Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Indicator 3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness

Institutional information

Organization(s):

World Health Organization (WHO)

Concepts and definitions

Definition:

Percentage of attributes of 13 core capacities that have been attained at a specific point in time. The 13 core capacities are: (1) Legislation and financing; (2) IHR Coordination and National Focal Point Functions; (3) Zoonotic events and the Human-Animal Health Interface; (4) Food safety; (5) Laboratory; (6) Surveillance; (7) Human resources; (8) National Health Emergency Framework; (9) Health Service Provision; (10) Risk communication; (11) Points of entry; (12) Chemical events; (13) Radiation emergencies.

Concepts:

Core capacity: the essential public health capacity that States Parties are required to have in place throughout their territories pursuant to Articles 5 and 12, and Annex 1A of the IHR (2005) requirements by the year 2012. Thirteen core capacities and 24 indicators are defined in this document.

Indicator: a variable that can be measured repeatedly (directly or indirectly) over time to reveal change in a system. It can be qualitative or quantitative, allowing the objective measurement of the progress of a programme or event. The quantitative measurements need to be interpreted in the broader context, taking other sources of information (e.g. supervisory reports and special studies) into consideration and they should be supplemented with qualitative information.

Attributes: one of a set of specific elements or characteristics that reflect the level of performance or achievement of a specific indicator.

Capability levels: Each attribute has been assigned a level of maturity, or a ‘capability level.’ Attainment of a given capability level requires that all attributes at lower levels are in place. In the checklist, the status of core capacity development is measured at five capability levels, each of the 5 levels used is described by specific indicators, according related capacity.

Rationale:

The revised International Health Regulations (IHR) were adopted in 2005 and entered into force in 2007 (available at: http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf) .

Under the IHR, States Parties are obliged to develop and maintain minimum core capacities for surveillance and response, including at points of entry, in order to early detect, assess, notify, and respond to any potential public health events of international concern.

Article 54 of the IHR request that States Parties and the Director-General shall report to the World Health Assembly on the implementation of these Regulations as decided by the World Health Assembly.

In 2008, the World Health Assembly, through the adoption of Resolution WHA61(2), and later on 2018 with the Resolution WHA71(15), decided that “that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool”.

This SDG 3.d.1. indicator reflects the capacities State Parties of the International Health Regulations (2005) (IHR) had agreed and committed to develop.

Comments and limitations:

1) it is based on a self-assessment and self-reporting by the State Party

2) The questionnaire was revised in 2018 and been used for reporting in 2018 and 2019 with same format, different from the questionnaire used during period from 2010-2017, thus there is limitation for comparison of scores from reports between 2010-2017 period with reports after 2018.

Methodology

Computation method:

INDICATOR LEVEL

The score of each indicator level will be classified as a percentage of performance along the “1 to 5” scale. e.g. for a country selecting level 3 for indicator 2.1, the indicator level will be expressed as: 3/5*100=60%

CAPACITY LEVEL

The level of the capacity will be expressed as the average of all indicators. e.g. for a country selecting level 3 for indicator 2.1 and level 4 for indicator 2.2. Indicator level for 2.1 will be expressed as: 3/5*100=60%, indicator level for 2.2 will be expressed as: 4/5*100=80% and capacity level for 2 will be expressed as: (60+80)/2=70%

Treatment of missing values:

- ***At country level:***
- ***At regional and global levels:***

No estimate is made.

Regional aggregates:

Aggregate of each score per indicator/capacity, by country/number of countries submitted the questionnaire out of the 196 IHR State Parties by WHO administrate regions or other groups

Sources of discrepancies:

No estimate is made. The Regional and global scores are all based on submitted questionnaires.

Methods and guidance available to countries for the compilation of the data at the national level:

The IHR States Parties Annual reports uses specific standard reporting tool made available by WHO Secretariat in July 2018. (State Parties Annual Reporting Tool annual reports and other guidance, links and references available at: https://extranet.who.int/e-spar/)

State Parties of IHR can use the on-line reporting tool, that reflects the questionnaire of the IHR State Parties Self-Assessment Tool was published in July 2018.

The tool consists of 24 indicators for the thirteen IHR capacities needed to detect, assess, notify, report and respond, including at points of entry, to public health risk and acute events of domestic and international concern.

For each of the 13 capacities, one to three indicators are used to measure the status of each capacity. Each indicator is based on five cumulative levels for annual reporting. For each indicator, the reporting State Party is asked to select which of the five levels best describes the State Party's current status. For each indicator, in order to move to the next level, all capacities described in previous levels should be in place.

WHO made available specific guidance and tool, related resources and links for IHR State Parties submit annually their reports as well specific web platform (e-SPAR available at: https://extranet.who.int/e-spar/)

Quality assurance:

The national multisectoral self-assessment of IHR capacities, in preparation to the annual report is supported by WHO Country Office and Regional Offices activities and technical orientation and advocacy work.

After submission of data by each State Party, WHO review data received at all level of the organization, using the e-SPAR platform for monitoring and evaluation of results, before final report to the World Health Assembly is produced and published. Results are published at several WHO Websites:

- e-SPAR (https://extranet.who.int/e-spar/),
- Strategic Partnership for IHR (2005) and Health Security – SPH portal (https://extranet.who.int/sph/)
- World Health Statistics data visualization dashboard (http://apps.who.int/gho/data/node.sdg.3-d)
- Global Health Observatory for period after 2017 (https://www.who.int/data/gho/data/themes/theme-details/GHO/international-health-regulations-(2005)-monitoring-framework-spar) and for period 2010-2017 (https://www.who.int/data/gho/data/themes/topics/GHO/all-capacities)

Data sources

Description:

State Parties of IHR can use the on-line reporting tool, that reflects the questionnaire of the IHR State Parties Self-Assessment Tool was published in July 2018 (all references and results published at: https://extranet.who.int/e-spar/.

The tool consists of 24 indicators for the thirteen IHR capacities needed to detect, assess, notify, report and respond, including at points of entry, to public health risk and acute events of domestic and international concern.

For each of the 13 capacities, one to three indicators are used to measure the status of each capacity. Each indicator is based on five cumulative levels for annual reporting. For each indicator, the reporting State Party is asked to select which of the five levels best describes the State Party's current status. For each indicator, in order to move to the next level, all capacities described in previous levels should be in place.

Collection process:

WHO receives the data send by each State Party from the Official IHR National Focal Point from designated officers that will have access to e-SPAR restrict page for reporting on line and consult all national reports submitted in the e-SPAR database.

After submission of data by each State Party, State Party and WHO IHR staff involved in the specific report will receive acknowledgement message from e-SPAR, with summary of information provided.

WHO also will review data received at all level of the organization, using the e-SPAR platform for monitoring and evaluation of results, before final report to the World Health Assembly is produced and published.

Breakdown of results can be done by country, WHO administrative Regions, Capacities and its indicators. All data recorded safely in e-SPAR platform.

Data availability

Description:

Since 2010 all 196 State Parties of IHR had at least once provided data for IHR Annual Reports/indicator SDG 3.d.1. Previous year, in 2018, 183 States had provided data using e-SPAR report format that was published, regarding this indicator. It was the highest number since 2010. For ongoing period 2019, as of 06 February 2020 we have received 100 reports

The final deadline for State Parties to submit annual reports is 29 February, so we expect final numbers first week of March.

Country Totals for e-SPAR report format received in 2019 By 12 February 2020 (provisional data)	

Total Country Reports Submitted	108
Total AFRO	37
Total AMRO	04
Total EMRO	07
Total EURO	38
Total SEARO	11
Total WPRO	11

Time series:

Data collection started in 2010 and collected with same questionnaire until 2017 (Serie of data 2010-2017).

New IHR State Parties Annual Assessment and Reporting Tool implemented since 2018 (Serie of data 2018-19).

All years have data published at e-SPAR (https://extranet.who.int/e-spar/).

Disaggregation:

Disaggregation can be done by WHO Administrative Regions and countries, by scores of the 13 capacities.

Calendar

Data collection:

Data collection for 2019 currently is under way. Deadline for completed questionnaire submission is end of February and report to be presented to the World Health Assembly is prepared to be submitted by May every year. Collection of data starts second semester every year.

Data release:

Release of all data is provided every year around April, just before the World Health Assembly

Data providers

Each State Party shall designate a IHR National Focal Point and update regularly the contacts details of its designated officers, that will be able to report on-line and consult all national reports submitted in the e-SPAR database.

Data compilers

World Health Organization (WHO)

References

URL:

References:

http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf (Article 54)

WHA71/15

WHA61/7

https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16/en/

https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.17/en/

Related indicators as of February 2020

There are linkages with:

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks