



Series of SDG Webinars for the Arab Region: WHO SDG 3.d.1

An Interagency and Experts Collaboration to Improve the Production and Dissemination of SDG Indicators from Official National Sources

22 April 2021

Report of the Meeting

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BACKGROUND

The need to improve the production and dissemination of reliable comparable and timely data on SDG

In September 2015, the United Nations General Assembly adopted by consensus Resolution 70/1: Transforming our world: the 2030 Agenda for Sustainable Development (the 2030 Agenda). The Resolution reaffirms the need for the strengthening of national data systems through "collaboration between national statistical systems and the relevant international and regional organizations to enhance data reporting channels and ensure the harmonization and consistency of data and statistics for the indicators used to follow up and review the Sustainable Development Goals and targets".

The resolution also urges countries, the specialized agencies, the regional commissions, and the Bretton Woods institutions among others "to intensify their support for strengthening data collection and statistical capacity-building, including capacity-building that strengthens coordination among national statistical offices". Moreover, the resolution "Urges international organizations to base the global review on data produced by national statistical systems and, if specific country data are not available for reliable estimation, to consult with concerned countries to produce and validate modelled estimates before publication, urges that communication and coordination among international organizations be enhanced in order to avoid duplicate reports, ensure consistency of data and reduce response burdens on countries, and urges international organizations to provide the methodologies used to harmonize country data for international comparability and produce estimates through transparent mechanisms;"

Five years after the adoption of the 2030 Agenda several countries are facing considerable challenges in monitoring targets in many policy areas. The current COVID-19 pandemic highlights the value of measuring and monitoring: no strategy can be developed, and no measure can be implemented without a proper monitoring and evaluation system.

Many countries in the Arab region are reporting on SDG indicators, however, reporting on progress on many of the SDG indicators, remains limited in the region. Insufficient availability and quality of statistical information on SDG indicators hamper the capacity of policymakers to generate evidence-based and effective policy responses and implement the 2030 Agenda.

Translating these recommendations and resolutions into tangible results is imperative and will require intensive collaboration at the national, regional and global levels. Regional Commissions' Statistical bodies "are the nexus between the Statistical Commission at the global level and the implementation at the national level of the norms endorsed by the Commission. In the context of the 2030 Agenda, the support provided by the regional commissions to assist Member States in adapting, implementing and measuring progress towards the implementation of national development plans is of particular significance as it influences the quality of statistics and methodologies used, as well as the use of new and innovative methodologies and sources of data, known as the transformative agenda for official statistics. The regional commissions carry out activities to strengthen the capacity of Member States to produce, use and dissemination official statistics and also provide a regional platform for sharing experiences and practices in statistics work¹."

¹ Source: Relevance and effectiveness of the statistical work of regional commissions - thematic evaluation of regional commissions, Committee for Programme and Coordination, 57th session, April 2017 (E/AC.51/2017/8)

Interagency and Experts Collaboration- ESCWA & WHO

The revised International Health Regulations (IHR) were adopted in 2005 and entered into force in 2007². 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 request that States Parties and the Director-General shall report to the World Health Assembly on the implementation of these Regulations as decided by the World Health Assembly. 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 implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool". This SDG 3.d.1. indicator reflects the capacities State Parties of the International Health Regulations (2005) (IHR) had agreed and committed to develop.

In this context, the Economic and Social Commission for Western Asia (ESCWA) implemented an assessment of data disseminated through the UNSD SDG Global database and those in national SDG official sources to identify those less produced, disseminated, or less understood by national statistical offices (NSOs), and are more available in UN Agencies' and UNSD databases.

Based on the assessment results, ESCWA in collaboration with World Health Organization (WHO) met on the 22nd of March and 7th of April to discuss the organization of a joint webinar to build capacities of Arab countries to improve the production and dissemination of SDG indicator 3.d.1.

² http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf

Indicators	UNSD SDG Database (C-CA)		UNSD SD	G Database (E-M-N-	SDG in national reports
			NA)		
3.d.1	19 (as of	4 May 2021)	21 (NA)		NA ≠ Oman
International	12	Algeria	12	Algeria	
Health			48	Bahrain	
	174	Comoros	174	Comoros	
Regulations	262	Djibouti	262	Djibouti	
(IHR) capacity	368	Iraq	368	Iraq	
and health	400	Jordan	400	Jordan	
	414	Kuwait	414	Kuwait	
emergency	422	Lebanon	422	Lebanon	
preparedness	434	Libya	434	Libya	
	478	Mauritania	478	Mauritania	
	504	Morocco	504	Morocco	
	512	Oman	512	Oman	
	634	Qatar	634	Qatar	
	682	Saudi Arabia	682	Saudi Arabia	
			706	Somalia	
	729	Sudan	729	Sudan	
	760	Syrian Arab Republic	760	Syrian Arab Republic	
	784	United Arab Emirates	784	United Arab Emirates	
	788	Tunisia	788	Tunisia	
	818	Egypt	818	Egypt	
	887	Yemen	887	Yemen	

C: country data, CA: country adjusted data, E: estimated data, G: global monitoring data, M: modeled data, N: non-relevant data, NA: data nature not available as presented in UNSD SDG database, = : National data same as Country data, ≈: National data nearly same as Country data, ≠ National data is not equal to NA data

As per the discussions held between ESCWA and WHO with regard to the nature of the data provided by countries, it was concluded that WHO would change the nature of data received from national focal points from "Not available" (NA) to "Country" in the SDG UNSD Global database in 2021.

OBJECTIVE- WHY?

ESCWA in collaboration with WHO custodian of SDG indicator 3.d.1 organized a webinar to create a common understanding among data producers on how to collect, measure and disseminate SDG 3.d.1 data to increase data production and enhance national data flow to policy makers, other users and custodian agencies.

The main objectives of the regional training were:

- Enhancing understanding of metadata and nature of data, especially information provided from IHR State Parties Self-Assessment and Annual Reports (SPAR) for the indicator 3.d.1, in the UNSD SDG database.
- Improving statistical capacities to invigorate production and use of comparable SDG indicators.
- Strengthening inter-institutional coordination to invigorate production of SDG indicator 3.d.1 and data flow.

• Sharing and discussing country challenges in measuring SDG indicator 3.d.1.

OUTCOME- FINDINGS AND RECOMMENDATIONS

The training familiarized the participating NSOs and other relevant stakeholders with concepts, methodological tools, as well as an understanding of the challenges faced to measure the SDG indicator on international health regulations. The training encouraged interactive dialogue and participants were invited to share their national experiences in data collection including challenges, queries and concerns. In addition, Oman IHR focal point presented the national experience on indicator 3.d.1. Presentations to the meetings are made available in the Arabic language and English. Discussions are provided in Q&A annexed to the report. The full webinar proceedings were recorded to develop training materials.

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

There is little evidence of data on indicator 3.d.1 being disseminated in national Arab SDG related reports, dashboard including VNRs. However, this indicator is reported on by 21 countries since 2010 and available on both UNSD SDG database and WHO platform. Two historical series are available: one from 2010 to 2017, using the IHR Questionnaire and other from 2018 to 2020, using the new SPAR Tool. The IHR Monitoring and Evaluation Framework encourages transparency and mutual accountability between States Parties towards global public health security. Indicator IHR reflects capacity and health emergency preparedness of a country in 13 core capacities attained at a specific point in time. A very important indicator especially during crises such as the Covid pandemic.

The indicator 3.d.1 is based on the score of 13 core capacities (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.

Data are collected by nationally assigned IHR focal points, based on multi-sectoral self-assessment and "capacities scores" are produced and reported on-line and recorded on WHO "E-Spar" platform. E-Spar also allows countries to monitor and report annually to the World Health Assembly, on 13 core health and emergency preparedness through production of country profiles (Annex 4 Example). National data are also published on WHO website at:, e-SPAR platform (main database), WHO Global Health Observatory and the Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal, as well at WHO Regional Offices home pages and used by WHO several technical areas for monitoring and evaluation purposes.

Recommendations for Countries:

- NSOs are encouraged to report on SDG 3.d.1 in national SDG related reports and platforms using nationally reported data on E-Spar platform/UNSD SDG database.
- IHR national focal points and NSOs to establish communication channels to keep updated on latest releases of data to feed into SDG related national reports/platforms and inform policy makers.

Recommendations for ESCWA/WHO:

 To facilitate coordination and invigorate continuous production and dissemination at the national level, WHO regional offices (EMRO and AFRO) to share list of IHR focal points with ESCWA.

SCHEDULE AND LANGUAGE- PLATFORM?

The regional training was held on the 22nd of April 2021 from 10:00 a.m. to 12:00 a.m. on Zoom (Agenda attached), with simultaneous interpretation in both English and Arabic languages.

TARGET AUDIENCE - WHO?

The meeting was attended by 27 representatives from 15 national statistical offices namely: Bahrain, Comoros, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Qatar, Somalia, Sudan, Tunisia, and UAE. The meeting was also attended by six representatives from the UNRCO UAE, UNRCO Jordan, WHO Tunisia, WHO Sudan.

TRAINING CERTIFICATION

31 participants were awarded a training certificate by the organizers for full attendance and completion of Webinar evaluation.

REGISTRATION AND EVALUATION

31 participants completed the electronic evaluation out of the 69 participants who attended the webinar. The results are as follows:

- 64.5 per cent of respondents rated the overall quality of the webinar as "Excellent" and 32.3 per cent as "good" and 3.2 per cent as "fair".
- 54.8 per cent indicated that the webinar was successful in reaching its intended objectives as "Excellent", 45.2 per cent as "good".
- 48.4 per cent rated the inputs provided by presenters in reaching the intended outcome of the webinar as "Excellent" and 45.2 per cent as "Good" and 6.4 per cent as "fair".
- 64.5 per cent rated the overall organization and logistics of the webinar as "Excellent" and 35.5 per cent assessed it as "Good".

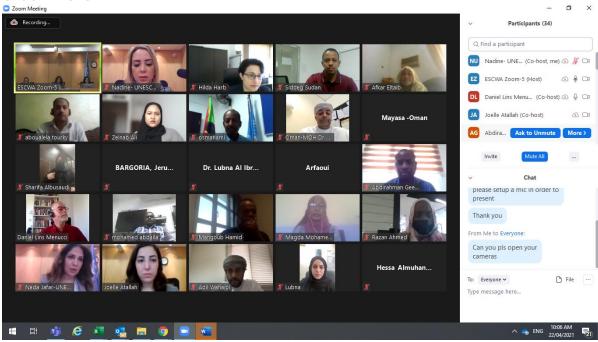
RESOURCES

- e-SPAR platform at: <u>https://extranet.who.int/e-spar/</u>
- State Party Self-Assessment annual reporting Tool: <u>https://www.who.int/ihr/publica-tions/WHO-WHE-CPI-2018.16</u>
- Guidance document for the State Party self-assessment annual reporting tool (English): <u>https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.17</u>
- Guidance document for the State Party self-assessment annual reporting tool (Arabic): <u>https://apps.who.int/iris/bitstream/handle/10665/272438/WHO-WHE-CPI-2018.17-ara.pdf?se-quence=16</u>
- Public page user manual: <u>https://onedrive.live.com/view.aspx?resid=4BAB0ECC39CC6DCE!109&ithint=file%2cpptx&au-thkey=!AGniLAy25KV8ZD4</u>

AGENDA

Day: Thursday 22 April		Speakers
10:00 – 10:05 A.M.	Introduction to the Webinar (objective,	ESCWA – Neda Jafar
	speakers, and content)	
10:05 – 10:25 A.M.	International Health Regulations (IHR)	WHO- Daniel Menucci
	Introduction to Monitoring and Evaluation	
	Framework	
10:25 – 11:25 A.M.	Introduction to IHR State Parties Self-	WHO- Daniel Menucci
	Assessment and Annual report - the e-SPAR	
	Platform	
	Oman Country Experience	Dr. Lubna AL Ibrahim
	Discussion – Q&A	
11:25 – 11:50 A.M.	3.d.1 International Health Regulations (IHR)	WHO EMRO –
	capacity and health emergency preparedness	Mahgoub Hamid
	EMRO Region	
	Oman Country Experience	Dr. Khalid Said Al Harthy
	Discussion – Q&A	
11:50 A.M. – 12:00 P.M.	Way Forward and Conclusion	ESCWA – Neda Jafar
		WHO – Daniel Menucci

GROUP PHOTO



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Annex 1: ORGANIZERS AND LIST OF PARTICIPANTS

LIST OF ORGANIZERS

ESCWA	WHO
Neda Jafar	Rajesh Sreedharan
Head, Statistical Policies and Coordination Unit	Team Leader
Statistics, Information Society & Technology	Country Capacity Assessment and Planning Group
Cluster	(CAP)
UN House, Beirut, Lebanon jafarn@un.org	Country Capacity for IHR (CCI)
T. +961 1 978 344	Department of Health Security Preparedness (HSP)
	Division of Emergency Preparedness (HEP)
Joelle Atallah	WHO Health Emergency Programme
Statistics assistant	World Health Organization
Statistics, Information Society & Technology	sreedharanr@who.int
Cluster	
UN House, Beirut, Lebanon Joelle.atallah@un.org	Daniel Lins Menucci
T. +961 1 978 731	Technical Officer - IHR Annual Reporting focal person
	Country Capacity Assessment and Planning Group (CAP)
	Country Capacity for IHR (CCI)
	Department of Health Security Preparedness (HSP)
	Division of Emergency Preparedness (HEP)
	WHO Health Emergency Programme
	World Health Organization
	T. +41 22 791 2513
	menuccid@who.int / ihrmonitoring@who.int
	Dr. Dalia Samhouri
	Regional Manager, Emergency Preparedness & IHR
	WHO EMRO
	SAMHOURID@who.int
	Mary Stephen
	Consultant, WHO AFRO, stephenm@who.int

LIST OF PARTICIPANTS

Bahrain	Jordan
Fatema Salem	Ahlam Ahmad
Statistician	IT Director
Information & eGovernment Authority	Department of Statistics
Email: fatema.salem@iga.gov.bh	Email: <u>Rahlam@dos.gov.jo</u>
Mobile: 00973 39228221	Mobile: 00962 790896385

Comoros	Kuunait
<u>Comoros</u>	Kuwait
Mouhidine Cheikh	Mona Al Haj Husaain
Head of Statistics of the General Planning	Public Health Specialist
Commission	IHR Kuwait Center
Commissariat Général au Plan	Email: alhajhussainm@gmail.com
Email: mouhidinecheikh@gmail.com	Mobile: 00965 99388603
Mobile: 00269 3739193	
Egypt	Lebanon
Abou ElEla Turki	Hilda Harb
Population statistics and Censuses Sector	Head of Department
Central Agency for Public Mobilization and	Ministry of Health
Statistics	Email: hilda_harb@yahoo.com
Email: <u>Abouelala_t@capmas.gov.eg</u>	Tel: 1830365
Mobile: 00201 066025107	
Egypt	Morocco
Amr Ragab Kamel	Jilali CHARROUK
Statistician	Chef de service Santé et nutrition
Central Agency for Public Mobilization and	High Commission of Planning
Statistics	Email: j.charrouk@hcp.ma
Email: kmrw579@gmail.com	Mobile: 00212 660102142
Mobile: 00201 140924917	
Iraq	<u>Oman</u>
Zainab AlAamery	Adil Said Al Wahaibi
Director	MD, PhD
Central Statistical Organization	Head of epidemiological surveillance
Email: stamony_23@yahoo.com	Directorate General for Disease Surveillance &
Mobile: 00964 7901268838	Control
	Ministry of Health
	Email: adilwahaibi@gmail.com
	Mobile: 00968 99425673
<u>Oman</u>	Qatar
Lubna Al Ibrahim	Mohamed Aly Ekeibed
IHR	Population Expert
Ministry of health	Planning & Statistics Authority (PSA)
Email: Lubnayaai@gmail.com	Email: mekeibed@psa.gov.qa
Mobile: 00968 95510770	Mobile: 00974 44958874

<u>Oman</u>	Somalia
Maysa Al Balushi	Abdirahman Omar Ali
Head of Department of Health Statistics	Officer
Department	Somali National Bureau of Statistics
National Center for Statistics and Information	Email: geele308@gmail.com
Email: malbulushi@ncsi.gov.om	Mobile: 00252 615205205
Mobile: 00968 96778879	
<u>Oman</u>	<u>Somalia</u>
Sherifa Al Busaidia	Abdulkadir Gedi
Data collector	MIS Officer
National Center for Statistics and Information	Somalia National Bureau of Statistics
Email: sbusaidy@ncsi.gov.om	Email: kmgeedi@gmail.com
Mobile: 0096824223651; ext=651	Mobile: 00252 612130003
Oman	Sudan
Khalid Said Al Harthy	Afkar Etaib Awd Ekrim Abd Alla
International Health Regulations and Ports Health	Statistician
Section, Head Directorate General for Disease	Central Bureau of Statistics
Surveillance & Control	Email: goda.07@hotmail.com
Ministry of Health	Mobile: 00249 122000000
Email: khalidsaidharthy@gmail.com	
Mobile: 00968 99380154	
<u>Palestine</u>	<u>Sudan</u>
Riham Mousa	Amir Ali Osman
Statistician, Health Statistics Department	National IHR Focal Points
Palestinian Central Bureau of Statistics	Sudan IHR national team
Email: <u>Rmousa@pcbs.gov.ps</u>	Email: osmanami@who.int
Mobile: 00970 597666 167	Mobile: 00249 912392849
Qatar	Sudan
Hessa Abdulla S H Almuhanadi	Magda Mohamed Elgaali Hamed
Statistician	Head of SDG Section /National Focal Point
	Central Bureau of Statistics
Planning & Statistics Authority (PSA)	
Email: <u>halmuhanadi@psa.gov.qa</u>	Email: goda.07@hotmail.com Mobile: 00249 122000000
Mobile: 00974 77700060	
Tunisia	WHO Country Office Tunisia
Fethia Ouechtati	Latifa Arfaoui EP Assidi
Deputy Director of Distribution	National Professional Officer, Emergency
National Institute of Statistics	preparedness and Operations
Email: ouechtati.fethia@ins.tn	Email: arfaouil@who.int
Mobile: 00216 97481615	Mobile: 00216 28793796
1	

United Arab Emirates	WHO Sudan
Ahmed Abuelela	Siddeg Khalafalla Ahmed
Bio Statistician	surveillance officer for PoE and IHR assistant
MOHAP United Arab Emirates	Sudan IHR national team
Email: ahmed.abualala@moahap.gov.ae	Email: mustafasi@who.int
Mobile: 00971 042301721	Mobile: 00249 922616226
United Arab Emirates	WHO Sudan
Fayrouz Bekka	Mohamed Alhassan
Population and Social Statistics Department	Surveillance officer PoE & IHR assistant
Federal Competitiveness and Statistics Centre	WHO
Email: Fayrouz.Bekka@fcsc.gov.ae	Email: alhassanm@who.int
Mobile: 00971 509724161	Mobile: 00249 918825678
United Arab Emirates	WHO Sudan
Nawal ALhanaee	Mohammed Abdallah
Head of section	surveillance officer for PoE and IHR assistant
Ministry of Infrastructure development	Sudan IHR national team
Email: nawal.alhanaee@moid.gov.ae	Email: alhassanm@who.int
Mobile: 00971 506299771	Mobile: 00249 918825678
United Arab Emirates	UNRCO Jordan
Razan Ismail	Nihal Kanaan
Population and Social Statistics Department	Development Coordination, Monitoring and
Federal Competitiveness and Statistics Centre	Evaluation Specialist
Email: Razan.Ismail@fcsc.gov.ae	UN Resident Coordinator Office
Mobile: 00971 50 1232014	Email: nihal.kanaan1@un.org
	Mobile: 00962 79 0347832
UNRCO UAE	
Zeinab Ali	
Development Coordination Officer	
Email: zeinab.ali@un.org	
Mobile: 00971562212735	

Annex 2: METADATA

Indicators	Data Source	Summary of Metadata
3.d.1 International	Main source:	Percentage of attributes of 13 core capacities that have been attained at a specific
Health Regulations	Administrative records (Ministry of Health)	point in time. The 13 core capacities are:
(IHR) capacity and		(1) Legislation and financing;
health emergency		(2) IHR Coordination and National Focal Point Functions; (3) Zoonotic events and
preparedness		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.
		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%

Annex 4: EXAMPLE OF A COUNTRY PROFILE: OMAN

required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

67%

EMRO

1 Airports

Authorized ports to issue ship sanitation certificates: Yes



All Capacities Average

79%

Oman

Designated Point of Entries

3 Ports

IHR Capacity

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

65%

Global Average

Ground

Crossing

1

Oman

In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and IHR Indicators Scores WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities

Useful Contacts and further information

National Focal Point Dr. Khalid Al Harthy Ministry of Health +968 22357516 khalid.harthy@hotmail.com



e-SPAR: https://extranet.who.int/e-spar | ih

Region Average Global Average 100 1% tor 80 60 눥 40 20 0 C1.1 C1.2 C1.3 C2.1 C2.2 C3.1 C4.1 C5.1 C5.2 C5.3 C6.1 C6.2 C7.1 C8.1 C8.2 C8.3 C9.1 C9.2 C9.3 C10.1 C11.1 C11.2 C12.1 C13.1

00

80%

80%

80%

809

WHO Country Office

emacoomawr@who.int

+968 24 600989 GPN 64800

IHR Indicators

Achievements

C2 IHR Coordination and National IHR Focal Point Functions C2.1 National IHR Focal Point functions under IHR

C5 Laboratory C5.1 Specimen referral and transport system

C5 Laboratory C5.3 Access to laboratory testing capacity for priority diseases

C6 Surveillance C6.2 Mechanism for event management (verification, risk assessment, analysis investigation)

C8 National Health Emergency Framework C8.2 Management of health emergency response operations

C8 National Health Emergency Framework C8.3 Emergency resource mobilization

C9 Health Service Provision C9.1 Case management capacity for IHR relevant hazards

C9 Health Service Provision C9.2 Capacity for infection prevention and control and chemical and radiation

C1 Legislation and Financing

C1.1 Legislation, laws, regulations, policy, administrative requirements or other govern instruments to implement the IHR C1 Legislation and Financing

Financing for the implementation of IHR capacities

C1 Legislation and Financing

C1.3 Financing mechanism and funds for timely response to public health emergencies

C2 IHR Coordination and National IHR Focal Point Functions C2.2 Multisectoral IHR coordination mechanisms

C3 Zoonotic Events and the Human-animal Interface C3.1 Collaborative effort on activities to address zoonoses C4 Food Safety C4.1 Multisectoral collaboration mechanism for food safety events

C6 Surveillance C6.1 Early warning function: indicator-and event-based surveillance

C8 National Health Emergency Framework C8.1 Planning for emergency preparedness and response mechanism

C9 Health Service Provision C9.3 Access to essential health services

C11 Points of Entry C11.1 Core capacity requirements at all times for designated airports, ports and ground crossings

C11 Points of Entry C11.2 Effective public health response at points of entry

C12 Chemical Events C12.1 Resources for detection and alert

C13 Radiation Emergencies C13.1 Capacity and resources

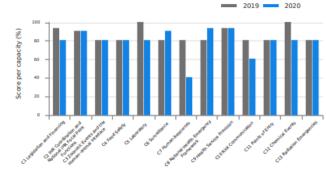
Challenges C5 Laboratory

C5.2 Implementation of a laboratory biosafety and biosecurity regime

C7 Human Resources C7.1 Human resources for the implementation of IHR capacities

C10 Risk communication C10.1 Capacity for emergency risk communications





IHR Indicators

Annex 5: Q & A

Country /Name	Questions	Answers
Indicator 3.d.1		
ESCWA	This is a self-assessment tool, where the focal points in the Ministries of Health in each country provide their assessment on these 13 capacities, with no changes done from the WHO side. This is how the process is done?	The country and region office tries to work with the country to prepare the self-assessment and the report at a final stage. WHO do not interfere in the process of the self- assessment but provides support when needed with other representatives from other agencies for capacities that require their presence. But sometimes, countries miss to fill in some data. In this case, WHO interferes and goes back to the countries asking them to fill in all the needed data or to clarify it (in case they put 0 as a value).
Lebanon – Hilda Harb	Are you planning to initiate an evaluation of the tool after covid-19?	In relation to covid-19, in this year exceptionally we have developed a survey and attached it to the annual report to be answered by the countries about the use of the platform on the capacities or IHR due to covid-19 to see what have changed and what didn't. Between 164 countries, we have received 106 countries participating in this survey. This helped us to analyze what can be improved in the IHR monitoring platform not only e-spar. But the overall platform was validated.
UAE – Razan Ahmed	Why NSOs must deal with this tool?	NSOs do not have to deal with this tool. But NSOs do not report on this indicator and this is the tool where they can find the needed national data to report on in VNRs, SDG dashboards and SDG reports.
ESCWA	If you found out that you have overrated your capacity when the covid-19 came. How do you go back and adjust the previous scoring?	We can contact the team while still in the reporting period to request a permission to edit the report. When a change is done, we advise to put in the comment box what is the exceptional situation so it will be kept for the next report to keep a record on changes done.
Iraq – Zeinab Ali	I am having difficulties logging in to e-spar. It is requesting for external user to add my UN Account	Only IHR focal points can log in to e-spar. However, NSOs can extract the country data from this platform.

ESCWA	Do the IHR Focal Point in Oman	Yes, the planning department in our Ministry is sending all the information to the NSO.
	provide the data to the NSO?	