

Selected Indicators for SPH - EMRO

MEMBER STATES	WHO Regional Office	Population (in thousands) UN Estimate 2018	HEALTH SECURITY - PREPAREDNESS										UHC and HEALTH SYSTEMS							SDG INDICATORS						
			IHR Compliance score Annual self assessment (latest year)	JEE Join External Evaluation	INAPHS - Nat.Action Plan for Health Security	PIP - Pandemic Influenza Preparedness Plan	AMR Action Plan	WHO - HRP Humanitarian Response Plan	WHO Emergency Grade	WHO FCS Fragile and Conflict States	CADRI - Capacity for Disaster Reduction Initiative		UHC2030	UHC Partnership	NHPSP National Health Policy and Strategic Plan	NHPSP end period	UHC Adequate Sanitation (%) (Urban and Rural)	UHC Health Service Coverage Index (%)	UHC Child Immunization Coverage (%)	Health Professional Density per 10,000 Population	SDG Index Score (2018)	SDG Goal 3 - Health (2018)	SDG - Access to Electricity (% of population - 2018)	SDG - Quality of overall infrastructure	Income Group (2016)	HIPC - (World Bank) Highly Indebted Poor Country
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	
Afghanistan	EMRO	32,527	42	✓	●			✓	1	✓		Afghanistan	✓	✓	✓	2020	39	34	62		46.2	37.9	90		LIC	✓
Bahrain	EMRO	1,377	93	✓	●	2007						Bahrain	✓		●	2018	100	72	99	33.8	65.9	88.9	100	5	HIC	
Djibouti	EMRO	888	33	✓	●							Djibouti	✓		●	2017	51	47	84	7.9	50.6	55.2	47		LMIC	
Egypt	EMRO	91,508	96	✓	●		b					Egypt	✓	✓	●	2012	93	68	93	22.5	63.5	72.5	100	4	LMIC	
Iran (Islamic Republic of)	EMRO	79,109	76				b					Iran (Islamic Republic of)	✓	✓	✓	2021	88	65	98	30.4	65.5	78.6	99	4	UMIC	
Iraq	EMRO	36,423	89	✓	●		b	✓	2	✓		Iraq	✓		✓	2023	86	63	65	26.6	53.7	64.1	99		UMIC	
Jordan	EMRO	7,595	72	✓	●		b				✓	Jordan	✓	✓	✓	2020	97	70	97	55.1	64.4	77.7	100	4	UMIC	
Kuwait	EMRO	3,892	85	✓	●							Kuwait	✓		●	2017	100	77	98	66.8	61.1	84.8	100	4	HIC	
Lebanon	EMRO	5,851	80	✓						✓		Lebanon	✓	✓	✓	2020	95	68	79	49.4	64.8	80.1	100	2	UMIC	
Libya	EMRO	6,278	64	✓	●			✓	2			Libya	✓				100	63	97	90			98	2	UMIC	
Morocco	EMRO	34,378	95	✓	●	2006	b					Morocco	✓	✓	✓	2019	83	65	98	14.9	67.6	73.8	100	4	LMIC	
Oman	EMRO	4,491	90	✓	●	2009						Oman	✓		✓	2050	99	72	99	48.9	63.9	85.6	100	5	HIC	
Pakistan	EMRO	188,925	51	✓	●							Pakistan	✓	✓	✓	2025	58	40	71	14.1	54.9	50.7	98	4	LMIC	
Qatar	EMRO	2,235	76	✓	●							Qatar	✓		✓	2022	100	77	97	76.6	60.8	89.1	100	5	HIC	
Saudi Arabia	EMRO	31,540	99	✓	●	2006						Saudi Arabia			✓	2019	100	68	97	77.7	62.9	82.8	100	5	HIC	
Somalia	EMRO	10,787	29	✓	●			✓	3	✓		Somalia	✓	✓	●	2016	16	22	46	1.1			19		LIC	
Sudan	EMRO	40,235	67	✓	●			✓	2	✓		Sudan	✓	✓	●	2016	35	43	88	42.2	49.6	53.4	45		LMIC	
Syrian Arab Republic	EMRO	18,502	64					✓	3	✓		Syrian Arab Republic	✓				93	60	57	38.5	55.0	64.0	96	4	LMIC	
Tunisia	EMRO	11,254	57	✓	●							Tunisia	✓	✓	●	2018	93	65	97	48.4	66.2	76.3	100	4	LMIC	
United Arab Emirates	EMRO	9,157	97	✓	●		b					United Arab Emirates	✓		✓	2021	100	63	98	46.2	69.2	87.6	100	6	HIC	
Yemen	EMRO	26,832	48			2005		✓	3	✓		Yemen	✓	✓	✓	2025	60	39	67	10.7	45.7	46.7	72	2	LMIC	

Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) Selected Indicators for SPH

a. Country

WHO member states as of 30 September 2018.

b. WHO regional groupings

WHO African Region: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea*, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan*, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

WHO Region of the Americas: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, the United States of America, Uruguay, Venezuela (Bolivarian Republic of).

WHO South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste*.

WHO European Region: Albania, Andorra*, Armenia*, Austria, Azerbaijan*, Belarus, Belgium, Bosnia and Herzegovina*, Bulgaria, Croatia*, Cyprus, Czechia*, Denmark, Estonia*, Finland, France, Georgia*, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan*, Kyrgyzstan*, Latvia*, Lithuania*, Luxembourg, Malta, Monaco, Montenegro*, Netherlands, Norway, Poland, Portugal, Republic of Moldova*, Romania, Russian Federation, San Marino, Serbia*, Slovakia*, Slovenia*, Spain, Sweden, Switzerland, Tajikistan*, The former Yugoslav Republic of Macedonia*, Turkey, Turkmenistan*, Ukraine, the United Kingdom, Uzbekistan*.

WHO Eastern Mediterranean Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

WHO Western Pacific Region: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands*, Micronesia (Federated States of)*, Mongolia, Nauru*, New Zealand, Niue*, Palau*, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu*, Vanuatu, Viet Nam.

c. Population

De facto population in a country, area or region as of 1 July 2015. Figures are presented in thousands. Population data are taken from the most recent UN Population Division's "World Population Prospects".

<http://apps.who.int/gho/data/node.wrapper.imr?x-id=113>
<http://apps.who.int/gho/data/view.main.POP2040?lang=en>

d. IHR Compliance - International Health Regulation (IHR 2005) self-assessment annual report

International Health Regulation (IHR 2005) self-assessment annual report.

The average percentage of attributes of 13 core capacities that have been attained. Data is from available data set for 2016 report cycle. The indicator is computed by averaging, across the 13 core capacities, the percentage of attributes for each capacity that have been attained. Scores are based on self-assessment, therefore limiting quality and comparability. 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) Radio nuclear emergencies.

<http://apps.who.int/gho/indicators/?id=4824>
<http://apps.who.int/gho/data/view.main.UHC1HRV>

e. JEE - Joint External Evaluation

Country states that have evaluated their main IHR core capacities by using JEE or GHSA tool.

The JEE is a voluntary, collaborative, multisectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events. The purpose of the external evaluation is to assess country-specific status, progress in achieving the targets under Annex 1 of the IHR (2005), and recommend priority actions to be taken across the 19 technical areas being evaluated. JEE replaced GHSA tool in 2016.

<http://www.who.int/ihr/procedures/mission-reports/en/>
<https://www.ghsagenda.org/assessments>

f. NAPHS - National Action Plan for Health Security

The National Action Plan is a member states' health security plan document that lists priority areas with steps of actions to accelerate the implementation of IHR (International Health Regulation 2005) core capacities.



Completed



In progress

The plan is also describing the coordination of national health security stakeholder's activities, their resource allocation, the milestones and the timeline for the implementation of priority actions over the five years period.

<https://extranet.who.int/spp/country-status>

g. Pandemic Influenza Preparedness Plan (Year of publicly available plans developed or updated)

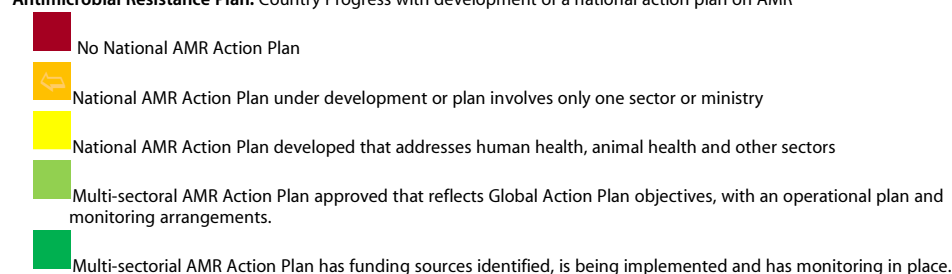
Pandemic influenza is unpredictable but recurring events that can have serious consequences on human health and economic well-being worldwide. Advance planning through the development of Pandemic Influenza Preparedness Plans to ensure the capacities for pandemic response is critical for countries to mitigate the risk and impact of an influenza pandemic.

Following the 2009 influenza pandemic, WHO updated its pandemic influenza preparedness guidance and finalized it in 2017 - the "Pandemic Influenza Risk Management" framework. To facilitate applying the strategies and approaches outlined in the guidance into practice, WHO reviewed best practices and lessons learned from the 2009 pandemic and developed a package of practical tools including a checklist, an essential steps guide, and a simulation exercise guide. This package of practical tools supports countries to develop or update pandemic preparedness plans for building sustainable and resilient capacities for pandemic response."

<https://extranet.who.int/sph/influenza-plan>
<http://www.who.int/influenza/preparedness/en/>

h. AMR PLAN

Antimicrobial Resistance Plan. Country Progress with development of a national action plan on AMR



https://extranet.who.int/sree/Reports?op=vs&path=%2FWHO_HQ_Reports/G45/PROD/EXT/amrcsat_Maps&disableParameterSheet=true

i. WHO HRP - Humanitarian Response Plan

Countries included in the WHO Humanitarian Response Plan 2018. The response plan is an appeal to the donors and partners to respond to crises in particular country which have a systemic impact on the delivery of health services. WHO plans form part of the overall humanitarian response plans developed by partners in the wider humanitarian response.

<http://www.who.int/emergencies/response-plans/2018/en/>

j. Emergency Grade

Country with WHO Graded Emergency as of 30 September 2018.

- 1 - Grade 1
- 2 - Grade 2
- 3 - Grade 3
- C - Countries of Concern

The Graded Emergency is an acute public health event or emergency that requires an operational response by WHO. There are three WHO grades for emergencies, signifying the level of operational response by the Organization:

Grade 1: Limited Response. A single or multiple country event with minimal public health consequences that requires a minimal WCO response or a minimal international WHO response. Organizational and/or external support required by the WCO is minimal. The provision of support to the WCO is coordinated by a focal point in the regional office.

Grade 2: Moderate Response. A single or multiple country event with moderate public health consequences that requires a moderate WCO response and/or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office (the Emergency Support Team is only run out of HQ if multiple regions are affected), coordinates the provision of support to the WCO.

Grade 3: Major/Maximal Response. A single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.

<http://apps.who.int/iris/bitstream/10665/258604/1/9789241512299-eng.pdf?ua=1>
<http://www.who.int/hac/crises/en/>

k. WHO FCS - Fragile and Conflict-Affected States

Fragile and conflict-affected states (FCS) are a group of countries or territories which are categorised by the World Bank's Fragile, Conflict and Violence group according to their financial and security status, with an updated list being released annually from 2006 onwards. The most recent contained 35 countries and territories - 16 from AFRO, 10 from EMRO, six from WPRO, and one each from AMRO, EURO, and SEARO. Inclusion on the harmonized list of fragile situations occurs if a country has a harmonized Country Policy and Institutional Assessment (CPIA) country rating of 3.2 or less, and/or the presence of a UN and/or regional peace-keeping or political/peace-building mission during the last three years. Countries on the list are divided as those eligible for assistance from the International Development Association (IDA), non-member/inactive countries without CPIA data, and International Bank for Reconstruction and Development (IBRD) countries only, i.e. those meeting the peacekeeping criteria. Five EMRO countries or territories are included under peacekeeping criteria, and the other 30 due to CPIA scoring. The World

Bank has acknowledged that defining fragile situations based on CPIA scores and peacekeeping missions can "poorly account of contexts such as fragilities in middle-income countries, and spatial dynamics", although the original intent of the list was as a monitoring tool to guide Bank engagement with clients with unique development challenges.

<http://apps.who.int/iris/bitstream/10665/255801/1/WHO-CCU-17.06-eng.pdf>

l. CADRI - The Capacity for Disaster Reduction Initiative

Countries who joined the Initiative. CADRI was set up as a mechanism aimed at responding to the need for a coordinated and coherent UN-wide effort to support Governments develop their capacities to prevent, manage and recover from the impacts of disasters, in line with the Sendai Framework for Disaster Risk Reduction (2015-2030). CADRI brings together six United Nations organizations - FAO, OCHA, UNDP, UNICEF, WFP, and WHO as Executive Partners - and IFRC, IOM, OECD, UNESCO, UNFPA, UNITAR, UNOPS, WMO, and WB/GFDRR as Observers to deliver coordinated and comprehensive support in capacity development for disaster risk reduction to countries at risk.

<https://www.cadri.net/en/where-we-work>
<https://www.cadri.net/en/who-we-are>

m. UHC2030 - The Universal Health Coverage 2030 Partner Countries

The Universal Health Coverage 2030 provides a multi-stakeholder platform to promote collaborative working at global and country levels on health systems strengthening. UHC2030 is a transformation of IHP+ (International Health Partnership) to respond to the health-related Sustainable Development Goals as it was expanded its scope to include health systems strengthening to achieve universal health coverage.

<https://www.uhc2030.org/about-us/uhc2030-partners/>

n. UHC Partnership Target Countries

The Universal Health Coverage Partnership comprises a broad mix of health experts working hand in hand to promote UHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

<http://uhcpartnership.net/about/>

o. NHPS Availability - The National Health Policies, Strategies and Plans

The National Health Policies, Strategies and Plans (NHPS) is an overarching national document that guides the development of health and related sector in the country. In some countries it may be combined with other related sector such as social development.



Current Plan is up-to-date/valid.



Current Plan needs to be updated (plan years has ended).

The availability of this national plan ensures that health development is planned and considered as one of the priorities in the country. <http://www.nationalplanningcycles.org/>

p. NHPS end period.

End year of current plan.

q. UHC - Adequate Sanitation (%) (Urban and Rural)

The percentage of population using at least basic sanitation services, that is, improved sanitation facilities that are not shared with other households. The data is from 2015 and represents total average of Urban and Rural area. This indicator encompasses both people using basic sanitation services as well as those using safely managed sanitation services. Improved sanitation facilities include flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets.

<http://apps.who.int/gho/data/node.wrapper.imr?x-id=4821>
<http://apps.who.int/gho/data/node.sdg.6-2-data?lang=en>

r. UHC Service Coverage Index (%)

Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population).

The service coverage index combines 16 tracer indicators of service coverage into a single summary measure. Currently, only SDG baselines values for 2015 have been estimated. Primary data sources vary across the 16 tracer indicators, but include household surveys, administrative data and facility surveys.

A population-weighted average of UHC service coverage index values across countries is applied to estimate global and regional aggregates.

Due to data limitations, not all tracer indicators used to compute the index are direct measures of service coverage. These proxy indicators will be replaced in future years when more data become available. The selected tracer indicators are meant to represent the broad range of essential health services necessary for progress towards UHC; they should not be interpreted as a recommended basket of services.

<http://apps.who.int/gho/data/node.wrapper.imr?x-id=4834>

Country Data Availability of service coverage (UHC service coverage index)

Availability of data for the service coverage index. Variation of available data in the country are presented in the percentage bar, which represents the completeness of collected data.

<http://apps.who.int/gho/data/node.wrapper.imr?x-id=4834>

s. UHC Child Immunization Coverage (%) & Types of Immunization Collected Data

Aggregated Data from among 1 year olds immunization coverage for BCG, HepB3, Hib3, MCV1, MCV2, PAB, PCV3, Pol3, RotaC, DTP3 (10 immunizations). The data presented for this table is derived from average coverage of immunization (for the said 10 immunizations) with the denominator of available types of immunization data in the corresponding country.

Reports of vaccinations performed by service providers (e.g. district health centres, vaccination teams, physicians) are used for estimates based on service/facility records. The estimate of immunization coverage is derived by dividing the total number of vaccinations given by the number of children in the target population, often based on census projections. Household surveys: Survey items correspond to children's history in coverage surveys. The principle types of surveys are the Expanded Programme on Immunization (EPI) 30-cluster survey, the UNICEF Multiple Indicator Cluster Survey (MICS), and the Demographic and Health Survey (DHS). The indicator is estimated as the percentage of children ages 12-23 months who received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine time before the survey.

There is variability in national vaccine schedules across countries. Given this, one option for monitoring full child immunization is to monitor the fraction of children receiving vaccines included in their country's national schedule. A second option, which may be more comparable across countries and time, is to monitor DTP3 coverage as a proxy for full child immunization. Diphtheria tetanus-pertussis containing vaccine often includes other vaccines, e.g., against Hepatitis B and Haemophilus influenzae type B, and is a reasonable measure of the extent to which there is a robust vaccine delivery platform within a country. The vaccine coverage indicator for SDG target 3.b is still under development, but once available could be adopted in lieu of DTP3 coverage as part of the UHC service coverage index in future years.

http://www.who.int/healthinfo/universal_health_coverage/UHC_Tracer_Indicators_Metadata.pdf
<http://apps.who.int/gho/cabinet/uhc-service-coverage.jsp>

Types of Immunization Collected Data

Number of types of immunization used as the denominator for the immunization coverage indicator.

t. Health Professional Density

Sustainable Development Goals 3.c is a part of SDG goal 3: Ensure healthy lives and promote well-being for all at all ages.

<https://sustainabledevelopment.un.org/sdg3>
The indicator is presenting the Skilled health professional density (per 10,000 population) and the data refer to the latest available values (2005-2015) in the WHO Global Health Workforce Statistics database (<http://who.int/hrh/statistics/hwfstats/en/>) aggregated across physicians and nurses/midwives. Refer to the source for the latest values, disaggregation and metadata descriptors. <http://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>

The World Health Report 2006 presented an estimate of 22.8 midwives, nurses and physicians per 10,000 population as a threshold to achieve relatively high coverage for essential health interventions in countries most in need. The threshold was a product of a needs-based approach applied to the best available data for 193 countries, to estimate health workforce requirements to achieve an 80% coverage rate for deliveries by skilled birth attendants

http://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf?ua=1.

u. SDG - Global Index Score

It is the aggregate SDG index of overall performance. It is produced by the Sustainable Development Solutions Network (SDSN) and the Bertelsmann Stiftung. SDSN is a UN's initiative of global network who collaboratively works with all stakeholders including business, civil society, UN agencies and other international organizations to identify and share the best pathway to achieve sustainable development. Source: <http://sdgindex.org/reports/2018/>. Detailed methodological paper http://sdgindex.org/assets/files/2018/Methodological%20Paper_v1_gst_jmm_Aug2018_FINAL_rev10_09.pdf

v. SDG 3 Goal - Good health and well being

Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage. Source: <https://dashboards.sdgindex.org/#/http://sdgindex.org/assets/files/2018/00%20SDGS%202018%20G20%20EDITION%20WEB%20V7%20180718.pdf>, page 49

w. Access to Electricity (% Population)

Percentage of the total population who has access to electricity. Data from the SDG dashboard are sourced from SE4ALL (Sustainable Energy for All - a global initiative for universal access to sustainable energy by 2030 - <https://www.seforall.org>).

<http://sdgindex.org/reports/2018/>

x. Quality of overall infrastructure

(1= extremely underdeveloped; 7= extensive and efficient by international standards). It is a part of the goal for - Industry, Innovation and Infrastructure. Qualitative assessment of a country's infrastructure such as telephony, transport and energy. Based on survey respondents' assessment of the general infrastructures on a scale from 1 (extremely underdeveloped) to 7 (extensive and efficient by international standards)

<https://dashboards.sdgindex.org/#/http://sdgindex.org/assets/files/2018/00%20SDGS%202018%20G20%20EDITION%20WEB%20V7%20180718.pdf>, page 49

y. HIPC - Heavily Indebted Poor Country.

Country with high levels of poverty and debt overhang which are eligible for special assistance from the International Monetary Fund (IMF) and the World Bank. The structured program was designed to ensure that the poorest countries in the world are not overwhelmed by unmanageable or unsustainable debt burdens. It reduces the debt of countries meeting strict criteria.

<http://www.worldbank.org/en/topic/debt/brief/hipc>