Introduction to IHR State Parties Self-Assessment and Annual report

e-SPAR Platform

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Country Capacity Assessment and Planning (CAP)
Country Capacity for IHR (CCI)
Department of Health Security Preparedness (HSP)
Division of Emergency Preparedness (HEP)
WHO Health Emergency Programme (WHE)

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INTERNATIONAL HEALTH REGULATIONS (2005)

• Represent the commitment of States Parties and WHO to collectively prepare for and respond to events that may constitute a public health emergency of international concern according to a common set of rules.

• Require States Parties to establish and maintain the capacity to detect, assess, notify and respond to public health risks and acute events, including those at points of entry, (Annex 1 of the Regulations).

• The relevance of the IHR as the legislative instrument to ensure global public health security lies in their full application, implementation and compliance by all 196 States Parties.

IHR Art. 54: State Parties to report progress and WHO to inform WHA annually on IHR implementation.
IHR Annual Reporting timelines - SPAR

**Annual cycle**

- **July - September**
  - Circular Message to IHR NFP
  - Staff awareness raising
  - Roll out Trainings
  - Multisectoral Advocacy and National Assessment with support from WHO

- **December**
  - Review previous annual reporting and other assessment
  - Prepare national annual assessment
  - Multisectoral meetings and national assessment

- **January**
  - e-SPAR On line reporting

- **February**
  - Inputs from other assessments and development of a national plan for strengthening capacities

- **March**
  - Resources mobilization and implementation of national plan

- **April**
  - Monitoring submission in collaboration with ROs and WCOs - Collation of data from annual reports

- **May**
  - WHO monitors, publishes and exchanges results of annual reports

- **Follow up**
  - WHA Draft Report
  - GPW13 - 3 billion/outcomes data
  - SDG outcomes data
  - Global Health Statistics
  - Dissemination results at WHA, GHO, SPH, GPW13, UN SDG, Regional Offices and WCO

**IHR Annual Reporting steps**

- Preparing and Launching of Annual Report
  - Circular Message to IHR NFP
  - Roll out Trainings
  - Multisectoral Advocacy and National Assessment with support from WHO

- Consolidation and Reporting on Line

- Gaps identification and National Operational planning

- WHO monitors, publishes and exchanges results of annual reports

**Timeline**

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**Follow up**

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Use of Data

WHA / SPH / GHO / SDG/ WHO GPW13 Triple Billion

Country progress towards Health Emergencies Protection (HEP)

Country progress towards Health Emergencies Protection (HEP)

Under the International Health Regulations (2005) (IHR (2005)), all States Parties are required to implement the IHR (2005) effectively. Since 2010, monitoring and assessment through self-assessment questionnaires sent to States Parties. In 2016, Annual Reporting Tool (ART) with a revised template of national IHR (2005) Monitoring and Evaluation (M&E) data, was implemented and States Parties report on IHR core capacities, public health measures, and IHR coordination between National IHR National Focal Point, human resource capacity, and coordinated efforts are required in the areas of chemical, environmental, and emergency preparedness.

International Health Regulations (2005)

Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document is submitted in response to decision WHA74.15 (2021), which requests the Director General, in consultation with every year's annual report on progress made in implementation of the International Health Regulations (2005) (IHR), containing information provided by States Parties and Annexes to the Framework of 15 Areas of Work to Implement the Global Strategy for Improving Public Health Preparedness and Response (2011-2015) as reported to the relevant authorities.
IHR annual national self-assessment and reporting

why to use SPAR Tool?

- Facilitates fulfill the obligation under IHR Art. 54 for State Parties to report progress and WHO to inform WHA annually on IHR implementation.

- “States Parties and the Director-General shall continue to report annually to the World Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool.” (Decision WHA(15), 2018)


- Provides an standard format that facilitate monitoring IHR annual reports submission, obtain high quality reports, data management and data analysis, with a common set of rules inspired by dialogue and transparency.
Online access to all WHO Regional Offices, Country Offices and IHR National Focal Points, with contact details updated regularly.

Available in UN languages (Arabic online end of April)

Quality assurance through
- Review of individual questionnaires, with follow up with National Focal Point and WHO Regional and Country Offices

Online SPAR with features:
- Online reporting completely functional
- Off-line reporting with retrieval of data from standardized PDF and EXCEL interactive forms
- Automated summary for country report
- Auto warnings for error and incomplete data submitted to National Focal Point
- Download of full answered questionnaire in PDF format for printing and national clearance process
- Automated notification with summary report to National Focal Point on submission of reports
e-SPAR
IHR Annual reporting on-line - process
SPAR Main WHO references and tool

State Party self-assessment annual reporting tool
https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16

Guidance document for the State Party self-assessment annual reporting tool
E-SPAR – National Focal Point for the International Health Regulations
How to report on-line

Step by step manual available at e-SPAR public page resources, in several languages at https://extranet.who.int/e-spar/

Step 1 – Navigate e-SPAR home page

Step 2- Sign-in

Use your email address registered with WHO to sign in (3) if you are a country's NFP.

Note: You should have already accepted the email invitation from WHO to access applications in WHO.
<table>
<thead>
<tr>
<th>Capacities</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C1: LEGISLATION AND FINANCING</strong></td>
<td>C 1.1 Legislation, laws, regulations, policy, administrative requirements or other government instruments to implement the IHR (2005)</td>
</tr>
<tr>
<td></td>
<td>C 1.2 Financing for the implementation of IHR capacities</td>
</tr>
<tr>
<td></td>
<td>C 1.3 Financing mechanism and funds for the timely response to public health emergencies</td>
</tr>
<tr>
<td><strong>C2: IHR COORDINATION AND NFP FUNCTIONS</strong></td>
<td>C 2.1 National Focal Point functions under IHR</td>
</tr>
<tr>
<td></td>
<td>C 2.2 Multi-sectoral IHR coordination mechanisms</td>
</tr>
<tr>
<td><strong>C3: ZOONOTIC EVENTS AND THE HUMAN-ANIMAL INTERFACE</strong></td>
<td>C 3.1 Collaborative effort on activities to address zoonoses</td>
</tr>
<tr>
<td><strong>C4: FOOD SAFETY</strong></td>
<td>C 4.1 A multisectoral collaboration mechanism for food safety events</td>
</tr>
<tr>
<td><strong>C5. LABORATORY</strong></td>
<td>C 5.1 Specimen referral and transport system</td>
</tr>
<tr>
<td></td>
<td>C 5.2 Implementation of a laboratory biosafety and biosecurity regime</td>
</tr>
<tr>
<td></td>
<td>C 5.3 Access to laboratory testing capacity for priority diseases</td>
</tr>
<tr>
<td><strong>C6. SURVEILLANCE</strong></td>
<td>C 6.1 Early warning function: indicator- and event-based surveillance</td>
</tr>
<tr>
<td></td>
<td>C 6.2 Mechanism for event management (verification, risk assessment analysis, investigation)</td>
</tr>
<tr>
<td><strong>C7. HUMAN RESOURCES</strong></td>
<td>C 7.1 Human resources to implement IHR (2005) capacities</td>
</tr>
<tr>
<td><strong>C8. NATIONAL HEALTH EMERGENCY FRAMEWORK</strong></td>
<td>C 8.1 Planning for emergency preparedness and response mechanism</td>
</tr>
<tr>
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<td>C 8.2 Management of health emergency response operation</td>
</tr>
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<td></td>
<td>C 8.3 Emergency resource mobilization</td>
</tr>
<tr>
<td><strong>C9. HEALTH SERVICE PROVISION</strong></td>
<td>C 9.1 Case management capacity for IHR relevant hazards</td>
</tr>
<tr>
<td></td>
<td>C 9.2 Capacity for infection prevention and control (IPC) and chemical and radiation decontamination.</td>
</tr>
<tr>
<td></td>
<td>C 9.3 Access to essential health services</td>
</tr>
<tr>
<td><strong>C10. RISK COMMUNICATION</strong></td>
<td>C 10.1 Capacity for emergency risk communications</td>
</tr>
<tr>
<td><strong>C11. POINTS OF ENTRY (POE)</strong></td>
<td>C 11.1 Core capacity requirements at all times for designated airports, ports and ground crossings</td>
</tr>
<tr>
<td></td>
<td>C 11.2 Effective public health response at points of entry</td>
</tr>
<tr>
<td><strong>C12. CHEMICAL EVENTS</strong></td>
<td>C 12.1 Resources for detection and alert</td>
</tr>
<tr>
<td><strong>C13. RADIATION EMERGENCIES</strong></td>
<td>C 13.1 Capacity and resources</td>
</tr>
</tbody>
</table>
Understanding the SPAR structure
There are 13 IHR capacities.

1. Legislation and financing
2. IHR coordination and National Focal Points 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
Each capacity is made up of 1-3 indicators.

For each indicator, there are attributes which define capacity at that level. States Parties are asked to select the level which best describes the status.
C.11 - Points of entry
Two parts – Details for each points of entry and two indicators for measuring capacity level

- Details Assess
  - Assess capacities of each designated PoE using the specific Assessment tool for core capacity requirements at designated airports, ports and ground crossings (http://www.who.int/ihr/publications/PoE/en/_)

- C.11.1 Routine Capacities
  - Determine and identify the level (1 to 5) of implementing the IHR capacities at all times for each specific point of entry, utilizing the criteria in the section 2 Indicator 11.1, based on previous assessment.

- C.11.2 PH response capacities
  - Determine and identify the level (1 to 5) of implementing the IHR effective public health response capacities for each specific designated point of entry, utilizing the criteria in the section 2 Indicator 11.2, based on previous assessment.

The average scores obtained will be transferred automatically into a 1-5 levels for indicators C.11.1 and C11.2.
C11: POINTS OF ENTRY

SECTION 1 – Details for each designated airport, port and ground crossings

1. Please indicate the number of designated PoEs that shall develop the capacities provided in Annex 1 of the IHR (n/a if not applicable)

   Number of designated ports

   Number of designated airports

   Number of designated ground crossings

2. Please list the names of designated PoEs (ports, airports and ground crossings as applicable) and indicate the information required related to the designated PoE. To complete this table, fill in information for each designated PoE. Please add lines as needed if there are more than five designated airports, ports or ground crossings.

<table>
<thead>
<tr>
<th>Type</th>
<th>Name of designated PoE</th>
<th>Level of cross capacity requirements at all PoEs (routine care capacities, Annex 19)</th>
<th>Programme for vector surveillance and control at PoE (Y/N)</th>
<th>Level of effective public health response at all designated PoE(s) (capacities to respond to emergencies, Annex 19)</th>
<th>PoE public health emergency contingency plan (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airports</td>
<td></td>
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</tr>
<tr>
<td>Ports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground crossings</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. Has your country authorized ports to issue ship sanitation certificates?

   Yes ☐ No ☐ Not applicable ☐

SPAR PDF Format

e- SPAR Page on line
### C11 - POINTS OF ENTRY

#### SECTION 2 – Two indicators

<table>
<thead>
<tr>
<th>Level</th>
<th>C11.1 Core capacity requirements at all times for designated airports, ports and ground crossings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>PoEIs to develop routine core capacities are identified for designation based on associated public risk assessment</td>
</tr>
<tr>
<td>Level 2</td>
<td>Some designated PoEIs are implementing routine core capacities at all times AND Competent authorities are identified in each designated PoE</td>
</tr>
<tr>
<td>Level 3</td>
<td>All designated PoEIs are implementing routine core capacities at all times AND All designated PoEIs are integrated into the national surveillance system for biological hazards</td>
</tr>
<tr>
<td>Level 4</td>
<td>All designated PoEIs are implementing routine core capacities with an all-hazard and multisectoral approach</td>
</tr>
<tr>
<td>Level 5</td>
<td>Routine core capacities at all designated PoEIs are evaluated and actions are taken to improve on a regular basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>C11.2 Effective public health response at points of entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>PoEIs identified for designation are in the process of developing a PoE public health emergency contingency plan</td>
</tr>
<tr>
<td>Level 2</td>
<td>Some designated PoEIs have developed a PoE public health emergency contingency plan for events caused by biological hazards</td>
</tr>
<tr>
<td>Level 3</td>
<td>All designated PoEIs have developed PoE public health emergency contingency plans for events caused by biological hazards AND All designated PoEIs are integrated into national emergency response plans</td>
</tr>
<tr>
<td>Level 4</td>
<td>All designated PoEIs have developed PoE public health emergency contingency plans for events caused by all hazards</td>
</tr>
<tr>
<td>Level 5</td>
<td>All designated PoEIs routinely test, review and update PoE public health emergency contingency plans for events caused by all hazards</td>
</tr>
</tbody>
</table>

**Additional comments**

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**SPAR PDF Format**

**e- SPAR Page on line**
The final result of the capacity of the International Health Regulations is calculated as the average of all its indicators.

Example: C5. laboratory

<table>
<thead>
<tr>
<th>Level</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C5.1. Specimen referral and transport system</td>
</tr>
<tr>
<td>Level 1</td>
<td>Transportation of specimens from health facilities to reference laboratories for confirmatory diagnostics could be available on an ad hoc basis</td>
</tr>
<tr>
<td>Level 2</td>
<td>Systems are in place for less than 50% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics</td>
</tr>
<tr>
<td>Level 3</td>
<td>Systems are in place for 50–80% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics</td>
</tr>
<tr>
<td>Level 4</td>
<td>Systems are in place for at least 80% of all health facilities to transport specimens to reference laboratories for confirmatory diagnostics</td>
</tr>
<tr>
<td>Level 5</td>
<td>Systems are in place to transport specimens to reference laboratories for confirmatory diagnostics from all health facilities</td>
</tr>
<tr>
<td>Level 6</td>
<td>C5.2 Implementation of a laboratory biosafety and biosecurity regime</td>
</tr>
<tr>
<td>Level 1</td>
<td>National laboratory biosafety and biosecurity guidelines and/or regulations are under development</td>
</tr>
<tr>
<td>Level 2</td>
<td>National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by some laboratories at the national level</td>
</tr>
<tr>
<td>Level 3</td>
<td>National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by all laboratories at the national level</td>
</tr>
<tr>
<td>Level 4</td>
<td>National laboratory biosafety and biosecurity guidelines and/or regulations are implemented by all laboratories at national, intermediate and local levels</td>
</tr>
<tr>
<td>Level 5</td>
<td>National laboratory biosafety and biosecurity guidelines and/or regulations are regularly reviewed and updated as needed</td>
</tr>
</tbody>
</table>
INDICATOR LEVEL 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%

CAPACITY LEVEL The level of the capacity will be expressed as the average of all indicators. e.g. for a country selecting level 3 for indicator 2.1 and level 4 for indicator 2.2 indicator level for 2.1 will be expressed as: 3/5*100=60% indicator level for 2.2 will be expressed as: 4/5*100=80% capacity level for 2 will be expressed as: (60+80)/2=70%
e-SPAR: Standardized Country Summary and Statistics
SPAR 2020 Overview

- Annual reporting period started on 4 September 2020. Circular e-mail sent to all IHR NFPs but still receiving reports.