

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

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### Organization(s):

World Health Organization (WHO)

## Concepts and definitions

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### Definition:

Percentage of attributes of 13 core capacities that have been attained at a specific point in time. 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.

### Rationale:

Annex 1 of International Health Regulations (2005) (IHR (2005))

[http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf)

### Concepts:

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

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. Eight core capacities 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.

The 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 four capability levels: Level < 1: prerequisites (foundational level); Level 1: inputs and processes; Level 2: outputs and outcomes; Level 3: additional.

**Comments and limitations:**

- 1) it is based on a self-reporting by the State Party
- 2) questionnaire is being revised and planned to be changed from 2017.

## Methodology

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**Computation Method:**

(Number of 'yes' to level 1 and 2 questions) / (Total number of level 1 and 2 questions) per core capacity

**Disaggregation:**

No disaggregation available.

**Treatment of missing values:**

- [At country level](#)

No estimate is made.

- [At regional and global levels](#)

No estimate is made.

**Regional aggregates:**

Aggregate of each scores by country/number of countries submitted the questionnaire

**Sources of discrepancies:**

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

## Data Sources

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### Description:

Key informant survey

### Collection process:

- i) National IHR Focal Points
- ii) discussion with National IHR Focal Points, WHO country office counter parts and Regional IHR counterparts
- iii) No breakdown is made

## Data Availability

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### Description:

Since its launch in 2010, 194 out of 196 States Parties have submitted a completed questionnaire at least once.

### Time series:

Annual

## Calendar

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### Data collection:

Data collection for 2016 currently under way. Deadline for completed questionnaire submission is 31 October 2016, first report to be presented to 140 EB, second submission deadline 31 March 2017, and second and final report to be presented to 70 WHA and published in Global Health Observatory.

### Data release:

Data collection for 2016 currently under way. Deadline for completed questionnaire submission is 31 October 2016, first report to be presented to 140 EB, second submission deadline 31 March 2017, and second and final report to be presented to 70 WHA and published in Global Health Observatory.

## Data providers

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National IHR Focal Points

## Data compilers

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World Health Organization

## References

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### URL:

<http://www.who.int/ihr/procedures/monitoring/en/>

### References:

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

WHA A 61/7

[http://apps.who.int/iris/bitstream/10665/84933/1/WHO\\_HSE\\_GCR\\_2013.2\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf?ua=1)

[http://apps.who.int/iris/bitstream/10665/163737/1/WHO\\_HSE\\_GCR\\_2015.8\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/163737/1/WHO_HSE_GCR_2015.8_eng.pdf?ua=1&ua=1)

<http://www.who.int/ihr/mande/en/>

## Related indicators

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Implementation of IHR (2005).