IPA III Results Framework Indicator Methodology Note

1. Indicator code and name

IPA III RF 4.1.3.3: Number of supported EU funded interventions addressing the fight against communicable diseases and cross-border health threats implemented (disaggregated by (a) general population (b) vulnerable groups (e.g. Roma, persons with disabilities, LGBTI as relevant to particular action))

2. Technical details

OPSYS and Results Dashboard code: 260951, 260953.

Unit of measure: Number of (#)

Type of indicator: *Quantitative: Numeric; Actual (ex-post); Cumulative (not annual).*

Level of measurement: The indicator corresponds generally to an output level result.

Disaggregation:

The indicator is to be disaggregated at intervention and reporting levels according to whether the action is focused on:

(a) general population or

(b) vulnerable groups (e.g. Roma, persons with disabilities, LGBTI as relevant to particular action).

At intervention level, if considered appropriate the indicator might be disaggregated according to type of vulnerable group.

DAC sector codes:

12110; 12181; 12182; 12191; 12220; 12230; 12240; 12250; 12261; 12262; 12263; 12264; 12281

Main associated SDG: **SDG 3** Good health and well-being.

Other associated SDGs: n/a.

Associated IPA III Level 1 indicator:

- Universal Health Coverage (UHC) Index (Source: SDG 3.8.1) (Ind. 4.1.3).

Associated IPA III Level 3 indicators:

- Amount and share of EU-funded external assistance directed towards supporting social inclusion and human development.

3. Policy context and Rationale

- **IPA III PF: Window 4** Competitiveness and inclusive growth**, Thematic priority 1** Education, employment, social protection and inclusion policies, and health.
- **Chapter of the *Acquis*.** The indicator responds to the need for Candidate and potential Candidate Countries to participate actively in addressing key public health challenges, consistent with **Chapter 28** Consumer and health protection.
- The rationale for interventions that combat communicable diseases and cross-border health threats is evident especially since the onset of COVID 19. IPA supports *"…a high level of health protection. strong health systems are of crucial importance for the*

security of society as a whole. IPA III may contribute to reinforcing the robustness of health systems in the IPA III beneficiaries." (IPA III Programme Framework, p. 46). IPA III PF, "*IPA III will also support, where appropriate, the alignment with and implementation of EU acquis in the field of public health, including on health security. It should also contribute to health systems reforms with regard to raising the coverage and standards of care provided to the population as a whole while paying attention to the elderly and people belonging to vulnerable groups. In addition, in light of lessons learnt from tackling the COVID-19 pandemic, IPA III will support beneficiaries in strengthening their public health systems preparedness and resilience to cross-border health threats"* (Idem, p.49). These actions are consistent with Article 168 of the TFEU https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:12008E168&from=EN

- However, EU action in these fields is in complementarity to those of member states (and therefore Candidate and potential Candidate Countries), public health remaining a primarily national responsibility.
- The public health areas specified in the indicator correspond well to the main areas of EU intervention in public health.

4. Values to report

All of the following values must be determined according to the definitions provided in Section 5 below.

Current value: The most recent value measured for the indicator by the time of reporting. Current values will be collected at least once a year and reported cumulatively across the whole implementation period.

Final target value: The expected value for the indicator in the target year.

Intermediate target values (milestones). A tool has been developed in OPSYS to automate the generation of intermediate targets[1].

- For outputs: the intermediate targets are generated using a linear interpolation between the baseline and target values because it is assumed that outputs materialise sooner and more progressively over implementation (than outcomes).

[1] This has been done in the framework of the Primary Intervention Questionnaire for the EAMR. Three KPIs have been developed to provide an overall assessment of the ongoing interventions' current implementation and future prospects, and the completed interventions' final performance. Scores will be calculated for all INTPA and NEAR interventions participating in the annual results data collection exercise.

- KPI 10 reflects the relevance, efficiency and effectiveness already achieved by the ongoing intervention. The information on relevance is provided by the Operational manager's response to a question in a survey. The information on efficiency and effectiveness is provided by the logframe data, if sufficiently available, or the response to a question in a survey, if not.
- KPI 11 reflects expectations regarding the most probable levels of relevance, efficiency, effectiveness and sustainability to be achieved by the ongoing intervention in the future. In this case, all the information is provided by the Operational manager's responses to questions in a survey.
- KPI 12 reflects the relevance, efficiency and effectiveness already achieved by the completed intervention. The information on relevance is provided by the Operational manager's response to a question in a survey. The information on efficiency and effectiveness is provided by the logframe data, if sufficiently available, or the response to a question in a survey, if not.

- For outcomes: the expected progression over the course of implementation will vary across interventions. During the creation of a logframe, the expected outcome profile must be selected (OPSYS offers four options[2]) and this selection triggers the generation of intermediate targets for all 30 June and 31 December dates between the baseline and target dates for all output and outcome quantitative indicators. All automatically generated intermediate targets values and dates can be subsequently modified by the Operational Manager or the Implementing Partner with the approval of the Operational Manager.

5. Calculation of values

The value for this indicator is calculated by counting the **Number of supported actions**, using the Technical Definitions and Counting Guidance provided below. Please double check your calculations using the Quality Control Checklist below.

Technical Definitions

Communicable diseases: also known as infectious diseases or transmissible diseases, are illnesses that result from the infection, presence and growth of pathogenic (capable of causing disease) biologic agents in an individual human or other animal host. Infections may range in severity from asymptomatic (without symptoms) to severe and fatal. In recent times the most serious such disease has been COVID 19, but there are many other, more mundane diseases.

Cross-border health threats refers to threats to human health, within the domain of public health, that may cross border. In practice all communicable diseases by their nature have this capacity.

Intervention: For purposes of this indicator the number of interventions is taken to be the number of primary interventions, as defined by EU services.

EU funded interventions are interventions financed in full or in part by IPA III

Counting Guidance

- There must be a relevant implemented action, such that a relevant part or the whole action must be/have been implemented to **count** against the indicator.

In order to calculate the following procedure should be followed:

- Measure only for actions supported by IPA that address fight against communicable diseases and cross-border health threats and
- Have been in whole or partially implemented.

This indicator, by its very nature, refers to the entire intervention and not to a particular result in an intervention logframe. Within an intervention logframe, this indicator will have to be adapted or translated into the form of an indicator(s) measuring the progress against the fight against communicable diseases and cross-border health threats.

Quality Control Checklist

1. Have all relevant disaggregations been reported?
2. Has the baseline and final target been encoded with the right dates?
3. Did you encode the latest current value available?

[2] a. Constant: The outcomes are achieved continuously throughout implementation; b. Accelerating: The outcomes are achieved towards the end of implementation; c. At the end: The outcomes are mostly achieved at the end of implementation; d. None of the above.

4. Did you use the comment box to inform on the values encoded?

6. Examples of calculations

Number of supported actions addressing the fight against communicable diseases and cross-border health threats implemented (disaggregated (a) general population (b) vulnerable groups (e.g. Roma, persons with disabilities, LGBTI as relevant to particular action))

In Country A an Action Document programmes several activities as follows:

I. Vaccination programme against COVID-19
II. Vaccination programme against influenza among old people
III. A targeted neo-natal programme in one county with focus on disadvantaged, mainly Roma communities
IV. Wider reform of primary care.

Let us assume that activities i, ii, and iii are all delivered by the same implementing partner and are considered a single primary intervention. Activity (iv) is implemented under another modality and contract and is a separate primary intervention.

Let us assume all are implemented in the same timeframe, i.e. Year 1 and Year 2

Activity	**Year 1**		**Year 2**	
i. Vaccination programme against COVID-19	150 000 persons vaccinated*	Of which 50 000 vulnerable persons	180 000 persons vaccinated**	Of which 55 000 vulnerable persons
ii. Vaccination programme against influenza among old people*	30 000 persons vaccinated	Of which 8 000 vulnerable persons	28 000 persons vaccinated	Of which 9 000 vulnerable persons
iii. A targeted neo-natal programme in one county with focus on disadvantaged, mainly Roma communities	40 000 persons benefited	Of which 38 500 vulnerable persons	38 000 persons benefited	Of which 37 000 vulnerable persons
iv. Wider reform of primary care	No person beneficiaries at this stage		No person beneficiaries at this stage	

(*) first dose

(**) for may persons, this will be second dose

These figures are highly interesting. But they do not feed into our IPA III RF indicator rather to other customised indicators for the intervention. However, they do present the picture.

And in terms of the IPA III RF indicator, the picture is:

In Year 1 a single primary intervention (comprising three activities and benefiting many thousands of persons, some of which are vulnerable) is supported. This intervention addresses the general population and also vulnerable persons. As a single primary intervention and in terms of each of its three activities it addressed both. So, the value after Year 1 and Year 2 is the same: it is “1” for (a) general population and 0 for (b) vulnerable groups (as these are counted within the general population).

The Wider reform of primary care is a separate primary intervention. But it does not count against the indicator since it is service-focused, not pathology focused and not focused on this or that category of persons. The value here is therefore “0”.

In fact, the disaggregation will be in this case of little relevance: since the focus of the intervention is the general population and disease often does not discriminate between categories of person.

It is evident that the disaggregation will be more interesting with regard to “person” oriented indicators that may be customised and used in the intervention to represent more detailed results.

7. Data sources and issues

Data sources in the logframe:

- Data for this indicator must derive directly from the intervention, i.e. intervention internal monitoring and reporting systems from implementing organisations (e.g. governments, international organisations, non-state actors).
- A judgment will need to be made as to whether and in which respect an implemented action addresses:
  - the fight against communicable diseases and/or cross-border health threats
  - for which target populations.
- Other possible sources include studies carried out in the framework of the interventions and external monitoring and/or evaluation reports.

Data source categories specified in OPSYS: n/a

8. Reporting process & Corporate reporting

Who is responsible for collecting and reporting the data?

- The implementing partner (i.e. the entity responsible for delivering the results) will need to ensure the counting starts at the lowest level of intervention and is reported upwards and aggregated for the entire intervention in the framework of regular monitoring and reporting systems.
- Data verification:
  - For indirect management by beneficiary countries, the National IPA Coordinator will verify the data.
  - For other modes of implementation, the Operational Manager in HQs/EUD will verify the data.
- It is then the responsibility of DG NEAR to centrally receive and verify data for this indicator from all relevant interventions and to eventually ensure aggregation within and across all IPA Beneficiary countries.

This indicator is used for corporate reporting in the following contexts:

- *IPA III via the Annual Report*

9. Other uses

IPA III RF 4.1.3.3 can be found in the following groups of EU predefined indicators available in OPSYS, along with other related indicators:

- IPA III RF Window 4: Competitiveness and inclusive growth (IPA III W4)

For more information, see: Predefined indicators for design and monitoring of EU-funded interventions | Capacity4dev (europa.eu)
10. Other issues
None.