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# Member State Information Session

## States Parties Annual Reporting Tool (SPAR) – 3rd Edition

30 September 2026

10.30-11.30

# Opening remarks

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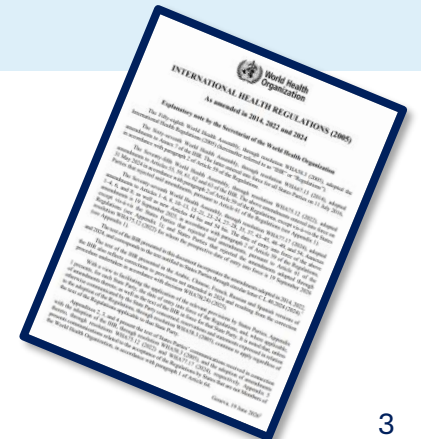
# Objectives

- Recall the IHR amendment process and why SPAR was revised
- Present the main changes in the SPAR 3rd Edition
- Share how State Party and partner feedback was incorporated
- Explain applicability and continuity between editions
- Outline reporting arrangements and timelines for reporting to the Eightieth World Health Assembly (2027)

Annual reporting under **Article 54 of the IHR** is conducted through SPAR.

SPAR Third Edition was revised following adoption of the **2024 IHR Amendments** (resolution WHA77.17 (2024)).

All States Parties continue to report through SPAR, irrespective of the status of entry into force of the 2024 IHR amendments for that State Party.



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# The road to the 2024 IHR amendments

| When                                       | Milestone                                                                                                          |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| January 2022 - May 2004                    | IHR Review Committee regarding amendments to the IHR<br>Working Group on Amendments to the IHR (WGIHR)             |
| 1 June 2024                                | Adoption of the amendments to the IHR by the Seventy-seventh World Health Assembly<br>(resolution WHA77.17 (2024)) |
| September 2024 - July 2025<br>(March 2026) | States Parties' submissions of rejections, reservations, declarations, statements                                  |
| 19 September 2025                          | Entry into force of the 2024 IHR amendments for most States Parties                                                |

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# Why the SPAR had to be revised

- **Most importantly, to address all provisions of States Parties' pertinence**, extending beyond core capacities.
- **The Regulations were substantially amended.** The 2024 IHR amendments cover approximately half of the Articles and six of the nine Annexes, with the addition of two new articles
  - Introductions: Principles of equity and solidarity, National IHR Authority, non-digital and digital health documents
- **Lessons from the 2nd Edition (2021).** Level descriptions and a lighter reporting burden were requested.

The 3rd Edition is held strictly to the legal text and introduces no obligation beyond it.

Annual reporting under Article 54 is an obligation for all States Parties.

# How the amendments are reflected

| 2024 IHR amendments                       | How the SPAR 3rd Edition reflects it                                                                                            |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Equity and solidarity (Art. 3)            | DG.2 Collaboration furthering equity and solidarity                                                                             |
| National IHR Authority (Art. 1, 4)        | DG.3 Responsible authorities: roles of the National IHR Authority, National IHR Focal Point and Competent Authorities clarified |
| Financing (Art. 44)                       | DG.5 Financing                                                                                                                  |
| Core capacities (Annex 1)                 | New indicators, including CC.9 Contact tracing and CC.16 Multisectoral coordination for food safety                             |
| Health documents (Art. 35, Annex 3, 6, 8) | BH.3 Travellers, including the updated certificate of vaccination; new Y/N checklist on health documents                        |

# Key Revisions



Continued alignment with the International Health Regulations (2005), including relevant amendments



Three-section architecture:

Domestic Governance  
Core Capacities  
Border Health



Updated indicators and level descriptions



Improved cross-referencing to related technical tool, guidance and frameworks

## Section 1: IHR Related Domestic Governance

DG.1 Domestic IHR-related legal and administrative arrangements  
DG.2 Collaboration furthering equity and solidarity  
DG.3 Responsible authorities  
DG.4 Workforce  
DG.5 Financing

## Section 2: Core Capacities

CC.1 Infection prevention and control  
CC.2 Planning for acute public health events  
CC.3 Preparing for risk communication, community engagement and infodemic management  
CC.4 Zoonotic hazards  
CC.5 Radiation-related hazards  
CC.6 Laboratory  
CC.7 Early warning surveillance function  
CC.8 Event-related risk assessment  
CC.9 Contact tracing  
CC.10 Integrated food chain surveillance  
CC.11 Exposure to chemicals  
CC.12 Management of response to acute public health events  
CC.13 Provision of health services  
CC.14 Logistics and health emergency supply chain management for acute public health events  
CC.15 Risk communication and community engagement during a response  
CC.16 Multisectoral collaboration and coordination mechanism for food safety

## Section 3: Border Health

BH.1 International traffic-related public health measures  
BH.2 Points of entry  
BH.3 Travellers - States Parties requirements for specific diseases

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# From the 2nd to the 3rd Edition

## What changed

- **2nd Edition (2021):** 15 capacities, 35 indicators
- **3rd Edition:** Three sections : (DG.1-5, CC.1-16, BH.1-3), 24 capacities, 42 items: 34 scored indicators and eight, non-scored declaration or information items
- **Retired as standalone indicators:** gender equality in health emergencies (now a cross-cutting principle), advocacy for IHR implementation, utilization of health services

## What is new

- Collaboration furthering equity and solidarity
- Responsible authorities, including National IHR Authority
- Contact tracing
- Logistics and health emergency supply chain management
- Multisectoral coordination for food safety
- Border health: Y/N checklist on travellers, conveyances and health documents
- Annual questionnaire on international travel and health integrated, to make it systematic and avoid multiple processes

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# SPAR Consultation process at a Glance

## Process

- Rigorous process involving State Parties, WHO collaborating centres, partners, regional offices, and WHO technical teams
- Draft SPAR circulated to States Parties and partners (May-July 2026)
- National and regional consultation meetings conducted & feedback consolidated (June-July)
- HQ review and incorporation of revisions (July-Aug)
- Finalization of SPAR 3rd Edition & e-SPAR (Oct 2026)

## Outcomes

- More than 900 comments received
- Feedback consolidated into 27 thematic areas
- Revisions reviewed and incorporated across the tool and supporting materials:
  - SPAR 3rd Edition Guidance
  - FAQ
  - IHR provisions summary table
  - List of changes & cross-walk 2nd Ed./3rd Ed.
  - Types of indicators & scoring summary table
  - Glossary & key definitions

# What feedback was received & incorporated

## Main themes raised



### Need for clearer governance arrangements

- Clarify roles of National IHR Authority, National IHR Focal Point and competent authorities



### Need for clearer scoring and interpretation

- Improve understanding of scoring levels
- Maintain comparability over time



### Need for stronger all-hazards approach

- Importance of chemical, radiation and other hazards
- Ensure visibility of cross-cutting areas



### Need to reduce complexity

- Simplify language and improve usability

## Actions taken to inform the revision

- ✓ Tool language simplified
- ✓ Guidance document completely revised
- ✓ Definitions and terminology clarified
- ✓ Governance roles clearly explained
- ✓ Scoring methodology updated and documented
- ✓ New glossary and FAQ developed
- ✓ Crosswalk developed to support continuity between editions
- ✓ e-SPAR tool updated with supporting guidance and material

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# Continuity between editions

- **Published crosswalk.** Every 2nd Edition indicator is mapped to the 3rd Edition, with new and substantially changed indicators identified.
- **Guidance on trends.** The guidance explains how to interpret national trends across the change of edition.
- **Same scale, simple index.** Five cumulative levels per indicator; the national index is the average of all scored indicators.
- **SDG 3.d.1 continues.** WHO, as custodian, updates the metadata through the IAEG-SDGs. New indicators set their baseline in reporting to WHA80.

## Key message

The 3rd Edition is an update, not a break in the series.

Core capacities and border health remain mostly compatible between the 2nd and 3rd Editions.

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# SPAR vis-à-vis 2024 IHR amendments

## Status of 2024 IHR amendments as of 30 September 2026

### IHR, as amended in 2014, 2022, 2024

- In force for **185** of 197 States Parties

### IHR, as amended in 2014, 2022

- In force for **8** of 197 States Parties

### IHR, as amended in 2014

- In force for **4** of 197 States Parties
- Rejections may be withdrawn at any time

## How SPAR applies

- All States Parties report using the SPAR 3rd Edition through e-SPAR
- Items specific to the 2024 IHR amendments are not required for States Parties for which the amendments are not in force at the time of reporting
- The SPAR is intended to reflect the situation of a State Party as a whole, encompassing all levels of its administrative and/or health care structure

# Reporting to the Eightieth World Health Assembly

The primary reporting mechanism will continue to be through e-SPAR

- No change to the reporting platform: e-SPAR:  
<https://extranet.who.int/e-spar/>
- No change for existing e-SPAR users. New users (i.e., NIA) can request access via [ihradmin@who.int](mailto:ihradmin@who.int) - **NB:** IHR Contacts Platform being updated
- The platform has been updated to reflect the revised SPAR structure
- Additional guidance and support information will be available

## Key message

**For ALL States Parties** - SPAR remains the annual mechanism for reporting to the Health Assembly on the implementation of the IHR in accordance with Art. 54 of the IHR

States Parties continue reporting through the e-SPAR platform

# Timeline for reporting to WHA80

e-SPAR will be LIVE by mid-October

**Initial version in English only**

Translations into UN official languages will follow as they become available



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# How Permanent Missions can help

- **Inform capitals.** Make sure your National IHR Authority and National IHR Focal Point know that e-SPAR opens by mid-October.
- Encourage that
  - Reports are prepared with all relevant sectors, from animal health to transport and customs.
  - Reports are completed by 20 March 2027 to give the Health Assembly a full picture.
- **Sustain the function.** Annual reporting is a standing IHR function; predictable support keeps the platform and language versions current.

## Useful contacts

e-SPAR platform:

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

Access for new users, such as National IHR Authorities:

[ihradmin@who.int](mailto:ihradmin@who.int)

# Q&A

# Closing remarks

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WHO Emergency Programme