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<th>Country</th>
<th>Population (1000)</th>
<th>HWV Compl. 2017</th>
<th>HWV Adequate Sanitation (Urban &amp; Rural)</th>
<th>HWV Health Service Coverage Index (%)</th>
<th>Health Immunization Coverage (%)</th>
<th>Data availability</th>
<th>Types of Immunization Coverage Details</th>
<th>SDG 3.C Health Workforce Health Professional Density per 10,000 Population</th>
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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 IHF+ (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. NHPS - 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 consider as one of the priorities in the country. http://www.worldbank.org/en/topic/debt/brief/hipc

d. NHPS 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 burdens. It reduces the debt of countries meeting strict criteria. http://www.worldbank.org/en/topic/debt/brief/hipc

f. Emergency Grade

Country with WHO Grade Emergency as of 13 January 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 HO 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/10665/38604/1/9789241512290-eng.pdf
http://www.who.int/crisis/en/

http://www.cadri.net/en/who-we-are
http://www.cadri.net/en/where-we-work
https://extranet.who.int/sps/country-status

m. Pandemic Influenza Preparedness Plan

(Year of publicly available plans developed or updated)

- 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 response 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 countries at risk.
https://www.cadri.net/en/where-we-work
https://www.cadri.net/en/who-we-are

k. JEE - Joint External Evaluation

Country states that have evaluated their main IHR core capacities by using JEE or GHS 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 GHS tool in 2016.
http://www.who.int/hr/hrprocedures/mission-reports/en/
http://www.who.int/hr/procurrence

l. 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.

http://www.who.int/nph/nph_country Status

n. AMR PLAN

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

No National AMR Action Plan

National AMR Action Plan under development or plan involves only one sector or ministry

National AMR Action Plan developed that addresses human health, animal health and other sectors

Multi-sectoral AMR Action Plan approved that reflects Global Action Plan objectives, with an operational plan and monitoring arrangements.

Multi-sectoral AMR Action Plan has funding sources identified, being implemented and has monitoring in place.

http://extranet.who.int/tree/Reports?op=vs&path=%2FWHO_HQ_Reports%2FG45%2FPROD%2FEXT%2Famracc_Map%26editableParameterSheet=true

o. WHO regional groupings

Due to data limitations, not all tracer indicators used to compute the index are direct. A population-weighted average of UHC service coverage index values across household surveys, administrative data and facility surveys.

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 estimating, 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) Human resources; (8) Laboratory; (9) Points of entry; (10) Zoonotic events; (11) Food safety; (12) Chemical events; (13) Radio nuclear emergencies. The indicator is presenting the Skilled health professional density (per 10,000 population). 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 censuses. If no household surveys are available, Survey items correspond to children's health status 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.


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

Aggregate Data from among 1 year olds immunization coverage for BCG, HepB3, Hib3, MCV3, 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.

Due to data limitations, not all tracer indicators used to compute the index are direct. A population-weighted average of UHC service coverage index values across household surveys, administrative data and facility surveys.

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 estimating, 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) Human resources; (8) Laboratory; (9) Points of entry; (10) Zoonotic events; (11) Food safety; (12) Chemical events; (13) Radio nuclear emergencies. The indicator is presenting the Skilled health professional density (per 10,000 population). 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.

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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.


p. Country

WHO member states as of 12 January 2018.

q. 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=4834

r. 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. 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.

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

Universal Health Coverage

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=4839

http://apps.who.int/gho/data/node.wrapper.imr?x-id=4837

http://apps.who.int/gho/data/node.wrapper.imr?x-id=4832

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http://apps.who.int/gho/data/node.wrapper.imr?x-id=4831

t. 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

u. 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