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

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Population (000)</th>
<th>IHR Compliance Average 2016</th>
<th>UHC Adequate Sanitation (%) (Urban and Rural)</th>
<th>UHC Health Service Coverage Index (%)</th>
<th>Data Availability (%)</th>
<th>UHC Child Immunization Coverage (%)</th>
<th>SDG 3.C Health Workforce Professional Density per 10,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>160,996</td>
<td>76</td>
<td>46</td>
<td>96</td>
<td>9</td>
<td>6</td>
<td>13.4</td>
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<tr>
<td>Bhutan</td>
<td>775</td>
<td>76</td>
<td>63</td>
<td>96</td>
<td>8</td>
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<td></td>
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<td>Democratic People's Republic of Korea</td>
<td>25,155</td>
<td>73</td>
<td>77</td>
<td>97</td>
<td>8</td>
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<td>68.7</td>
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<tr>
<td>India</td>
<td>1,311,051</td>
<td>98</td>
<td>44</td>
<td>76</td>
<td>9</td>
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<td>27.5</td>
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<tr>
<td>Indonesia</td>
<td>257,564</td>
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<td>68</td>
<td>77</td>
<td>8</td>
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<td>15.7</td>
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<tr>
<td>Maldives</td>
<td>364</td>
<td>61</td>
<td>96</td>
<td>99</td>
<td>8</td>
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<tr>
<td>Myanmar</td>
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<td>65</td>
<td>81</td>
<td>9</td>
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<td>15</td>
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<tr>
<td>Nepal</td>
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<td>75</td>
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<tr>
<td>Sri Lanka</td>
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<td>94</td>
<td>99</td>
<td>8</td>
<td></td>
<td>24.8</td>
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<tr>
<td>Thailand</td>
<td>67,959</td>
<td>98</td>
<td>95</td>
<td>98</td>
<td>7</td>
<td></td>
<td>24.7</td>
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<tr>
<td>Timor-Leste</td>
<td>1,185</td>
<td>66</td>
<td>44</td>
<td>76</td>
<td>8</td>
<td></td>
<td>12.7</td>
</tr>
</tbody>
</table>

Selected Health Systems, UHC, SDG Indicators for SPH. Consolidated by WHE/CPI & HIS/SDS.
Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)
Selected Health SystemS, UHC, SDG Indicators for SPH  (Draft ver 1.2)

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/ahu2030-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. NHSPS Availability - The National Health Policies, Strategies and Plans
The National Health Policies, Strategies and Plans (NHSPS) 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. NHSPS end period.
End year of current plan.

e. HIPC - Heavily Indebted Poor Country.
Countries with high level 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.

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 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/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, manages the event. (The Emergency Support Team is only run out of HC 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/crisis/en/

h. WHO HRP - Humanitarian Response Plan
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.

j. 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 6 United Nations organizations – FAO, OCHA, UNDP, UNICEF, WFP, and WHO as Executive Partners – and IPIRC, 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/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 respond to health public health risks occurring naturally or due to deliberate or accidental events. The purpose of the external evaluation is to assess a country-specific status of progress in achieving the targets under Annex I of the IHR (2005), and recommend priority actions to be taken across the 19 technical areas being evaluated. JEE replaced GHS tool in 2016.
https://www.ghsagenda.org/assessments

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 Regulations 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/app/country-status

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.
https://extranet.who.int/spi/influenza-plan

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
- Multi-sectoral AMR Action Plan developed that addresses human health, animal health and other sectors
- Multi-sectoral AMR Action Plan has funding sources identified, is being implemented and has monitoring in place.
https://extranet.who.int/tree/Reports/op=vs&path=%2FWHO_HQ_Reports/G45/PROD_EXTERN/coinb/Map&ResizableParameterSheet=true

o. WHO regional groupings
and Príncipe, 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.


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”.

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

IHR Compliance - International Health Regulation (IHR 2005) self-assessment annual report. The average percentage of attributes of 13 capacity categories 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.

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

Universal Health Coverage

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/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets.

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.

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.