



# Strategies to strengthen performance management and monitoring



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**Всемирная организация здравоохранения**

**Европейское региональное бюро**

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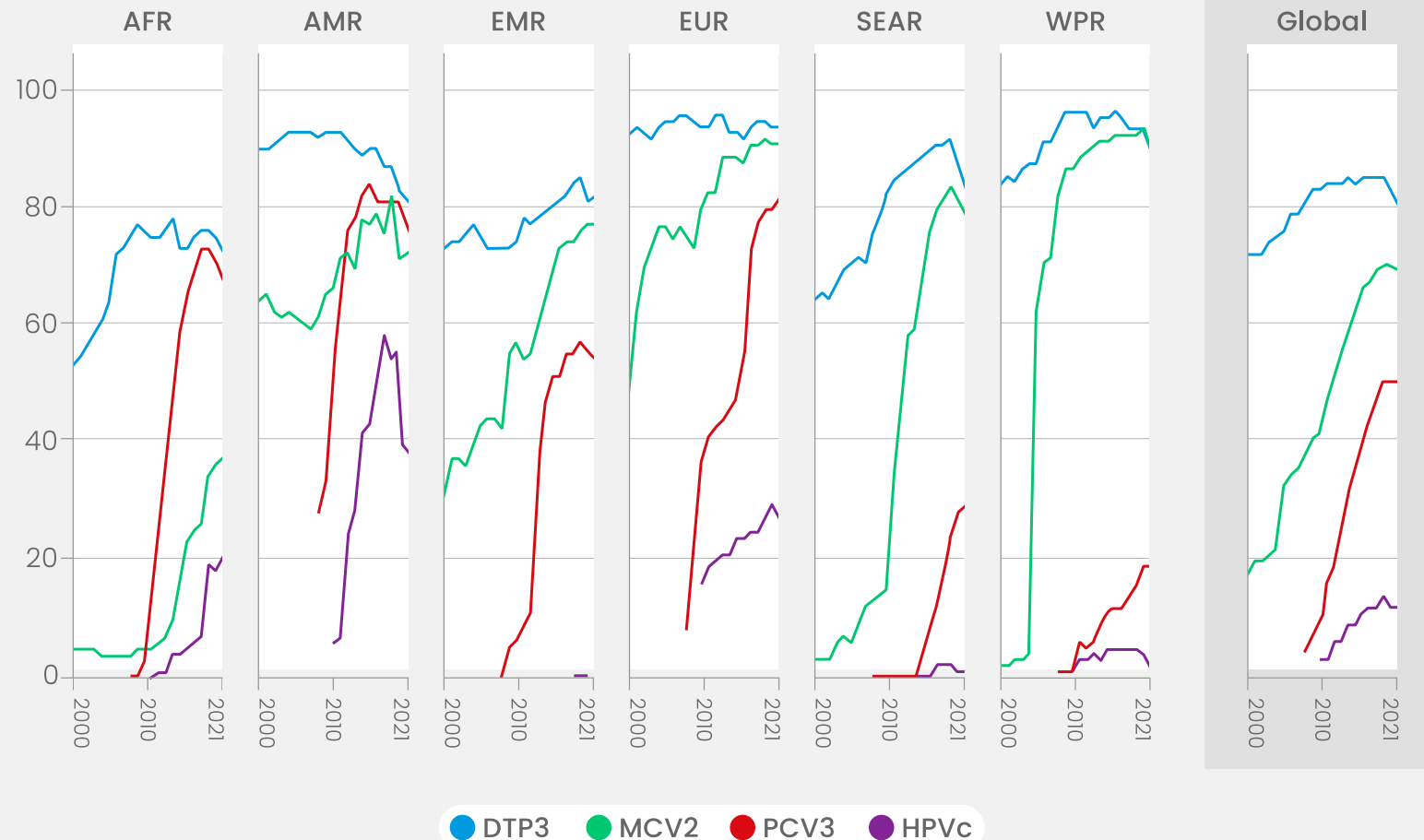
Vaccination is important across the life course and measured through an indicator of the Sustainable Development Goals (SDG 3.b.1) whose coverage which has had substantial backsliding during the pandemic

Vaccination is expanding from its childhood focus to a lifetime approach.

DTP containing vaccine has long been used to monitor the ability of immunization programmes to deliver at least three doses of basic vaccines to infants (DTP-3). PCV3 reflects the uptake of new and underused vaccines in the first year of life.

The second dose of Measles (MCV-2) signals programme's ability to continue services into the second to fifth years of life.

Vaccinating adolescent girls with Human Papilloma Virus vaccine (HPVc) is critical for achieving cervical cancer elimination. Progress is still uneven across regions.



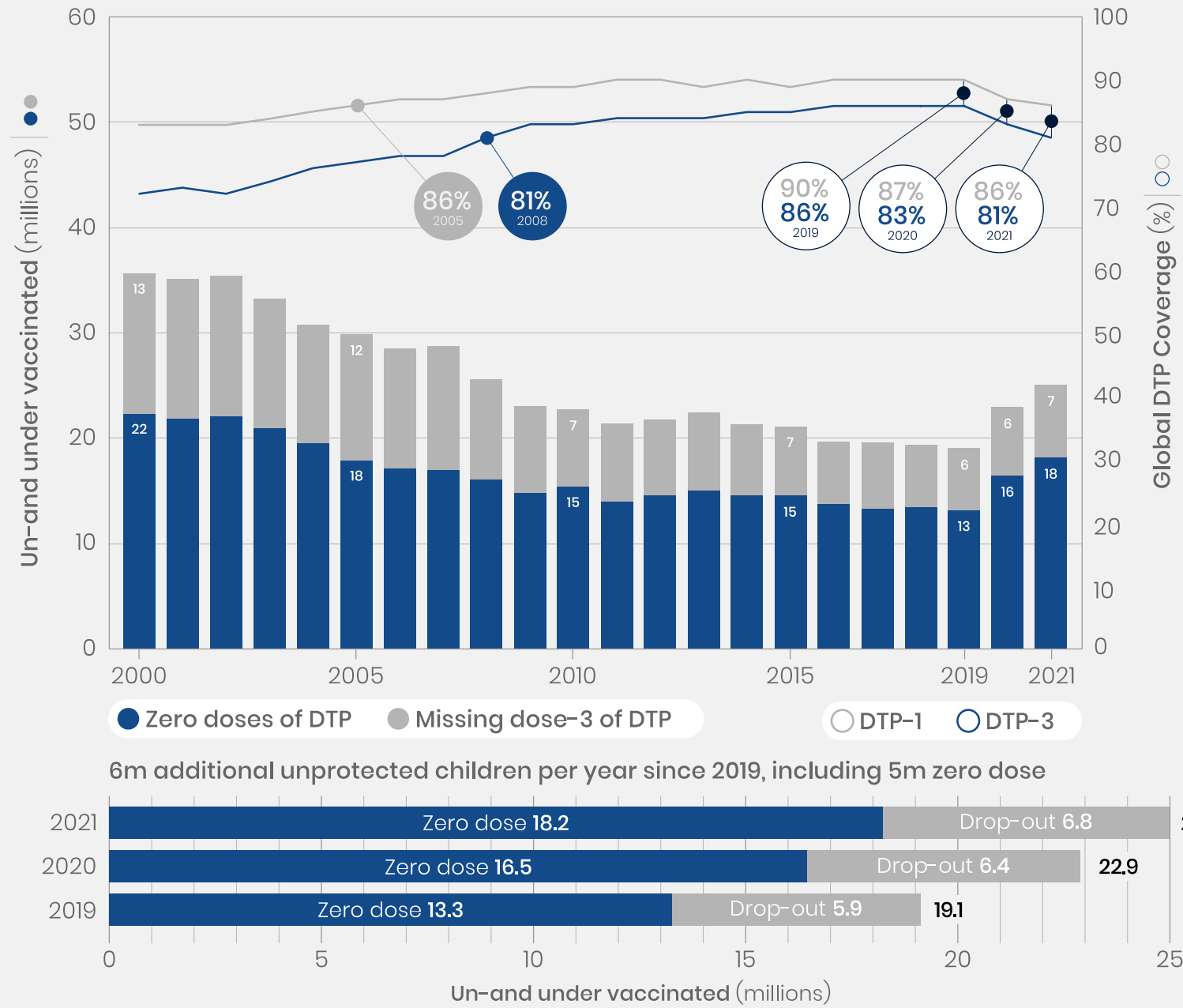
# 25 million children were un-or under-vaccinated in 2021, 2 million more than in 2020, and 6 million more than in 2019

Coverage of the third dose of diphtheria, tetanus, and pertussis vaccine (DTP-3) dropped a further 2% compared 2020, to 81% in 2021, leaving 25 million children vulnerable to vaccine-preventable diseases

The Immunization Agenda 2030 aims to make vaccination available to everyone, everywhere, by 2030. The Covid-19 pandemic, associated disruptions, and Covid-19 vaccination efforts have strained health systems in 2020 and 2021, resulting in 25 million children missing out on vaccination, 6 million more than in 2019 and the highest number since 2008. The number of children missing out on any vaccination - “zero-dose children” – increased by 5 million in 2021 compared with 2019, going from 13 to 18 million.



In this analysis, zero-dose children are those who lack any dose of DTP. Under-3 of 29 WUENIC 2021 vaccinated are those who received one dose, but not a third protective dose.

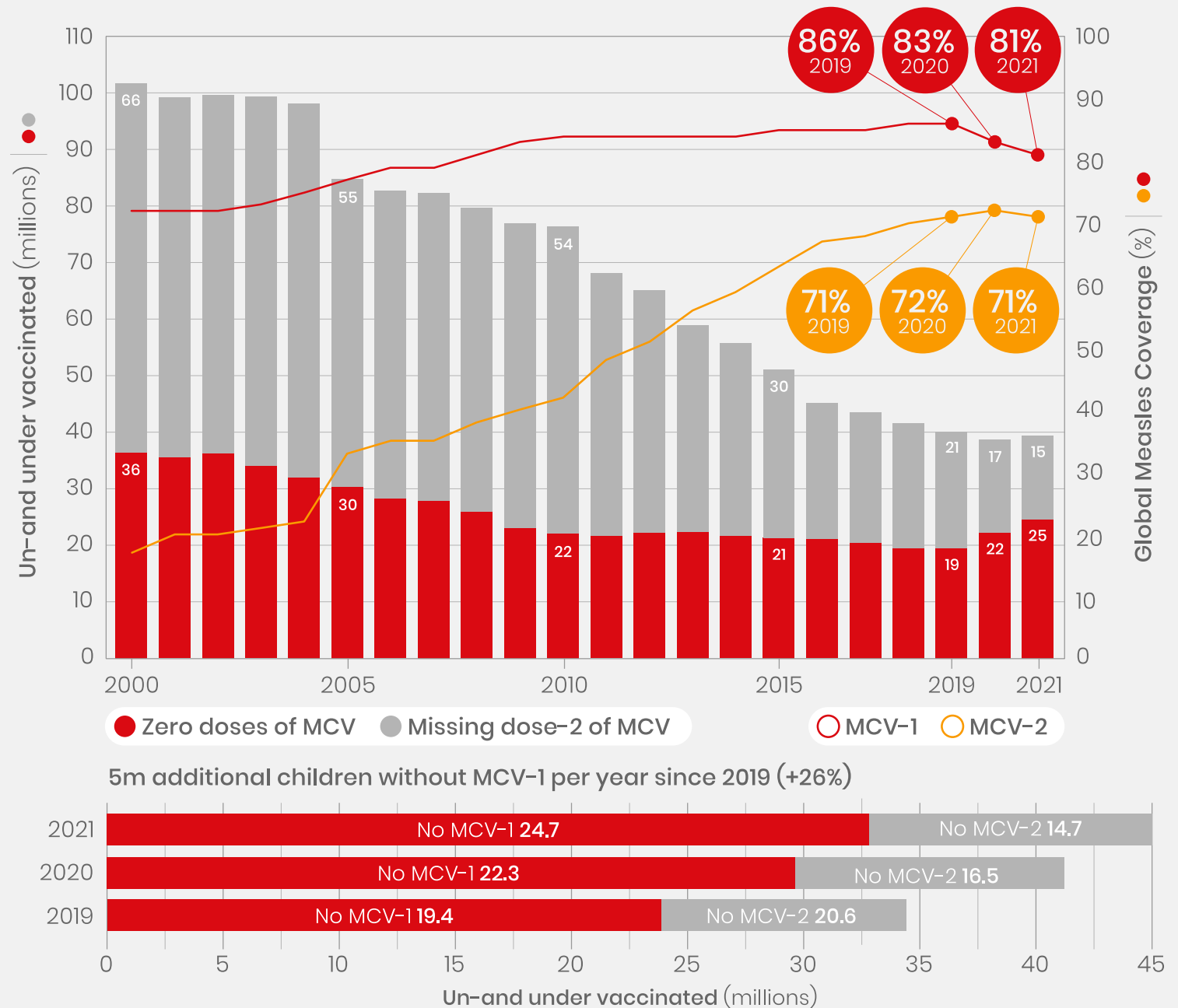


# First dose measles coverage dropped to 81% in 2021, leaving 5 million more children unvaccinated compared to in 2019

Coverage of the first dose of measles-containing vaccine (MCV-1) dropped to 81% in 2021, the lowest level since 2008.

This leaves 25 million children vulnerable. An additional 15 million children received only a first dose, but not a needed second dose through regular public health services.

Supplemental Immunization Activities (including campaigns) continue to be required to ensure that all children receive the 2 doses that will protect them from measles.

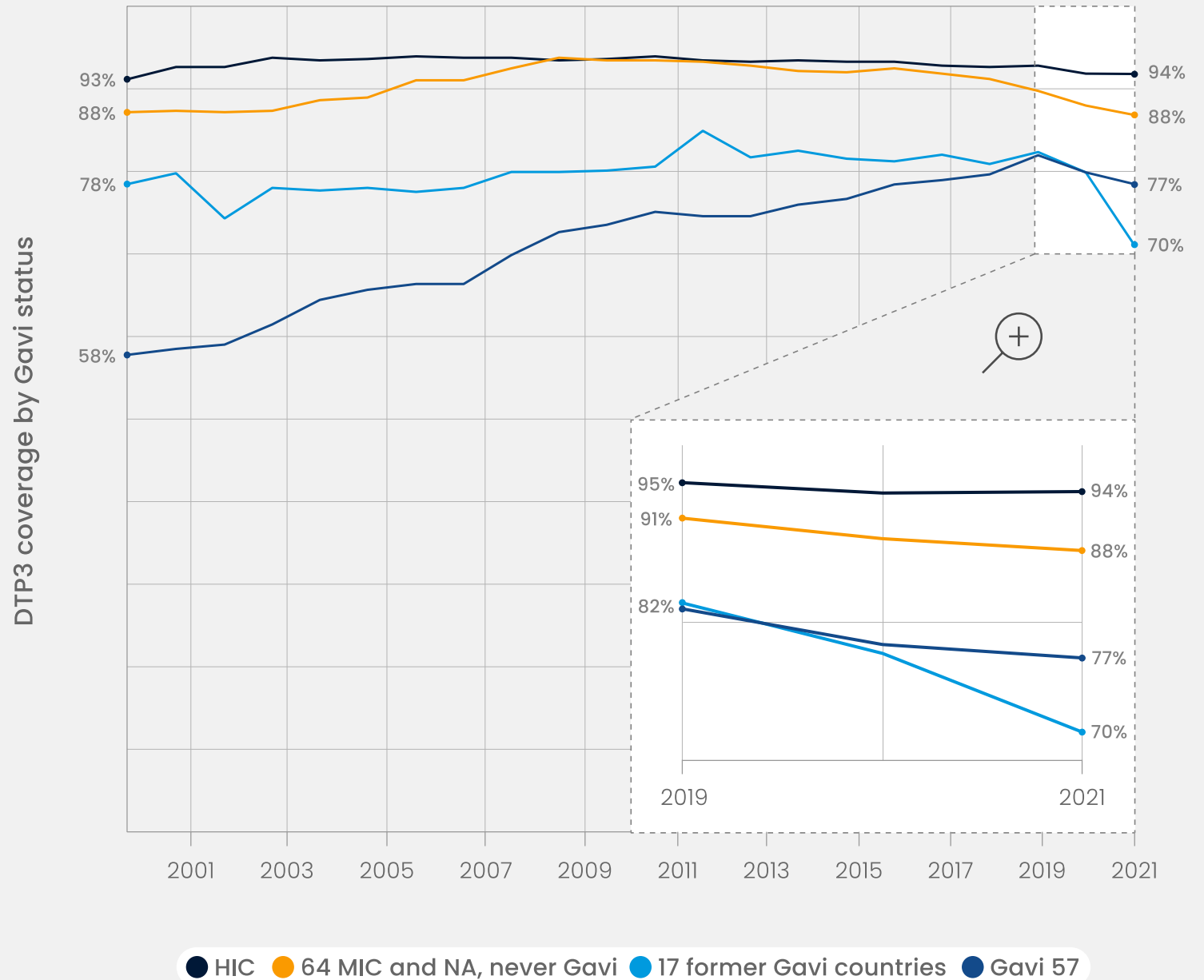


# Low-and Middle-Income countries experienced a larger setback than higher-income countries

The Gavi Alliance provides vaccine and financial support to low- and middle-income countries (LMIC) countries since the year 2000

This support has allowed many LMICs to narrow coverage gaps with wealthier countries. However, coverage declined sharply since 2019 in countries that transitioned out of Gavi support, while those supported by Gavi were affected less severely.

This highlights that coverage gains remain fragile and programmes in LMICs are not yet as resilient to shocks as countries with longstanding strengths in immunization programmes.



# Vaccination coverage in WHO European Region

94% DTP3 coverage recorded in both 2020 and 2021

- (represents a 1% decrease compared to 2019).

While overall the Region prevented further backsliding in 2021,

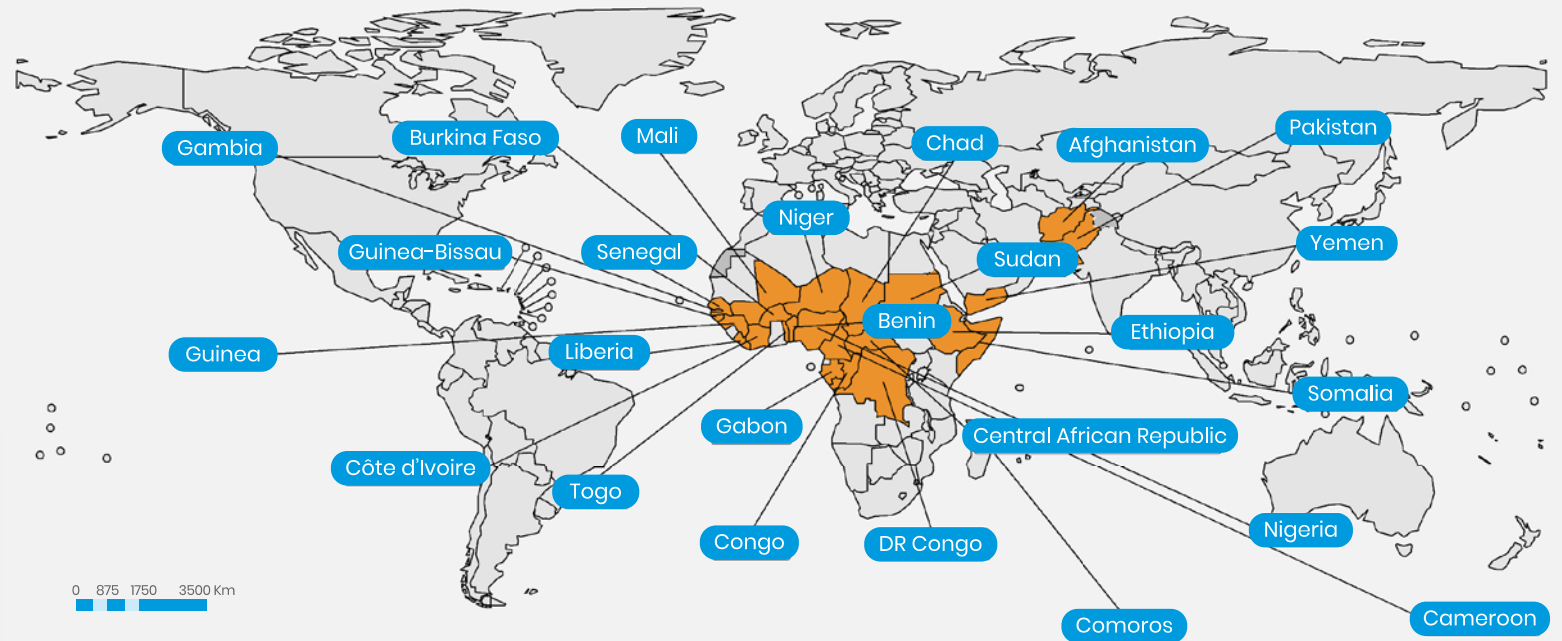
- the equity gap among countries has increased
- 6 countries saw their level of coverage declining in 2021;
- The majority of those reporting a  $\geq 5\%$  decline with DTP3 and/or the first dose of measles-containing vaccine in 2021 compared to 2019 levels are middle-income countries (MICs).
- 50% of the 20 MICs in the Region reported coverage below 90% in 2021, compared to less than 10% of high-income countries,

*“The COVID-19 pandemic has tested the strength and resilience of immunization programmes and health systems in every country. Efforts to provide every infant with routine vaccinations while simultaneously rolling out over 1.5 billion COVID-19 vaccine doses, together with supplemental vaccination campaigns, including against polio, have been extraordinary,” WHO Regional Director for Europe Dr Hans Henri P. Kluge*

# Measles outbreaks are rife again in low- and middle-income countries

After two years of lower than usual routine immunization coverage, and the postponement of many supplementary immunization activities (including campaigns), the risk of large outbreaks is now very real.

While reported cases of measles are still below the levels seen during the worldwide surge in 2019, a cyclical high, large and disruptive outbreaks are again being detected in the African and the Eastern Mediterranean regions.

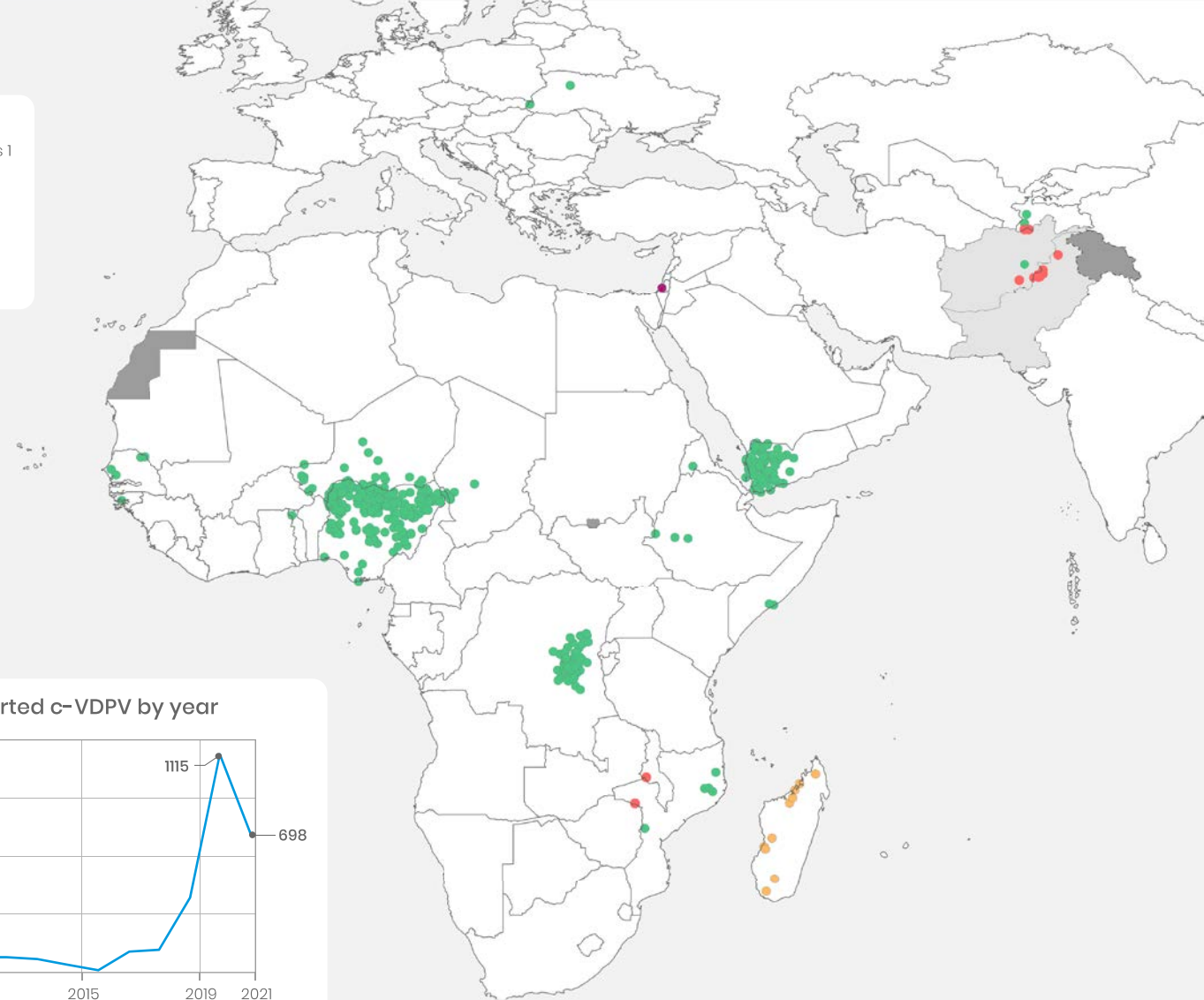
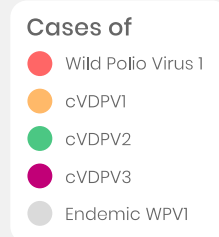




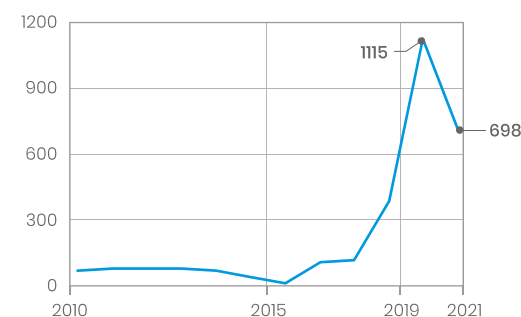
# Circulating vaccine-derived poliovirus (cVDPV) is expanding in countries with low immunization coverage

Vaccine-derived poliovirus can circulate in settings with large immunity gaps. The number of cases has increased sharply since 2019, highlighting weaknesses in immunization coverage that preceded the pandemic and are at risk of worsening as a result of the backsliding in coverage, unless urgent catch-up activities are implemented.

Wild Polio Virus 1 (WPV1) is only endemic in Pakistan and Afghanistan, but cases have been detected in Africa in 2021 and 2022.



Reported c-VDPV by year



Global Wild polio and cVDPV Cases from July 2021 to June 2022, courtesy GPEI

*Excludes viruses detected from environmental surveillance. Data as of 5 July 2022*



# IA2030 sets a unifying vision for the decade aligned with SDGs with clear impact goals



## Vision

A world where everyone,  
everywhere, at every age...

...fully benefits from vaccines...

...for good health and well-being



## Impact goals

**Reduce mortality and morbidity** from vaccine-preventable diseases for all across the life course.

Leave no one behind, by increasing **equitable access** and use of new and existing vaccines.

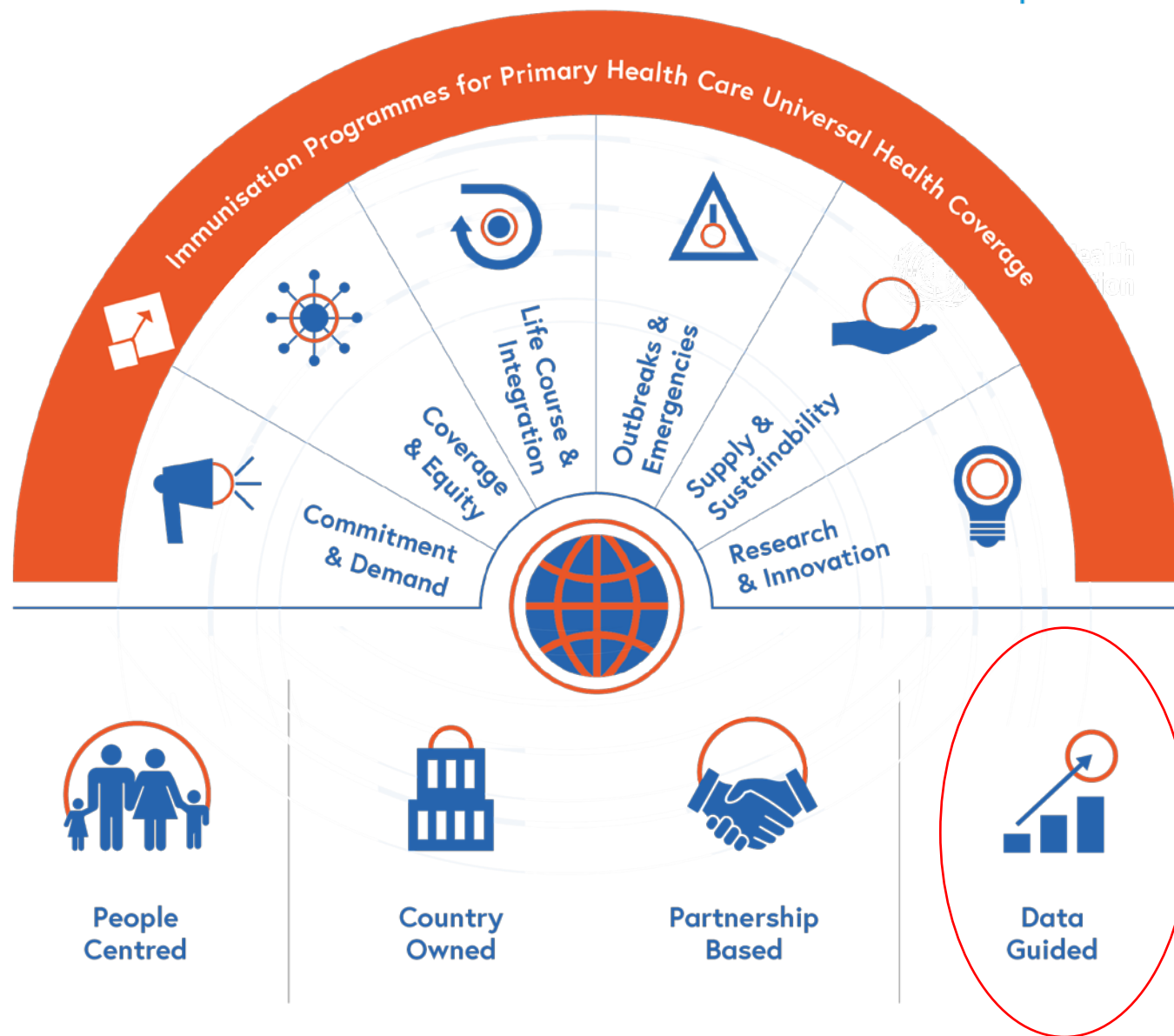
Ensure good health and well-being for everyone by **strengthening immunization within primary health care** and contributing to universal health coverage and sustainable development.

# IA2030 proposes a strategic framework

## 7 Strategic Priorities

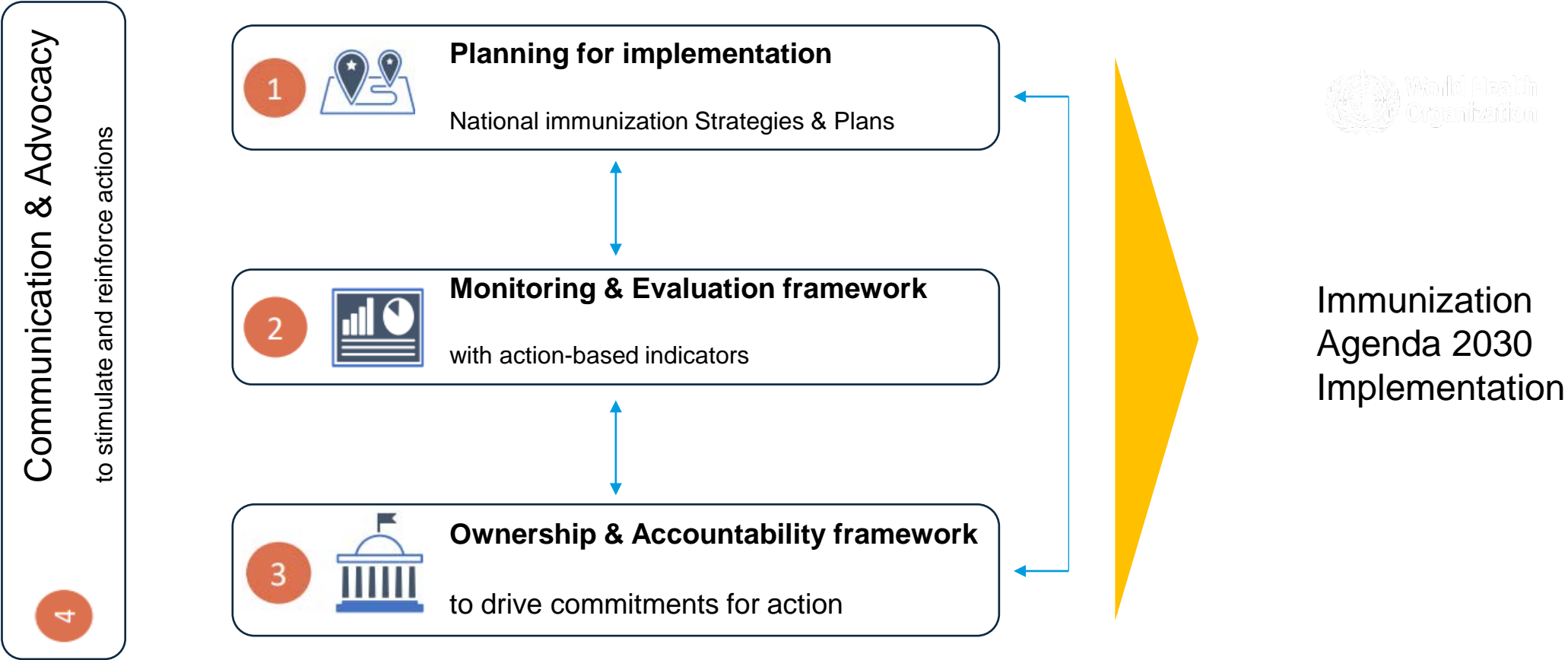
*informed by*

## 4 Core Principles for action





# Monitoring & Evaluation & IA2030 Framework for Action



# Monitoring & Evaluation

Ask (at country  
/district/community  
levels) the questions:

- ✓ How are we doing? (Monitor)
- ✓ How can we do it better? (Evaluate)
- ✓ Who is responsible, for doing what, to make improvements? (Act)

# IA2030 Monitoring & Evaluation Framework Overview

## IA2030 Goals and Objectives

### 3 Impact Goals

- 1 Prevent disease**  
Reduce mortality and morbidity from vaccine-preventable diseases for everyone, throughout the life course
- 2 Promote equity**  
Leave no one behind, by increasing equitable access and use of new and the existing vaccines
- 3 Build strong immunization programmes**  
Ensure good health and well-being for everyone by strengthening immunization within primary health care and contributing to universal health coverage and sustainable development

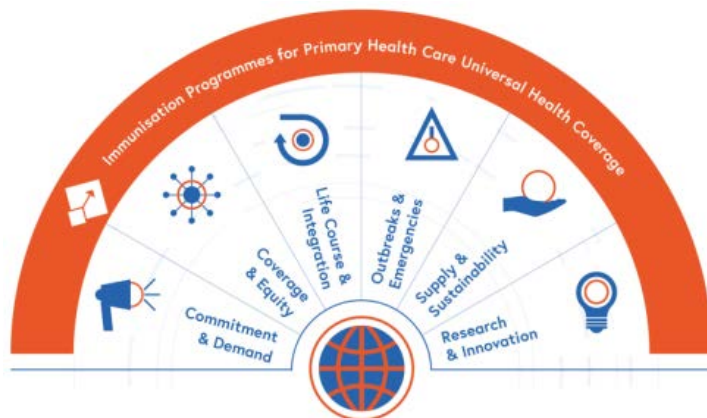


## IA2030 Indicators

### Impact Goal indicators:

**7 indicators across global, regional, and country levels**

### 21 Strategic Priority Objectives



### Strategic Priority Objective indicators:

**15 global indicators**

**Indicator options available for all 21 SP objectives for regions and countries to tailor M&E Frameworks based on context**

# IA2030 Impact Goal Indicators and Targets

Impact Goal		Indicator	2030 Target
1 Prevent disease	Save lives	(1.1) Number of future deaths averted through Immunization <sup>1</sup>	<b>50 million future deaths averted globally</b>
	Control, eliminate & eradicate VPDs	(1.2) Number and % of countries achieving endorsed regional or global VPD control, elimination and eradication targets <sup>2</sup>	<b>All countries achieve the endorsed regional or global VPD control, eradication, and elimination targets</b>
	Reduce VPD outbreaks	(1.3) Number of large VPD outbreaks <sup>3</sup>	<b>50% reduction in number of large VPD outbreaks</b>
2 Promote equity	Leave no one behind	2.1 Number of zero dose children	<b>50% reduction in the number of zero dose children at country, regional, and global levels</b>
	Provide access to all vaccines	2.2 Introduction of new or under-utilized Vaccines <sup>4</sup> in low and middle income countries	<b>TBD</b>
3 Build strong immunization programmes	Deliver across the life course	3.1 Vaccination coverage across the life course (DTP3, MCV2, HPVc, PCV3) <sup>5</sup>	<b>90% global coverage for DTP3, MCV2, HPVc, and PCV3</b>
	Contribute to PHC/UHC	(3.2) UHC Index of Service Coverage	<b>Improve UHC Index of Service Coverage at country, regional, and global levels</b>

1. Vaccine antigens included: HepB, Hib, HPV, JE, measles, MenA, Streptococcus pneumoniae, rotavirus, rubella, yellow fever, diphtheria, tetanus, pertussis, BCG. Measured relative to zero coverage levels (absence of vaccination); target includes deaths averted over the lifetime of the birth cohort by vaccines given during 2021-30.

2. Eradication (polio), elimination of transmission (measles, rubella), elimination as a public health problem (HPV, MNT, hepatitis B), control (Japanese encephalitis)

3. Large outbreaks of cholera, meningococcus, measles, polio, and yellow fever will be defined based on criteria for each disease. A 3-year mean will be used to account for year-to-year variation in outbreaks. The target will be achieved if the mean for 2028-2030 is at least 50% less than the baseline.

4. Vaccines include: HepB birth dose, HPV, IPV2, JE, YF, MCV2, meningococcus, PCV, rotavirus, rubella, DTP booster, COVID-19. Malaria and other new vaccines will potentially be included when recommended.

5. COVID-19 vaccination coverage will potentially be included.

# IA2030 Regional Impact Goal Indicators and Targets

Impact Goal		Indicator	2030 Target
1 Prevent disease	Save lives	1. Sustained <b>polio-free</b> status in the European Region	<b>50 million future deaths averted globally</b>  <b>All countries achieve the endorsed regional or global VPD control, eradication, and elimination targets</b>  <b>50% reduction in number of large VPD outbreaks</b>
	Control, eliminate & eradicate VPDs	2. Percentage of countries that have achieved and sustained <b>measles and rubella</b> elimination	
	Reduce VPD outbreaks	3. Percentage of countries that have achieved the regionally established <b>hepatitis B</b> control target	
		4. Percentage of countries that have achieved global human papillomavirus ( <b>HPV</b> ) immunization targets	
		5. Trend in number of reported VPD outbreaks	
2 Promote equity	Leave no one behind	6. Percentage of countries with evidence of under-immunized populations at subnational levels	<b>50% reduction in the number of zero dose children at country, regional, and global levels</b>
	Provide access to all vaccines		<b>TBD</b>
3 Build strong immunization programmes	Deliver across the life course	7. Vaccination coverage across the life course (DTP3, MCV2, HPVc, PCV3) <sup>5</sup>	<b>90% global coverage for DTP3, MCV2, HPVc, and PCV3</b>
	Contribute to PHC/UHC		<b>Improve UHC Index of Service Coverage at country, regional, and global levels</b>

1. Vaccine antigens included: HepB, Hib, HPV, JE, measles, MenA, Streptococcus pneumoniae, rotavirus, rubella, yellow fever, diphtheria, tetanus, pertussis, BCG. Measured relative to zero coverage levels (absence of vaccination); target includes deaths averted over the lifetime of the birth cohort by vaccines given during 2021-30.

2. Eradication (polio), elimination of transmission (measles, rubella), elimination as a public health problem (HPV, MNT, hepatitis B), control (Japanese encephalitis)

3. Large outbreaks of cholera, meningococcus, measles, polio, and yellow fever will be defined based on criteria for each disease. A 3-year mean will be used to account for year-to-year variation in outbreaks. The target will be achieved if the mean for 2028-2030 is at least 50% less than the baseline.

4. Vaccines include: HepB birth dose, HPV, IPV2, JE, YF, MCV2, meningococcus, PCV, rotavirus, rubella, DTP booster, COVID-19. Malaria and other new vaccines will potentially be included when recommended.

5. COVID-19 vaccination coverage will potentially be included.



# IA2030 Global Strategic Priority Objective Indicators

## SP 1: Immunization Programmes for PHC/UHC

- (1.1) Proportion of countries with evidence of adopted mechanism for monitoring, evaluation and action at national and subnational levels
- 1.2 Density of physicians, nurses and midwives per 10,000 population
- 1.3 Proportion of countries with on-time reporting from 90% of districts for suspected cases of all priority VPDs included in nationwide surveillance
- 1.4 Proportion of time with full availability of DTPcv and MCV at service delivery level (mean across countries)
- 1.6 Proportion of countries with at least one documented individual serious AEFI case safety report per million total population

## SP 2: Commitment & Demand

- 2.1 Proportion of countries with legislation in place that is supportive of immunization as a public good
- (2.2) Proportion of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination

## SP 3: Coverage & Equity

- 3.2 DTP3, MCV1, and MCV2 coverage in the 20% of districts with lowest coverage (mean across countries)

## SP 4: Life course and integration

- 4.1 Breadth of protection (mean coverage for all WHO recommended vaccine antigens, by country)

## SP 5: Outbreaks & Emergencies

- (5.1) Proportion of polio, measles, meningococcus, yellow fever, cholera, and Ebola outbreaks\* with timely detection and response

## SP 6: Supply and sustainability

- 6.1 Level of health of the vaccine market, disaggregated by vaccine antigens and country typology\*\*
- 6.2 Proportion of countries whose domestic government and donor expenditure on primary health care increased or remained stable
- 6.3 Proportion of countries whose share of national immunization schedule vaccine expenditure funded by domestic government resources increased

## SP 7: Research & Innovation

- 7.1 Proportion of countries with an immunization research agenda
- (7.2) Progress towards global research and development targets\*\*\*

(..) - Further Development of Impact Goal and Strategic Priority Objective Indicators

# IA2030 Regional Strategic Priority Objective Indicators (\* draft for consultation)

## SP 1: Immunization Programmes for PHC/UHC

- 1.1 Proportion of countries with evidence of adopted mechanism for monitoring, evaluation and action at national and subnational levels
- 1.2 Density of physicians, nurses and midwives per 10,000 population
- 1.3 Percentage of countries conducting periodic vaccine-preventable disease surveillance assessment or review
- 1.4 Proportion of countries with at least one documented individual serious AEFI case safety report per million total population

## SP 2: Commitment & Demand

- 2.1 Proportion of countries with legislation in place that is supportive of immunization as a public good
- 2.2 Proportion of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination

## SP 4: Life course and integration

- 4.1 Percentage of countries achieving coverage targets for MCV2, HPVc and seasonal influenza vaccine as per disease-specific control strategies (95% MCV2, 90% HPVc, 75% Influenza)
- 4.2 Percentage of countries with national policy outlining integration of immunization service delivery for all age groups with primary health care services to prevent missed opportunities
- 4.3 Percentage of countries with key WHO-recommended vaccines (PCV, rotavirus, HPV including other newer recommended vaccines, as the case may be) in their national immunization schedule

## SP 6: Supply and sustainability

- 6.1 Number of stockouts lasting > 1 month linked to procurement delays or lack of funding
- 6.2 Percentage of countries whose domestic government and donor expenditure on primary health care increased or remained stable
- 6.3 Percentage of countries whose domestic vaccine expenditures increased or remained stable

## SP 3: Coverage & Equity

Percentage of countries with an evidence-based and funded immunization plan to improve immunization coverage in high-risk communities

## SP 5: Outbreaks & Emergencies

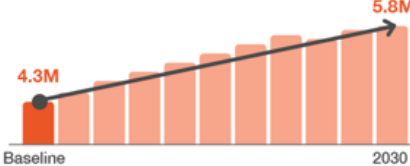
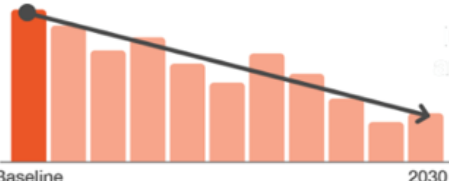
- 5.1 Percentage of polio and/or measles outbreaks that are met with timely detection and response (includes outbreaks with an outbreak response immunization campaign)
- 5.2 Percentage of countries with contingency plans to sustain immunization services during a humanitarian crisis or emergency

## SP 7: Research & Innovation

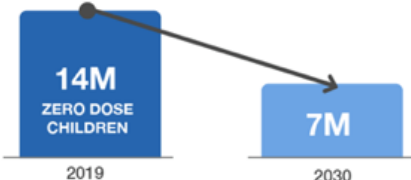

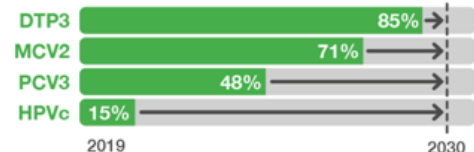

- 7.1 Percentage of countries that have conducted and applied findings from operational programmatic and/or behavioural research to improve programme performance

\* Compendium of indicators for EIA2030 M&E framework (Draft for consultation)

# IA2030 Scorecard (slide 1 of 2)

Indicator and 2030 target	Baseline (year)	2020
<b>1.1</b> Number of future deaths averted through immunization	<b>50 million future deaths averted by immunization in 2021–2030</b> 	4.3 million (2019)  N/A Midpoint review expected in 2025
<b>1.2</b> Number and % of countries achieving endorsed regional or global VPD control, elimination, and eradication targets	<b>All countries achieve endorsed targets</b> 	Baseline data for 2021 will be reported in 2022 Provisional 2019 data for a subset of VPDs: WPV 191 (98.5%) cVDPV pending Measles 81 (55.1%) Rubella 88 (69.8%) MNT pending Hepatitis B pending JE pending
<b>1.3</b> Number of large or disruptive VPD outbreaks*	<b>Declining trend in the annual number of large or disruptive VPD outbreaks (definitions provided in annex)</b> 	Provisional 2020 data for a subset of VPDs: WPV 192 (99.0%) cVDPV pending Measles 80 (54.4%) Rubella 90 (71.4%) MNT pending Hepatitis B pending JE pending  Cholera 1 Ebola 1 Measles 3 Meningococcus 0 cVDPV 33 WPV 2 Yellow fever 5  (average annual number of outbreaks over 2018–2020)

# IA2030 Scorecard (slide 2 of 2)

Indicator and 2030 target		Baseline (year)	2020
2.1 Number of zero-dose children	50% reduction in number of zero-dose children 	13.6 million (2019)	17.1 million
2.2 Introductions of new or under-utilized vaccines in low- and middle-income countries	500 vaccine introductions by decade's end 	A baseline is not applicable for this indicator, which will count the cumulative number of vaccine introductions between 2021 and 2030 (An average of 54 annual introductions were reported during 2011–2020)	22 introductions**
3.1 Vaccination coverage across the life course	90% coverage of full course for selected vaccines 	DTP3 86% MCV2 71% PCV3 48% HPVc 15% (2019)	DTP3 83% MCV2 70% PCV3 49% HPVc 13%
3.2 UHC Index of Service Coverage	Universal Health Coverage increase in all countries, regions, and globally 	Global 64.0 AFR 47.0 AMR 73.0 EMR 61.6 EUR 75.5 SEAR 60.2 WPR 65.4 (2017, pending 2019 data)	N/A

# Thank you!