



Shared Prosperity Dignified Life



World Health Organization

Series of SDG Webinars for the Arab Region: WHO SDG 3.d.1

An Interagency and Experts Collaboration to Improve the Production and Dissemination of SDG Indicators from Official National Sources

22 April 2021

Report of the Meeting

BACKGROUND

The need to improve the production and dissemination of reliable comparable and timely data on SDG

In September 2015, the United Nations General Assembly adopted by consensus Resolution 70/1: Transforming our world: the 2030 Agenda for Sustainable Development (the 2030 Agenda). The Resolution reaffirms the need for the strengthening of national data systems through “collaboration between national statistical systems and the relevant international and regional organizations to enhance data reporting channels and ensure the harmonization and consistency of data and statistics for the indicators used to follow up and review the Sustainable Development Goals and targets”.

The resolution also urges countries, the specialized agencies, the regional commissions, and the Bretton Woods institutions among others “to intensify their support for strengthening data collection and statistical capacity-building, including capacity-building that strengthens coordination among national statistical offices”. Moreover, the resolution “Urges international organizations to base the global review on data produced by national statistical systems and, if specific country data are not available for reliable estimation, to consult with concerned countries to produce and validate modelled estimates before publication, urges that communication and coordination among international organizations be enhanced in order to avoid duplicate reports, ensure consistency of data and reduce response burdens on countries, and urges international organizations to provide the methodologies used to harmonize country data for international comparability and produce estimates through transparent mechanisms;”

Five years after the adoption of the 2030 Agenda several countries are facing considerable challenges in monitoring targets in many policy areas. The current COVID-19 pandemic highlights the value of

measuring and monitoring: no strategy can be developed, and no measure can be implemented without a proper monitoring and evaluation system.

Many countries in the Arab region are reporting on SDG indicators, however, reporting on progress on many of the SDG indicators, remains limited in the region. Insufficient availability and quality of statistical information on SDG indicators hamper the capacity of policymakers to generate evidence-based and effective policy responses and implement the 2030 Agenda.

Translating these recommendations and resolutions into tangible results is imperative and will require intensive collaboration at the national, regional and global levels. Regional Commissions' Statistical bodies "are the nexus between the Statistical Commission at the global level and the implementation at the national level of the norms endorsed by the Commission. In the context of the 2030 Agenda, the support provided by the regional commissions to assist Member States in adapting, implementing and measuring progress towards the implementation of national development plans is of particular significance as it influences the quality of statistics and methodologies used, as well as the use of new and innovative methodologies and sources of data, known as the transformative agenda for official statistics. The regional commissions carry out activities to strengthen the capacity of Member States to produce, use and dissemination official statistics and also provide a regional platform for sharing experiences and practices in statistics work¹."

Interagency and Experts Collaboration- ESCWA & WHO

The revised International Health Regulations (IHR) were adopted in 2005 and entered into force in 2007². Under the IHR, States Parties are obliged to develop and maintain minimum core capacities for surveillance and response, including at points of entry, in order to early detect, assess, notify, and respond to any potential public health events of international concern. Article 54 of the IHR request that States Parties and the Director-General shall report to the World Health Assembly on the implementation of these Regulations as decided by the World Health Assembly. In 2008, the World Health Assembly, through the adoption of Resolution WHA61(2), and later on 2018 with the Resolution WHA71(15), decided that "that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool". This SDG 3.d.1. indicator reflects the capacities State Parties of the International Health Regulations (2005) (IHR) had agreed and committed to develop.

In this context, the Economic and Social Commission for Western Asia (ESCWA) implemented an assessment of data disseminated through the UNSD SDG Global database and those in national SDG official sources to identify those less produced, disseminated, or less understood by national statistical offices (NSOs), and are more available in UN Agencies' and UNSD databases.

¹ Source: Relevance and effectiveness of the statistical work of regional commissions - thematic evaluation of regional commissions, Committee for Programme and Coordination, 57th session, April 2017 (E/AC.51/2017/8)

² http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf

Based on the assessment results, ESCWA in collaboration with World Health Organization (WHO) met on the 22nd of March and 7th of April to discuss the organization of a joint webinar to build capacities of Arab countries to improve the production and dissemination of SDG indicator 3.d.1.

Indicators	UNSD SDG Database (C-CA)	UNSD SDG Database (E-M-N-NA)	SDG in national reports
3.d.1	19 (as of 4 May 2021)	21 (NA)	≈ Oman ≠ Libya
International Health Regulations (IHR) capacity and health emergency preparedness	12 Algeria 174 Comoros 262 Djibouti 368 Iraq 400 Jordan 414 Kuwait 422 Lebanon 434 Libya 478 Mauritania 504 Morocco 512 Oman 634 Qatar 682 Saudi Arabia 729 Sudan 760 Syrian Arab Republic 784 United Arab Emirates 788 Tunisia 818 Egypt 887 Yemen	12 Algeria 48 Bahrain 174 Comoros 262 Djibouti 368 Iraq 400 Jordan 414 Kuwait 422 Lebanon 434 Libya 478 Mauritania 504 Morocco 512 Oman 634 Qatar 682 Saudi Arabia 706 Somalia 729 Sudan 760 Syrian Arab Republic 784 United Arab Emirates 788 Tunisia 818 Egypt 887 Yemen	

C: country data, CA: country adjusted data, E: estimated data, G: global monitoring data, M: modeled data, N: non-relevant data, NA: data nature not available as presented in UNSD SDG database, = : National data same as Country data, ≈: National data nearly same as Country data, ≠National data is not equal to Country data

As per the discussions held between ESCWA and WHO with regard to the nature of the data provided by countries, it was concluded that WHO would change the nature of data received from national focal points from “Not available” (NA) to “Country” in the SDG UNSD Global database in 2021.

OBJECTIVE- WHY?

ESCWA in collaboration with WHO custodian of SDG indicator 3.d.1 organized a webinar to create a common understanding among data producers on how to collect, measure and disseminate SDG 3.d.1 data to increase data production and enhance national data flow to policy makers, other users and custodian agencies.

The main objectives of the regional training were:

- Enhancing understanding of metadata and nature of data, especially information provided from IHR State Parties Self-Assessment and Annual Reports (SPAR) for the indicator 3.d.1, in the UNSD SDG database.
- Improving statistical capacities to invigorate production and use of comparable SDG indicators.

- Strengthening inter-institutional coordination to invigorate production of SDG indicator 3.d.1 and data flow.
- Sharing and discussing country challenges in measuring SDG indicator 3.d.1.

OUTCOME- FINDINGS AND RECOMMENDATIONS

The training familiarized the participating NSOs and other relevant stakeholders with concepts, methodological tools, as well as an understanding of the challenges faced to measure the SDG indicator on international health regulations. The training encouraged interactive dialogue and participants were invited to share their national experiences in data collection including challenges, queries and concerns. In addition, Oman IHR focal point presented the national experience on indicator 3.d.1. Presentations to the meetings are made available in the Arabic language and English. Discussions are provided in Q&A annexed to the report. The full webinar proceedings were recorded to develop training materials.

3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

There is little evidence of data on indicator 3.d.1 being disseminated in national Arab SDG related reports, dashboard including VNRs. However, this indicator is reported on by 21 countries since 2010 and available on both UNSD SDG database and WHO platform. Two historical series are available: one from 2010 to 2017, using the IHR Questionnaire and other from 2018 to 2020, using the new SPAR Tool. The IHR Monitoring and Evaluation Framework encourages transparency and mutual accountability between States Parties towards global public health security. Indicator IHR reflects capacity and health emergency preparedness of a country in 13 core capacities attained at a specific point in time. A very important indicator especially during crises such as the Covid pandemic.

The indicator 3.d.1 is based on the score of 13 core capacities (1) Legislation and financing; (2) IHR Coordination and National Focal Point 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.

Data are collected by nationally assigned IHR focal points, based on multi-sectoral self-assessment and “capacities scores” are produced and reported on-line and recorded on WHO “E-Spar” platform. E-Spar also allows countries to monitor and report annually to the World Health Assembly, on 13 core health and emergency preparedness through production of country profiles (Annex 4 Example). National data are also published on WHO website at: e-SPAR platform (main database), WHO Global Health Observatory and the Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal, as well as WHO Regional Offices home pages and used by WHO several technical areas for monitoring and evaluation purposes.

Recommendations for Countries:

- NSOs are encouraged to report on SDG 3.d.1 in national SDG related reports and platforms using nationally reported data on E-Spar platform/UNSD SDG database.
- IHR national focal points and NSOs to establish communication channels to keep updated on latest releases of data to feed into SDG related national reports/platforms and inform policy makers.

Recommendations for ESCWA/WHO:

- To facilitate coordination and invigorate continuous production and dissemination at the national level, WHO regional offices (EMRO and AFRO) to share list of IHR focal points with ESCWA.

SCHEDULE AND LANGUAGE– PLATFORM?

The regional training was held on the 22nd of April 2021 from 10:00 a.m. to 12:00 a.m. on Zoom (Agenda attached), with simultaneous interpretation in both English and Arabic languages.

TARGET AUDIENCE - WHO?

The meeting was attended by 27 representatives from 15 national statistical offices namely: Bahrain, Comoros, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Qatar, Somalia, Sudan, Tunisia, and UAE. The meeting was also attended by six representatives from the UNRCO UAE, UNRCO Jordan, WHO Tunisia, WHO Sudan.

TRAINING CERTIFICATION

31 participants were awarded a training certificate by the organizers for full attendance and completion of Webinar evaluation.

REGISTRATION AND EVALUATION

31 participants completed the electronic evaluation out of the 69 participants who attended the webinar. The results are as follows:

- 64.5 per cent of respondents rated the overall quality of the webinar as “Excellent” and 32.3 per cent as “good” and 3.2 per cent as “fair”.
- 54.8 per cent indicated that the webinar was successful in reaching its intended objectives as “Excellent”, 45.2 per cent as “good”.
- 48.4 per cent rated the inputs provided by presenters in reaching the intended outcome of the webinar as “Excellent” and 45.2 per cent as “Good” and 6.4 per cent as “fair”.
- 64.5 per cent rated the overall organization and logistics of the webinar as “Excellent” and 35.5 per cent assessed it as “Good”.

RESOURCES

- e-SPAR platform at: <https://extranet.who.int/e-spar/>

- 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 (English): <https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.17>
- Guidance document for the State Party self-assessment annual reporting tool (Arabic): <https://apps.who.int/iris/bitstream/handle/10665/272438/WHO-WHE-CPI-2018.17-ara.pdf?sequence=16>
- Public page user manual: <https://onedrive.live.com/view.aspx?resid=4BAB0ECC39CC6DCE!109&ithint=file%2cpptx&authkey=!AGniLay25KV8ZD4>

AGENDA

Day: Thursday 22 April		Speakers
10:00 – 10:05 A.M.	Introduction to the Webinar (objective, speakers, and content)	ESCWA – Neda Jafar
10:05 – 10:25 A.M.	International Health Regulations (IHR) Introduction to Monitoring and Evaluation Framework	WHO- Daniel Menucci
10:25 – 11:25 A.M.	Introduction to IHR State Parties Self-Assessment and Annual report - the e-SPAR Platform	WHO- Daniel Menucci
	Oman Country Experience Discussion – Q&A	Dr. Lubna AL Ibrahim
11:25 – 11:50 A.M.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness EMRO Region	WHO EMRO – Mahgoub Hamid
	Oman Country Experience Discussion – Q&A	Dr. Khalid Said Al Harthy
11:50 A.M. – 12:00 P.M.	Way Forward and Conclusion	ESCWA – Neda Jafar WHO – Daniel Menucci

GROUP PHOTO

Zoom Meeting

Recording...

ESCWA Zoom-5	Nadine- UNESC...	Hilda Harb	Siddeq Sudan	Afkar Eltaib
aboualela tourky	Zeinab Ali	osmanami	Oman-MOH Dr...	Mayasa -Oman
Sharifa Albusaudi	BARGORIA, Jeru...	Dr. Lubna Al Ibr...	Arfaoui	Abdirahman Gee...
Daniel Lins Menucci	mohamed abdalla	Mahgoub Hamid	Magda Mohame...	Razan Ahmed
Neda Jafar-UNE...	Joelle Atallah	Adil Wahabi	Lubna	Hessa Almuhan...

Participants (34)

Q Find a participant

- NU Nadine- UNE... (Co-host, me) [Mute] [Unmute]
- EZ ESCWA Zoom-5 (Host) [Mute] [Unmute]
- DL Daniel Lins Menu... (Co-host) [Mute] [Unmute]
- JA Joelle Atallah (Co-host) [Mute] [Unmute]
- AG Abdira... [Ask to Unmute] [More >]

Invite [Mute All] ...

Chat

please setup a mic in order to present

Thank you

From Me to Everyone:

Can you pls open your cameras

To: Everyone [v] [File] [More]

Type message here...

Windows taskbar: ENG 10:06 AM 22/04/2021

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Annex 5: Q & A

Annex 1: ORGANIZERS AND LIST OF PARTICIPANTS

LIST OF ORGANIZERS

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<p><u>UNRCO UAE</u> Zeinab Ali Development Coordination Officer Email: zeinab.ali@un.org Mobile: 00971562212735</p>	

Annex 2: METADATA

Indicators	Data Source	Summary of Metadata
<p>3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness</p>	<p>Main source: Administrative records (Ministry of Health)</p>	<p>Percentage of attributes of 13 core capacities that have been attained at a specific point in time. The 13 core capacities are:</p> <ul style="list-style-type: none"> (1) Legislation and financing; (2) IHR Coordination and National Focal Point 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. <p>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: $3/5 * 100 = 60\%$</p>

Annex 4: EXAMPLE OF A COUNTRY PROFILE: OMAN



IHR (2005) State Party Self Assessment Annual Report National Profile 2020 Oman

Useful Contacts and further information

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Ministry of Health
+968 22357516
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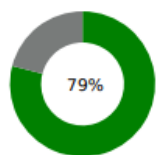
WHO Country Office
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+968 24 600989 GPN 64800
emacoomawr@who.int



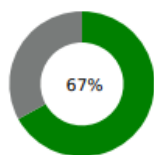
SPAR: <https://extranet.who.int/e-spar/> | hrmonitoring@who.int

In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHO on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

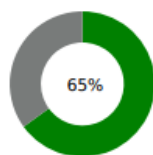
All Capacities Average



Oman



EMRO



Global Average

Designated Point of Entries

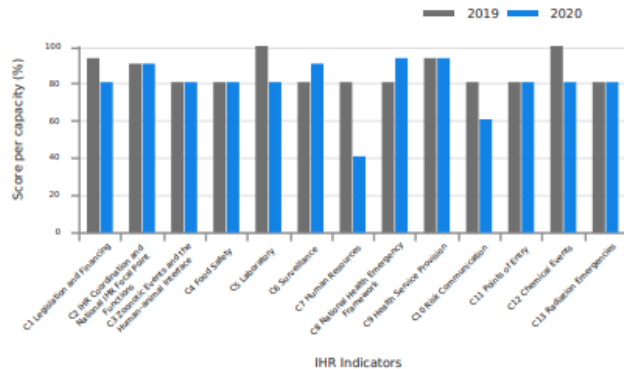
3 Ports

1 Airports

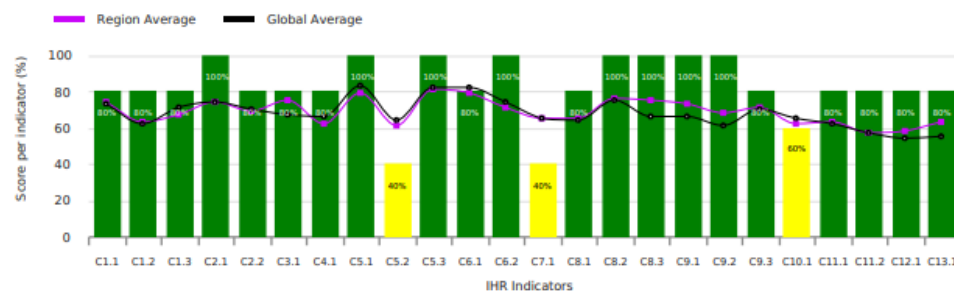
1 Ground Crossing

Authorized ports to issue ship sanitation certificates: Yes

IHR Capacity



IHR Indicators Scores



Achievements

C2 IHR Coordination and National IHR Focal Point Functions

C2.1 National IHR Focal Point functions under IHR

100%

C5 Laboratory

C5.1 Specimen referral and transport system

100%

C5 Laboratory

C5.3 Access to laboratory testing capacity for priority diseases

100%

C6 Surveillance

C6.2 Mechanism for event management (verification, risk assessment, analysis investigation)

100%

C8 National Health Emergency Framework

C8.2 Management of health emergency response operations

100%

C8 National Health Emergency Framework

C8.3 Emergency resource mobilization

100%

C9 Health Service Provision

C9.1 Case management capacity for IHR relevant hazards

100%

C9 Health Service Provision

C9.2 Capacity for infection prevention and control and chemical and radiation decontamination

100%

C1 Legislation and Financing

C1.1 Legislation, laws, regulations, policy, administrative requirements or other government instruments to implement the IHR

80%

C1 Legislation and Financing

C1.2 Financing for the implementation of IHR capacities

80%

C1 Legislation and Financing

C1.3 Financing mechanism and funds for timely response to public health emergencies

80%

C2 IHR Coordination and National IHR Focal Point Functions

C2.2 Multisectoral IHR coordination mechanisms

80%

C3 Zoonotic Events and the Human-animal Interface

C3.1 Collaborative effort on activities to address zoonoses

80%

C4 Food Safety

C4.1 Multisectoral collaboration mechanism for food safety events

80%

C6 Surveillance

C6.1 Early warning function: indicator-and event-based surveillance

80%

C8 National Health Emergency Framework

C8.1 Planning for emergency preparedness and response mechanism

80%

C9 Health Service Provision

C9.3 Access to essential health services

80%

C11 Points of Entry

C11.1 Core capacity requirements at all times for designated airports, ports and ground crossings

80%

C11 Points of Entry

C11.2 Effective public health response at points of entry

80%

C12 Chemical Events

C12.1 Resources for detection and alert

80%

C13 Radiation Emergencies

C13.1 Capacity and resources

80%

Challenges

C5 Laboratory

C5.2 Implementation of a laboratory biosafety and biosecurity regime

40%

C7 Human Resources

C7.1 Human resources for the implementation of IHR capacities

40%

C10 Risk communication

C10.1 Capacity for emergency risk communications

60%

Annex 5: Q & A

Country /Name	Questions	Answers
Indicator 3.d.1		
ESCWA	This is a self-assessment tool, where the focal points in the Ministries of Health in each country provide their assessment on these 13 capacities, with no changes done from the WHO side. This is how the process is done?	The country and region office tries to work with the country to prepare the self-assessment and the report at a final stage. WHO do not interfere in the process of the self- assessment but provides support when needed with other representatives from other agencies for capacities that require their presence. But sometimes, countries miss to fill in some data. In this case, WHO interferes and goes back to the countries asking them to fill in all the needed data or to clarify it (in case they put 0 as a value).
Lebanon – Hilda Harb	Are you planning to initiate an evaluation of the tool after covid-19?	In relation to covid-19, in this year exceptionally we have developed a survey and attached it to the annual report to be answered by the countries about the use of the platform on the capacities or IHR due to covid-19 to see what have changed and what didn't. Between 164 countries, we have received 106 countries participating in this survey. This helped us to analyze what can be improved in the IHR monitoring platform not only e-spar. But the overall platform was validated.
UAE – Razan Ahmed	Why NSOs must deal with this tool?	NSOs do not have to deal with this tool. But NSOs do not report on this indicator and this is the tool where they can find the needed national data to report on in VNRs, SDG dashboards and SDG reports.
ESCWA	If you found out that you have overrated your capacity when the covid-19 came. How do you go back and adjust the previous scoring?	We can contact the team while still in the reporting period to request a permission to edit the report. When a change is done, we advise to put in the comment box what is the exceptional situation so it will be kept for the next report to keep a record on changes done.
Iraq – Zeinab Ali	I am having difficulties logging in to e-spar. It is requesting for external user to add my UN Account	Only IHR focal points can log in to e-spar. However, NSOs can extract the country data from this platform.

ESCWA	Do the IHR Focal Point in Oman provide the data to the NSO?	Yes, the planning department in our Ministry is sending all the information to the NSO.
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