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

### Selected Health Systems, UHC, SDG Indicators for SPH

Data as of 18 May 2018

<table>
<thead>
<tr>
<th>REGION</th>
<th>COUNTRY</th>
<th>Population (1000)</th>
<th>IHR Compliance</th>
<th>UHC Adequate Sanitation (%)</th>
<th>UHC Health Service Coverage Index (%)</th>
<th>Data Availability (%)</th>
<th>UHC Child Immunization Coverage (%)</th>
<th>Types of Immunization Data Collected Data</th>
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</table>

Selected Health Systems, UHC, SDG Indicators for SPH. Consolidated by WHE/CPI & HIS/SDS.
a. 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/

b. 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/

c. NHPSP Availability - The National Health Policies, Strategies and Plans

The National Health Policies, Strategies and Plans (NHPSP) 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 consider as one of the priorities in the country.


d. NHPSP end period.

End year of current plan.

e. 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 burden. It reduces the debt of countries meeting strict criteria.


f. Emergency Grade

Country with WHO Graded Emergency as of 13 January 2018.

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

The Graded Emergencies 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 the WCO 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

http://www.who.int/hac/criteria/en/

http://www.who.int/about/UHC2030

http://www.who.int/ihr/procedures/mission-reports/en/

https://www.ghsagenda.org/assessments

g. 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 peacekeeping or political/peace-building mission during the last three years. Countries on the list are divided into three 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

h. WHO HRP - Humanitarian Response

Countries included in the WHO Humanitarian Response Plan 2017. 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.


i. 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

http://www.cadri.net/en/who-we-are

j. JEE - Joint External Evaluation

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

The JEE is a voluntary, collaborative, multistorexternal sector 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 GSHA tool in 2016.

http://www.who.int/ihr/procedures/mission-reports/en/

https://www.phgmedia.org/assessments

k. JEE - Joint External Evaluation

The National Action Plan is a member states' health security plan document that lists priority area 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.wpro.who.int/ssp/country-status

l. NAPHS – National Action Plan for Health Security

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

m. Pandemic Influenza Preparedness Plan

(Year of publicly available plans developed or updated)

“Pandemic Influenza Preparedness Plan: 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."
Population-weighted average of UHC service coverage index values across the World Health Organization's (WHO) regions. The service coverage index combines 16 tracer indicators of service coverage into a single summary measure. WHO regions include the Americas, Western Pacific, European, South-Eastern, Eastern Mediterranean, and African Regions. 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 vaccination 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 before the survey. The survey 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 influenza 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.

Countries are presented in the percentage bar, which represents the completeness of household surveys, administrative data and facility surveys. The selected tracer indicators are meant to represent the broad range of essential health services necessary for progress towards UHC, when more data become available. 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 before the survey. The survey 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 influenza 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.

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

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 of essential health interventions. 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 descriptions.

The percentage of population using at least basic sanitation services, that is, 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/posh flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets.

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.