

Monitoring, evaluation, and learning framework for the Strategic plan for coronavirus disease threat management

A common approach to understanding progress and informing action

DRAFT FOR PUBLIC COMMENT

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Contents

ACKNOWLEDGEMENTS.....	3
ACRONYMS.....	4
1.0 INTRODUCTION.....	5
1.1 PURPOSE AND AIMS	5
1.2 TARGET AUDIENCE.....	6
1.3 SCOPE.....	6
2.0 APPROACH	7
2.1 THEORY OF CHANGE	7
2.1.1 <i>Intended outcomes</i>	8
2.2 ASSESSMENT DESIGN	9
2.3 PROCESS AND REPORTING PRODUCTS	10
2.4 INTENDED USES	11
3.0 MONITORING ELEMENTS.....	11
3.1 IMPACT INDICATORS	12
3.2 OUTCOME INDICATORS	12
3.3 OUTPUT INDICATORS AND WHO DELIVERABLES & MILESTONES BY OPERATIONAL PILLAR	13
3.3.1 <i>Collaborative surveillance</i>	13
3.3.2 <i>Community protection</i>	14
3.3.3 <i>Safe and scalable care</i>	16
3.3.4 <i>Access to and delivery of medical countermeasures</i>	17
3.3.5 <i>Coordination</i>	18
4.0 METHODOLOGY.....	19
4.1 MONITORING.....	20
4.1.1 <i>Evidence collection and documentation</i>	20
4.1.2 <i>Data quality and comparability</i>	20
4.1.3 <i>Analysis and interpretation</i>	20
4.2 EVALUATION.....	20
4.3 LEARNING AND ADAPTATION	21
5.0 ROLES AND RESPONSIBILITIES.....	21
6.0 LIMITATIONS	22
ANNEXES.....	23
ANNEX 1: MEL FRAMEWORK DEVELOPMENT METHODOLOGY.....	23
ANNEX 2. MAPPING OF MONITORING ELEMENTS TO STRATEGIC OBJECTIVES	24
<i>Outcome indicators</i>	24
<i>Output indicators and WHO deliverables and milestones, by operational pillar</i>	24
ANNEX 3. INDICATOR METADATA SHEETS.....	28

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Special thanks are due to the WHO staff members who participated in the technical elaboration and review of the framework (alphabetical):

- **Headquarters:** Ayse ACMA; Supriya BEZBARUAH; Vanessa COZZA; Jane CUNNINGHAM; Shoshanna GOLDIN; Rebecca GRANT; Aspen HAMMOND; Mahmoud Aly Zeenelabdin HAMOUDA; Sarah HOLDERNESS; Vicky HOUSIERE; Fiona KEE; Patrick LYDON; Lisa MENNING; Jun Ryan ORBINA; James Richard OTIENO; Ponnu PADIYARA; Elisabeth PLUUT; Kwang RIM; Jamie RYLANCE; Craig SCHULTZ; Alice SIMNICEANU; Georgios STATHOPOULOS; Lorenzo SUBISSI; Ryoko TAKAHASHI; Alba VILAJELIU
- **Regional offices:**
 - Regional Office for Africa: Jesse BONWITT; Reena DOSHI; Alhassan KANU; Linda KANZARA; Walter Okello OGUTA; Adebola OLAYINKA; Tieble TRAORE
 - Regional Office for the Americas / Pan American Health Organization: Paula COUTO; Mauricio Alexander CERPA CALDERON; Leonardo HERNANDEZ GALINDO; Jairo Andres MENDEZ RICO; Francisco NOGAREDA; Angel RODRIGUEZ MONDRAGON; Marc RONDY
 - Regional Office for the Eastern Mediterranean: Nisreen ABDEL LATIF; Iman HEWEIDY; Heba MAHROUS
 - Regional Office for Europe: Ana Paula COUTINHO REHSE; James FIELDING; Olha IZHYK; Mark KATZ; Maria MARKOVA; Roberta PASTORE; Angkana SANTHIPRECHACHIT; Miranda TRAN NGOC
 - Regional Office for South-East Asia: Ashok BASNET; Vikas CHANDRA; Abigail GENERALIA; Adrien INOUBLI; Yuka JINNAI; Manish KAKKAR; Dhamari NAIDOO; Wagawatta Liyanage Sugandhika Padmini PERERA; Priyanga RANASINGHE; Sourabh SINHA; Fernan TALAMAYAN; Pushpa Ranjan WIJESINGHE
 - Regional Office for the Western Pacific: Hitesh CHUGH; Wasiq Mehmood KHAN; Kate RAWLINGS; Satoshi SHIMADA

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Acronyms

CORC	Collaborative Open Research Consortium Initiative
CoV	Coronavirus
COVID-19	Coronavirus disease 2019
CoVNet	WHO Coronavirus Network
eJRF	WHO-UNICEF Electronic Joint Reporting Form
FAIR	Facilitated Assessment of Influenza and COVID-19 Prevention and Control Programmes Review
GCP	WHO Global COVID-19 and other Coronaviruses Programme
GIP	WHO Global Influenza Programme
HEPR	Health Emergency Preparedness, Response, and Resilience Framework
HLIP	High-level Implementation plan
IHR	International Health Regulations
IPC	Infection prevention and control
MCM	Medical countermeasures
MEL	Monitoring, evaluation, and learning
MERS	Middle East Respiratory Syndrome
PHSM	Public health and social measures
PIP	Pandemic Influenza Preparedness Framework
RCCE-IM	Risk communication, community engagement, and infodemic management
RSV	Respiratory syncytial virus
SPAR	States Parties Self-Assessment Annual Reporting
TAG-CO-VAC	Technical Advisory Group on COVID-19 Vaccine Composition
WHO	World Health Organization

1.0 Introduction

The World Health Organization (WHO) published the Strategic plan for coronavirus disease threat management: advancing integration, sustainability and equity, 2025-2030 in December 2025. The Strategic plan sets out the global framework for the sustained, integrated, and evidence-based management of coronavirus disease threats of public health importance, including coronavirus disease 2019 (COVID-19), Middle East Respiratory Syndrome (MERS), and potential novel coronavirus diseases. It provides a forward-looking approach for maintaining essential coronavirus disease management capabilities during routine periods while preserving readiness to scale up when risks increase. It builds on the systems, experience, and lessons from earlier emergency responses and the ongoing management of other respiratory diseases.

As Member States, WHO, and partners implement the Strategic plan, there is a need to understand how it is being put into practice and how coronavirus disease threat management capabilities are changing over time. This need is sharpened by the legacy of the COVID-19 pandemic, which reshaped public health systems, exposed persistent inequities within and between countries, and generated major investments into public health capabilities. It is also shaped by a risk landscape in which coronavirus disease threats sit alongside other respiratory diseases, and in which their management relies on capabilities shared across respiratory disease prevention and control, as well as broader routine health system and health emergency response functions. This requires a common frame for interpreting progress across interconnected capabilities, taking into account differences in country context, technical area, and level of implementation.

To support this, the Monitoring, evaluation and learning framework for the Strategic plan for coronavirus disease threat management provides a basis for assessing progress to support learning and adaptation over the strategy period. It is intended to help Member States, WHO, and partners understand whether the Strategic plan is translating into sustained country, regional, and global capabilities to manage coronavirus disease threats across both routine and emergency contexts. The framework will be used to guide regular review, identify gaps and support needs, and inform adaptation of priorities and support over time. Reflecting the interconnected nature of coronavirus disease threat management capabilities, where relevant, it aligns with and contributes to other monitoring frameworks and review processes to support coherence across related strategies and programmes.

The monitoring, evaluation, and learning (MEL) framework is designed to be comprehensive, practical, and feasible. It reflects the breadth of the Strategic plan across operational pillars (core public health capabilities) and levels of implementation, while maintaining focus on the capabilities most relevant to sustained coronavirus disease threat management. It combines consistent monitoring of implementation and results over time with periodic evaluation of progress towards the intended outcomes and contribution to impact. Wherever possible, monitoring and evaluation draw on existing data sources, reporting mechanisms and assessments to reduce duplication and limit additional reporting burden.

This document sets out the scope, components, and approach of the MEL framework. It describes the monitoring elements and sources of evidence, the methods and responsibilities for monitoring and evaluation, and the arrangements for using findings. In doing so, the framework establishes a common structure for assessing progress, understanding what enables or limits it, and informing decisions on implementation and support over the course of the Strategic plan's implementation.

1.1 Purpose and aims

The purpose of the MEL framework is to support understanding of whether the Strategic plan is translating into sustained and integrated country, regional, and global capabilities for the evidence-based management of coronavirus disease threats across routine and emergency contexts.

Specifically, the framework aims to:

1. **Monitor implementation of the Strategic plan**, across its strategic objectives, operational pillars, and priority actions;
2. **Track evolution of capabilities** for routine coronavirus disease management and readiness to scale up when risks increase;
3. **Document WHO's contributions** towards the implementation of the Strategic plan; and,
4. **Support learning and adaptation**, sharing and using findings to adjust implementation, inform priorities for support by WHO and partners, and guide the development of future programmes of work.

The framework is not intended to create a compliance mechanism, nor to serve as an accountability or country ranking tool. It is also not intended as a self-assessment tool for Member States to determine their level of coronavirus disease threat management capability¹.

The principal intended use cases for the framework are described in Section 2.4.

1.2 Target audience

This framework is intended primarily for WHO headquarters, regional, and country teams involved in supporting implementation, monitoring progress, and evaluating results of the Strategic plan.

It is also intended to serve as a reference for Member States, technical partners, collaborating centres, expert networks, research institutions, donors, civil society organizations, and other stakeholders on how progress under the Strategic plan will be monitored and reviewed and how WHO will monitor its contributions to implementation. While not designed as a national self-assessment tool, it may further help Member States consider relevant aspects of their own progress in coronavirus disease threat management.

1.3 Scope

The scope of this MEL framework is the WHO Strategic plan for coronavirus disease threat management. Accordingly, the framework covers coronavirus disease threats of public health importance, including COVID-19, MERS, and potential novel coronavirus diseases. Consistent with the Strategic plan, the MEL framework takes a pan-coronavirus perspective by focusing on public health capabilities that are relevant across the coronavirus family, while recognizing that some actions may need to be tailored to the characteristics of specific diseases. Where relevant, it also takes a pan-respiratory approach, reflecting the increasingly integrated management of coronavirus diseases within broader respiratory disease prevention and control programmes.

The framework focuses on coronavirus disease threat management as defined in the Strategic plan. It covers the capabilities needed to prevent, prepare for, monitor, respond to, and reduce the

¹ For country-level assessment of national influenza and COVID-19 prevention and control programmes, WHO has developed the Facilitated Assessment of Influenza and COVID-19 Prevention and Control Programmes Review (FAIR) tool. The FAIR tool is designed to support countries in assessing programme strengths and identifying areas for improvement in accordance with national priorities and contexts. See: World Health Organization. Facilitated Assessment: Influenza and COVID-19 Prevention and Control Programmes Review (FAIR tool). 2026.

impact of coronavirus disease threats, including during emergence and spillover, outbreaks, epidemics and pandemics, and inter-epidemic or endemic periods. It addresses both routine management of ongoing coronavirus disease burden and readiness to scale up when risks or demands increase. Consistent with the Strategic plan, the framework focuses primarily on public health capabilities for the management of coronavirus diseases in humans, complementing broader One Health initiatives addressing zoonotic risks and spillover prevention.

The framework covers country, regional, and global capabilities, recognizing differences in country risk profiles, health system capacities, and policy and implementation contexts. These include shared regional and global functions that depend on collaboration across countries. Assessment considers these collective functions in their own right, as well as progress within countries. WHO's contributions are considered across all three levels.

2.0 Approach

This section explains how implementation of the Strategic plan is expected to contribute to change, how progress will be assessed, and how findings will inform decisions on implementation and support.

2.1 Theory of change

The goal of the Strategic plan is to enable the evidence-based, sustainable, and integrated management of coronavirus disease threats. Achieving this goal is expected to contribute to reduced morbidity, mortality and socioeconomic disruption from coronavirus disease threats, the intended impact of the Strategic plan.

Member States, WHO and partners advance the plan's goal by implementing its priority actions and other evidence-based actions across five operational pillars: collaborative surveillance; community protection; safe and scalable care; access to and delivery of medical countermeasures; and coordination. Derived from WHO's Health Emergency Preparedness, Response and Resilience (HEPR) Framework, these pillars represent core public health capabilities that must function together to manage coronavirus disease threats.

These actions produce outputs—the information and guidance developed, products and services delivered, competencies strengthened and operational arrangements established or improved. When these outputs are used effectively, they are expected to contribute to improvements in coronavirus disease threat management, which constitute the intended outcomes. These outcomes, in turn, contribute to the intended impact (Figure 1).

The plan's four strategic objectives — sustain, integrate, enhance and generate — provide direction throughout the results chain, across all five operational pillars. They call for essential capabilities to be sustained at levels appropriate to burden and risk; coronavirus disease functions to be integrated into broader programmes and systems where appropriate; prevention and control to be enhanced through advances in capabilities, tools and approaches; and evidence to be generated, shared and applied to inform policy and practice.

Achievement of the intended outcomes and impact depends on both how and the conditions in which the plan's actions are implemented. Effective implementation requires certain system-level conditions to be in place, namely those identified in the plan as cross-cutting enablers. The degree of equity in delivery and the broader epidemiological, health system, and socioeconomic contexts also influence the results achieved and how benefits are distributed. The results chain therefore

describes the expected contribution of the plan's actions to outcomes and impact, assuming the necessary conditions for effective and equitable implementation are in place.

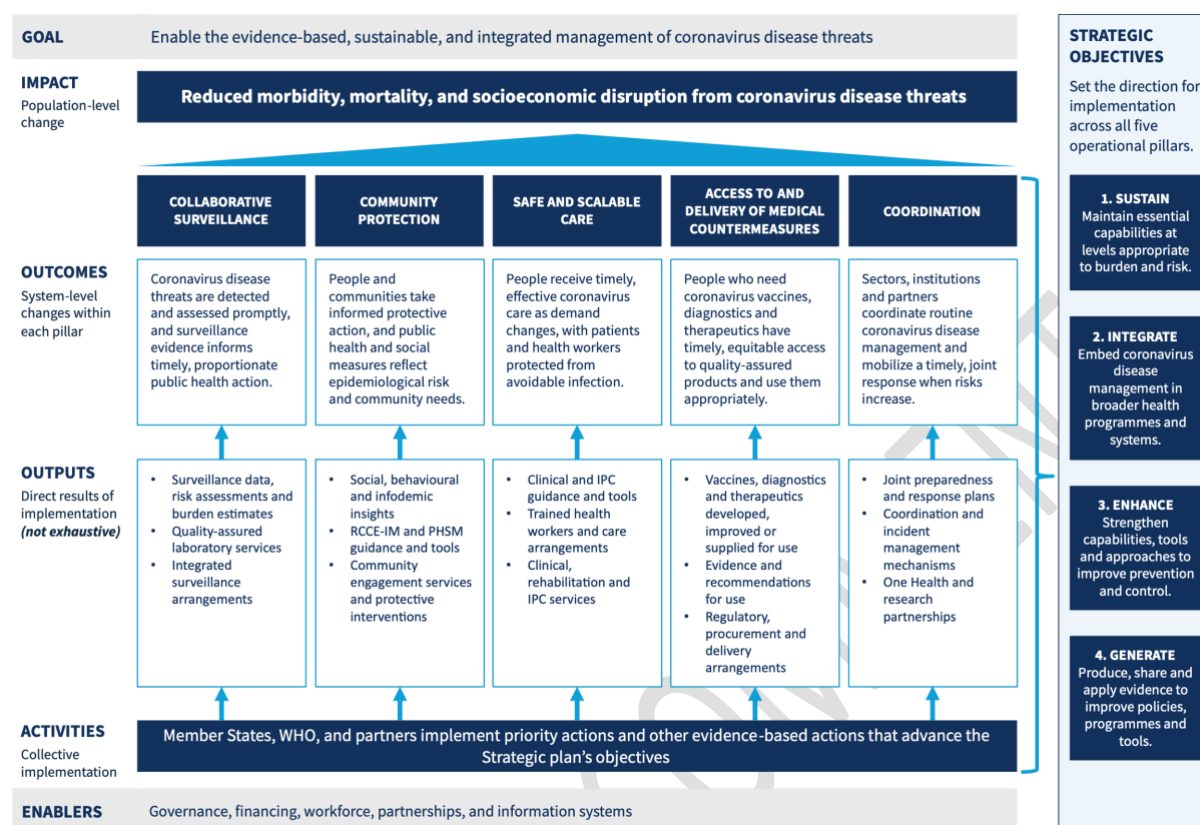


Figure 1. Results chain for the Strategic plan for coronavirus disease threat management. Relationships among implementation activities, outputs, and outcomes across the five operational pillars, and impact, in relation to the plan's goal and four strategic objectives.

2.1.1 Intended outcomes

The framework defines five intended outcomes, one for each operational pillar, to articulate the improvements sought in capabilities under the Strategic plan, considering both routine coronavirus disease management and readiness to scale up when risks increase.

Outcome 1. Coronavirus disease threats are detected and assessed promptly, and surveillance evidence informs timely, proportionate public health action. Surveillance and laboratory evidence is brought together to track circulation and burden, identify and assess emerging threats, and guide prevention and response.

Outcome 2. People and communities take informed protective action, and public health and social measures (PHSM) reflect epidemiological risk and community needs. Risk communication, community engagement and infodemic management (RCCE-IM) support trust and informed decisions. Social and behavioural insights inform the design and adaptation of measures that are feasible and acceptable to communities.

Outcome 3. People receive timely, effective coronavirus care as demand changes, with patients and health workers protected from avoidable infection. Care encompasses acute illness and longer-term consequences, including post-COVID-19 condition (also known as Long COVID). Services maintain quality and continuity during routine periods and periods of increased demand.

Outcome 4. People who need coronavirus vaccines, diagnostics, and therapeutics have timely, equitable access to quality-assured products and use them appropriately. This includes uptake of recommended medical countermeasures (MCMs) by priority populations and the ability to introduce and deliver new or improved products as evidence and needs evolve.

Outcome 5. Sectors, institutions, and partners coordinate routine coronavirus disease management and mobilize a timely, joint response when risks increase. Coordination supports shared decisions and aligned action across levels and sectors, including through One Health collaboration and research partnerships.

These outcomes reinforce one another. Surveillance informs protective action and care; community trust and engagement support the uptake of interventions; access to MCMs strengthens prevention and treatment; and coordination connects these efforts across sectors and levels.

2.2 Assessment design

The MEL framework incorporates monitoring and evaluation as complementary approaches to assessing progress under the Strategic plan.

Monitoring provides a regular account of implementation and changes observed over time. Findings help identify progress, gaps and support needs, and issues requiring closer examination. Monitoring brings together three types of monitoring elements:

- **Indicators** provide quantitative evidence of implementation and results at country, regional or global level.
 - **Impact indicators** track population-level changes to which implementation of the Strategic plan is expected to contribute.
 - **Outcome indicators** measure changes in how coronavirus disease threats are managed.
 - **Output indicators** measure the direct results of implementation.

Indicators are further classified by pathogen scope. Coronavirus (CoV)-specific indicators assess results directly related to coronavirus disease threat management. Respiratory pathogen-agnostic indicators assess shared capabilities relevant to coronaviruses and other respiratory pathogens, where an approach based on their shared modes of transmission is sufficient to assess progress.

- **WHO deliverables and milestones** describe WHO's contributions to implementation of the Strategic plan.
 - **Deliverables** describe the support, products or services WHO commits to deliver or help deliver.
 - **Milestones** document their delivery over time, including the scale, reach, timeliness or completion of WHO's work.
- **Signals of progress** capture evidence of change and implementation experience. They help explain observed progress, persistent gaps and emerging challenges, including how outputs contribute to outcomes. Signals are identified during implementation and evaluation, with their source and context documented.

Evaluation examines whether and how implementation of the Strategic plan contributes to all five intended outcomes and the intended impact. It considers the significance of observed changes, the

factors that explain them, and differences across settings and populations. Findings inform decisions about which actions and approaches should be maintained, strengthened or adapted.

Evaluation brings monitoring findings together with existing research, assessments and implementation records, supplemented by focused case studies where feasible. This evidence is examined against the results chain to assess support for the expected links between implementation and results. Indicator coverage varies across the intended outcomes and dimensions of impact, reflecting the availability of reliable data and feasible collection mechanisms. Conclusions take account of the availability, quality and limitations of the evidence. The collection, analysis and assessment methods are described in Section 4.

2.3 Process and reporting products

The MEL process follows an annual cycle of evidence compilation and reporting, with indicator collection and evaluation scheduled at different intervals across the strategy period (Figure 2).

Each year, routinely reported indicator data, including the latest available impact data, are compiled alongside updates on WHO deliverables and milestones and signals of progress. Existing reporting mechanisms make these data available for annual compilation.

Data for indicators requiring dedicated collection are gathered biennially, covering the reference years 2026, 2028 and 2030. This schedule supports alignment with existing regional collection cycles and limits additional reporting burden. These data complement the annually compiled evidence for the baseline assessment and the mid-strategy and end-of-strategy evaluations.

The reporting products and their reference years are:

- **Baseline assessment (2026):** Establishes the initial monitoring reference and documents evidence gaps. As implementation of the Strategic plan began in 2025, this does not represent a pre-implementation baseline.
- **Intermediate progress reports (2027 and 2029):** Provide focused updates on observed changes, implementation gaps and priorities for action.
- **Mid-strategy evaluation (2028):** Assesses progress towards the five intended outcomes and emerging evidence of contribution to impact, and identifies adjustments for the remaining strategy period.
- **End-of-strategy evaluation (2030):** Assesses achievement of the intended outcomes, WHO's contribution within the collective effort, and the contribution of implementation to the intended impact. It identifies lessons and recommendations for future work.

Reporting takes place in the first quarter following each reference year, as set out in Section 4.1.1. MEL findings and reporting products will be disseminated through existing WHO channels and networks to support transparency and their use by Member States, WHO teams, partners and other stakeholders.

MONITORING ELEMENTS

 Indicators: impact, outcome and output	 WHO deliverables and milestones	 Signals of progress
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CADENCE

EVERY YEAR	Routinely reported indicator data, including the latest available impact data, WHO deliverable and milestone updates, and signals of progress.
EVERY TWO YEARS	Data from biennial indicators complement annual evidence for the baseline assessment and the mid-strategy and end-of-strategy evaluations.

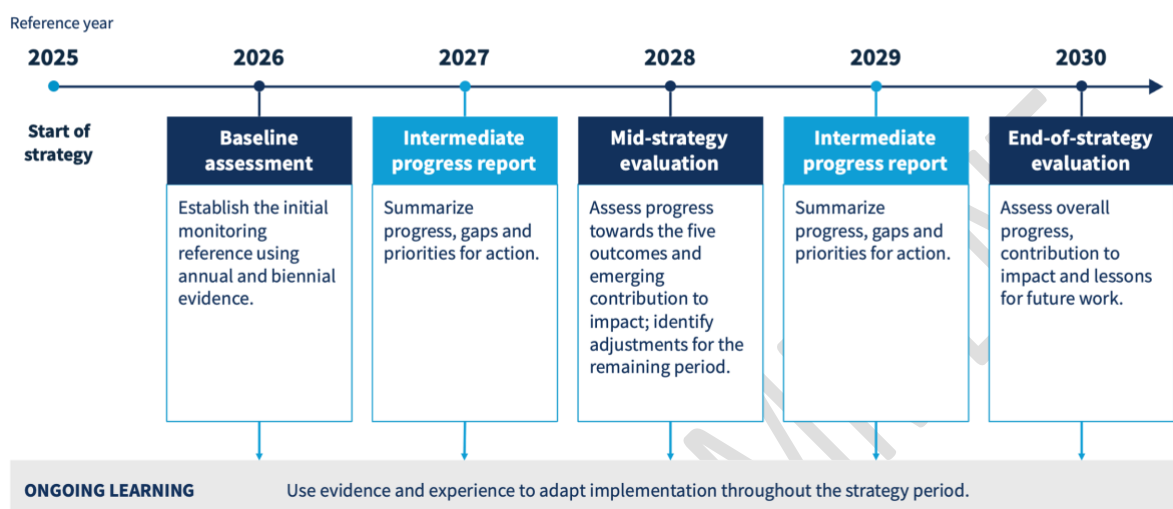


Figure 2. MEL process, 2025–2030. Monitoring elements, evidence collection cadence and reference years for the baseline assessment, intermediate progress reports, and mid-strategy and end-of-strategy evaluations.

2.4 Intended uses

Findings from monitoring and evaluation inform decisions on implementation and support throughout the strategy period. They help determine which actions and approaches should be maintained, strengthened or adapted, identify priorities for technical and financial support, and guide future programmes of work.

Use cases include:

- Prioritizing technical and financial support. WHO and partners use monitoring findings to identify where support is needed and what it should address. For example, gaps in access to quality-assured MERS-CoV testing could guide priorities for regional laboratory support.
- Adapting implementation and future programmes of work. Technical teams use evaluation findings to adjust approaches and identify priorities for subsequent work. For example, evidence that unclear referral pathways hinder access to post-COVID-19 care could lead to greater emphasis on referral tools and primary care training.

3.0 Monitoring elements

This section sets out the monitoring elements that put the assessment design into practice, including impact, outcome and output indicators and WHO deliverables and milestones. Selected monitoring elements aim to provide broad, representative coverage of implementation and results under the Strategic plan, without seeking to measure every aspect of progress.

Output indicators and WHO deliverables and milestones are organized by operational pillar. Each pillar subsection includes a guiding question to help interpret findings in relation to its intended outcome and identify relevant signals of progress. Signals of progress are identified during implementation and evaluation and are not prescribed in this section.

Indicators draw on existing data sources and reporting mechanisms wherever possible to reduce duplication and limit additional reporting burden. Data sources are specified for each indicator. Unless otherwise specified, indicators describing countries meeting a defined criterion are reported as both a number and a proportion of the relevant country group. Indicator definitions, denominators and calculation methods are provided in Annex 3, while Annex 2 maps the pillar-specific indicators and WHO deliverables and milestones to the four strategic objectives.

3.1 Impact indicators

The impact indicators provide evidence of progress towards the reductions in morbidity and mortality sought through the Strategic plan. Routine measurement of socioeconomic disruption is constrained by the availability of reliable data and feasible collection mechanisms. This dimension of impact is therefore assessed through the evaluations described in Section 4.2.

Impact	ID	Indicator	Reporting frequency	Data source
Reduced morbidity	IM.1.1	Reported COVID-19 hospital admissions per 100,000 population annually	Annual	WHO CoVMart
	IM.1.2	New laboratory-confirmed MERS-CoV cases reported to WHO annually	Annual	WHO IHR database
Reduced mortality	IM.2.1	Reported COVID-19 deaths per 100,000 population annually	Annual	WHO CoVMart
	IM.2.2	Reported deaths among laboratory-confirmed MERS-CoV cases annually	Annual	WHO IHR database

3.2 Outcome indicators

The outcome indicators below provide evidence of progress towards Outcome 4, on access to and delivery of medical countermeasures. For the other four outcomes, routine measurement through indicators is constrained by the availability of reliable data and feasible collection mechanisms.

All five intended outcomes are assessed through the mid-strategy and end-of-strategy evaluations described in Section 4.2. These assessments encompass the other four outcomes and dimensions of Outcome 4 not captured by the indicators below, drawing on the broader evidence described in Section 2.

ID	Indicator	Scope	Reporting frequency	Data source
OC.4.1	Annual COVID-19 vaccination coverage in defined population groups at high risk of severe disease	CoV-specific	Annual	WHO-UNICEF eJRF
OC.4.2	Proportion of Member States where recommended COVID-19 therapeutics	CoV-specific	Biennial	WHO regional assessments and

ID	Indicator	Scope	Reporting frequency	Data source
	are available through established care pathways for eligible high-risk patients			country questionnaires

3.3 Output indicators and WHO deliverables & milestones by operational pillar

3.3.1 Collaborative surveillance

Collaborative surveillance monitoring focuses on whether countries and global networks are sustaining the systems needed to monitor ongoing coronavirus disease burden and detect, assess, and report emerging coronavirus threats. This includes epidemiological surveillance, including through integrated respiratory surveillance systems, laboratory and genomic surveillance, burden estimation, and access to quality-assured testing for in-scope coronaviruses.

Guiding question: To what extent do surveillance and laboratory systems provide timely, quality-assured information on coronavirus circulation and disease burden and support early detection and assessment of emerging threats?

Output indicators

ID	Indicator	Scope	Reporting frequency	Data source
OP.1.1	Member States consistently reporting epidemiological and virological surveillance data on SARS-CoV-2 to WHO	CoV-specific	Annual	WHO RespiMart
OP.1.2	Member States with integrated respiratory sentinel surveillance systems that include SARS-CoV-2 testing or reporting	CoV-specific	Biennial	WHO regional assessments and country questionnaires
OP.1.3	Member States producing respiratory disease threat assessments that integrate evidence from complementary surveillance approaches.	Respiratory pathogen-agnostic	Biennial	WHO regional assessments and country questionnaires
OP.1.4	Member States with known or suspected MERS-CoV risk with access to quality-assured MERS-CoV testing through domestic capacity or established referral arrangements	CoV-specific	Annual	WHO CoViNet and regional laboratory / referral records
OP.1.5	Member States with laboratories participating in WHO external quality assessment for coronavirus testing and meeting established performance standards	CoV-specific	Annual	WHO GIP - CoViNet external quality assessment programme records

ID	Indicator	Scope	Reporting frequency	Data source
OP.1.6	Member States sharing genomic sequencing data on SARS-CoV-2, MERS-CoV or other relevant coronaviruses	CoV-specific	Annual	GISAID; NCBI GenBank
OP.1.7	Member States reporting assessments of syndromic respiratory illness severity to WHO using established thresholds	Respiratory pathogen-agnostic	Annual	WHO RespiMart
OP.1.8	Member States that produced or updated national COVID-19 burden estimates during the strategy period	CoV-specific	Annual	WHO GCP-led structured evidence review; WHO regional assessments and country questionnaires

WHO deliverable & milestones

WHO deliverable: Countries and global networks receive WHO guidance, strategic information, and technical support to sustain coronavirus surveillance, laboratory detection and characterization, and risk assessment.

ID	Milestone
M.1.1	WHO standards and recommendations for coronavirus surveillance and laboratory testing reviewed, with updates issued in response to new evidence, changing risks and implementation needs.
M.1.2	Technical support to design, adapt and evaluate coronavirus surveillance arrangements delivered against agreed country priorities, with recommendations and follow-up actions documented.
M.1.3	External quality assessment and laboratory referral support for coronavirus testing and characterization delivered through WHO-coordinated networks, with performance feedback and support provided to address identified gaps.
M.1.4	COVID-19 and MERS epidemiological updates and coronavirus risk assessments issued according to agreed reporting schedules and event triggers, incorporating epidemiological and/or virological evidence.

3.3.2 Community protection

Community protection monitoring focuses on whether countries are sustaining the capacities needed to communicate risk, engage communities, manage misinformation, and implement appropriate PHSM for coronavirus disease threats. It considers whether these capacities are integrated into broader respiratory threat preparedness and whether countries are able to gather and use behavioural, social, and community evidence to guide action.

Guiding question: How effectively are PHSM for coronavirus disease threats implemented and adapted to epidemiological conditions and community needs, supported by RCCE-IM that generates social and behavioural insights, builds trust, addresses misinformation, and supports community uptake?

Output indicators

ID	Indicator	Scope	Reporting frequency	Data source
OP.2.1	Member States that have included the core components of RCCE in their respiratory pandemic preparedness plans	Respiratory pathogen-agnostic	Annual	WHO PIP HLIP III monitoring (indicator 3.2)
OP.2.2	Member States that explicitly integrate PHSM into respiratory pathogen-focused (coronavirus, influenza) or other pandemic preparedness plans	Respiratory pathogen-agnostic	Biennial	WHO regional assessments and country questionnaires
OP.2.3	Member States that use behavioural and social data to inform vaccination strategies against respiratory pathogens and address barriers to vaccine uptake	Respiratory pathogen-agnostic	Annual	WHO-UNICEF electronic Joint Reporting Form (eJRF)
OP.2.4	Member States with policies, guidance, or mechanisms to engage community health workers in respiratory disease preparedness and response	Respiratory pathogen-agnostic	Biennial	WHO regional assessments and country questionnaires
OP.2.5	Member States conducting regular infodemic monitoring and analysis related to respiratory pathogens	Respiratory pathogen-agnostic	Annual	WHO PIP HLIP III monitoring (indicator 3.5)

WHO deliverable & milestones

WHO deliverable: Countries receive WHO guidance, communication resources, and technical support to implement community-informed prevention and response through RCCE-IM and appropriate PHSM.

ID	Milestone
M.2.1	Coronavirus risk communication materials and RCCE-IM tools issued or updated in response to changing risks, emerging misinformation and community information needs.
M.2.2	WHO PHSM recommendations and decision-support tools for coronaviruses published and updated based on evidence on effectiveness, community acceptability and wider socioeconomic consequences.
M.2.3	Technical support for RCCE-IM and community-based early warning delivered against agreed country priorities, with social and behavioural insights and community feedback reflected in recommended actions.
M.2.4	Technical support for selecting, implementing and adapting PHSM delivered in response to country needs and changing epidemiological conditions, with recommendations and follow-up actions documented.

3.3.3 Safe and scalable care

Safe and scalable care monitoring focuses on whether coronavirus-related clinical, infection prevention and control (IPC), occupational health, and post-acute care capacities are embedded in routine health services and remain ready to scale during outbreaks or periods of increased risk. It emphasizes broader severe respiratory infection pathways, functional IPC systems, high-risk populations, and post-COVID-19 condition, rather than COVID-19-specific emergency arrangements alone.

Guiding question: Which coronavirus-related clinical and preparedness capacities have been sustained and embedded within routine health services, particularly for populations at highest risk or with limited access to care?

Output indicators

ID	Indicator	Scope	Reporting frequency	Data source
OP.3.1	Member States with updated clinical management guidance or care pathways for severe respiratory infections, including coronavirus diseases	CoV-specific	Biennial	WHO regional assessments and country questionnaires
OP.3.2	Member States with a functional national IPC programme, guidelines and protocols, workforce training, implemented using multimodal strategies relevant to respiratory infections, with regular monitoring and feedback.	Respiratory pathogen-agnostic	Annual	WHO IHR SPAR (C9.1), complemented by WHO global survey on IPC minimum requirements and TrACSS
OP.3.3	Member States with national guidance or care pathways for post-COVID-19 condition	CoV-specific	Biennial	WHO regional assessments and country questionnaires

WHO deliverable & milestones

WHO deliverable: Countries receive WHO clinical and IPC guidance and technical support to sustain safe, accessible coronavirus disease care and maintain readiness to expand services during outbreaks.

ID	Milestone
M.3.1	WHO recommendations for acute and post-acute coronavirus disease care and IPC reviewed, with updates issued in response to emerging clinical evidence, changing risks and implementation needs.
M.3.2	Clinical implementation tools, training and technical support delivered against agreed country priorities to strengthen acute and post-acute care, including post-COVID-19 condition, within primary health care and referral services.

ID	Milestone
M.3.3	Technical support for clinical surge readiness, medical oxygen and IPC delivered against agreed country and regional priorities, with readiness gaps, recommended corrective actions and follow-up documented.

3.3.4 Access to and delivery of medical countermeasures

MCMs monitoring focuses on whether countries and global systems are sustaining the ability to develop, authorize, deploy, monitor, and use coronavirus disease vaccines, therapeutics, and diagnostics. It covers research and development, policy recommendations, regulatory readiness, deployment and delivery arrangements, and evidence on product uptake, safety and effectiveness.

Guiding question: To what extent are countries integrating coronavirus disease MCMs into existing delivery platforms and strengthening them for both routine service delivery and surge response?

Output indicators

ID	Indicator	Scope	Reporting frequency	Data source
OP.4.1	Member States that recommend routine COVID-19 vaccination for at least one group at high risk of severe disease	CoV-specific	Annual	WHO-UNICEF eJRF
OP.4.2	Member States reporting annual COVID-19 vaccination coverage for at least one group at high risk of severe disease	CoV-specific	Annual	WHO-UNICEF eJRF
OP.4.3	Member States that developed or updated a national deployment plan and vaccination plan for respiratory pathogens	Respiratory pathogen-agnostic	Annual	WHO PIP HLIP III monitoring (indicator 4.4)
OP.4.4	Member States whose national COVID-19 treatment guidance includes at least one WHO-recommended outpatient therapeutic for eligible high-risk patients	CoV-specific	Biennial	WHO regional assessments and country questionnaires
OP.4.5	Member States where at least one WHO-recommended COVID-19 therapeutic is authorized for use	CoV-specific	Biennial	Manufacturer survey; market data; WHO regional assessments and country questionnaires
OP.4.6	COVID-19 vaccine and / or therapeutic effectiveness or post-introduction studies published globally	CoV-specific	Annual	WHO GCP-led structured evidence review; TAG-CO-VAC evidence synthesis

ID	Indicator	Scope	Reporting frequency	Data source
OP.4.7	Priority activities in the CORC-CoV Research and development roadmap with at least one active or completed research initiative during the reporting year	CoV-specific	Annual	CORC-CoV roadmap monitoring

WHO deliverable & milestones

WHO deliverable: Countries and partners receive WHO research coordination, policy recommendations, product assessment and technical support to advance the development, equitable access to and delivery of safe, effective and quality-assured coronavirus MCMs.

ID	Milestone
M.4.1	Coronavirus research and product development priorities and target product requirements reviewed and communicated through WHO-coordinated mechanisms, with priority gaps and collaborative follow-up actions documented.
M.4.2	WHO recommendations on coronavirus countermeasure use, including COVID-19 vaccine antigen composition and vaccination policy, issued or updated following scheduled evidence reviews and in response to emerging evidence.
M.4.3	WHO product assessments and regulatory preparedness support delivered through applicable mechanisms, with assessment decisions, recommendations and follow-up actions documented.
M.4.4	Technical support for equitable access, introduction and delivery of coronavirus countermeasures provided against agreed country and partner priorities, including integration into routine services and readiness to expand delivery during outbreaks.
M.4.5	Evidence on coronavirus countermeasure uptake, safety and effectiveness synthesized and disseminated according to agreed reporting schedules and emerging policy needs, with implications for WHO recommendations and country support identified.

3.3.5 Coordination

Coordination monitoring focuses on whether coronavirus disease threats are being incorporated into broader preparedness, respiratory disease, One Health, and health security arrangements, while preserving essential coronavirus-specific capacities where needed. It also captures WHO regional operationalization of the Strategic plan, multisectoral coordination, cross-border collaboration, and participation in global research and technical networks.

Guiding question: How effectively are countries integrating coronavirus disease preparedness into broader health systems while preserving essential pathogen-specific capacities where required, and strengthening coordination across sectors and borders?

Output indicators

ID	Indicator	Scope	Reporting frequency	Data source
OP.5.1	Member States that developed or updated a pandemic preparedness plan addressing respiratory disease threats	Respiratory pathogen-agnostic	Annual	WHO PIP HLIP III monitoring (indicator 1.3)
OP.5.2	Member States represented through research institutions or experts participating in CORC-CoV or other WHO-coordinated coronavirus research networks	CoV-specific	Annual	CORC-CoV membership and activity records
OP.5.3	Member States with an operational national incident management system integrated with a public health emergency operations centre or equivalent structure	Respiratory pathogen-agnostic	Annual	WHO IHR SPAR (C7.2)
OP.5.4	Member States with regular One Health collaboration at national level to prevent, detect, assess and respond to priority zoonotic diseases	Respiratory pathogen-agnostic	Annual	WHO IHR SPAR (C12.1)

WHO deliverable & milestones

WHO deliverable: Countries, regions, and partners receive WHO strategic leadership, convening, and technical support to align plans, resources and coordination arrangements for sustained coronavirus disease threat management and escalation of response.

ID	Milestone
M.5.1	Coronavirus disease threat management priorities and implementation responsibilities agreed across WHO headquarters and regional offices, with technical support for national planning delivered against agreed country priorities.
M.5.2	Joint priorities, roles and response arrangements reviewed through WHO-supported multisectoral and cross-border coordination mechanisms, including One Health collaboration, with decisions and follow-up actions documented.
M.5.3	Investment and partner support priorities for sustained coronavirus disease threat management communicated through WHO advocacy and coordination processes, with commitments and follow-up tracked.
M.5.4	Baseline assessment, intermediate progress reports, and mid-strategy and end-of-strategy evaluations completed according to the agreed schedule, with findings and agreed follow-up actions reported.

4.0 Methodology

This section sets out methods for collecting, validating, and analysing evidence and for conducting evaluations, as well as arrangements for learning and adaptation.

4.1 Monitoring

4.1.1 Evidence collection and documentation

Impact, outcome, and output indicators. Data will be drawn from the sources specified in Section 3 and compiled using the indicator specifications in Annex 3. Data access and dissemination will follow the arrangements governing each data source.

WHO deliverables and milestones. Responsible technical teams will document achievements against the milestones in Section 3 with supporting records, noting incomplete or delayed delivery and planned follow-up actions. Recurring milestones will be assessed against agreed schedules, event triggers, or service expectations for each reporting period.

Signals of progress. Evidence relevant to the guiding questions will be identified through implementation, technical support, monitoring, and evaluation. Contributions will document the change or experience, its context and timing, and the supporting evidence. Collection will include barriers, setbacks, and lessons alongside positive developments.

Monitoring periods will cover 1 January to 31 December. Evidence for each reporting round will be collected, validated, and analysed in the first quarter of the following year, with reporting completed by the end of that quarter.

4.1.2 Data quality and comparability

Evidence will be verified for completeness, consistency, and conformity with agreed definitions and documentation requirements. Discrepancies will be referred to the relevant technical teams or data owners for clarification, with corrections and unresolved quality concerns documented.

Indicator calculations will follow specifications outlined in Annex 3. Reporting coverage will accompany country-based proportions. Missing data will be distinguished from confirmed non-achievement and non-applicability. Differences in indicator coverage, definitions, or source systems will be considered when comparing results over time.

Any correction or methodological revision affecting earlier figures will be documented, including its rationale and implications for comparability. Changes to indicator definitions or calculation methods will be recorded in updates to Annex 3.

4.1.3 Analysis and interpretation

Analysis will examine changes from baseline and previous reporting periods. Findings will be disaggregated according to the indicator specifications and data available.

Indicator results, WHO deliverable and milestone records, and signals of progress will be considered in relation to the guiding question and intended outcome for each operational pillar. The mapping in Annex 2 will support examination of progress across the four strategic objectives. Routine management and readiness to scale up will be considered in accordance with the scope described in Section 1.

The analysis will distinguish evidence of output delivery from evidence of progress towards the intended outcomes. Conclusions will reflect the strength and limitations of the available evidence and identify questions requiring further assessment.

4.2 Evaluation

Each evaluation will be structured around a set of evaluation questions that guide the collection, analysis and interpretation of evidence. These questions will address achievement of the intended

outcomes and contribution to impact, drawing on the outcome statements and results chain in Section 2.1 and informed by the pillar guiding questions. Evaluations will also examine the continuing suitability of the monitoring and reporting approach and identify any necessary adjustments to the MEL framework. Terms of reference will specify the methods and responsibilities, including arrangements for independent assessment in the end-of-strategy evaluation, resources permitting.

Accumulated monitoring findings will be combined with relevant research, programme reports, and implementation records, among other sources. Where feasible, focused case studies and stakeholder consultation will examine implementation and results in greater depth. Case selection will consider different epidemiological and health system contexts, routine and emergency conditions, and experiences of progress and persistent difficulties. The basis for selection and limits to generalizing findings will be documented.

Evidence from different sources will be examined together to assess whether outputs were used and sustained, what changes occurred in coronavirus disease threat management, and whether and how actions under the Strategic plan contributed to those changes. The assessment will consider WHO's contribution within the collective effort, the quality of supporting and conflicting findings, and alternative explanations for observed changes.

Both evaluations will examine contribution to the intended impact, drawing on available evidence of changes in morbidity, mortality, and socioeconomic disruption. Conclusions will distinguish observed results from evidence of contribution and identify where the available evidence is insufficient.

4.3 Learning and adaptation

The WHO Global COVID-19 and other Coronaviruses Programme (GCP) coordination team, regional offices and other relevant WHO programmes will consider findings and agree on follow-up actions, with assigned responsibilities and timeframes. Progress on agreed actions will be tracked through subsequent annual monitoring.

5.0 Roles and responsibilities

WHO headquarters, through GCP, will coordinate implementation of the MEL framework with regional and country offices and other relevant WHO programmes. A technical lead and a responsible data owner will be identified for each indicator and milestone. These roles may be fulfilled by the same person or team.

Role	Responsibilities
WHO headquarters - GCP	Maintain the MEL framework and its annexes; circulate the agreed reporting timetable and coordinate submissions from regional offices, other relevant WHO programmes and data owners; coordinate evidence consolidation, analysis across pillars and preparation of global reports; convene discussions of findings and coordinate evaluation preparation; and record and track agreed actions.
WHO regional offices	Coordinate regional contributions and necessary country consultation; align collection with established regional reporting processes; review completeness and regional interpretation; resolve queries with country offices and national counterparts; and identify and follow up regional support priorities.

WHO country offices	Facilitate engagement with national counterparts where information or clarification is required; support interpretation in the national context; document relevant WHO country contributions and implementation experience; and support follow-up of agreed country-level actions.
Technical leads	Maintain technical specifications and assessment criteria; review the quality and interpretation of evidence within their area; compile updates on relevant WHO milestones; explain changes, gaps and limitations; and identify recommendations arising from the findings.
Data owners	Maintain the source data or records; provide agreed data and accompanying information on definitions, coverage and reference periods; resolve data queries and confirm corrections; and manage access and release through established arrangements.

6.0 Limitations

Findings will be interpreted considering the following limitations:

- **Data availability and comparability.** Reporting completeness, timeliness and quality may vary across countries, regions and technical areas. Changes in coverage, definitions or source systems can affect apparent trends.
- **Measurement of implementation and performance.** Indicators describing the presence of policies, plans, services, or capacities provide limited information on their quality, reach, and use. Respiratory pathogen-agnostic indicators describe shared capabilities whose specific contribution to coronavirus disease threat management may require additional evidence.
- **Assessment of readiness.** Preparedness arrangements, assessments, and exercises provide evidence of readiness, but performance during an actual event also depends on its scale and characteristics. Uncertainty is particularly relevant for novel coronavirus threats.
- **Representativeness and equity.** National and regional summaries may obscure differences between population groups, locations, and levels of the health system. Signals of progress may disproportionately reflect settings with stronger documentation or more active participation and cannot establish how widespread an experience is.
- **Contribution to outcomes and impact.** Changes in morbidity, mortality, and socioeconomic disruption reflect collective action, changes in coronavirus circulation and characteristics, population immunity, and wider health system and socioeconomic conditions. The framework can assess evidence of contribution and the plausibility of the pathways described in the theory of change, but cannot isolate the effects of the Strategic plan or WHO support from these other influences.

Annexes

Annex 1: MEL framework development methodology

The WHO Global COVID-19 and other Coronaviruses Programme (GCP) coordinated the development of the MEL framework through a documented process of methodological review, consultation, and iterative drafting. Established MEL approaches were examined for their suitability to a global strategic plan implemented through the collective efforts of Member States, WHO, and partners. The review considered how to assess progress towards intended results, distinguish WHO contributions, and combine quantitative measures with evidence of implementation experience.

Existing and previous WHO frameworks were reviewed to identify indicators, data sources, and methodological elements that could be used or adapted. These included previous COVID-19 Strategic Preparedness and Response Plan monitoring and evaluation frameworks, the Pandemic Influenza Preparedness Framework High-level Implementation Plan III monitoring and evaluation plan, the framework for tracking global progress on preparedness for respiratory pandemics and the International Health Regulations monitoring and evaluation framework. Particular attention was given to established reporting systems and opportunities to avoid duplication.

Key informant consultations explored the relevance and feasibility of potential monitoring elements and their alignment with related WHO programmes. Discussions addressed data availability, interpretation, measurement at country, regional and global levels, and coordination requirements. Findings informed the selection and refinement of monitoring elements and identified areas requiring further technical input.

Drafting drew on the Strategic plan's goal, strategic objectives, and priority actions to establish the theory of change, results chain, and monitoring elements. Candidate indicators were examined for relevance, clarity, feasibility of measurement and availability of data. Coverage was considered across COVID-19, MERS, and novel coronavirus threats, including both routine management and readiness to scale up. WHO deliverables and milestones were developed with reference to WHO's mechanisms of action.

Successive drafts underwent internal consultation through focus group discussions and written feedback. Technical review examined the formulation of monitoring elements, indicator definitions, and suitability of data sources. Regional input addressed feasibility, reporting burden and alignment with established collection processes. Feedback informed revisions and helped resolve gaps and inconsistencies across the framework.

The draft has been subsequently made available for a three-week public consultation open to Member States, partners, and other interested constituencies. An online questionnaire and written submissions provide opportunities to comment on the framework's relevance, coverage, feasibility, and use across different implementation contexts. Responses will be consolidated and reviewed to inform revisions before finalization.

The framework and its annexes will be finalized following consideration of internal and public consultation feedback. This will confirm the indicator specifications, data sources, reporting periods and responsibilities, and arrangements for monitoring, evaluation, and use of findings.

Annex 2. Mapping of monitoring elements to strategic objectives

This annex maps the outcome and output indicators and WHO deliverables and milestones in Section 3 to the Strategic plan's four strategic objectives. The mapping identifies the objectives most directly informed by each monitoring element and supports analysis across operational pillars. Impact indicators inform assessment of the plan's overall impact, to which all four strategic objectives contribute, and are not mapped separately.

The plan's strategic objectives are the following:

- **Strategic objective 1.** Sustain essential, evidence-based COVID-19 and other coronavirus disease threat management activities across core public health capabilities to reduce morbidity, mortality, and socio-economic disruption, right-sized to burden.
- **Strategic objective 2.** Integrate coronavirus disease threat management into broader disease prevention and control programmes and systems, across all levels (local, national, regional, global), in particular with other respiratory diseases, like influenza and respiratory syncytial virus (RSV).
- **Strategic objective 3.** Enhance core capabilities as outlined in the HEPR Framework to identify, prioritize, and address operational gaps in coronavirus disease threat management.
- **Strategic objective 4.** Generate, share, and apply evidence to close knowledge gaps and translate research and lessons learned into improved programmes, policies, and evidence-based guidance and control tools.

A monitoring element may inform more than one objective. An indicated link does not, by itself, demonstrate achievement of the corresponding strategic objective. Deliverable mappings summarize the contributions of their associated milestones.

X indicates a mapped link. ID code including OC denotes an outcome indicator; OP denotes an output indicator; M denotes a WHO milestone; and WHO denotes the pillar deliverable. Short monitoring element labels refer to the full statements in Section 3.

Outcome indicators

ID	Monitoring element	S01	S02	S03	S04
OC.4.1	COVID-19 vaccination coverage among populations at high risk of severe disease	X			
OC.4.2	Availability of recommended COVID-19 therapeutics through established care pathways	X			

Output indicators and WHO deliverables and milestones, by operational pillar

Collaborative surveillance

ID	Monitoring element	S01	S02	S03	S04
Output indicators					
OP.1.1	Consistent epidemiological and virological reporting	X			X
OP.1.2	SARS-CoV-2 in integrated sentinel surveillance		X		

ID	Monitoring element	S01	S02	S03	S04
OP.1.3	Threat assessments using complementary surveillance evidence		X	X	X
OP.1.4	Access to quality-assured MERS-CoV testing	X		X	
OP.1.5	Coronavirus external quality assessment and performance	X		X	
OP.1.6	Sharing coronavirus genomic sequence data	X			X
OP.1.7	Reporting syndromic respiratory severity assessments	X	X		X
OP.1.8	National COVID-19 burden estimates			X	X
WHO deliverable and milestones					
WHO	Guidance, information and support for surveillance and laboratories	X	X	X	X
M.1.1	Surveillance and laboratory standards and recommendations		X	X	X
M.1.2	Support to design, adapt and evaluate surveillance		X	X	X
M.1.3	Laboratory quality assessment and referral support	X		X	
M.1.4	Epidemiological updates and risk assessments	X	X		X
<i>Community protection</i>					
ID	Monitoring element	S01	S02	S03	S04
<i>Output indicators</i>					
OP.2.1	RCCE components in respiratory pandemic plans	X	X	X	
OP.2.2	PHSM in pandemic preparedness plans	X	X	X	
OP.2.3	Behavioural and social evidence for vaccination strategies		X	X	X
OP.2.4	Arrangements to engage community health workers	X	X	X	
OP.2.5	Regular infodemic monitoring and analysis	X	X		X
WHO deliverable and milestones					
WHO	Guidance, resources and support for community-informed prevention	X	X	X	X
M.2.1	Risk communication materials and RCCE-IM tools	X	X		X
M.2.2	PHSM recommendations and decision-support tools		X	X	X
M.2.3	RCCE-IM and community-based early warning support		X	X	X
M.2.4	Support to select, implement and adapt PHSM	X	X		X

Safe and scalable care

ID	Monitoring element	S01	S02	S03	S04
Output indicators					
OP.3.1	Coronavirus diseases in severe respiratory care guidance	X	X		
OP.3.2	Functional national IPC programmes	X	X	X	
OP.3.3	Guidance or care pathways for post-COVID-19 condition	X			
WHO deliverable and milestones					
WHO	Guidance and support for safe care and service expansion	X	X	X	X
M.3.1	Acute and post-acute care and IPC recommendations			X	X
M.3.2	Care implementation tools, training and support		X	X	
M.3.3	Clinical surge, medical oxygen and IPC support	X		X	

Access to and delivery of medical countermeasures

ID	Monitoring element	S01	S02	S03	S04
Output indicators					
OP.4.1	Routine COVID-19 vaccination recommendations	X	X		
OP.4.2	Reporting COVID-19 vaccination uptake	X	X		X
OP.4.3	Respiratory pathogen deployment and vaccination plans	X	X	X	
OP.4.4	Recommended outpatient therapeutics in national guidance	X			X
OP.4.5	Authorization of recommended COVID-19 therapeutics	X			
OP.4.6	Effectiveness and post-introduction studies				X
OP.4.7	Research initiatives addressing CORC-CoV priorities			X	X
WHO deliverable and milestones					
WHO	Research, policy, assessment and support for countermeasures	X	X	X	X
M.4.1	Research priorities and target product requirements			X	X
M.4.2	Countermeasure use and vaccination recommendations	X	X	X	X
M.4.3	Product assessment and regulatory preparedness support			X	X
M.4.4	Access, introduction and delivery support	X	X	X	
M.4.5	Synthesis of uptake, safety and effectiveness evidence				X

Coordination

ID	Monitoring element	S01	S02	S03	S04
Output indicators					
OP.5.1	Respiratory pandemic preparedness plans	X	X		
OP.5.2	Participation in coronavirus research networks			X	X
OP.5.3	Operational incident management and emergency operations	X	X		
OP.5.4	Regular national One Health collaboration	X	X		
WHO deliverable and milestones					
WHO	Leadership and support for plans, resources and coordination	X	X	X	X
M.5.1	Implementation responsibilities and national planning support	X		X	
M.5.2	Multisectoral and cross-border coordination	X	X		
M.5.3	Investment advocacy and partner support	X		X	
M.5.4	MEL assessments, reports and follow-up				X

Annex 3. Indicator metadata sheets

This annex provides the specifications for the impact, outcome, and output indicators. Each sheet defines the indicator and its calculation, including the numerator and denominator where applicable, required disaggregation, data source, reporting cadence, and related responsibilities. The sheets further document the interpretation and limitations of each indicator.

Detailed indicator specifications will be finalized following public consultation and included in Annex 3.

DRAFT FOR COMMENT