

# **Introduction to IHR State Parties Self-Assessment and Annual report**

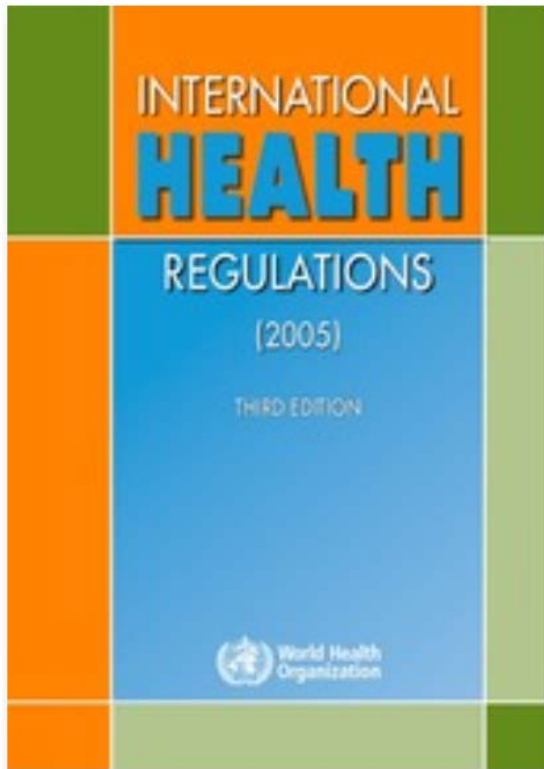
## **e-SPAR Platform**

Daniel Lins Menucci  
WHO HQ – Geneva

Country Capacity Assessment and Planning (CAP)  
Country Capacity for IHR (CCI)  
Department of Health Security Preparedness (HSP)  
Division of Emergency Preparedness (HEP)  
WHO Health Emergency Programme (WHE)

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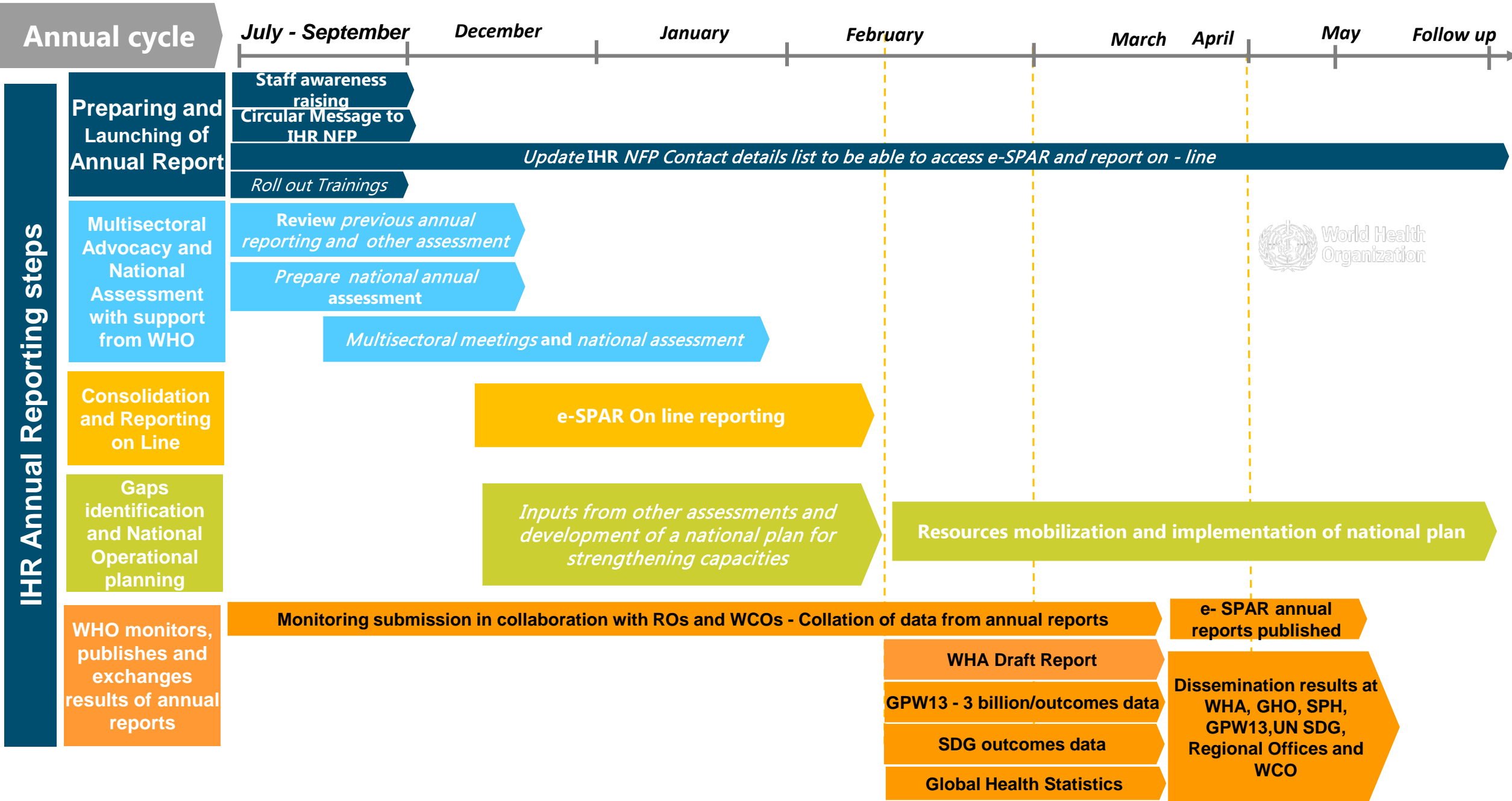
# INTERNATIONAL HEALTH REGULATIONS (2005)



- Represent the **commitment of States Parties and WHO to collectively prepare for and respond to events that may constitute a public health emergency** of international concern according to a **common set of rules**.
- Require States Parties to **establish and maintain the capacity to detect, assess, notify and respond to public health risks and acute events, including those at points of entry**, (Annex 1 of the Regulations).
- The relevance of the IHR as the legislative instrument **to ensure global public health security lies in their full application**, implementation and compliance **by all 196 States Parties**.

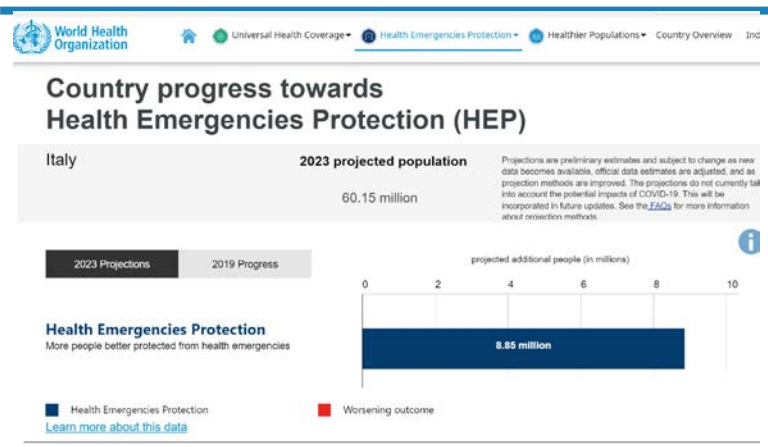
**IHR Art. 54: State Parties to report progress and WHO to inform WHA annually on IHR implementation.**

# IHR Annual Reporting timelines - SPAR



# Use of Data

## WHA / SPH / GHO / SDG/ WHO GPW13 Triple Billion

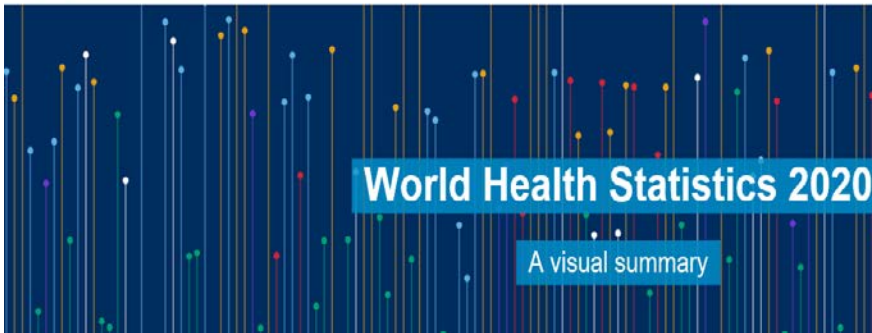


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Under the International Health Regulations (2005) (IHR (2005)) all States Parties assess their health capacities to implement the IHR (2005) effectively. Since 2010 monitoring and assessing, through a self-assessment questionnaire sent to States Parties. In 2018 the Annual Reporting Tool - SPAR, with a revised interpretation of national IHR 13 core capacities. From 2019 an electronic platform (e-SPAR) was implemented and States Parties reported that globally, progress has been reported across all 13 IHR core capacities, particularly in IHR coordination and National IHR National Focal Point functions, human resources, and sustained efforts are needed in the areas of chemical events, and emergencies.

[IHR State Parties Annual Reporting global submission status](#)

Until the end of 2019, advances in many areas of health continued, but



SEVENTY-THIRD WORLD HEALTH ASSEMBLY  
Provisional agenda item 14

A73/14  
12 May 2020

### International Health Regulations (2005)

#### Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document is submitted in response to decision WHA71(15) (2018), which requests the Director-General "to continue to submit every year a single report on progress made in implementation of the International Health Regulations (2005) (IHR), containing information provided by States Parties and details of the Secretariat's activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005)". Progress in the implementation of the five-year global strategic plan to improve public health preparedness and response (2018–2023) is reported in the relevant sections below.

# IHR annual national self-assessment and reporting why to use SPAR Tool?



- Facilitates fulfil the obligation under IHR Art. 54 for State Parties to report progress and WHO to inform WHA annually on IHR implementation.
- “States Parties and the Director-General shall continue to report annually to the World Health Assembly on the implementation of the International Health Regulations (2005), **using the self-assessment annual reporting tool.**” (Decision WHA(15), 2018)

Source: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\(15\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(15)-en.pdf)

- Provides an standard format that facilitate monitoring IHR annual reports submission, obtain high quality reports, data management and data analysis, with a common set of rules inspired by dialogue and transparency.





- Online access to all WHO Regional Offices, Country Offices and IHR National Focal Points, with contact details updated regularly.
- Available in UN languages (Arabic online end of April)
- Quality assurance through
  - Review of individual questionnaires, with follow up with National Focal Point and WHO Regional and Country Offices
- Online SPAR with features:
  - Online reporting completely functional
  - Off-line reporting with retrieval of data from standardized PDF and EXCEL interactive forms
  - Automated summary for country report
  - Auto warnings for error and incomplete data submitted to National Focal Point
  - Download of full answered questionnaire in PDF format for printing and national clearance process
  - Automated notification with summary report to National Focal Point on submission of reports

# e-SPAR website

Regional Profile page

Method	Submitted	Submission confirmed	Published
Online Submissions	0	0	0
Offline Submission (pdf upload)	3	2	3
<b>TOTAL SUBMITTED</b>	<b>3</b>	<b>2</b>	<b>3</b>
Received via another SPAR format	0		
Not submitted	82		

Country	Submission Date	Core Capacity
Spain	02/09/2020	80 %

Public Page

**Welcome to the e-SPAR Portal**

More information on how to submit IHR Annual Report using e-SPAR: [Video](#) - [Manual](#)

This online reporting tool is designed for IHR National Focal Points to report progress in developing the 13 IHR capacities used to monitor and report to the World Health Assembly (WHA).

The 13 IHR capacities are:

- legislation and financing
- IHR coordination and National IHR Focal Points functions
- zoonotic events and the human-animal interface
- food safety
- laboratory
- surveillance
- human resources

Buttons: Retrieve data from previous year, Start Questionnaire

CORE CAPACITY	INDICATOR 1	INDICATOR COMMENT 1	INDICATOR 2	INDICATOR COMMENT 2	INDICATOR 3	INDICATOR COMMENT 3	ADDITIO COMME
C1. Legislation and PL...							
C2. IHR Coordination ...							
C3. Zoonotic Events ...							
C4. Food Safety							
C5. Laboratory							
C6. Surveillance							
C7. Human Resources							
C8. National Health E...							
C9. Health Service Pr...							
C10. Risk communic...							
C11. Points of Entry							
C12. Chemical Events							
C13. Radiation Emerg...							

IHR NFP page

# e-SPAR

## IHR Annual reporting on-line - process

1

Log in

Annual Reporting Tool | 2018

3

1. Legislation and Financing

5

6

2

Start Questionnaire

4

Points of Entry

5

STATE PARTY COMMENTS

Indicators

6

Submit

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# SPAR Main WHO references and tool



**State Party self-assessment annual reporting tool**

<https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16>



**Guidance document for the State Party self-assessment annual reporting tool**

<https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.17>

## e-SPAR

STATE PARTY ANNUAL REPORT



Electronic State Parties Self-Assessment Annual Reporting Tool (e-SPAR) is a web-based platform proposed to support State Parties of the International Health Regulations (IHR) to fulfil their obligation to report annually to the World Health Assembly (WHA) on the implementation of capacity requirements under these Regulations and to encourage the transparency and mutual accountability between States Parties towards global public health security, under the WHO IHR Monitoring and Evaluation Framework.

More information: [Video](#), [Manual](#)

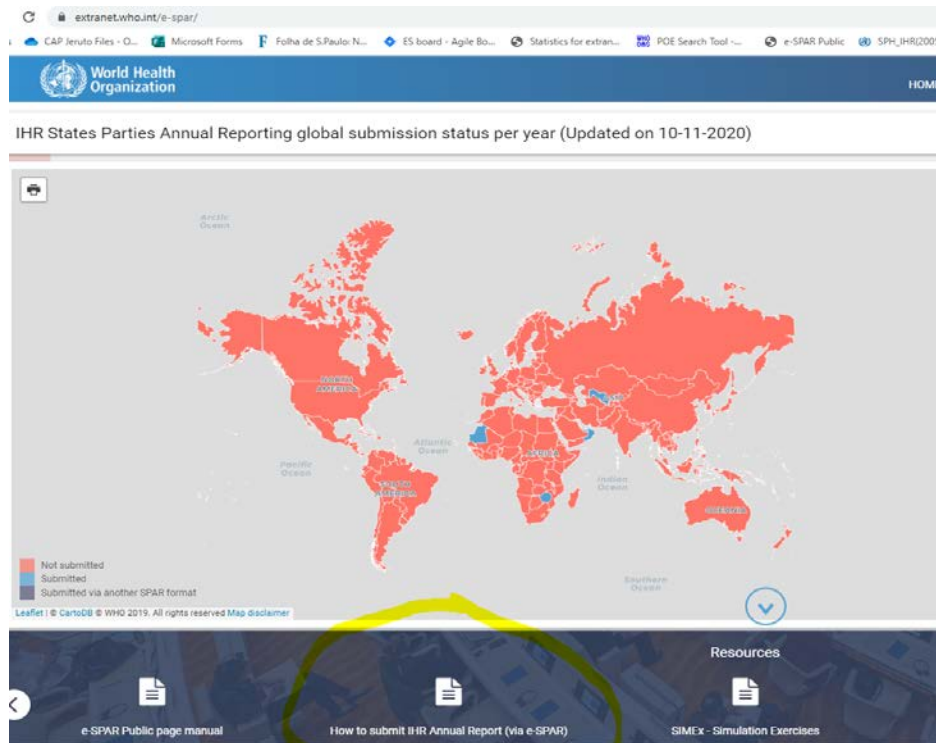
To log in as National IHR Focal Point or WHO IHR Contact point, click SIGN IN button below.



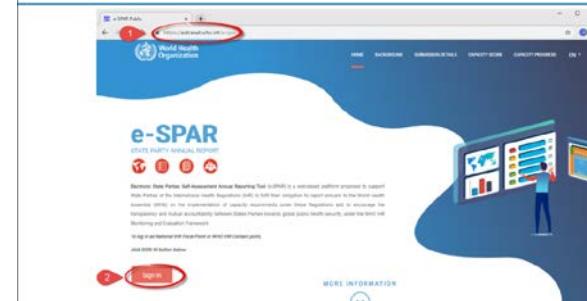
# E-SPAR – National Focal Point for the International Health Regulations

## How to report on-line

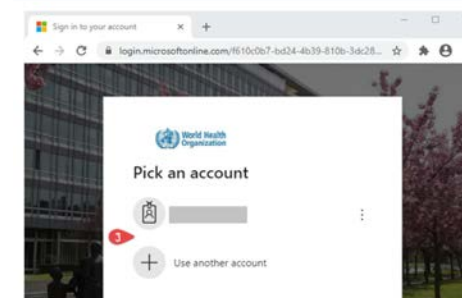
Step by step manual available at e-SPAR public page resources, in several languages at <https://extranet.who.int/e-spar/>



### Step 1 – Navigate e-SPAR home page



### Step 2- Sign-in



Use your email address registered with WHO to sign in (3) if you are a country's NFP.

Note: You should have already accepted the email invitation from WHO to access applications in WHO.

## STATE PARTY SELF-ASSESSMENT ANNUAL REPORTING TOOL



### SPAR - IHR State Parties Self-Assessment and Annual Reporting Tool - LIST OF CAPACITIES AND INDICATORS

Capacities	Indicators
C1: LEGISLATION AND FINANCING	C 1.1 Legislation, laws, regulations, policy, administrative requirements or other government instruments to implement the IHR (2005)
	C 1.2 Financing for the implementation of IHR capacities
	C 1.3 Financing mechanism and funds for the timely response to public health emergencies
C2: IHR COORDINATION AND NFP FUNCTIONS	C 2.1 National Focal Point functions under IHR
	C 2.2 Multi-sectoral IHR coordination mechanisms
C3: ZOOTIC EVENTS AND THE HUMAN-ANIMAL INTERFACE	C 3.1 Collaborative effort on activities to address zoonoses
C4. FOOD SAFETY	C 4.1 A multisectoral collaboration mechanism for food safety events
C5. LABORATORY	C 5. 1 Specimen referral and transport system
	C 5. 2 Implementation of a laboratory biosafety and biosecurity regime
	C 5. 3 Access to laboratory testing capacity for priority diseases
C6. SURVEILLANCE	C 6.1 Early warning function: indicator- and event-based surveillance
	C 6.2 Mechanism for event management (verification, risk assessment analysis, investigation)
C7. HUMAN RESOURCES	C 7.1 Human resources to implement IHR (2005) capacities
C8. NATIONAL HEALTH EMERGENCY FRAMEWORK	C 8.1 Planning for emergency preparedness and response mechanism
	C 8.2 Management of health emergency response operation
	C 8.3 Emergency resource mobilization
C9. HEALTH SERVICE PROVISION	C 9.1 Case management capacity for IHR relevant hazards
	C 9.2 Capacity for infection prevention and control (IPC) and chemical and radiation decontamination.
	C 9.3 Access to essential health services
C10. RISK COMMUNICATION	C 10.1 Capacity for emergency risk communications
C11. POINTS OF ENTRY (POE)	C 11.1 Core capacity requirements at all times for designated airports, ports and ground crossings
	C 11.2 Effective public health response at points of entry
C12. CHEMICAL EVENTS	C 12.1 Resources for detection and alert
C13. RADIATION EMERGENCIES	C 13.1 Capacity and resources

**13 Capacities**  
**24 Indicators (1 to 3 per capacity)**



# Understanding the SPAR structure

# STRUCTURE OF SPAR

Example: C5. Laboratory



There are 13 IHR capacities.

Indicators		
<b>Level</b>	<b>C5.1. Specimen referral and transport system</b>	
Level 1	Transportation <sup>40</sup> of specimens from health facilities to reference laboratories for confirmatory diagnostics could be available on an ad hoc basis	<input type="checkbox"/>
Level 2	Systems <sup>41</sup> are in place for less than 50% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics	<input type="checkbox"/>
Level 3	Systems are in place for 50–80% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics	<input type="checkbox"/>
Level 4	Systems are in place for at least 80% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics	<input type="checkbox"/>
Level 5	Systems are in place to transport specimens to reference laboratories for confirmatory diagnostics from all health facilities	<input type="checkbox"/>
<b>Level</b>	<b>C5.2 Implementation of a laboratory biosafety<sup>42</sup> and biosecurity<sup>43</sup> regime</b>	
Level 1	National laboratory biosafety and biosecurity guidelines and/or regulations are under development	<input type="checkbox"/>
Level 2	National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by some laboratories at the national level	<input type="checkbox"/>
Level 3	National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by all laboratories at the national level	<input type="checkbox"/>
Level 4	National laboratory biosafety and biosecurity guidelines and/or regulations are implemented by all laboratories at national, intermediate and local levels	<input type="checkbox"/>
Level 5	National laboratory biosafety and biosecurity guidelines and/or regulations are regularly reviewed and updated as needed	<input type="checkbox"/>

1. Legislation and financing
2. IHR coordination and National Focal Points 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

# STRUCTURE OF SPAR

## Example: C5. Laboratory

Indicators	
<b>Level</b>	<b>C5.1. Specimen referral and transport system</b>
Level 1	Transportation <sup>40</sup> of specimens from health facilities to reference laboratories for confirmatory diagnostics could be available on an ad hoc basis <input type="checkbox"/>
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Level 4	National laboratory biosafety and biosecurity guidelines and/or regulations are implemented by all laboratories at national, intermediate and local levels <input type="checkbox"/>
Level 5	National laboratory biosafety and biosecurity guidelines and/or regulations are regularly reviewed and updated as needed <input type="checkbox"/>

Each capacity is made up of 1-3 indicators.

For each indicator, there are attributes which define capacity at that level. States Parties are asked to select the level which best describes the status.

# C.11 - Points of entry

## Two parts – Details for each points of entry and two indicators for measuring capacity level

Details Assess

- Assess capacities of each designated PoE using the specific Assessment tool for core capacity requirements at designated airports, ports and ground crossings ( <http://www.who.int/ihr/publications/PoE/en/> )

C.11.1 Routine Capacities

- Determine and identify the level (1 to 5) of implementing the IHR capacities at all times for each specific point of entry, utilizing the criteria in the section 2 Indicator 11.1, based on previous assessment.

C.11.2  
PH  
response  
capacities

- Determine and identify the level (1 to 5) of implementing the IHR effective public health response capacities for each specific designated point of entry, utilizing the criteria in the section 2 Indicator 11.2, based on previous assessment.

The average scores obtained will be transferred automatically into a 1-5 levels for indicators C.11.1 and C11.2.

# C11: POINTS OF ENTRY

## SECTION 1 – Details for each designated airport, port and ground crossings

### SECTION 1. INFORMATION BY TYPE OF POINTS OF ENTRY

1. Please indicate the number of designated PoEs that shall develop the capacities provided in Annex 1 of the IHR (n/a if not applicable)

Number of designated ports

Number of designated airports

Number of designated ground crossings<sup>79</sup>

2. Please list the names of designated PoEs (ports, airports and ground crossings as applicable) and indicate the information required related to the designated PoE. To complete this table, fill in information for each designated PoE. Please add lines as needed if there are more than five designated airports, ports or ground crossings.

Type	Name of designated PoE	United Nations Code for Trade and Transport Locations (UNLOCODE) <sup>80</sup>	Competent authorities identified at designated PoE (Y/N)	Level <sup>81</sup> of core capacity requirements at all times for designated PoE (routine core capacities, Annex 1B)	Programme for vector surveillance and control at PoE (Y/N)	Level <sup>82</sup> of effective public health response at each designated PoE (capacities to respond to emergencies, Annex 1B)	PoE public health emergency contingency plan <sup>83</sup> (Y/N)
Airports							
Ports							
Ground crossings							

3. Has your country authorized ports to issue ship sanitation certificates?

Yes  No  Not applicable

The screenshot shows the online interface for the SPAR questionnaire. It features a navigation bar with 'Points of Entry', 'Indicator 1', and 'Indicator 2'. The main content area is titled 'SECTION 1. INFORMATION BY TYPE OF POINTS OF ENTRY'. It contains the same instructions and table as the PDF format, but in a web-based layout. The table has columns for 'Name of designated PoE', 'United Nations Code for Trade and Transport Locations (UNLOCODE)', 'Competent authorities identified at designated PoE level (Y/N)', 'Level of core capacity requirements at all times for designated PoE (routine core capacities, Annex 1B)', 'Programme for vector surveillance and control at PoE (Y/N)', 'Level of effective public health response at each designated PoE (capacities to respond to emergencies, Annex 1B)', and 'PoE public health emergency contingency plan (Y/N)'. The form also includes a question about ship sanitation certificates and a 'Download EXCEL' button. The form is titled 'SECTION 1. INFORMATION BY TYPE OF POINTS OF ENTRY'.

e- SPAR Page on line

SPAR PDF Format



# C11 - POINTS OF ENTRY

## SECTION 2 – Two indicators

SECTION 2. OVERALL NATIONAL PROFILE OF THE IMPLEMENTATION OF CORE CAPACITIES AT POINTS OF ENTRY

Indicators	
<b>Level</b>	<b>C11.1 Core capacity requirements at all times for designated airports, ports and ground crossings</b>
<b>Level 1</b>	PoEs to develop routine core capacities are identified for designation based on associated public risk assessment <input type="checkbox"/>
<b>Level 2</b>	Some designated PoEs are implementing routine core capacities at all times AND Competent authorities are identified in each designated PoE <input type="checkbox"/>
<b>Level 3</b>	All designated PoEs are implementing routine core capacities at all times AND All designated PoEs are integrated into the national surveillance system for biological hazards <input type="checkbox"/>
<b>Level 4</b>	All designated PoEs are implementing routine core capacities with an all-hazard and multisectoral approach <input type="checkbox"/>
<b>Level 5</b>	Routine core capacities at all designated PoEs are evaluated and actions are taken to improve on a regular basis <input type="checkbox"/>
<b>Level</b>	<b>C11.2 Effective public health response at points of entry</b>
<b>Level 1</b>	PoEs identified for designation are in the process of developing a PoE public health emergency contingency plan <sup>64</sup> <input type="checkbox"/>
<b>Level 2</b>	Some designated PoEs have developed a PoE public health emergency contingency plan for events caused by biological hazards <input type="checkbox"/>
<b>Level 3</b>	All designated PoEs have developed PoE public health emergency contingency plans for events caused by biological hazards AND All designated PoEs are integrated into national emergency response plans <input type="checkbox"/>
<b>Level 4</b>	All designated PoEs have developed PoE public health emergency contingency plans for events caused by all hazards <input type="checkbox"/>
<b>Level 5</b>	All designated PoEs routinely <sup>65</sup> test, review and update PoE public health emergency contingency plans for events caused by all hazards <input type="checkbox"/>
Additional comments	

SPAR PDF Format

INDICATORS Points of Entry Indicator 1 Indicator 2

1 Core capacity requirements at all times for designated airports, ports and ground crossings

Routine core capacities at all designated PoEs are evaluated and actions are taken to improve on a regular basis.

**Level 1** PoEs to develop routine core capacities are identified for designation based on associated public risk assessment

**Level 2** Some designated PoEs are implementing routine core capacities at all times AND Competent authorities are identified in each designated PoE

**Level 3** All designated PoEs are implementing routine core capacities at all times AND All designated PoEs are integrated into the national surveillance system for biological hazards

**Level 4** All designated PoEs are implementing routine core capacities with an all-hazard and multisectoral approach

**Level 5** Routine core capacities at all designated PoEs are evaluated and actions are taken to improve on a regular basis

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary).

Jamaica has two (2) contingent designated points of entry that are monitored and evaluated with the same WHO Tool as the designated Points of entry. They have made significant improvements over the past five years with Falmouth Cruise Ship Pier having an overall score of 95% and Sangster International Airport an overall score of 81% in the last audit conducted in December 2017. Pre Monitoring audits were conducted at both designated POE in July 2018 with the next audit scheduled for the first quarter of 2019.

Back Next

INDICATORS Points of Entry Indicator 1 Indicator 2

2 Effective public health response at points of entry

Routine core capacities at all designated PoEs are evaluated and actions are taken to improve on a regular basis.

**Level 1** PoEs identified for designation are in the process of developing a PoE public health emergency contingency plan<sup>64</sup>

**Level 2** Some designated PoEs have developed a PoE public health emergency contingency plan for events caused by biological hazards

**Level 3** All designated PoEs have developed PoE public health emergency contingency plans for events caused by biological hazards AND All designated PoEs are integrated into national emergency response plans

**Level 4** All designated PoEs have developed PoE public health emergency contingency plans for events caused by all hazards

**Level 5** All designated PoEs routinely<sup>65</sup> test, review and update PoE public health emergency contingency plans for events caused by all hazards

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary).

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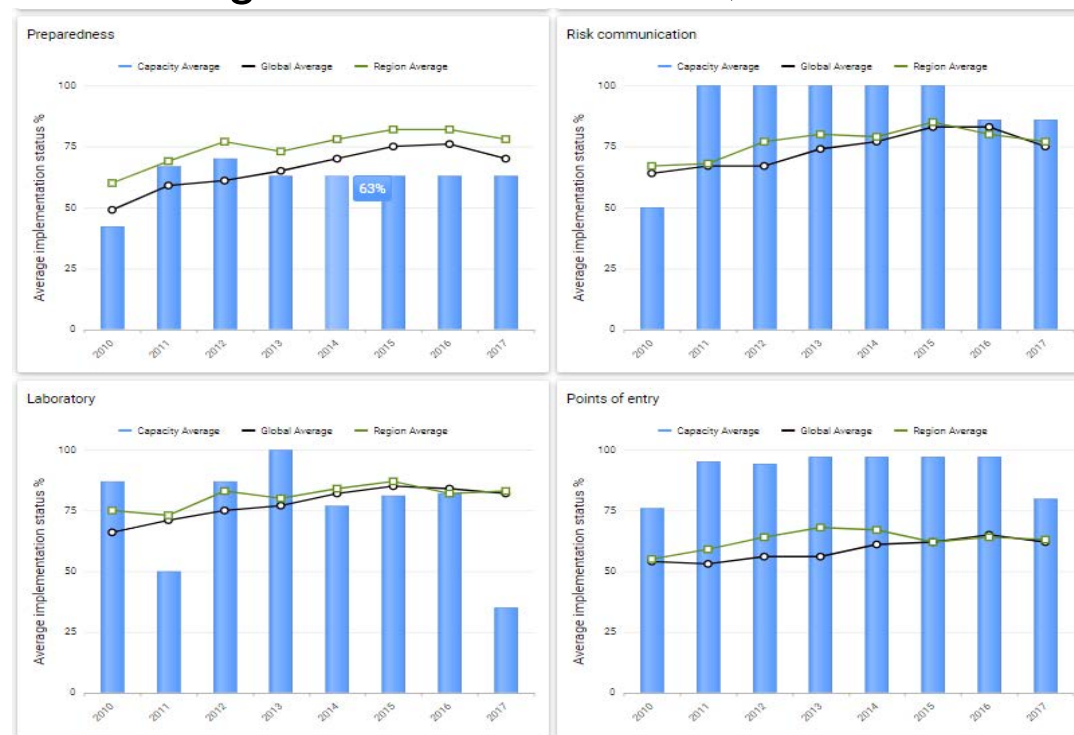
e- SPAR Page on line

# Spar Results

## Example: C5. laboratory

Indicators		
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Level 5	National laboratory biosafety and biosecurity guidelines and/or regulations are regularly reviewed and updated as needed	<input type="checkbox"/>

The final result of the capacity of the International Health Regulations is calculated as the average of all its indicators,



# SCALE SCORING SYSTEM

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

# e- SPAR- Standardized Country Summary and Statistics

## IHR (2005) State Party Self Assessment Annual Report National Profile 2020 Italy

In accordance with Article 14 of the International Health Regulations (2005) and WHO resolution E12.2, all IHR States Parties and WHO are required to report to the WHO on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by the State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), respectively under Annex 1, of these Regulations.

**Useful Contacts and further information**  
National Focal Point  
Dr. Giovanni Rezza  
Ministero della Salute  
+39 06 5816 2192  
am.rezza@cisr.it

**IHR Indicators Scores**

**Achievements**

- C1 Legislation and Financing: 100%
- C2 Coordination and National IHR Focal Point Functions: 100%
- C3 Zoonotic Events and the Human-animal Interface: 100%
- C4 Food Safety: 100%
- C5 Laboratory: 100%
- C6 Surveillance: 100%
- C7 Human Resources: 100%
- C8 National Health Emergency Framework: 100%
- C9 Health Service Provision: 100%
- C10 Risk Communication: 100%
- C11 Points of Entry: 100%
- C12 Chemical Events: 100%
- C13 Radiation Emergencies: 100%

**Challenges**

- C2 IHR Coordination and National IHR Focal Point Functions: 60%
- C3 Zoonotic Events and the Human-animal Interface: 60%
- C4 Food Safety: 60%
- C5 Laboratory: 60%
- C6 Surveillance: 60%
- C7 Human Resources: 60%
- C8 National Health Emergency Framework: 60%
- C9 Health Service Provision: 60%
- C10 Risk Communication: 60%
- C11 Points of Entry: 60%
- C12 Chemical Events: 60%
- C13 Radiation Emergencies: 60%

**Designated Point of Entries**  
24 Ports, 3 Airports, 0 Ground Crossing

Authorized ports to issue ship sanitation certificates: **Yes**

**IHR Capacity**

## IHR States Parties Annual Reporting global submission status per year (Updated on 17-04-2021)

**IHR Score per capacity**

All score details | All WHO regions | All countries | 2020

**Top challenges**  
Based on the analysis of the latest annual reporting data, the top challenges are:

- C12 Chemical Events: 53%
- C13 Radiation Emergencies: 54%
- C11 Points of Entry: 57%

**WHO regions average for all capacities (Updated on 17-04-2021)**

Average for all regions of all capacities: 64%

**IHR designated points of entry**

Ports	706
Airports	612
Ground Crossings	695
Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)	121

## IHR Capacity Progress

Average of capacities for all WHO regions

**IHR Capacity progress per year**

**Designated Points of Entry**

Category	2019	2020
Ports	719	701
Airports	663	611
Ground crossings	572	691
Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)	125	121

## IHR Score per capacity All WHO regions 2020 (Updated on 17-04-2021)

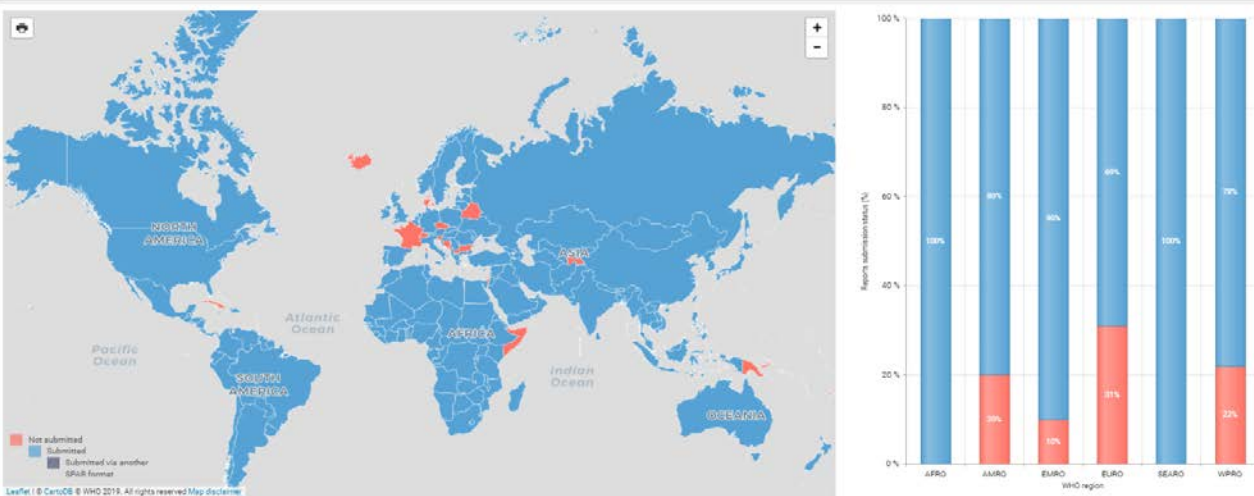
# SPAR 2020 Overview

- Annual reporting period started on 4 September 2020. Circular e-mail sent to all IHR NFPs but still receiving reports.

## SUBMISSION TIMELINES 2020



IHR States Parties Annual Reporting global submission status per year (Updated on 17-04-2021)



IHR States Parties Annual Reporting submission status year 2020 (Updated on 17-04-2021)

WHO region	Total number of countries	Total submitted	Total not submitted	Total submitted via another SPAR format	Total submitted(%)	Total not submitted(%)	Total submitted via another SPAR format(%)
AFRO	47	47	0	0	100	0	0
AMRO	35	28	7	0	80	20	0
EMRO	21	19	2	0	90	10	0
<b>EURO</b>	<b>55</b>	<b>38</b>	<b>17</b>	<b>0</b>	<b>69</b>	<b>31</b>	<b>0</b>
SEARO	11	11	0	0	100	0	0
WPRO	27	21	6	0	78	22	0
<b>All Regions</b>	<b>196</b>	<b>164</b>	<b>32</b>	<b>0</b>	<b>84</b>	<b>16</b>	<b>0</b>

## SUBMISSION TIMELINES 2020

