

Request for genIC Approval Performance Measures Project

CIO: Global Health Coordinating Unit (GHCU)

PROJECT TITLE: CDC Global COVID-19: Monitoring and evaluation of partners supporting CDC's international response to the coronavirus pandemic [**continuation 2023-2025**]

PURPOSE AND USE OF COLLECTION: The Centers for Disease Control and Prevention (CDC) received global health COVID-19 supplemental funding through three Congressional appropriations totaling \$1.5 billion to reduce the global burden of COVID-19, while continuing to build global capacity to prevent, prepare for, and control future pandemics. CDC's International Task Force (ITF) Monitoring and Evaluation (M&E) Unit developed a monitoring and reporting framework to track and measure the implementation of the global COVID-19 activities conducted by CDC for the first \$300 million tranche of global emergency supplemental funding through the Coronavirus Preparedness and Response Supplemental Appropriations Act. GHCU is expanding upon ITF's monitoring and reporting work to incorporate global Coronavirus Aid, Relief, and Economic Security (CARES) Act-funded projects and global American Rescue Plan (ARP)-funded projects. GHCU is tasked with the monitoring and reporting of these funds to provide evidence of the successes of CDC's response to global COVID-19 to Congress and other US Government (USG) stakeholders. Monitoring efforts focus on eight priority technical areas, including Infection Control and Prevention, Border Health, Community Mitigation, Emergency Operations and Response, and Laboratory Diagnostics, Surveillance and Epidemiology, Vaccines, and the Field Epidemiology Training Program.

CDC has provided funding to 198 implementing partners through 226 Notices of Funding Opportunities (NOFOs) associated with 352 Cooperative Agreements (CoAgs). As a cross-agency initiative, there are multiple CIOs involved in program activities, including the Center for Global Health, National Center for Emerging and Zoonotic Infectious Diseases, the National Center for Immunization and Respiratory Diseases, and the Center for Preparedness and Response. **This request for genIC approval is applicable to closely related performance measures reported for all recipients of the global COVID-19 emergency supplemental funding appropriations.** While funded through a large number of NOFOs from multiple CIOs, the funding source for all implementing activities is the same, the monitoring and reporting process has been standardized across all implementing partners, and there is significant overlap in the performance measures (i.e., indicators) that align to implementing partner activities, resulting in a single "menu" of indicators for implementing partners to choose from in the reporting process.

The overall purpose of these data collection activities is to track implementing partners' collective progress towards implementation of funded activities outlined in the cooperative agreements. Monitoring the response to the COVID pandemic will be critical to collect information on global COVID funded implemented activities to help demonstrate program accountability and advancements towards global health protection to Congress, GAO, and others, and to articulate cross-CIO contributions towards global health core capacities and as it relates to the agency's strategic objectives. While there are requirements for reporting on all activities implemented using US government funds, standardizing the reporting will assist in the analysis and interpretation of

indicators and will facilitate improvements in program response. The resulting data will also be used to provide feedback to subject matter experts at HQs in each of the eight technical areas regarding implementing partner progress and provide information regarding program implementation in-country to the respective CDC country office staff. Data will be cleaned, stored, analyzed, and visualized in the Data Collation and Integration for Public Health Event Response (DCIPHER) platform, which provides restricted access to partners as needed to access data and results from this program.

NUMBER AND TITLE OF NOFO: 226 NOFOs (List Attached) **NUMBER OF PARTICIPATING RECIPIENTS:** 198 (List Attached) **DESCRIPTION OF NOFO (check all that apply):**

Funds all 50 states

Has budget higher than \$10 million per year

Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate: Through three Congressional appropriations, CDC was awarded \$1.5 billion for global COVID-19 activities. The budget amounts for the NOFOs vary from \$7,500 to \$27,000,000. The implementation of funded activities is of significant interest to Congress and other USG partners.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

CDC developed a standard set of performance metrics (i.e., indicators) designed to measure and report global COVID-19 specific activities implemented by partners who received global COVID-19 supplemental funding as part of the Coronavirus Preparedness Emergency Supplemental Appropriations Act 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the American Rescue Plan (ARP) Act of 2021. These indicators were developed based on partners' funded activities in collaboration with technical area subject-matter experts (SMEs) and reviewed by CDC programs, leadership, and some country offices. When developing the indicators, M&E and technical experts leveraged existing indicators in alignment with the International Health Regulations (IHR) and World Health Organization's Joint External Evaluation (JEE) as applicable.

Included in these performance metrics are 25 overarching, high-level Key Performance Indicators (KPIs) intended to reflect CDC's contributions and progress towards: (1) CDC global COVID-19 strategic objectives; and (2) general cross-agency global health protection advancements. Data generated from these KPIs will help demonstrate program accountability and advancements towards global health protection to various partners (e.g., Congress, Government Accountability Office), and articulate cross-Centers, Institute, and Offices (CIO) contributions towards global health core capacities.

The menu of indicators is categorized into eight priority technical areas: Vaccines, Infection Prevention and Control, Border Health, Community Mitigation, Emergency Operations and Response, Laboratory Diagnostics, Surveillance and Epidemiology, and Field Epidemiology and Training Programs (FETP). Partners are asked to select and report on only the indicators representing COVID-19 specific activities for which they received funding. Therefore, the number of

indicators each partner will report on will vary based on the number of activities and technical areas where a partner works.

These measures would be reported to CDC by the recipient partners, twice a year, on a similar time frame. Twice a year data reporting is needed for CDC Project Officers to identify program performance issues that might result in program inefficiencies and provide timely assistance to recipients being funded to respond to COVID-19.

Infection Prevention and Control Technical Area Measures

There are a total of 21 process and outcome indicators for infection prevention and control activities. These indicators measure progress toward detecting, responding, and preventing transmission of new and emerging infectious diseases in healthcare facilities, among healthcare workers, and public health personnel in CDC supported countries and facilities.

Border Health Technical Area Measures

There are a total of 33 process and outcome indicators for border health activities. These indicators measure progress toward mitigating the impacts of COVID-19 across borders.

Community Mitigation Technical Area Measures

There are a total of 40 process and outcome indicators for community mitigation activities. These indicators measure progress toward mitigating the impacts of COVID-19 in communities and among vulnerable populations.

Emergency Management and Response Technical Area Measures

There are a total of 26 process and outcome indicators for emergency management and response activities. These indicators measure progress toward increasing national and global capacity to respond to public health emergencies and global disease outbreaks effectively and efficiently.

Laboratory Diagnostics Technical Area Measures

There are a total of 42 process and outcome indicators for laboratory diagnostics activities. These indicators measure progress toward reducing the global spread of COVID-19 by contributing to scientific understanding, addressing critical unknowns, and identifying strategies to reduce risk and impact.

Surveillance and Epidemiology Technical Area Measures

There are a total of 26 process and outcome indicators for surveillance and epidemiology activities. These indicators measure progress toward reducing the global spread of COVID-19 by enhancing prevention, detection, and response capacity.

Vaccines Technical Area Measures

There are a total of 43 process and outcome indicators for vaccine activities. These indicators measure progress toward ensuring readiness to conduct and evaluate vaccination programs and use therapeutics.

Field Epidemiology and Training Programs (FETP) Technical Area Measures

There are a total of 4 process and outcome indicators for FETP activities. These indicators measure progress toward training a global workforce of field epidemiologists.

Related work

The performance measures to be reported under this GenIC were initially developed in 2020 by CDC's COVID-19 International Task Force (ITF) Monitoring and Evaluation (M&E) Team to measure activities funded by the first \$300 million tranche of global emergency supplemental funding. The monitoring efforts used by ITF and adapted by GHCU are subject to OMB/PRA requirement, which was approved utilized the statutory waiver: 21st Century Cures Act - Sec. 3087 (Public Health Emergency).

During previous rounds of reporting, Implementing Partners and CDC Project Officers provided feedback on existing indicators and made suggestions for new indicators that better fit their scope of work. Feedback and recommendations were then validated with CDC SMEs, and then indicators were clarified, added, and/or removed.

Minimizing the burden of this data request was an active consideration throughout the process of identifying performance measures for the cooperative agreements that received COVID-19 supplemental funds. To minimize recipient data collection and reporting burden, GHCU has consolidated the reporting requirement across the three Congressional funding mechanisms.

Current OMB approved collections

Monitoring and evaluation of partners supporting CDCs international response to the coronavirus pandemic (Project ID 0900f3eb81ecd904, Public Health Emergency PRA Waiver, expiration date 12/31/2099). We intend this genIC to replace the emergency waiver authorization granted for this project.

This PPEO Generic IC matches the intent of this ICR by being directly related to performance measurement for CDC cooperative agreements, to cover twice yearly submission of select (with the exception of one technical area, Vaccines, which is quarterly), aggregate data points from recipients

to CDC for performance measurement purposes. In this way, the data collection templates are fully in alignment with this Generic IC, in terms of the intent, format, type, and level of data to be collected.

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions Name: __Jill

Kuhn Jill Kuhn

To assist review, please answer the following questions:

BURDEN HOURS (ANNUALIZED)

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
Private Sector	Global COVID19 Metrics Report and	352 Cooperative Agreements	2	5 hours	3,520 hours
Private Sector	SemiAnnual Progress Report	352 Cooperative Agreements	2	5 hours	3,520 hours
Private Sector	Vaccines Metrics Report	33 Cooperative Agreements	4	2 hours	264 hours
Totals		Total Responses	1,540	Total Burden Hours	7,304

TOTAL BURDEN HOURS FOR THIS GENIC

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2023, 2024, 2025	3	7,304	21,912

See examples provided with this template.

FEDERAL COST: The estimated annual cost to the Federal government is \$425,818.50

The cost is based on support provided by CDC FTEs and contract support staff on the data collection Tools and review, analysis, and reporting of the submitted data. Salary estimates for CDC FTEs and contract support are for three (3) GS-11, Step 2 staff and two (2) GS-12, Step 2 staff at .50 FTE as well as two (2) GS-11, Step 2 staff and one (1) GS-12, Step 2 staff at 100% time.

GS-11, Step 2 annual salary is \$72,207 and GS-12, Step 2 annual salary is \$86,547
(<https://www.federalpay.org/gs/locality/atlanta>).

$\$72,207 \times 0.50 = \$36,103.5 \times 3 = \$108,310.5$

$\$86,547 \times 0.50 = \$43,273.5 \times 2 = \$86,547$

$\$72,207 \times 1 = \$72,207 \times 2 = \$144,414$

$\$86,547 \times 1 = \$86,547 \times 1 = \$86,547$

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based

Email

Postal Mail

Other, Explain

Please make sure all instruments, instructions, and scripts are submitted with the request.

Instructions for completing genIC Request for Approval for Performance Measurements Project*

Project Title: Provide the name of the collection that is requested.

PURPOSE AND USE OF COLLECTION: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

NUMBER AND TITLE OF NOFO: Provide federal grant or other identifying number and title

NUMBER OF PARTICIPATING RECIPIENTS: Enter number of recipient organizations

DESCRIPTION OF NOFO: Briefly describe the key programmatic activities and the targeted group/groups for this collection.

PERFORMANCE METRICS USED & JUSTIFICATIONS: Describe the changes to the sample forms and justifications for metrics selected

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

COMPLETING THE TABLE: ANNUALIZED RESPONSES AND BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; (4) Federal Government or Non-Governmental Organizations. Only one type of respondent can be selected.

Form Name: Provide the title of the information collection form.

No. of Respondents: Provide an estimate of the Number of respondents i.e., the number of recipients that will complete the form.

Burden per Response: Provide an estimate of the amount of time required for a respondent to complete the form one time. If burden can be expressed in whole hours, enter an integer value. If burden can not be expressed in whole hours, express as minutes using the following notation: “[xx] / 60”.

Example: Enter “10” to signify “10 hours”.

Enter “320/60” to signify “320 minutes” which is equivalent to “5 hours and 20 minutes.”

Number of Responses per Respondent: The number of times a respondent will complete the form in one year (1= annual; 2=semi-annual; 4=quarterly; 12-monthly).

Total (Annualized) Burden Hours: Multiply straight across the row and round to the nearest integer.

COMPLETING THE TABLE: TOTAL BURDEN FOR THIS GENIC

Data Collection Timeframe: List (specify) the years in which data will be collected.

Number of Years: Enter the number of years (1, 2, or 3).

Annualized Burden Hours: Enter the Total Annualized Burden Hours from the preceding table.

Total Burden Hours for this GENIC: Multiply the Number of Years times the Annualized Burden Hours.

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked.

*Note to applicants- please delete the instructions page upon completion of this template

EXAMPLE 1

ANNUALIZED BURDEN HOURS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Burden (in Hours)
States	Standard Annual Reporting Form for CAT A and CAT B	50	1	30	1,500
States	Supplemental Form for CAT B Recipients	10	1	2	20
Totals					1,520

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2023, 2024, 2025	3	1,520	4,560

EXAMPLE 2

ANNUALIZED BURDEN HOURS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Burden (in Hours)
States	Standard Annual Reporting Form	50	1	25	1,250
States	Quarterly Report	50	4	1	200
Totals					1,450

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2024, 2025	2	1,450	2,900

EXAMPLE 3

ANNUALIZED BURDEN HOURS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Burden (in Hours)
States	Performance Monitoring Report	30	1	615/60	308
Totals					308

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2025	1	308	308