SDG Goal 3	Good health and well-being
SDG 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
SDG Indicator 3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness
Time series	Average of IHR core capacity scores

1. General information on the time series

- Date of national metadata: 23 February 2023

- National data: http://sdg-indicators.de/3-d-1/

- Definition: Percentage of attributes of core capacities that have been attained at a specific point in time. The core capacities have been adjusted twice in the past (in 2018 and in 2021):

  - From 2010 to 2017: IHR monitoring questionnaire - The 13 core capacities are: (1) National legislation, policy and financing; (2) Coordination and National Focal Point communications; (3) Surveillance; (4) Response; (5) Preparedness; (6) Risk communication; (7) Human resources; (8) Laboratory; (9) Points of entry; (10) Zoonotic events; (11) Food safety; (12) Chemical events; (13) Radionuclear emergencies.

  - From 2018 to 2020: SPAR-1st edition - 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.

  - From 2021: SPAR-2nd edition - The 15 core capacities are: (1) Policy, legal and normative instruments to implement IHR; (2) IHR Coordination and National Focal Point Functions; (3) Financing; (4) Laboratory; (5) Surveillance; (6) Human resources; (7) Health emergency management; (8) Health Service Provision; (9) Infection Prevention and Control; (10) Risk communication and community engagement; (11) Points of entry and border health; (12) Zoonotic diseases; (13) Food safety; (14) Chemical events; (15) Radiation emergencies.

- Disaggregation: Not available.

2. Comparability with the UN metadata

- Date of UN metadata: May 2024

- UN metadata: https://unstats.un.org/sdgs/metadata/files/Metadata-03-0d-01.pdf

- The time series is compliant with the UN metadata.

3. Data description

- The questionnaire is based on a self-assessment and self-reporting and is answered by the Federal Ministry of Health (BMG). In 2010 data collection started with the IHR monitoring questionnaire, which was used until 2017. However, no data is available for the reporting years 2013, 2015 and 2016. In 2018 the questionnaire was revised for the first time (SPAR (State Parties Annual Assessment and Reporting Tool)-1st edition) and in 2021 as a response to the COVID-19 pandemic for the second time (SPAR-2nd edition). Due to the revision of the questionnaire in 2018 and 2021 there is limitation for comparison of scores from reports between 2010-2017 period with reports after 2018 and between 2018-2020 period with reports after 2021.

4. Access to data source
- World Health Statistics:
  https://extranet.who.int/e-spar/

5. Metadata on source data
- IHR Monitoring Framework:
  https://extranet.who.int/sph/ihr-monitoring-evaluation

6. Timeliness and frequency
- Timeliness: t + 6 months
- Frequency: Annual

7. Calculation method
- Unit of measurement: Percentage
- Calculation:

For each of the capacities, a number of indicators are used to measure implementation status. For each indicator, one of five levels is to be selected that describes the State Party's current status best.

$$\text{Average core capacity score} = \frac{\sum_{i=1}^{x} \frac{\sum_{j=1}^{y_i} (Level\ of\ indicator\ i.j\ 20\ [\%])}{y_i}}{x}$$

x = number of capacities

y_i = number of indicators in capacity i