

GHS Tracking Dashboard Technical Appendix

The global health security tracking dashboard was developed to provide a shared resource to map the flow of committed and disbursed funds and support for global health security. The dashboard aggregates data from multiple data sources tracking funding and support for global health security, and provides information on which efforts are being funded, by whom, in which locations. Data may be submitted to the GHS tracking dashboard directly by users, or may be incorporated into the tool based on data identified and reviewed by the research team. Details on the data requirements for new datasets to be incorporated into the GHS tracking dashboard, as well as additional information on the data currently incorporated into the GHS tracking dashboard, are provided below.

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Data definitions

Table 1, below, provides descriptions and possible values for each data element tracking funding and/or support in the GHS Tracking database. Additional detail on each data element is provided below.

Data element	Description	Possible values
Data source	The source of the data reported in GHS tracking dashboard (e.g. IATI)	Any relevant data source
Project name	The name of the project, or a brief title describing the project's purpose	Any project name or NULL
Brief project description	A brief description of the project and its purpose. Project descriptions are only included if they are directly provided by the data source being incorporated.	Any project description or NULL
Assistance type	Whether the assistance given was financial assistance or a form of in-kind support with no specific financial transaction	<u>Financial Assistance</u> : transfer of funds directly from funder to recipient. <u>In-kind support</u> : other forms of assistance that do not involve the direct transfer of funds from funder to recipient (e.g. deployment of personnel, transfer of goods and/or services).
GHSA funding or support	Whether or not the specified funds or support were provided under the Global Health Security Agenda (GHSA). Only funds specifically identified as GHSA funding or support by the entity reporting the funding are tagged as GHSA funding or support.	TRUE if assistance was committed or disbursed specifically under the GHSA; FALSE otherwise
Core capacities	The International Health Regulations (IHR) core capacity that the project directly supports, if any	Any set of core capacities corresponding to the first edition Joint External Evaluation (2005), "General IHR implementation", or NULL
Funder name	The name of the funder	Any funder name or NULL
Funder country	The country of the funder (may be the same as "funder name" for government funders)	Any country or NULL
Recipient name	The name of the recipient of the funds or support	Any recipient name, "General global benefit", or NULL
Recipient country	The country of the recipient (may be the same as "recipient name" for government funders)	Any country name or NULL
Transaction type	Whether support corresponds to a commitment or a disbursement.	<u>Commitment</u> : A commitment is an official obligation from a funder to provide a specified

		amount of funds or support for the benefit of the recipient. <i><u>Disbursement:</u></i> Disbursed funds or support have been distributed to the recipient and/or placed at the disposal of the recipient.
Transaction years	The years during which the support was disbursed (or over which the commitment is intended to be disbursed)	Any year or range of years or NULL
Transaction amount	The amount of funds committed or disbursed, for financial assistance data	Any amount of funds or NULL
Transaction currency	The currency corresponding to the amount of funds committed or disbursed, for financial assistance data	Any currency specified based on an ISO 4217 Currency Code
JEE score	Indicator-level scores for countries that have completed the Joint External Evaluation (JEE) process.	Any pair of a JEE indicator and an integer score ranging from 1 to 5

Table 1: Core data elements and definitions

Data source

Data Source: The source of the data reported in GHS tracking dashboard (e.g. IATI, Article X database). Data may be incorporated based on review of data sources identified by the research team, or based on data submitted directly to the GHS tracking dashboard by stakeholders.

Project basics

Project name: The name of the project, or a brief title describing the project's purpose

Brief project description: A brief description of the project and its purpose. Project descriptions are only included if they are directly provided by the data source being incorporated, otherwise, this value is captured as a NULL value.

Assistance type: Whether the assistance given was financial assistance or a form of in-kind support with no associated financial transaction.

- *Financial Assistance:* transfer of funds directly from funder to recipient. Financial assistance includes debt forgiveness.
- *In-kind support:* other forms of assistance that do not involve the direct transfer of funds from funder to recipient (e.g. deployment of personnel, transfer of goods and/or services, commitment to advance an action package)

GHSA funding or support: Whether or not the specified funds or support were provided under the Global Health Security Agenda (GHSA). Only funds or support specifically identified as GHSA funding or support by the reporting entity are tagged as GHSA funding or support. Of note, if this information is not

specified by the data source(s), it will be assumed that the specified funds or support were not provided under the GHSA.

Core capacities: The International Health Regulations (IHR) core capacity that the project supports, if any. If a project is identified as supporting more than three specific core capacities, it is identified as supporting “General IHR implementation”. Where this information is available directly from the reporting data source, it is taken from that source. In other cases, core capacities are inferred based on a set of specific search terms, and/or based on manual review by the research team. Additional details on this process are available in the “Tagging core capacities” section of this technical appendix. Additional details on the International Health Regulations (2005) and core capacities are available online at <http://apps.who.int/iris/handle/10665/204368>.

Funder information

Funder name: The name of the funder, or group of funders (e.g. G-7). One or more funders may be identified, though funders should be identified as a group only when the specific amount committed/disbursed by each individual funder is not known, only the total amount committed/disbursed by the group.

Of note, data can still be incorporated into the GHS tracking database if the specific funder(s) are not known. Such funding is tracked as having an unknown funder (funder name specified as a NULL value). To be incorporated into the GHS tracking database, the specified commitment or disbursement must have *either* a known recipient or a known funder, though ideally both would be specified.

Funder type: The type of funder, specified as government, international organisation, NGO, academic, private sector, foundation, or other.

- Government: Any governmental organization or government (including local, regional, and national government), or a group/coalition of States or regions
- International Organisation: An entity established by a formal political agreement between members that have the status of international treaties (definition from OECD)
- NGO: Any non-profit entity without significant government participation or representation (definition from OECD)
- Academia: Any academic institution or academically-affiliated research group
- Private sector: Private corporations and households (definition from OECD)
- Foundation: A nonprofit corporation or a charitable trust with the principal purpose of making grants to unrelated organizations, institutions, or individuals (definition from Foundation Center)
- Other: Any other type of funder or recipient not well-categorized based on the funder types defined above

A lookup table matching each funder to their type powers the GHS tracking dataset, and is maintained as additional data are captured within the dashboard. Funder types are specified based on the way that each funder describes themselves based on publicly available documentation.

Funder country: The country of the funder (may be the same as “funder name” for government funders). In the case of non-country funders (e.g. World Bank), funder country is specified as a NULL value.

Recipient information

Recipient name: The name of the recipient (or group of recipients) of the funds or support. One or more recipients may be identified, though recipients should be identified as a group only when the specific amount committed/dispursed to each individual recipient is not known, only the total amount committed/dispursed to the group.

Of note, data can still be incorporated into the GHS tracking database if the specific recipients are not known. Such funding can be tracked either as having an unknown recipient (recipient name specified as NULL), or, in cases where funding supports a global cause (e.g. a large international conference), can be tracked as for “General global benefit”). To be incorporated into the GHS tracking database, the specified commitment or disbursement must have *either* a known recipient or a known funder, though ideally both would be specified.

Recipient type: The type of recipient, specified as government, international organisation, NGO, academic, private sector, foundation, or other. See category definitions provided under “funder type”.

Recipient country: The country of the recipient (may be the same as “recipient name” for government funders). One or more recipient countries may be identified, though recipient countries should be identified as a group only when the specific amount committed/dispursed to each individual country is not known, only the total amount committed/dispursed to the group.

Transaction information

Transaction type: Whether support corresponds to a commitment or a disbursement.

- **Commitment:** A commitment is an official obligation from a funder to provide a specified amount of funds or support for the benefit of the recipient.
- **Disbursement:** Disbursed funds or support have been distributed to the recipient and/or placed at the disposal of the recipient.

Transaction dates: The dates over which the support was disbursed (or over which the commitment is intended to be disbursed). Dates captured at the level of resolution at which they are reported (e.g. specific dates vs. years). Of note, not all commitments in a given year are tracked as having a transaction exclusively in that year; commitments are tracked based on the years during which they are intended be disbursed.

Transaction amount: The amount of funds committed or disbursed, or the estimated value of the in-kind support (if any estimated amount is available). Estimated value of in-kind support is an optional value and will not be displayed in GHS Tracking as part of total financial assistance amounts.

Transaction currency: The currency corresponding to the amount of funds committed or disbursed, specified as a three digit currency code.

Joint External Evaluation details

JEE version: The JEE (Joint External Evaluation) process assesses the capacity of a country to prevent, detect, and respond to public health threats. As of November 2018, two versions of the JEE exist, with slightly different scoring criteria. Additional information, both on the JEE process and on the versions of the JEE, is available online at <http://www.who.int/ihr/publications/WHO-WHE-CPI-2017.53/en/>.

Within the GHS tracking dashboard, each set of JEE scores is reported alongside information on the version of the JEE based on which the evaluation was completed. The version of the JEE is reported as either “JEE 1.0” or “JEE 2.0”.

Date of JEE: The date that a country’s JEE was completed. In cases where a country has completed multiple JEEs (which has not yet occurred as of November 2018), both sets of scores will be captured alongside their corresponding dates.

JEE Indicator and score: The JEE is completed based on a series of specific indicators, and, for each indicator, a country is given a score ranging from 1 (no capacity) to 5 (sustainable capacity). Additional information on the JEE and corresponding scores can be found online at http://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf?sequence=1&isAllowed=y.

Data requirements

Minimum data requirements for incorporation of data into GHS tracking dashboard

As a minimum, each data source incorporated into the GHS tracking dashboard must include:

- Funder OR recipient information
 - Funder name (this can be a specific funder or a group of funders)
 - Recipient name (this can be a specific recipient or a group of recipient)
- Whether the project described provided *in-kind support* or *financial assistance*
- Whether the project described corresponds to a *commitment* or *disbursement*
- Unique identifying information for deduplication purposes with other data sources (e.g. project name, description, or other identifying information)

Data processing and aggregation

The GHS tracking dashboard currently incorporates data from six different datasets, including the International Aid Transparency Initiative (IATI), the 2018 US White House GHSA Progress and Impact Report, the Article X Compendium, the Nuclear Threat Initiative Commitment Tracker, the Ebola Recovery Tracking Initiative, and data from the WHO Contingency Fund for Emergencies. Data from each of these sources were reviewed and processed in order to tag each project, where applicable, by core capacity, to ensure that data were in the necessary format, and to de-duplicate data between data sources. All data excluded as duplicates (e.g. data tracked by multiple data sources) were documented by the research team.

Tagging GHSA funding and support

Selected data are identified as being funded under the Global Health Security Agenda (GHSA). All data from the 2018 US White House GHSA Progress and Impact Report and all data from the Nuclear Threat

Initiative (NTI) Commitment Tracker were identified as GHSA funding. In addition, selected efforts identified specifically as GHSA funding via the Article X Compendium were also identified as GHSA funding. No data captured via IATI, the WHO Contingency Fund for Emergencies, or the Ebola Recovery Tracking initiative were identified as GHSA funding.

Where data sources do not specifically report that a given initiative is funded or supported under the GHSA, it is assumed that the project is not GHSA funding.

Tagging core capacities

When funding or support was provided to directly support one or more specific core capacities identified by the International Health Regulations, data were tagged with one or more relevant core capacities. Due to their high volume, data from IATI were tagged with core capacities based on targeted string searches (these search terms, and additional information, are provided in the “IATI” section below). For all other datasets, efforts were tagged by core capacities based on review, by the research team, of the project name and description, and any additional information available in the report. Efforts that supported more than three specific core capacities, or that supported IHR implementation in general, were tagged as supporting “General IHR Implementation”.

Deduplication

In general, the GHS tracking dashboard incorporates funding and support data from data sources tracking different types of information, with different focus areas, so overlap between these data sources is limited. However, in some instances, duplicate information is stored within a single data source (e.g. duplicate data within IATI) or is replicated in two different data sources (e.g. data within both IATI and Article X data sources).

Data are deduplicated to the extent possible based on review by the research team, and any data flagged as a potential duplicate from the reporting data source are excluded from the GHS tracking database. Additionally, particularly for large funding commitments reported in press releases or national reports (e.g. the 2018 US White House GHSA Progress and Impact Report), data are manually reviewed by the research team based on project names and descriptions, funder and recipient, and transaction amount information, to identify any known duplicates. A record of all data excluded due to duplication is kept for reference by the research team.

Funding and support data currently incorporated into GHS Tracking dashboard

Table 2, below, identifies all data sources tracking funding and support that are currently incorporated into the GHS tracking dashboard. Additional detail on each data source is provided below.

Data Source	Month accessed	Inclusion/Exclusion criteria
International Aid Transparency Initiative (IATI)	August 2018	Funding associated with 20 sectors (identified based on DAC-5 codes) relevant to IHR-related activities, or funding from the World Health Organization, for activities starting on or after January 1, 2014. Activities must have at least one non-zero transaction between 1 January, 2014 and 7 August, 2018. Data flagged by IATI as duplicates were excluded.
Article X Compendium	December 2017	All funding and support identified in the Article X Compendium were incorporated into GHS tracking dashboard.
Nuclear Threat Initiative Commitment Tracker	May 2018	All funding and support identified in the NTI Commitment Tracker were incorporated into GHS tracking dashboard, with the exception of commitments of countries to undergo the JEE evaluation process (within their own country).
WHO Contingency Fund for Emergencies	March 2018	All funding and support announced in Geneva in March 2018 were incorporated into the GHS tracking dashboard.
Ebola Recovery Tracking Initiative	March 2018	All funding and support identified in the Ebola Recovery Tracking Initiative were incorporated into the GHS tracking dashboard.
2018 US White House GHSA Progress and Impact Report	March 2018	All funding and support identified in the 2018 US White House GHSA Progress and Impact Report were incorporated into the GHS tracking tool, with the exception of funding or support that was duplicative of information already identified within the Article X Compendium.

Table 2: Data currently incorporated into GHS tracking.

International Aid Transparency Initiative (IATI) data

The International Aid Transparency Initiative (IATI) is a public, voluntary registry of international aid funding initiatives, and aggregates data shared by over 600 organizations. IATI data from selected sectors are included in the GHS Tracking Dashboard.

The research team accessed project data via IATI that corresponded to activities started on or after January 1, 2014, with at least one transaction (commitment, disbursement, or expenditure) with a non-zero value, on or after January 1, 2014. Activity data flagged by IATI as duplicates were excluded. As IATI includes information on funding initiatives across many sectors (not only funding related to global health

security), only funding data from the World Health Organization, or for a sector related to global health security, are included in the GHS tracking dashboard. The table below identifies the specific sectors from IATI for which data are incorporated into the GHS Tracking dashboard.

Sector Name	DAC-5 Code
Health policy and administrative management	12110
Medical education/training	12181
Medical research	12182
Medical services	12191
Basic health care	12230
Basic health infrastructure	12240
Basic nutrition	12240
Infectious disease control	12250
Health education	12261
Malaria control	12262
Tuberculosis control	12263
Health personnel development	12281
Population policy and administrative management	13010
Reproductive health care	13020
Family planning	13030
STD control including HIV/AIDS	13040
Personnel development for population and reproductive health	13081
Livestock/veterinary services	31195
Social mitigation of HIV/AIDS	16064
Pharmaceutical production	32168

Table 3: IATI sectors used as inclusion criteria for GHS tracking

IATI data were tagged by core capacity using string searches for terms defined by the research team and informed by the language used by the Joint External Evaluation framework. The zoonotic diseases identified to tag the core capacity *P.4 Zoonotic Disease* were informed by a review of OIE Listed Diseases.¹

Core Capacity	String Search Terms (case insensitive)
P.1 National Legislation, Policy, and Financing	legislation; legislative; financing; regulatory
P.2 IHR Coordination, Communication and Advocacy	Secretariat support provided for implementation of the International Health Regulations (2005)
P.3 Antimicrobial Resistance (AMR)	abuse of antibiotics; abuse of antimicrobials; amr transmission; antibiotic resist; antimicrobial resist; artemisinin resist; dr-tb resist; drug resist; reduce the consumption of antibiotics; resistance to antibiotics; resistance to antimicrobials; resistance to drugs; resistant bacteria; resistant malaria; resistant tb

¹ “OIE-Listed Diseases: World Organisation for Animal Health.” Animal Health in the World, www.oie.int/en/animal-health-in-the-world/oie-listed-diseases-2018/.

P.4 Zoonotic Disease	animal disease; animal health; animal virus; anthrax; aujeszky's disease; avian chlamydiosis; avian infectious bronchitis; avian infectious laryngotracheitis; avian influenza; avian mycoplasmosis; avian mycoplasmosis; bluetongue; bovine anaplasmosis; bovine babesiosis; bovine genital campylobacteriosis; bovine spongiform encephalopathy; bovine tuberculosis; bovine viral diarrhoea; brucella abortus; brucella melitensis; brucella suis; brucellosis; camelpox; caprine arthritis; caprine encephalitis; caprine pleuropneumonia; chagas; chlamydomyia abortus; chrysomya bezziana; coxliomyia hominivorax; contagious agalactia; contagious bovine pleuropneumonia; coronavirus; crimean congo hemorrhagic fever; disease response capabilities at the human-wildlife-ecosystem interface; duck virus hepatitis; ebola; echinococcus granulosus; echinococcus multilocularis; enzootic bovine leukosis; epizootic haemorrhagic disease; FMD; foot and mouth disease; foot-and-mouth disease; fowl typhoid; gumboro disease; haemorrhagic septicaemia; heartwater; infectious bovine rhinotracheitis; infectious bursal disease; infectious pustular vulvovaginitis; influenza a; japanese encephalitis; leishmania; leishmaniasis; lumpy skin disease; marburg; MERS; middle east respiratory syndrome; mycoplasma gallisepticum; mycoplasma synoviae; new world screwworm; newcastle disease virus; nipah; OIE; old world screwworm; One Health; paratuberculosis, q fever; porcine reproductive and respiratory syndrome; pullorum disease; rabies; rift valley fever; rinderpest; SARS; sheep and goat pox; sudden acute respiratory syndrome; surra; swine fever; theileriosis; transmissible gastroenteritis; trichinella spp; trichomonosis; trypanosoma evansi; trypanosomosis; tularemia; turkey rhinotracheitis; veterin; west nile fever; west nile virus; zoono
P.5 Food Safety	food safety; food security
P.6 Biosafety and Biosecurity	bio-safety; bio-security; biological safety; biological security; biosaf; biosec
P.7 Immunization	cold chain; cold stores; immun; vacc
D.1 National Laboratory System	diagnostic; lab; rapid detection; rapid test
D.2 Real Time Surveillance	data management system; detect; health information system; information management system; screen; surveil
D.3 Reporting	data exchange system; EIS; event information system; global public health intelligence network; GPHIN; MedISys; report; WAHIS
D.4 Workforce Development	capacity building; development of capacity; operational capacity; personnel; staff; training; vocational training
R.1 Preparedness	prepared; response plan; surge capacity
R.2 Emergency Response Operations	emergency; ambulance; rapid response team; response operations

R.3 Linking Public Health and Security Authorities	biological weapon; CBRN; coordination between health and security sectors; criminal; deliberate; interdict; intentional release; law enforcement; police; terrorism
R.4 Medical Countermeasures and Personnel Deployment	deploy; MCM; medical countermeasure; personnel deploy; stockpile; supply management; warehousing and distributing drugs
R.5 Risk Communication	community engage; increase public awareness; public communic; risk communic
O.1 Points of Entry	border cross; border point; border security; cross-border; entry/exit sites; port ; airport; shipping program; PoE; points of entry; point of entry
O.2 Chemical Events	CBRN; chemical event; chemical hazard; chemical safety; chemical spill; chemical weapon; industrial accident
O.3 Radiation Emergencies	CBRN; nuclear; radiological; radiation; radioactive
General IHR Implementation	critical core capacities for health emergency preparedness and the international health regulations (2005) strengthened in all countries; country core capacities for health emergency preparedness and the international health regulations (2005) independently assessed and national action plans developed

Table 4: Search terms for core capacity tagging within IATI data. Search terms specified as a semicolon separated list.

2018 US White House GHSA Progress and Impact Report

The US GHSA Progress and Impact Report, published in February of 2018, provides information on commitments and disbursements under the Global Health Security Agenda, including investments funded by the United States and by other funders. Data were extracted from this written report by the research team, and all projects identified in this report were identified as GHSA funding or support. Projects were tagged by relevant core capacities based on project names and descriptions included in the written document.

Article X Compendium

A compendium of projects related to Article X of the Biological and Toxin Weapons Convention was submitted by Canada, Denmark, the European Union, Finland, Germany, Italy, Japan, Netherlands, Spain, Sweden, the United Kingdom, and the United States of America. These member countries of the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction are mutually committed to implementing global projects to combat WMD-related terrorism and proliferation. The compendium includes detailed information on Article X-relevant projects implemented and/or funded by GP members since December 2016. Data were manually extracted from this written report by the research team, and were tagged by relevant core capacities based on project names and descriptions.

Ebola Recovery Tracking Initiative

The Ebola Recovery Tracking Initiative tracks official development assistance towards Ebola recovery efforts in Guinea, Liberia, Sierra Leone, and the Mano River Union. The initiative is a partnership between the governments of Guinea, Liberia and Sierra Leone, the United Nations Office of the Secretary-General's Special Adviser on Community Based Medicine and Lessons from Haiti, and the United Nations Development Programme (UNDP). The Ebola Recovery Tracking Initiative is available online at <https://ebolarecovery.org/>.

Nuclear Threat Initiative Commitment Tracker

The Nuclear Threat Initiative (NTI) Commitment Tracker was developed to track global health security funding commitments and to foster accountability for existing commitments. The NTI Commitment Tracker tracks financial commitments as well as commitments to complete or support the JEE process, advance GHSA action packages, or to participate in other activities to build global health security. All projects identified in the NTI Commitment Tracker were identified as GHSA funding, and projects were tagged by relevant core capacities based on project names and descriptions.

WHO Contingency Fund for Emergencies

In March of 2018, Canada, Denmark, Estonia, Germany, the Republic of Korea, Kuwait, Luxembourg, Malta, Netherlands, Norway, and the United Kingdom of Great Britain and Northern Ireland announced their commitments to the World Health Organization (WHO) Contingency Fund for Emergencies. These funds are intended to support the rapid financing of response operations. All data from the WHO Contingency Fund for Emergencies were tagged as supporting all “response” core capabilities.

Data to assess need currently incorporated into GHS tracking dashboard

Joint External Evaluation reports

The results of Joint External Evaluations are published online by the World Health Organization as mission reports. As of July 2018, over 60 countries had completed JEE evaluations with corresponding publically available data. These data are extracted from mission reports and JEE data are regularly updated in the GHS tracking tool.

Within JEE mission reports, each of 48 indicators are assessed on a score ranging from 1 (no capacity) to 5 (sustained capacity), as shown below in Figure 1. Within the GHS tracking tool, scores at the core capacity level are defined as the average of scores across indicators, for each core capacity. Overall capacity is defined as the average of all core capacity aggregate scores.

The United States of America scores

Capacities	Indicators	Score
National legislation, policy and financing	P1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR. (2005)	5
	P1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)	5
IHR coordination, communication and advocacy	P2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR (2005)	5
Antimicrobial resistance	P3.1 Antimicrobial resistance (AMR) detection	4
	P3.2 Surveillance of infections caused by AMR pathogens	4
	P3.3 Healthcare associated infection (HCAI) prevention and control programmes	4
	P3.4 Antimicrobial stewardship activities	3
Zoonotic diseases	P4.1 Surveillance systems are in place for priority zoonotic diseases/pathogens	3
	P4.2 Veterinary or animal health workforce	4
	P4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional	4

Figure 1: Selected JEE scores from United States of America JEE mission report