

SDG indicator metadata

(Harmonized metadata template - format version 1.0)

0. Indicator information

0.a. Goal

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

0.b. 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

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

0.d. Series

0.e. Metadata update

1 April 2021

0.f. Related indicators

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

World Health Organization (WHO)

1. Data reporter

1.a. 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

2.a. Definition and concepts

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, in order to early detect, assess, notify, and respond to any potential public health events of international concern.

Article 54 of the IHR states that:

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 IHR 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 have in place throughout their territories pursuant to Articles 5 and 12, and Annex 1A of the IHR (2005) requirements.

2.b. Unit of measure

Percentage

2.c. Classifications

We use the WHO Official list of countries that are State Parties of the International Health Regulations (IHR2005) and distributed according to 6 WHO administrative regions (www.who.int).

3. Data source type and data collection method

3.a. Data sources

The data is collected annually from IHR State Parties, according to WHO standard questionnaire, since 2010 and registered and available at e-SPAR platform, as primary source (<https://extranet.who.int/e-spar>). The actual total of IHR State Parties is 196 and all are committed to report annually to WHO to report to the World Health Assembly. The number of reports received can change every year.

3.b. Data collection method

The data is collected using on-line questionnaire, or optional interactive PDF and EXCEL forms, when there are difficulties to national authorities to use the internet. The newer 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.

3.c. Data collection calendar

Data collection for 2020 currently is ongoing. Data collection for year 2021 will start after July and with deadline for end of February 2022.

3.d. Data release calendar

Results of the IHR Annual Report 2020 will be published no later than May 2021 at: <https://extranet.who.int/e-spar> and disseminated to other WHO homepages at WHO Website (www.who.int), such as 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

All data is collected and disseminated by WHO.

3.f. Data compilers

All data is compiled and disseminated by WHO.

3.g. Institutional mandate

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”.

4. Other methodological considerations

4.a. Rationale

The indicators used represents 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. Further detailed information and guidance how to use the State Parties Self-Assessment and Reporting Tool – SPAR indicators, can be found in a guidance document at:

<https://apps.who.int/iris/bitstream/handle/10665/272438/WHO-WHE-CPI-2018.17-eng.pdf?sequence=1>

4.b. Comment and limitations

- 1) it is based on a self-assessment and reporting by the State Party
- 2) The questionnaire used from 2010 to 2017 was replaced by the IHR State Parties Self-Assessment Tool – SPAR, published in July 2018 and still used in 2020. The titles, contents and indicators for each capacities had changed and not comparable in a same historical Serie.

4.c. Method of computation

All data used are from the questionnaires answered by national authorities.

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:

$$3/5*100=60\%, \text{ indicator level for 2.2 will be expressed as: } 4/5*100=80\% \text{ and capacity level for 2 will be expressed as: } (60+80)/2=70\%$$

4.d. Validation

The e-SPAR electronic platform has mechanisms and check lists to monitor reports received and to proceed quality checks, with access to all 3 levels of WHO staff, working with IHR Annual Reporting. When the national authority is filling in the questionnaire, some electronic check is made automatically with pop-up alerts to help with potential mistakes and missing critical information on the report, before final submission.

Seminars are promoted tutorials are available 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

No adjustments adopted.

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

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

4.g. Regional aggregations

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

There are specific tutorial and guidance for national authority 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

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

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

4.k Quality assessment

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

5. Data availability and disaggregation

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

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 risk 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 tool”, supported by several countries, in complement to the self-assessment.

More details at: Health Security and Emergency Preparedness (SPH) Portal

(<https://extranet.who.int/sph/>)

7. References and Documentation

International Health Regulations (2005): State Party self-assessment annual reporting tool	English	https://www.who.int/publications/i/item/WHO-WHE-CPI-2018-16
Règlement sanitaire international : 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-2018-16
Reglamento Sanitario Internacional (2005): 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-2018-16
اللوائح الصحية الدولية (2005): أداة الإبلاغ السنوي للتقييم الذاتي للدول الأطراف)Overview uses google translation for instant (Arabic	https://www.who.int/ar/publications/i/item/WHO-WHE-CPI-2018-16
Международные медико-санитарные правила (2005 г.): инструмент ежегодной отчетности государств-участников на основе самооценки	Russian	https://www.who.int/ru/publications/i/item/WHO-WHE-CPI-2018-16

《国际卫生条例（2005）》缔约国自评年度报告工具	Chinese	https://www.who.int/zh/publications/i/item/WHO-WHE-CPI-2018-16
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