

THE STATUS OF CORE HEALTH CAPACITY OF OIC MEMBER COUNTRIES

OIC STATISTICAL
OUTLOOK
2021



STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
AND TRAINING CENTRE FOR ISLAMIC COUNTRIES



ORGANISATION OF
ISLAMIC COOPERATION

THE STATUS OF CORE
HEALTH CAPACITY OF
OIC MEMBER COUNTRIES

OIC STATISTICAL
OUTLOOK
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Acknowledgements: Conducted under the general guidance of H.E. Mr. Nebil DABUR, Director General of SESRIC, this publication is a product of the Statistics and Information Department at SESRIC led by Atilla KARAMAN, Director of Statistics and Information Department, and prepared by Muzamil EDEMA.

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Acronyms Used

COVID-19	Coronavirus Disease 2019
IHR	International Health Regulations
IPC	Infection Prevention and Control
OIC	Organisation of Islamic Cooperation
OIC-SHPA	OIC Strategic Health Programme of Action
PoEs	Points of Entry
SDG	Sustainable Development Goal
SPAR	State Party Self-Assessment Annual Reporting
UAE	United Arab Emirates
UNSD	United Nations Statistics Division
WHO	World Health Organization

Introduction

The International Health Regulations (IHR 2005) are an instrument of international law that is legally binding on 196 states parties with the aims of preventing, detecting, assessing, notifying, and responding to public health risks and acute events (UN, 2019). To attain these aims, the regulations require all the 196 states parties to have or develop minimum public health capacities for effective implementation of the IHR 2005. All the states parties have been sending reports to World Health Organization (WHO) since 2010 on their capacity to implement the regulations, and the reports further provide important joint ground for measuring Sustainable Development Goal (SDG) 3 (Good Health and Well-Being) indicator 3.d.1 (IHR Capacity and Health Emergency Preparedness). The monitoring process of the IHR 2005 implementation status involves the completion of a self-assessment questionnaire sent by the WHO to the implementing states parties.

In line with the recommendations of the IHR Review Committee and the global consultations with states parties, WHO developed and adopted the “IHR State Party Self-Assessment Annual Reporting Tool” or “IHR SPAR” (WHO, 2018). The revised tool consists of 13 IHR SPAR capacities (Legislation and Financing, Coordination and National Focal Point Functions, Zoonotic Events and the Human-Animal Interface, Food Safety, Laboratory, Surveillance, Human Resources, National Health Emergency Framework, Health Service Provision, Risk Communication, Points of Entry, Chemical Events, and Radiation Emergencies) and 24 indicators to detect, assess, notify, and respond to public health risk as well as acute events of domestic and international concern.

Each capacity is assigned one to three indicators to measure their status and the indicators are further broken down into a few elements called attributes, which further define the indicators at each level. The proportion or percentage for a particular capacity is therefore measured by getting the average performance or achievement that have been attained by a specific set of attribute/s under that particular capacity. Since 2019, countries have been able to report their status online through an electronic platform called e-SPAR (WHO, 2020).

At the OIC level, attaining full compliance with the IHR is also underlined by resolutions of various sessions of the Islamic Conference of Health Ministers which draw attention to the need for successful implementation of these regulations and urge member countries to develop, strengthen and maintain the core capacities for surveillance and response by mobilizing domestic as well as external resources and expertise. In addition, many actions and activities proposed by the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) particularly under the Thematic Area 2 on “Disease Prevention and Control” and Thematic Area 5 on “Health in Emergencies” also encourage OIC member countries to review and enact, as deemed necessary, relevant public health laws, legislation, regulations or administrative requirements, and other governmental instruments to facilitate full implementation of the IHR.

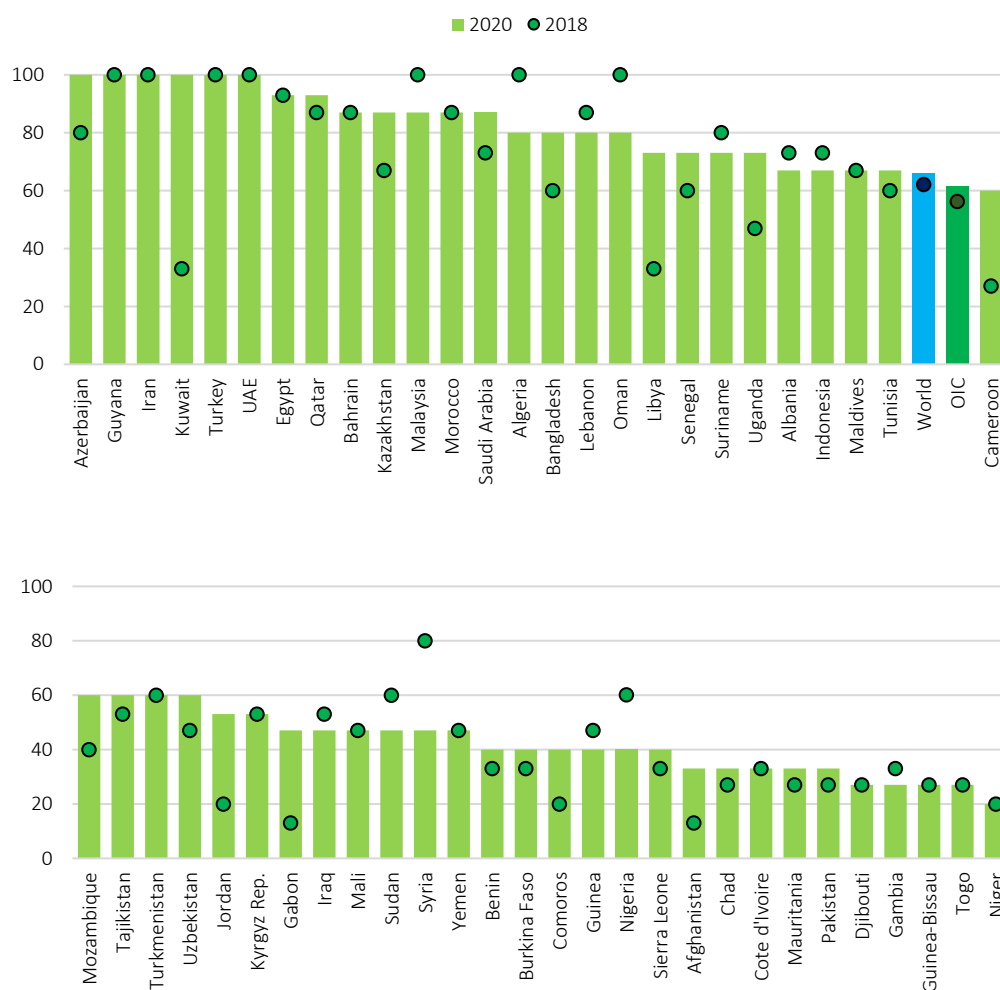
The current Report is based on the data on the 13 IHR SPAR capacity indicators disseminated through the Global SDG Indicators Database of the UN Statistics Division (UNSD). As an adopted approach in our annual report titled “Towards the Achievement of Prioritised Sustainable Development Goals in OIC Countries 2021”, IHR SPAR capacity indicators considered in this Report are those with two or more data points available for 50% (or more) of the OIC countries between 2018 and 2020.

Implementation Status of the IHR SPAR Capacities in OIC Countries

1. Legislation and Financing

Countries are required to have an adequate legal framework in all relevant sectors and funding through their national budgetary processes to facilitate an effective and efficient implementation of IHR capacities for the timely response to public health emergencies.

Figure 1: Legislation and Financing Score, %, 2018 vs. 2020



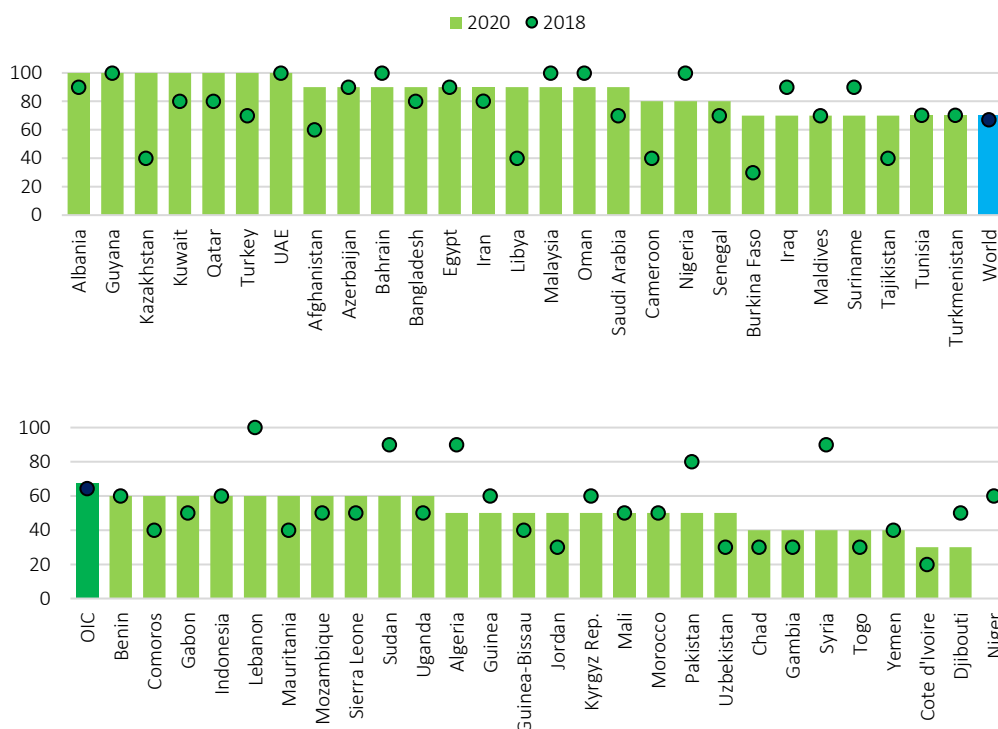
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

The proportion of attributes under Legislation and Financing attained by the OIC countries group was 62% in 2020 compared to the slightly higher figure of 66% achieved globally. However, between 2018 and 2020, it increased by 5 percentage points in OIC countries group as compared to 4 percentage points increase at the global level. 25 individual OIC countries scored above the global and OIC countries group averages. Among them, six OIC countries (Azerbaijan, Guyana, Iran, Kuwait, Turkey, and United Arab Emirates) scored 100%. Overall, of the 54 OIC countries with available with two data points, the average scores for this capacity were above 50% in 32 OIC countries (Figure 1).

2. Coordination and National Focal Point Functions

IHR capacities require collective work of all relevant sectors and ministries, agencies or other government bodies responsible for all aspects of implementation of capacities required under the IHR at the national, intermediate and local levels. The relevant sectors may include – in addition to human health – animal health, agriculture, environment, food safety, livestock, fisheries, finance, transport, trade/points of entry (PoEs), transport, travel, chemical safety, radiation safety, disaster management, emergency services, regulatory bodies, labour, education, foreign affairs, international treaties and convention, and the media. In addition, it can also include other sectors and agencies responsible for non-key aspects of various capacities (WHO, 2018).

Figure 2: Coordination and National Focal Point Functions Score, %, 2018 vs. 2020



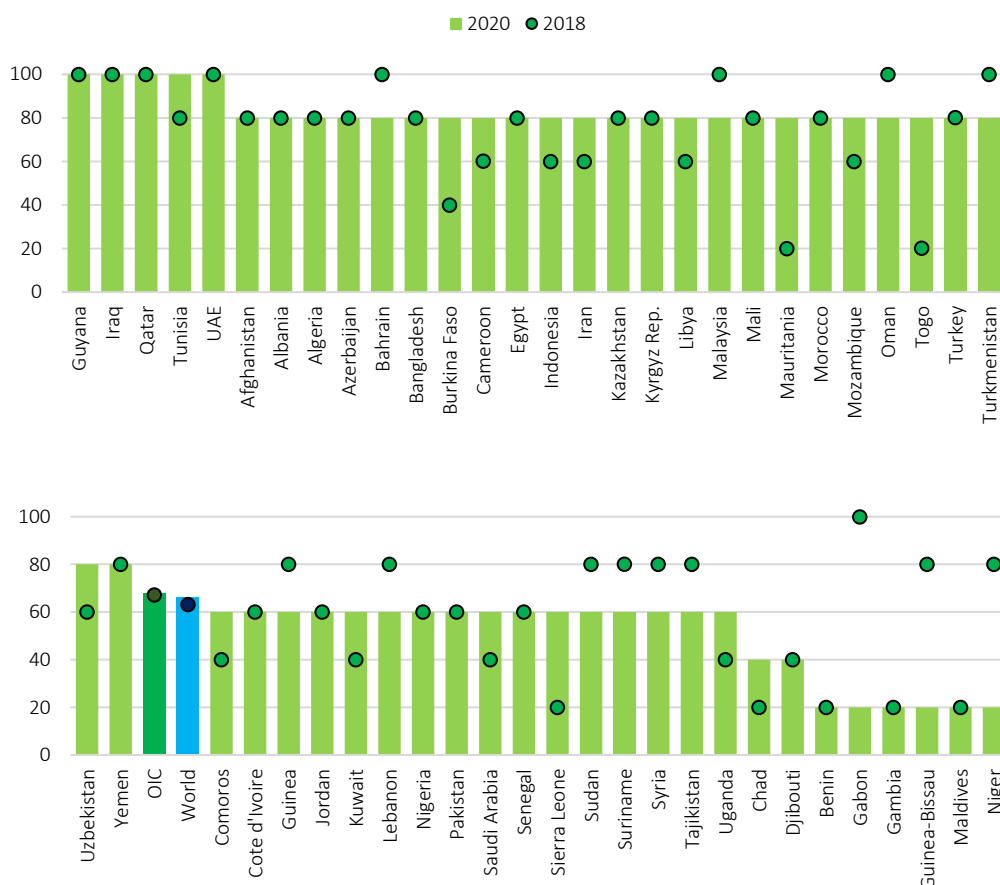
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

Between 2018 and 2020, the average of the specific elements/functions attained under Coordination and National Focal Point Functions increased from 67% to 70% globally whereas in OIC countries group it increased from 64% to 67%. Over this period, an increase of 3-percentage points was attained both globally and in OIC countries group. In 2020, more than three quarters of individual OIC countries with available data scored 50% and above in Coordination and National Focal Point Functions. Among these countries, only seven managed to attain 100%, namely Albania, Guyana, Kazakhstan, Kuwait, Qatar, Turkey, and United Arab Emirates (Figure 2).

3. Zoonotic Events and the Human-Animal Interface

Zoonotic Events and the Human-Animal Interface urges that countries need to have well established and functioning mechanisms among all relevant sectors, particularly those responsible for human health and animal health for detecting and responding to zoonoses (infectious diseases that jump from animals to humans) and potential zoonoses which happen to arise in the societies.

Figure 3: Zoonotic Events and the Human-Animal Interface Score, %, 2018 vs. 2020



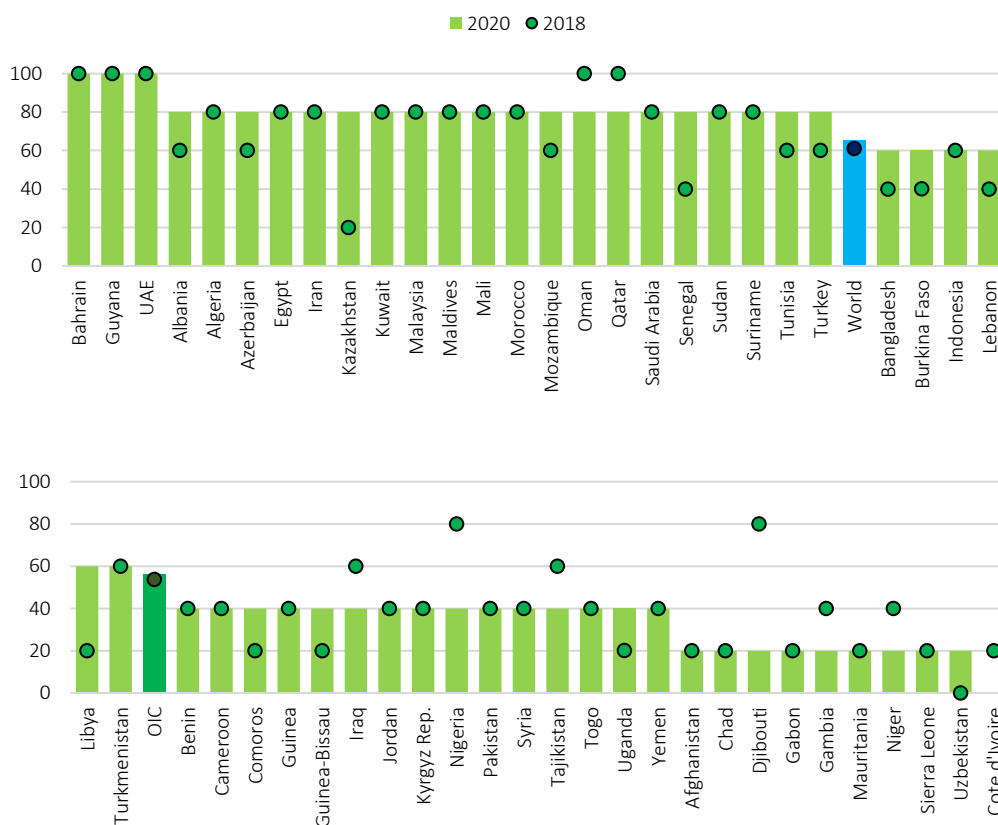
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

The implementation status of Zoonotic Events and the Human-Animal Interface is one of the highly achieved IHR SPAR capacities in OIC countries group in 2020 with 68% meanwhile 66% attainment was observed at the global level. This is the only IHR SPAR capacity in which the OIC countries group surpassed the world average among the 13 IHR SPAR capacities. At the individual country level, of the 54 OIC countries with available data, majority (46) scored 60% and above in the attributes required under this capacity and achievement of 100% were observed in five countries including Guyana, Iraq, Qatar, Tunisia, and United Arab Emirates (Figure 3).

4. Food Safety

Food safety is essential to ensure that the food produced is both safe and suitable for consumption. Countries should have in place mechanisms for detecting and responding to foodborne disease and food contamination that may lead to a public health emergency of national or international concern. Food safety can be achieved through collaboration between the relevant authorities. Food safety is moreover comprised of multiple sectors, hence agencies/sectors responsible for detection, investigation and response to a food safety emergency vary across the countries.

Figure 4: Food Safety Score, %, 2018 vs. 2020



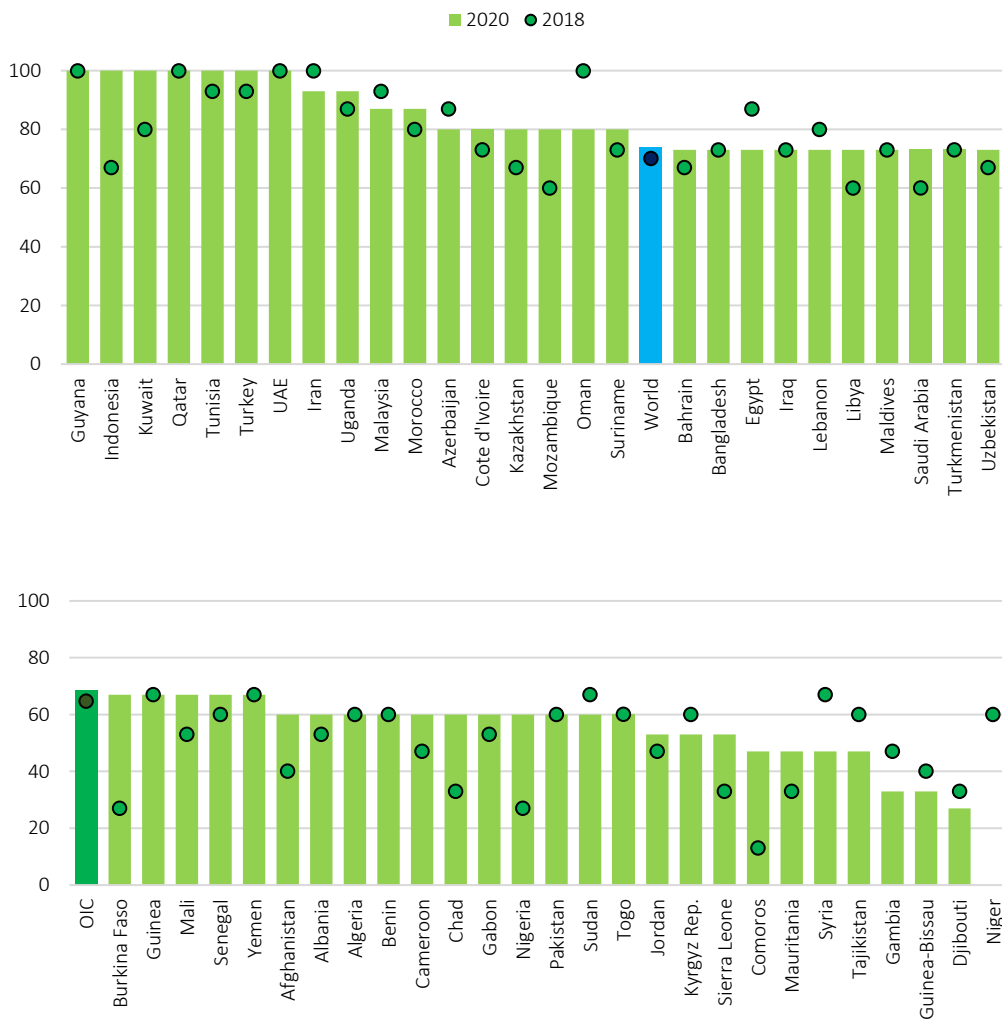
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

The average of Food Safety score attained globally increased from 61% to 65% between 2018 and 2020, whereas it increased from 54% to 56% in the OIC countries group. Only three OIC countries namely Bahrain, Guyana, and United Arab Emirates attained 100% in this capacity in 2020 although majority of the countries with available data managed to score 60% and above (Figure 4).

5. Laboratory

Laboratory services form an important part of surveillance, preparedness and response. This involves detection, investigation and response with laboratory analysis of samples either performed domestically in national laboratories or opting for international laboratory collaborating centres.

Figure 5: Laboratory Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

In the case of international referrals, countries need to maintain mechanisms that enable shipment of the specimens to these appropriate reference laboratories in a reliable manner to have timely laboratory testing; characterization of the infectious agents and other hazards likely to cause public health emergencies of national and international concern; and sharing of results within time (WHO, 2018).

Laboratory Services is one of the highly attained IHR SPAR capacities in 2020 both at the OIC countries group level and globally. The achievement in this capacity is observed to be 74% globally and 69% in the OIC countries group and in both cases, it increased by 4 percentage points from their 2018 levels.

More than 75% of individual OIC countries with available data scored at least 50% in Laboratory Services and among them, seven OIC countries, namely Guyana, Indonesia, Kuwait, Qatar, Tunisia, Turkey, and United Arab Emirates scored 100% (Figure 5).

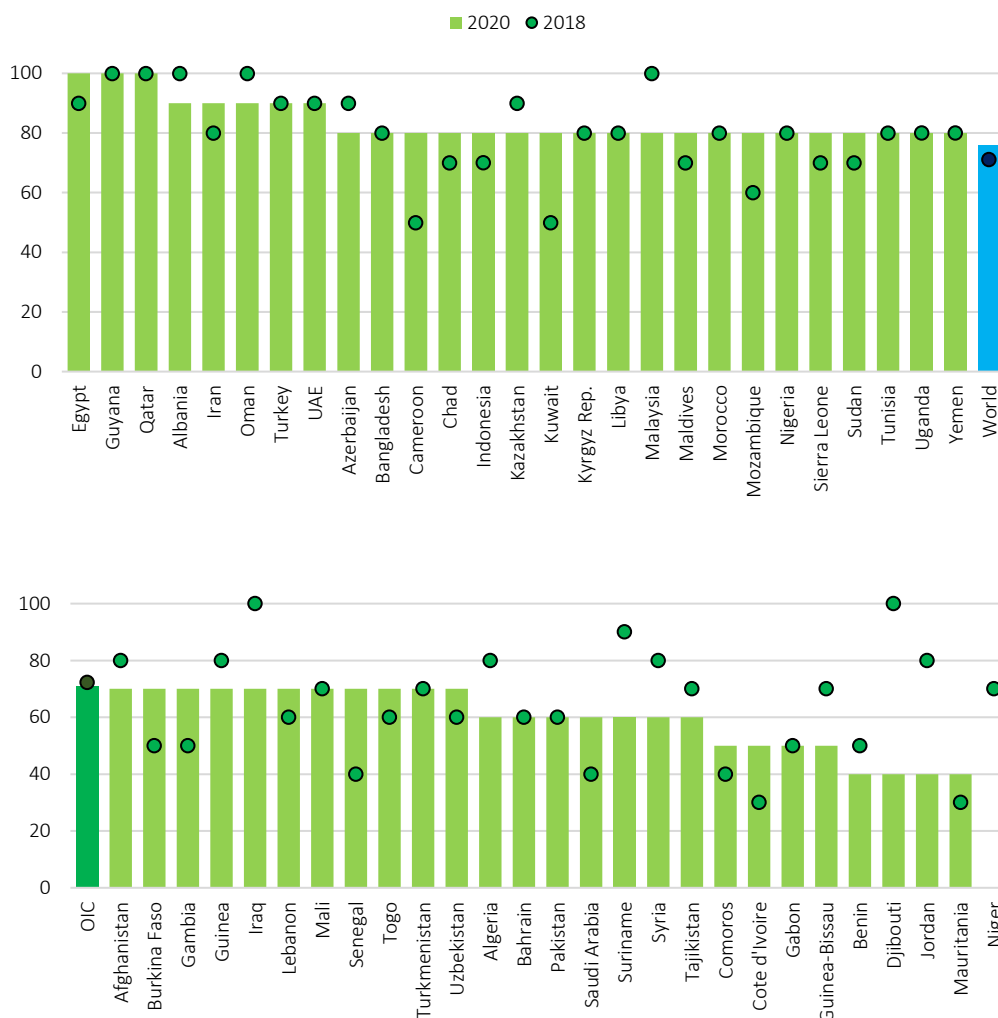
6. Surveillance

IHR 2005 necessitates the rapid detection, prompt risk assessment, notification, and response to public health risks, which may arise from biological, chemical and radiation occurrences. Countries, therefore, need to establish a sensitive and flexible surveillance system to give an early warning and provide the required information for an informed decision-making process during public health events and emergencies.

On average, the Surveillance System is the only IHR SPAR capacity among the 13 IHR SPAR capacities with the highest attainment score of more than 70% both in the OIC countries group and in the world in 2020. The OIC countries group scored an average of 71% whereas the global score was 76%.

Despite of such a good achievement, the score on Surveillance System declined by 1 percentage point in the OIC countries group between 2018 and 2020. Of the 49 individual OIC countries with a score of at least 50% in 2020, only three of them (Egypt, Guyana and Qatar) scored 100%. Five OIC countries (Benin, Djibouti, Jordan, Mauritania and Niger) scored below 50% in Surveillance System in the same year (Figure 6).

Figure 6: Surveillance Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

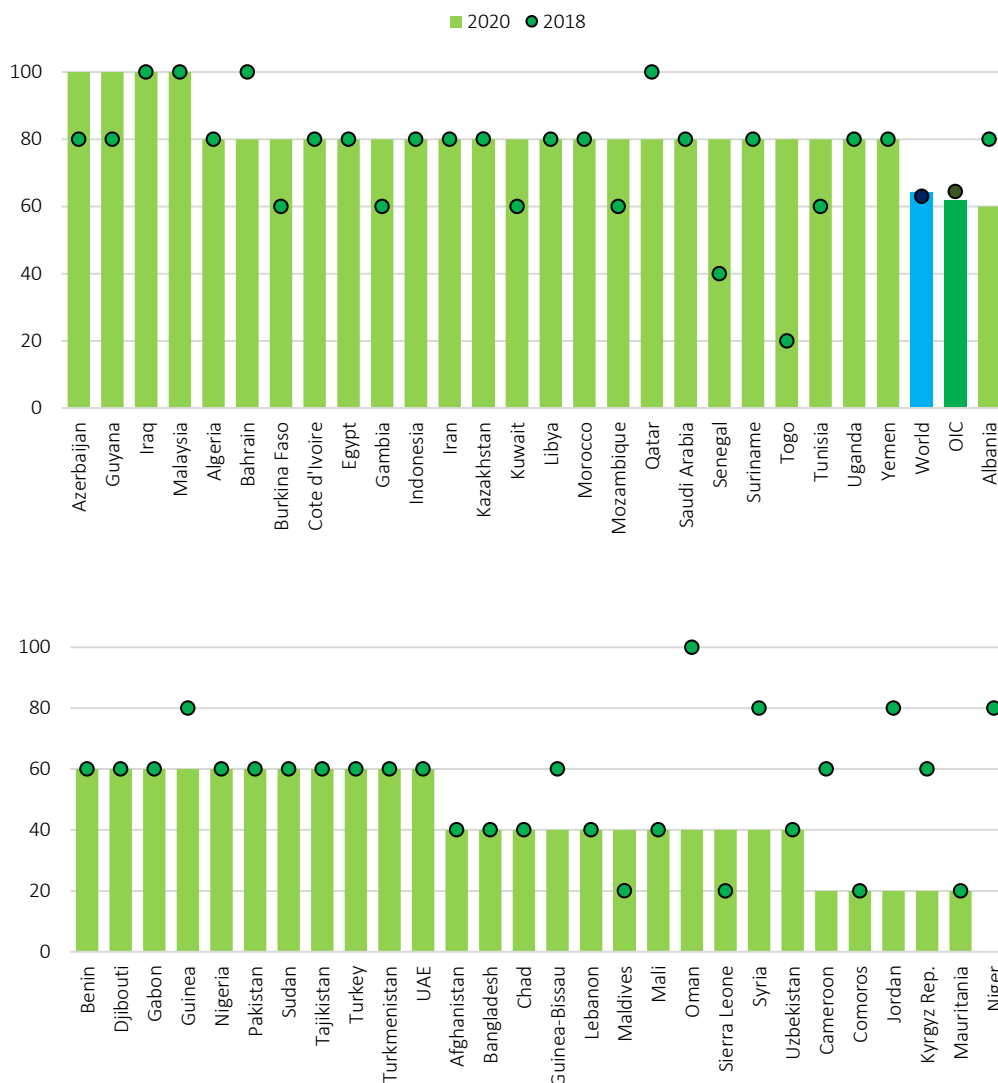
7. Human Resources

IHR 2005 requires that countries have in place strategies to ensure a well-trained workforce is available to work in the multiple sectors to enable early detection, prevention, preparedness and response to potential events of international concern at all levels of health systems. Communities need to have resilient and continuous health services but this is only possible if quality health workforce is available and accessible to the communities.

While the global score on Human Resource capacity slightly increased from 63% to 64% between 2018 and 2020, the score rather declined in the OIC countries group from 64% to 62% in the same period. Despite the decline, 37 OIC countries scored 60% and above

in Human Resource capacity in 2020. Four of these countries (Azerbaijan, Guyana, Iraq, and Malaysia) achieved 100% (Figure 7).

Figure 7: Human Resources Score, %, 2018 vs. 2020

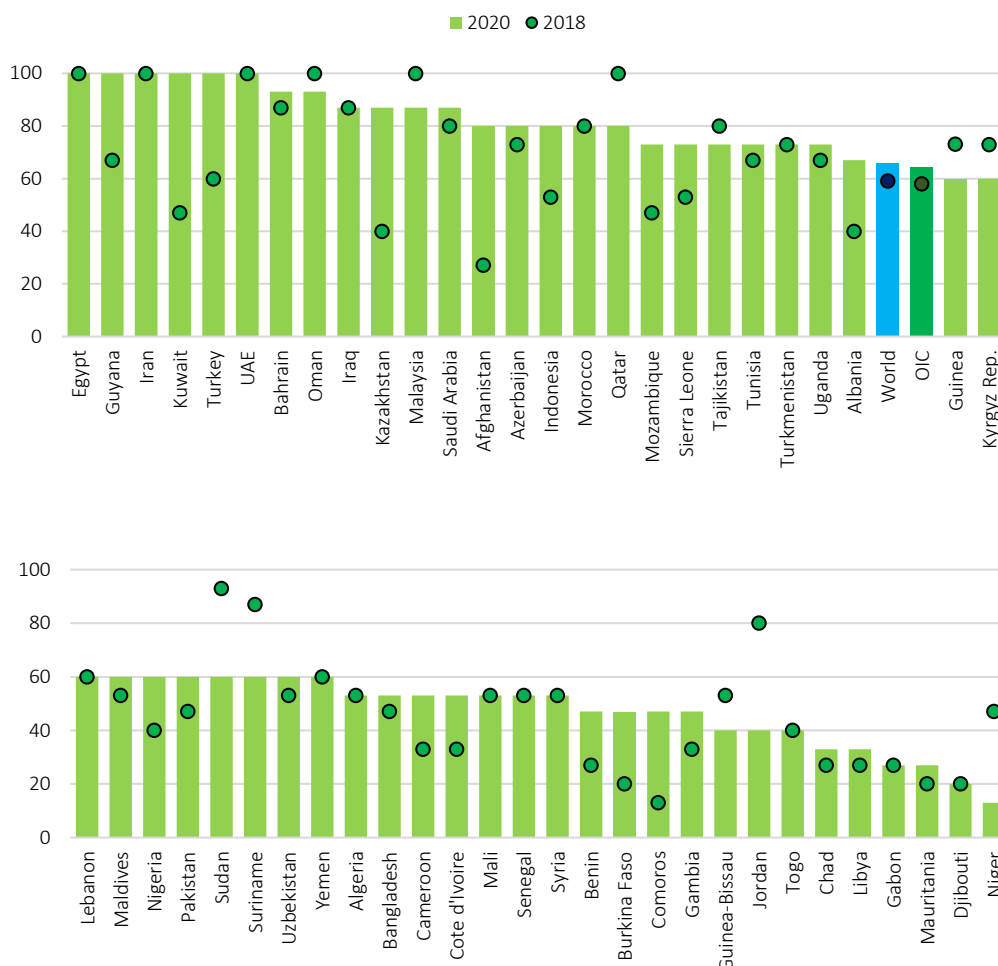


Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

8. National Health Emergency Framework

In accordance with the IHR 2005, countries need to have an overall national health emergency framework and system for enabling them to be prepared and operationally ready for response to any public health event, including emergencies. Within countries, it is critical to have robust emergency management structures and resources mobilization schemes for timely response to public health emergencies.

Figure 8: National Health Emergency Framework Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

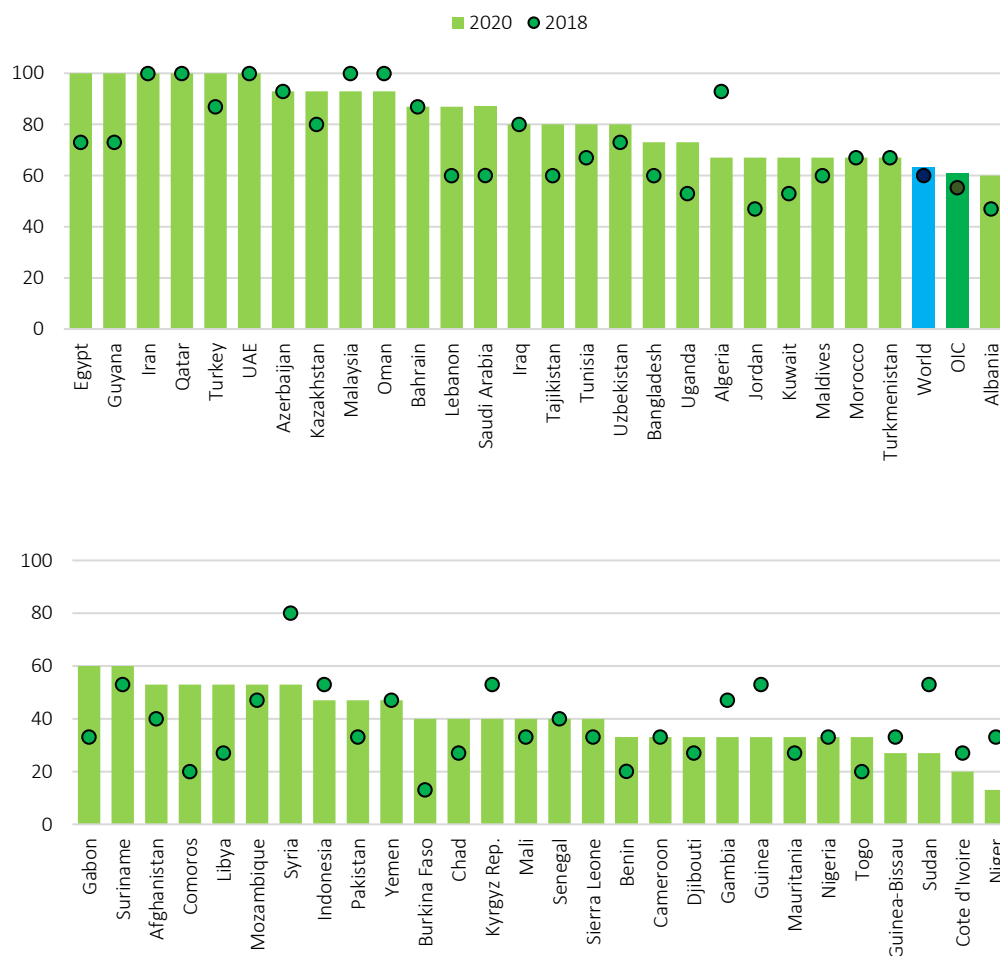
Globally, the responding countries reported an average score of 66% in the attributes of the National Health Emergency Framework in 2020, which was a higher figure when compared to 64% score of the OIC countries group in the same year. Nevertheless, between 2018 and 2020, the world and OIC countries group reported significant increases of 7 percentage points and 6 percentage points, respectively in attaining National Health Emergency Framework. The implementation status of the individual OC countries in 2020 showed that 41 countries have scored 50% and above in National Health Emergency Framework. Six of these countries, namely Egypt, Guyana, Iran, Kuwait, Turkey, and United Arab Emirates scored 100% (Figure 8).

9. Health Service Provision

Well-established health systems from the local level to the national level are vital for any country to prevent, detect, respond to and recover from any public health events.

Countries need to have the capacity to handle events related to case management during emergencies in addition to the provision of routine health services. To reduce the risk of further spread of any hazardous or infectious public health event, health care providers should at all times adhere to optimum Infection Prevention and Control (IPC) practices as well as use adequate water, sanitation and hygiene, safe waste management and decontamination of hazardous substances, including chemical and radiation decontamination; and a functioning referral system (WHO, 2018).

Figure 9: Health Service Provision Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

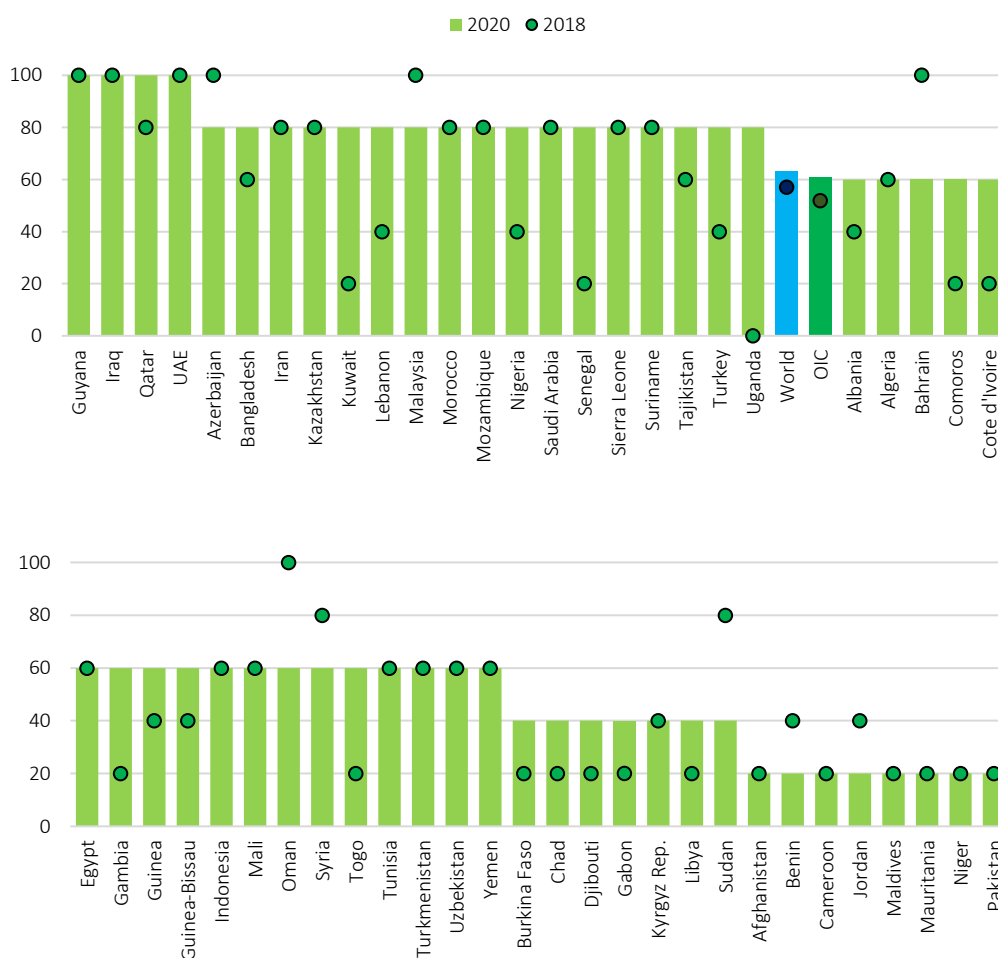
The world and OIC countries group have reported increases in Health Service Provision scores between 2018 and 2020. Over this period, Health Service Provision score recorded in the world and in the OIC countries group increased from 60% to 63% and 55% to 61%, respectively. In respect to the performance of the individual OIC countries with available data in 2020, more than half of these countries scored 50% and above in Health Service

Provision and among them only six countries (Egypt, Guyana, Iran, Qatar, Turkey, and United Arab Emirates) reached an attainment level of 100% (Figure 9).

10. Risk Communication

Risk communication refers to real-time exchange of information which aims to help stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency (WHO, IHR SPAR metadata). The major aspects involved in the communication include communication with the public, families and communities about public health risks to increase their awareness about outbreaks. Sharing information about impending calamities such as disease outbreak to enable everyone take informed decisions to mitigate the effects and take protective and preventive action in timely manner.

Figure 10: Risk Communication Score, %, 2018 vs. 2020



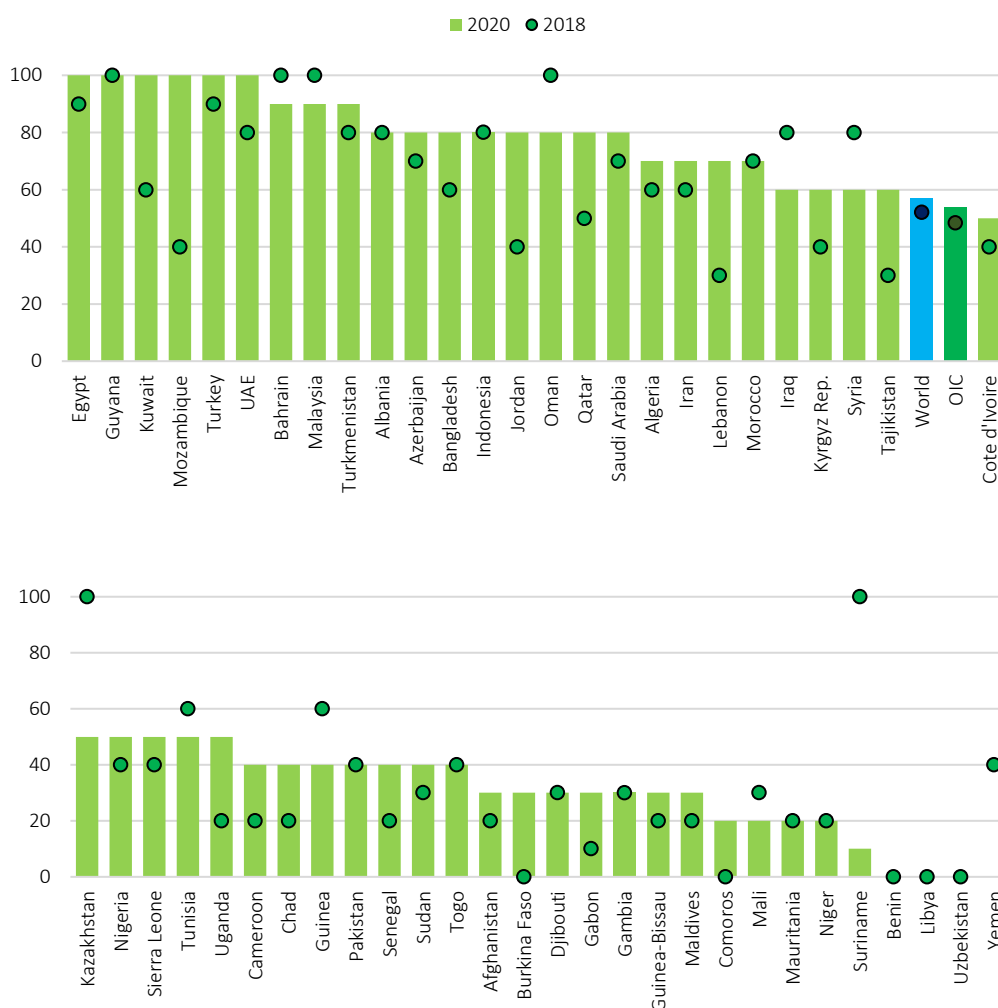
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

The global Risk Communication average score was 63% in 2020 and on the other hand, the OIC countries group average was 61%. Notably, among the 13 IHR SPAR capacities, the OIC countries group recorded the highest (9 percentage points) increase in achievement of this capacity between 2018 and 2020. It is also noteworthy that 39 OIC countries with available data scored 60% and above in attaining Risk Communication. However, among them only four countries, namely Guyana, Iraq, Qatar, and United Arab Emirates scored 100% (Figure 10).

11. Points of Entry

Points of entry are designated passage points for international entry or exit of travellers including baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services during entry or exit.

Figure 11: Points of Entry Score, %, 2018 vs. 2020



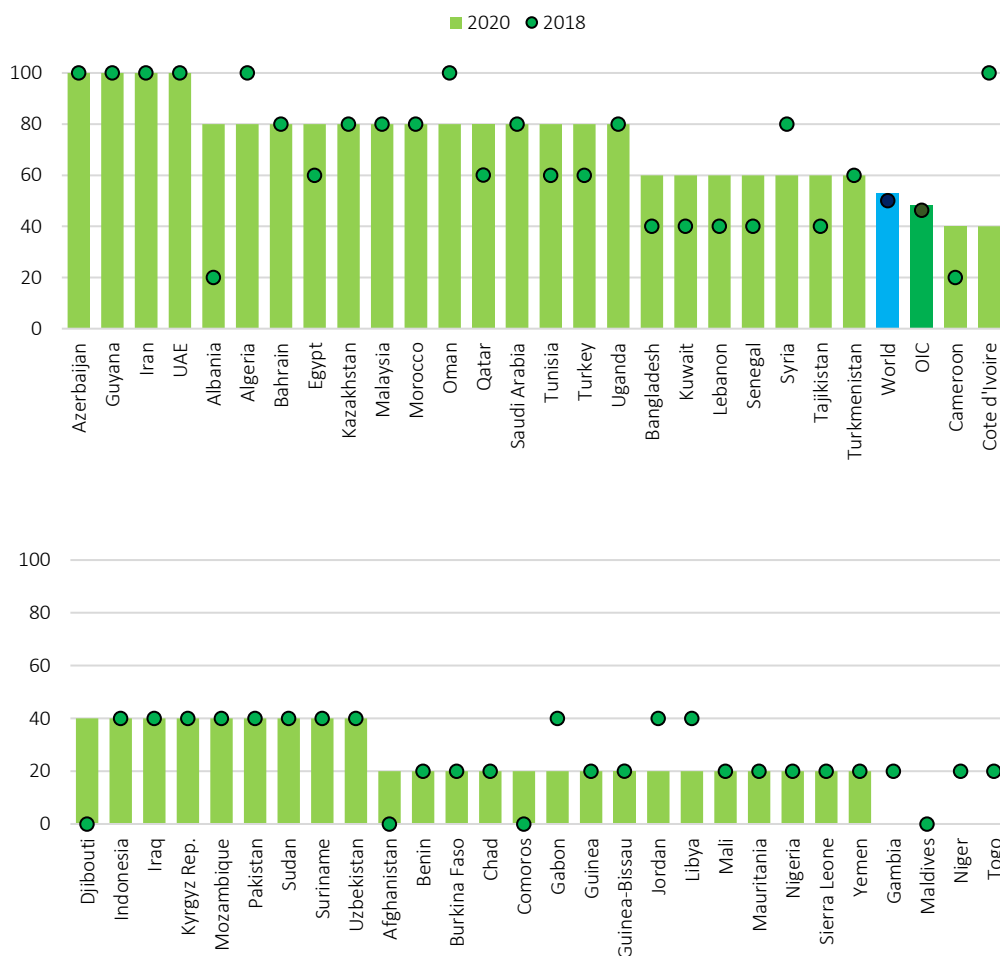
Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

While points of entry in countries provide numerous benefits among others health benefits linked to economic development, they too can be hotspots for public health risks. For instance, disease outbreaks across borders can easily spread through them. As such, points of entry are important parts of surveillance and response systems and help support public health functions in a country.

The Points of Entry averages for the world and OIC countries group in 2020 were 57% and 54% respectively; however, between 2018 and 2020, the OIC countries group and the world registered increases of 6 and 5 percentage points, respectively. In 2020, 31 OIC countries with available data scored at least 50% in Points of Entry and six of them, namely Egypt, Guyana, Kuwait, Mozambique, Turkey, and United Arab Emirates obtained 100% (Figure 11).

12. Chemical Events

Figure 12: Chemical Events Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

As occurrences of chemical events resulting from technological incidents, natural disasters, deliberate events and contaminated foods and products are common worldwide, effective communication and collaboration among the sectors responsible for chemical safety including health, industry, transportation, waste disposal, animal health and the environment is essential (WHO, 2019).

On average, Chemical Events is so far the least achieved of the 13 IHR SPAR capacities both globally and in the OIC countries group with achievement scores of 53% and 48%, respectively in 2020. Despite these low scores, the world and OIC countries group both exhibited slight increases of 3 percentage points and 2 percentage points between 2018 and 2020 in Chemical Events. Of the 54 OIC countries with available data for 2020, only four of them (Azerbaijan, Guyana, Iran, and United Arab Emirates) recorded maximum score of 100% (Figure 12).

13. Radiation Emergencies

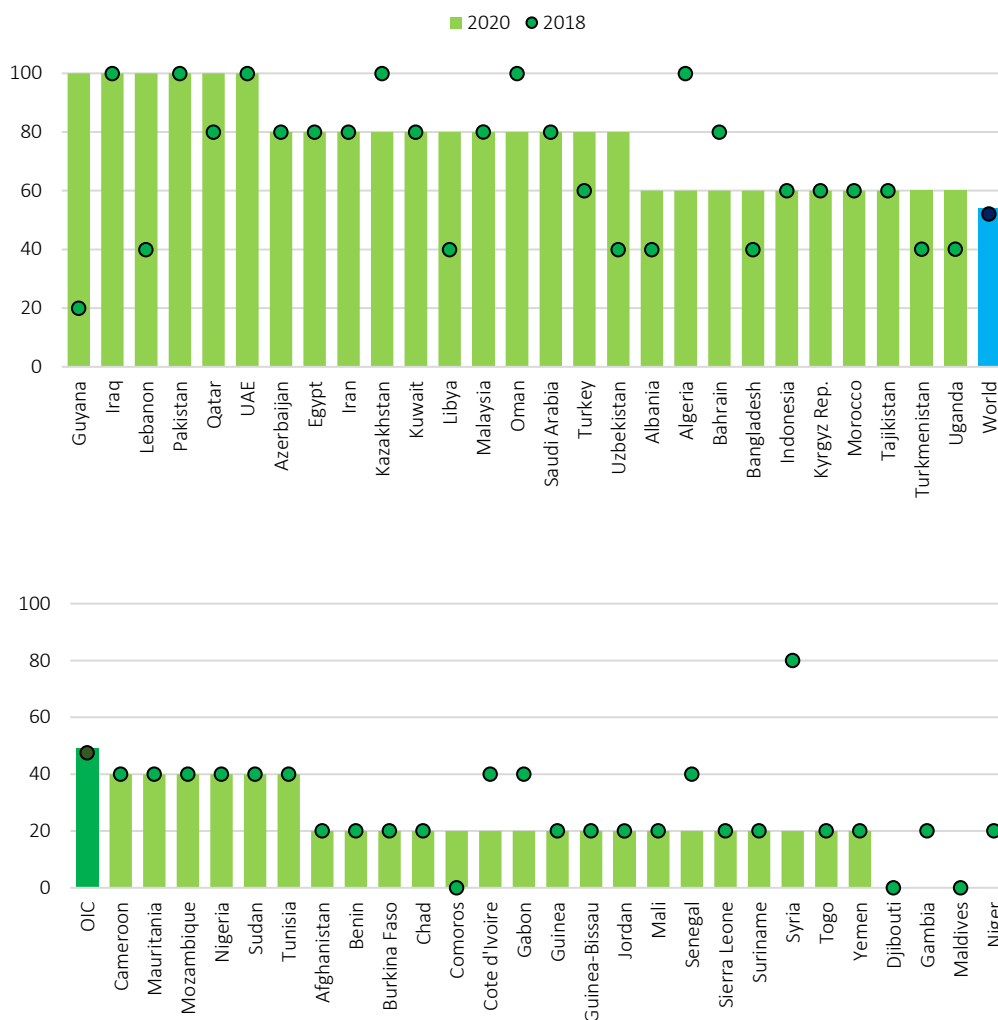
Radiation emergencies normally emanate from radiological emergencies and nuclear accidents/incidences. Such occurrences are rare but, depending on their severity, can be disastrous and exhausting in terms of resource use and human capacity in case of large-scale events. Additionally, their impacts on environment and humans are long lasting. Unlike emergency preparedness needed for outbreaks, radiation emergencies require specific infrastructure and expertise.

Therefore, it is advisable for countries where the competence and responsibility for response to radiation emergencies are outside of national health authorities, coordination between national radiation authorities, health and non-health sectors is required at all stages of preparedness, surveillance, response and long-term consequence management after radiation emergencies.

In 2020, Radiation Emergencies is among the least achieved IHR SPAR capacities with a global average score of 54% and OIC countries group average of 49%. However, between 2018 and 2020, a modest increase of 2 percentage points occurred at both global and OIC countries group levels.

Amidst these low scores in 2020, 27 OIC countries obtained 60% and above in Radiation Emergencies and six of them (Guyana, Iraq, Lebanon, Pakistan, Qatar, and United Arab Emirates) attained 100% score (Figure 13).

Figure 13: Radiation Emergencies Score, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

14. Overall Average Scores of IHR SPAR Capacities

In 2020 overall, average scores of the OIC countries group were above 60% in nine IHR SPAR capacities including Surveillance (71%), Laboratory (69%), Zoonotic Events and the Human–Animal Interface (68%), Coordination and National Focal Point Functions (67%), National Health Emergency Framework (64%), Human resources (62%), Legislation and Financing (62%), Risk Communication (61%), and Health Service Provision (61%).

Only averages of four IHR SPAR capacities, namely Food safety (56%), Points of entry (54%), Radiation emergencies (49%) and Chemical events (48%) were below 60% at the OIC level. Such performance was also observed at the global level in 2020 (Figure 14).

Figure 14: Average Scores of the 13 IHR SPAR Capacities, %, 2018 vs. 2020



Source: SESRIC staff calculations based on data extracted on 06/09/2021 from Global SDG Indicators Database of the UNSD.

Conclusion

The latest data on core capacities shows that the OIC countries group has recorded a progress in complying with IHR SPAR capacities between 2018 and 2020. The OIC countries group has reported relatively high scores above 65% in four core capacities (Surveillance, Laboratory, Zoonotic Events and the Human–Animal Interface, and Coordination and National Focal Point Functions). On the other hand, Chemical Events

and Radiation Emergencies remained as the main areas of weakness in the reporting OIC countries with capacity scores below 50%.

The available data also highlight the delay in the development of national plans for implementation of the Regulations, the lack of national frameworks that cover the wide scope of the Regulations and the prevailing political instability in many of the OIC countries.

This state of affairs necessitates concerted efforts from OIC countries to dedicate more resources both technical and financial to strengthen core capacities, and establish/strengthen national IHR committees/task forces. A broad representation of related agencies should also be constructed at both national and intra-OIC levels, and mobilize legal expertise among member countries to develop new or improve existing legislation in the context of IHR (2005) to achieve IHR implementation goals.

Technical Notes

- **Figures 1 to 14:** OIC aggregate values are unweighted mean values of the OIC countries with last year available data accessed from the UNSD Global SDG Indicators Database. The world aggregate values were accessed from the UNSD Global SDG Indicators Database to preserve the consistency.
- **Figures 1 to 13:** Due to unavailable data for 2018, 2019 data were considered as first year data for Albania and Guyana. Additionally, 2019 data were considered as last year data for Bahrain and Tajikistan as they lack 2020 data.
- 54 out of 57 OIC countries have available data with two data points referred to as first year and last year data points for the 13 IHR SPAR capacities.

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