidemiological updates on the WHO website.

Milestone 2.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence[31], Reporting Source: WHO/HQ/Publications

	Guidance or tool updated	Pillar	Date	Type	WHO office
E.G.	*Living Guidance: Clinical Management*	*Clinical Management*	*June 2022*	*Guidance*	*WHO HQ*
1					
2					

Milestone 2.7: COVID-19/courses available on OpenWHO[32], Reporting Source: WHO HQ/OpenWHO

	Course title	Pillar	Course release date	Enrolments overall	Number enrolments in 2022 (with user analysis)	Languages available
E.G.	*Clinical Management of Patients with COVID-19: initial approach to the acutely ill patient*	*Clinical Management*	*June 2022*	*17252*	*3200*	*5*
1						
2						

31 Note: This milestone will be tracked across all 5 HEPR core areas for reporting by WHO-HQ Publications.
32 Note: This milestone will be tracked across all 5 HEPR core areas for reporting purposes by WHO's OpenWHO team.

Complementary Milestone 2.8: Laboratory trainings and technical support missions/visits provided to countries on influenza, Reporting source: WHO PIP Secretariat

	Activity conducted (training, mission or visit)	Organizer or supporter[33]	Date of activity	Place of activity	Participating countries	Number of people trained
E.G.	*Training for laboratory staff on virus detection using PCR*	*EMRO*	*June 2022*	*Beirut, Lebanon*	*Afghanistan, Egypt, Jordan, Lebanon*	
1						
2						

Additional activities, meetings and/or trainings of relevance under Deliverable B (optional):
List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) done during the reporting period that contributed to the achievement of Deliverable B.

Output 3: Clinical care, infection prevention and control, resilient health systems

Deliverable C: Countries are technically supported to operationalize plans related to COVID-19 clinical management, integration of best IPC practices into the health system and building resilient health systems

Milestone 3.1: Proportion of supplies requested (biomedical equipment) through WHO supply mechanisms that are delivered within 10 weeks of request validation, Reporting source: WHO HQ/OSL

WHO-OSL will report on overall biomedical supplies procured through WHO supply mechanisms that are shipped and the proportion of biomedical equipment that shipped within the 10 weeks target.

Milestone 3.2: Proportion of supplies requested (PPE) through WHO supply mechanisms that are shipped within 6–8 weeks of request validation, Reporting source: WHO-HQ/OSL.

WHO-OSL will report on overall PPE supplies procured through WHO supply mechanisms that are shipped and the proportion of PPE that shipped within the 6-8 weeks target from the request validation.

Milestone 3.3: Clinical management (oxygen, biomedical, clinical care, maintaining essential health services) trainings and technical support webinars, missions, or supportive visits provided to countries, Reporting source: WHO HQ/Clinical Care Network, WHO RO.

	Type of assistance/ support	Date	Place	WHO office providing support	Participating countries	Number of people participating (if applicable)
E.G.	*Training on use of high-flow oxygen therapy*	*March 2022*	*Cochabamba Norte, El Alto Sur, San Juan de Dios Oruro and Santa Bárbara*	*PAHO/WHO*	*Bolivia*	*120 health specialists in 4 hospitals*
1						
2						

33 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.

Milestone 3.4: Technical assistance, webinars, trainings, and support missions/visits for infection prevention and control provided to countries (health workforce training, IPC coaching, technical support missions), Reporting source: WHO RO, WHO CO

	Type of assistance/ support	Date	Place	WHO office providing support	Participating countries	Number of people participating (if applicable)
E.G.	*IPC Training for focal persons and hospital directors (basic IPC concepts, risk assessment, outbreak management with simulation exercise on COVID-19 requirements)*	*March 2022*	*Cochabamba Norte, El Alto Sur, San Juan de Dios Oruro and Santa Bárbara*	*PAHO/WHO*	*Bolivia*	*120 health specialists in 4 hospitals*
1						
2						

Milestone 3.5: Technical assistance, webinars, trainings, support missions/visits, and provision of tools for maintenance of essential health services during the COVID-19 pandemic, Reporting source: WHO HQ/EHS

	Type of assistance/ support[34]	Date	Place	WHO office providing support	Participating countries	Number of people participating (if applicable)
E.G.						
1						
2						

Additional activities, meetings and/or trainings of relevance under Deliverable C *(optional):*

List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) done during the reporting period that contributed to the achievement of Deliverable C

Milestone 3.6: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence,[35] Reporting Source: WHO/HQ/Publications

	Guidance or tool updated	Pillar	Date	Type	WHO office
E.G.	*Living Guidance: Clinical Management*	*Clinical Management*	*June 2022*	*Guidance*	*WHO HQ*
1					
2					

34 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.
35 Note: This milestone will be tracked across all 5 HEPR core areas for reporting by WHO-HQ Publications.

Milestone 3.7: COVID-19/courses available on OpenWHO[36], Reporting Source: WHO HQ/OpenWHO

	Course title	Pillar	Course release date	Enrolments overall	Number enrolments in 2022 (with user analysis)	Languages available
E.G.	*Clinical Management of Patients with COVID-19: initial approach to the acutely ill patient*	*Clinical Management*	*June 2022*	*17252*	*3200*	*5*
1						
2						

Output 4: Community protection: two-way information sharing, multisectoral approach to social welfare, public health and social measures

Deliverable D: Countries are technically supported to operationalize their COVID-19 RCCE, infodemic management and public health and social measures

Milestone 4.1: Technical assistance, webinars, trainings, and supportive missions/visits for infodemic management to countries, Reporting Source: WHO-HQ/Infodemic Management and WHO Regional Offices

	Type of assistance/ support[37]	Date	Place	WHO office providing support	Participating countries	Number of people participating *(if applicable)*
E.G.	*Virtual workshop conducted in Islamic Republic of Iran*	*7-10 March 2022*	*Tehran, Iran*	*WHO/Iran + WHO/ HQ + WHO EMRO*	*Iran*	*90*
1						
2						

Milestone 4.2: WHO Collaborating Centres (CCs) and partners trained in infodemic management to support country capacity building, Reporting Source: WHO HQ/Infodemic Management

	Type of assistance/ support	Date	Place	WHO office providing support	Participating partners and WHO CC's	*Number of people participating (if applicable)*
E.G.	*Infodemic management training for partners*	*June 2022*	*Virtual*	*WHO-HQ*	*6*	*35*
1						
2						

36 Note: This milestone will be tracked across all 5 HEPR core areas for reporting purposes by WHO's OpenWHO team
37 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.

Milestone 4.3: Technical assistance for trainings, exercises and support missions/visits for risk-based approaches for mass gatherings or Points of Entry related to COVID-19 provided to countries, Reporting Source: WHO Border Health and Mass Gatherings team with WHO/Regional Office review

	Type of assistance/support	Date	Place	WHO office providing support	Participating countries
E.G.	*Tech assistant for Risk Assessment for Mass Gathering + RCCE strategy tool updates*	*March 2022*	*Cameroon*	*WHO/Cameroon + AFRO + HQ*	*Cameroon*
1					
2					

Milestone 4.4: Technical assistance, trainings, and supportive missions/visits for RCCE to countries (online or in-person trainings, including ToT), support to RCCE strategies, Reporting Source: WHO RO

	Type of assistance/ support[38]	Date	Place	WHO office providing support	Participating countries
E.G.	*Training on RCCE for health promotion*	*April 2022*	*Ho*		
1					
2					

Milestone 4.5: Technical products, information tiles and other RCCE-related materials published and disseminated, Reporting Source: WHO/HQ RCCE team

	Technical product	Date released	Main topic area	Downloads	# Languages
E.G.	*COVID-19 information tiles*	*May 2022*	*Transmission*	22,100	5
1					
2					

Milestone 4.6: WHO's Information Network for Epidemics (EPI-WIN) EPI-WIN products are developed, disseminated, and tracked, Reporting: WHO/HQ EPI-WIN

WHO will track EPI-WIN engagement and products as part of milestone reporting, inclusive of downloads.

Milestone 4.7: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence,[39] Reporting Source: WHO/HQ/Publications

	Guidance or tool updated	Pillar	Date	Type	WHO office
E.G.	*Living Guidance: Clinical Management*	*Clinical Management*	*June 2022*	*Guidance*	*WHO HQ*
1					
2					

38 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.
39 Note: This milestone will be tracked across all 5 HEPR core areas for reporting by WHO-HQ Publications.

Milestone 4.8: COVID-19/courses available on OpenWHO,[40] Reporting Source: WHO HQ/OpenWHO

	Course title	Pillar	Course release date	Enrolments overall	Number enrolments in 2022	Languages available
E.G.	*Clinical Management of Patients with COVID-19: initial approach to the acutely ill patient*	*Clinical Management*	*June 2022*	*17252*	*3200*	*5*
1						
2						

Additional activities, meetings and/or trainings of relevance under Deliverable D (optional):

List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) technology transfer results, done during the reporting period that contributed to the achievement of Deliverable D.

Output 5: Access to countermeasures: vaccine, research and development

Deliverable E: Countries and front-line responders have access to COVID-19 resources, tools, guidance, and strategic support to scale-up countermeasures including research and COVID-19 vaccination to end the acute phase of the pandemic

Milestone 5.1: COVID-19 vaccination trainings, webinars, and technical and strategic support missions/visits provided to countries, Reporting Source: WHO HQ COVID-19 Vaccine Partnership, WHO RO

	Type of assistance/ support[41]	Date	Place	WHO Office providing support	Participating countries	*Persons trained (optional)*
E.G.						
1						
2						

Milestone 5.2: Interim statements on composition of current COVID-19 vaccines published, Reporting Source: WHO Vaccine Composition

Milestone 5.3: Number of countries supported by WHO with supplies to conduct Solidarity Trials through R&D Blueprint, Reporting Source: WHO HQ/OSL

WHO-OSL will report on the number of countries supported to conduct Solidarity Trials through the R&D Blueprint.

	Type of supply	Number of countries supported
E.G.		
1		
2		

40 Note: This milestone will be tracked across all 5 HEPR core areas for reporting purposes by WHO's OpenWHO team.
41 Assistance and support can include training, missions, strategic dialogue, planning workshops, simulation exercises, or other relevant assistance.

Milestone 5.4: Number of requested COVID-19 products (supply volume) that have been shipped to countries through WHO supply mechanisms, Reporting Source: WHO HQ/OSL

	Essential item	Number of items
E.G.	*Essential items (shipped from HQ to countries*	
1		
2		

Milestone 5.5: COVID-19-related guidance and tools updated and disseminated based on the latest scientific evidence[42], Reporting Source: WHO/HQ/Publications

	Guidance or tool updated	Pillar	Date	Type	WHO office
E.G.	*Living Guidance: Clinical Management*	*Clinical Management*	*June 2022*	*Guidance*	*WHO HQ*
1					
2					

Milestone 5.6: COVID-19/courses available on OpenWHO,[43] Reporting Source: WHO HQ/OpenWHO

	Course title	Pillar	Course release date	Enrolments overall	Number enrolments in 2022	Languages available
E.G.	*Clinical Management of Patients with COVID-19: initial approach to the acutely ill patient*	*Clinical Management*	*June 2022*	*17252*	*3200*	*5*
1						
2						

Additional activities, meetings and/or trainings of relevance under Deliverable E (optional):

List any additional activities, meetings and/or trainings (including place, date, participating countries, etc.) technology transfer results, done during the reporting period that contributed to the achievement of Deliverable E.

42 Note: This milestone will be tracked across all 5 HEPR core areas for reporting by WHO-HQ Publications.
43 Note: This milestone will be tracked across all 5 HEPR core areas for reporting purposes by WHO's OpenWHO team.

World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
WHO in Emergencies:
www.who.int/emergencies/en