

SDG indicator metadata

(Harmonized metadata template - format version 1.1)

0. Indicator information (SDG_INDICATOR_INFO)

0.a. Goal (SDG_GOAL)

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

0.b. Target (SDG_TARGET)

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

0.c. Indicator (SDG_INDICATOR)

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

0.d. Series (SDG_SERIES_DESCR)

0.e. Metadata update (META_LAST_UPDATE)

2022-09-30

0.f. Related indicators (SDG_RELATED_INDICATORS)

0.g. International organisations(s) responsible for global monitoring

(SDG_CUSTODIAN_AGENCIES)

World Health Organization (WHO)

1. Data reporter (CONTACT)

1.a. Organisation (CONTACT_ORGANISATION)

Country Capacity Assessment and Planning Group (CAP)
Department of Health Security Preparedness (HSP)
Division of Emergency Preparedness (HEP)
WHO Health Emergency Programme

2. Definition, concepts, and classifications (IND_DEF_CON_CLASS)

2.a. Definition and concepts (STAT_CONC_DEF)

The revised International Health Regulations (IHR) were adopted in 2005 and entered into force in 2007. Under the IHR, States Parties are obliged to develop and maintain minimum core capacities for surveillance and response, including at points of entry, to detect, assess, notify, and respond to any potential public health events of international concern.

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

The State Party self-assessment and reporting tool captures the level of self-assessed national capacities. They are essential public health capacities that States Parties are required to put in place throughout their territories according to Articles 5 and 12 and Annex 1A of the IHR (2005) requirements.

Based on the lessons learned from the COVID-19 pandemic, WHO published the revised second edition of the IHR State Parties Self-Assessment Tool in 2021 with new indicators related to gender equality in health emergencies, advocacy for IHR implementation, and community engagement, to name a few. The revisions are intended to improve the assessment of the IHR core capacities and the preparedness of State parties for health emergencies. The indicator SDG 3.d.1 reflects the capacities State Parties of the International Health Regulations (2005) (IHR) had agreed and committed to developing.

2.b. Unit of measure (UNIT_MEASURE)

Percentage

2.c. Classifications (CLASS_SYSTEM)

We use the WHO Official list of countries that are State Parties of the International Health Regulations (IHR2005), distributed according to the six WHO administrative regions (www.who.int).

The second edition SPAR tool has been expanded from 13 to 15 capacities. 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.

The 13 core capacities of the first edition of the IHR State Parties Annual Assessment and Reporting Tool 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.

Both SPAR questionnaires (1st and 2nd editions) use a five-level scoring with indicators based on five cumulative levels to measure the implementation status for each capacity. For each indicator, the reporting State Party is asked to select which of the five levels best describes the State Party's current status. To move to the next level, all capacities described in previous levels should be in place for each indicator.

For the years 2010 to 2017, Member States used the IHR monitoring questionnaire. The questionnaire is divided into thirteen sections, one for each of the eight core capacities, PoE and four hazards. Individual questions are grouped by components and indicators in the questionnaires. States Parties can provide additional information on the questions in the comment boxes. Responses to the questions include marking one appropriate value (Yes, No, or Not Known) or the appropriate percentages. For statistical purposes, the "Not Known" value is computed as a "No" value. The IHR monitoring questionnaire includes the following: IHR01. National legislation, policy and financing; IHR02. Coordination and National Focal Point communications; IHR03. Surveillance; IHR04. Response; IHR05. Preparedness; IHR06. Risk communication; IHR07. Human resources; IHR08. Laboratory; IHR09. Points of entry; IHR10. Zoonotic events; IHR11. Food safety; IHR12. Chemical events; IHR13. Radio nuclear emergencies.

3. Data source type and data collection method (SRC_TYPE_COLL_METHOD)

3.a. Data sources (SOURCE_TYPE)

The data is collected annually from State Parties since 2010 and registered and available on the e-SPAR platform (<https://extranet.who.int/e-spar>). The actual total of IHR State Parties is 196, and all are

committed to reporting annually to the WHO to report the World Health Assembly. The number of reports received has increased annually. By 2021, WHO received SPAR data from 184 (out of 196) Member States, reflecting 94% of submissions, the highest number for a SPAR reporting cycle.

3.b. Data collection method (COLL_METHOD)

The data is collected using an online questionnaire (<https://extranet.who.int/e-spar>). An optional interactive PDF and MS Excel forms for Points of Entry are available in case of limitations in internet connectivity. The multisectoral approach remains critical to completing the IHR State Party Self-assessment Annual Report. It is highly recommended that each State Party convene relevant IHR stakeholders at the outset of the SPAR process.

3.c. Data collection calendar (FREQ_COLL)

Data collection for 2021 was completed in July 2022. The data collection for 2022 will start in October 2022, with the deadline on the 28th of February 2023.

3.d. Data release calendar (REL_CAL_POLICY)

Results of the States Parties Self-Assessment Annual Report 2021 are now available in the e-SPAR platform <https://extranet.who.int/e-spar> and disseminated to other WHO homepages on WHO websites, including the Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal (<https://extranet.who.int/sph/>), the Global Health Observatory (<https://www.who.int/data/gho/>), WHO GPW13 triple billion targets dashboard (<https://portal.who.int/triplebillions/>).

3.e. Data providers (DATA_SOURCE)

All data is collected from 196 Member States and disseminated by WHO.

3.f. Data compilers (COMPILING_ORG)

All data is compiled and disseminated by WHO.

3.g. Institutional mandate (INST_MANDATE)

In 2008, the World Health Assembly, through the adoption of Resolution WHA61(2), and later in 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". In December 2021, and under Resolution WHA75, an updated SPAR tool second edition was published.

4. Other methodological considerations (OTHER_METHOD)

4.a. Rationale (RATIONALE)

The indicators used represent the essential public health capacity that States Parties must have in place throughout their territories under Articles 5 and 12 and Annex 1A of the IHR (2005) requirements. Further detailed information and guidance on how to use the State Parties Self-Assessment and

Reporting Tool – SPAR indicators, can be found in a guidance document at: <https://extranet.who.int/e-spar>

4.b. Comment and limitations (REC_USE_LIM)

1) it is based on a self-assessment and reporting by the State Party
2) There are three datasets based on the different tools to collect data for SPAR. For the period 2010 to 2017, the questionnaire, known as the IHR monitoring questionnaire, is divided into thirteen sections, one for each of the eight core capacities, PoE and four hazards and information on the status of implementation for each capacity. The IHR monitoring questionnaire (2010 to 2017) was replaced by the IHR State Parties Self-Assessment Tool – SPAR, published in July 2018 also known as SPAR 1st edition. The States Parties used the questionnaire from the 2018 – 2020 SPAR reporting cycle. The current questionnaire replaced the SPAR 1st edition and was used by the Member States for 2021. Under each capacity, the indicators were either retained, replaced or added. Historical trends based on the data for similar capacity titles may be taken with caution.

4.c. Method of computation (DATA_COMP)

All data are from the questionnaires submitted by States Parties annually. For each of the 15 capacities, one to five indicators are used to measure implementation status. For each indicator, the reporting State Party is asked to select which of the five levels best describes the State Party's current status. To move to the next level, all capacities described in previous levels should be in place for each indicator. The score of each indicator level is 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 is expressed as: $3/5 * 100 = 60\%$

CAPACITY LEVEL

The level of capacity is 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. The indicator level for 2.1 is expressed as $3/5 * 100 = 60\%$, the indicator level for 2.2 will be expressed as $4/5 * 100 = 80\%$ and the capacity level for 2 will be expressed as $(60+80)/2 = 70\%$

4.d. Validation (DATA_VALIDATION)

The e-SPAR electronic platform has mechanisms and checks to monitor reports received and to proceed with quality checks. The eSPAR is also accessible to WHO staff working with the Member States on SPAR (all levels). When the national authority fills in the questionnaire, electronic checks are automatically available (pop-up alerts) to avoid potential mistakes and missing critical information on the report before final submission.

Seminars are promoted, tutorials are available (under revision) and consultation with national authorities can be made in coordination with all levels of WHO. More details with references, short videos and links in several languages at: <https://extranet.who.int/e-spar/>

4.e. Adjustments (ADJUSTMENT)

No adjustments were adopted.

4.f. Treatment of missing values (i) at country level and (ii) at regional level

(IMPUTATION)

Usually, no methodology is employed to replace missing reports. Eventually, on an ad-hoc basis, the last report received can be used just for a specific request for data analysis.

4.g. Regional aggregations (REG_AGG)

The regional aggregation is based on the list of WHO State Parties on each administrative region as the denominator.

4.h. Methods and guidance available to countries for the compilation of the data at the national level (DOC_METHOD)

There are specific tutorials and guidance for national authorities to use the e-SPAR platform and to report using the State Parties Self-Assessment and Reporting Tool – SPAR, accessible from the e-SPAR public page at: <https://extranet.who.int/e-spar/>

4.i. Quality management (QUALITY_MGMNT)

WHO have specific teams working in a collaborative approach to manage the quality of the statistical products and process, such as the Division of Data Analytics and Delivery for Impact (more details at <https://www.who.int/data/ddi>)

4.j Quality assurance (QUALITY_ASSURE)

Please see details from the statistical WHO Programmes at <https://www.who.int/data/ddi>

4.k Quality assessment (QUALITY_ASSMNT)

Please see details from the statistical WHO Programmes at <https://www.who.int/data/ddi>

5. Data availability and disaggregation (COVERAGE)

Since 2010, when the IHR Annual Reporting was implemented, all 196 State Parties had reported at least once. All reports and regional breakdowns are available, including for download of excel spreadsheet with all countries capacities reported since 2010 at: <https://extranet.who.int/e-spar/> , at Health Security and Emergency Preparedness (SPH) Portal (<https://extranet.who.int/sph/>) and the Global Health Observatory (<https://www.who.int/data/gho>).

6. Comparability / deviation from international standards (COMPARABILITY)

The national IHR annual self-assessment and reporting have specific indicators based on IHR requirements for core capacities needed to detect, assess, notify, report and respond, including at points of entry, to public health risks and acute events of domestic and international concern.

External voluntary evaluation of similar capacities can be done, by the same country, such as using the Joint external evaluation (JEE) tool, supported by several countries, in complement to the self-

assessment. More details are available at the Health Security and Emergency Preparedness (SPH) Portal (<https://extranet.who.int/sph/>)

7. References and Documentation (OTHER_DOC)

International health regulations (2005): state party self-assessment annual reporting tool, 2nd ed	English	https://www.who.int/publications/i/item/9789240040120
Международные медико-санитарные правила (2005 г.): Инструмент ежегодной отчетности государств-участников на основе самооценки, 2-е издание	Russian	https://www.who.int/ru/publications/i/item/9789240040120
Règlement sanitaire international (2005) : outil d'autoévaluation pour l'établissement de rapports annuels par les états parties, 2e ed	French	https://www.who.int/fr/publications/i/item/9789240040120
Regulamento Sanitário Internacional (2005): ferramenta de auto-avaliação e relatório anual dos Estados Partes, segunda edição	Portuguese	https://www.who.int/pt/publications/i/item/9789240040120
اللوائح الصحية الدولية (2005): أداة إعداد التقارير السنوية للتقييم الذاتي للدولة الطرف، الإصدار الثاني	Arabic	https://www.who.int/ar/publications/i/item/9789240040120
国际卫生条例 (2005): 缔约国自评年度报告工具, 第二版	Chinese	https://www.who.int/zh/publications/i/item/9789240040120
Reglamento sanitario internacional (2005): instrumento de autoevaluación para la presentación anual de informes de los estados partes, 2a ed	Spanish	https://www.who.int/es/publications/i/item/9789240040120

International health regulations (2005): state party self-assessment annual reporting tool second edition: C11. Points of entry (PoE) and border health	English	
اللوائح الصحية الدولية (2005): أداة إعداد التقارير السنوية للتقييم الذاتي للدولة الطرف ، الإصدار . نقاط الدخول C11 الثاني: (وصحة الحدود PoE)	Arabic	
《国际卫生条例 (2005) 》: 缔约国自评年度报告工具, 第二版 : C11. 入境点 (PoE) 和边境卫生	Chinese	https://www.who.int/publications/i/item/WHO-WPE-HSP-CCI-CAP-2021.1
Международные медико-санитарные правила (2005 г.). Инструмент ежегодной отчетности государств-участников на основе самооценки, второе издание: C11. Точки въезда (PoE) и состояние границы	Russian	
Règlement sanitaire international (2005) : outil d'autoévaluation pour l'établissement de rapports annuels par les états parties, deuxième édition: C11. Points d'entrée (PoE) et santé aux frontières	French	https://who.int/fr/publications/i/item/WHO-WPE-HSP-CCI-CAP-2021.1
Regulamento Sanitário Internacional (2005): Ferramenta de auto-avaliação e relatório	Portuguese	https://who.int/pt/publications/i/item/WHO-WPE-HSP-CCI-CAP-2021.1

anual dos Estados Partes, segunda edição: C11. Pontos de entrada (PoE) e saúde da fronteira		
Reglamento sanitario internacional (2005): instrumento de autoevaluación para la presentación anual de informes de los estados partes, 2ª edición: C11. Puntos de entrada (PoE) y sanidad fronteriza	Spanish	https://who.int/es/publications/i/item/WHO-WPE-HSP-CCI-CAP-2021.1

International Health Regulations (2005): guidance document for the State Party self-assessment annual reporting tool	English	https://www.who.int/publications/i/item/WHO-WHE-CPI-2018.17
Règlement sanitaire international (2005) : document d'orientation sur l'outil d'autoévaluation pour l'établissement de rapports annuels par les États Parties	French	https://www.who.int/fr/publications/i/item/WHO-WHE-CPI-2018.17
Reglamento Sanitario Internacional (2005): documento de orientación sobre el instrumento de autoevaluación para la presentación anual de informes de los Estados Partes	Spanish	https://www.who.int/es/publications/i/item/WHO-WHE-CPI-2018.17
اللوائح الصحية الدولية (2005): وثيقة توجيهية بشأن أداة الإبلاغ السنوي للدول الأطراف بالتقييم	Arabic	https://www.who.int/ar/publications/i/item/WHO-WHE-CPI-2018.17
Международные медико-санитарные правила (2005 г.): руководство по инструменту ежегодной отчетности государств-участников на основе самооценки	Russian	https://www.who.int/ru/publications/i/item/WHO-WHE-CPI-2018.17

国际卫生条例（2005）: 缔约国自
评年度报告 工具指导文件

Chinese

<https://www.who.int/zh/publications/i/item/WHO-WHE-CPI-2018.17>
