

WHO TECHNICAL MEETING ON USING IHR DATA TO ADDRESS CRITICAL GAPS IN CAPACITY

REPORT



DATA FOR ACTION



World Health
Organization

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Report of the WHO Technical Meeting on Using IHR Data to Address Critical Gaps in Capacity

Geneva, Switzerland 10-11 September 2018

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Acronyms

- **AAR** – After Action Review
- **AFRO** – WHO Regional Office for Africa
- **AMR** – Antimicrobial Resistance
- **APSED III** – Asia Pacific Strategy For Emerging Diseases and Public Health Emergencies
- **CDC** – Centers for Disease Control and Prevention
- **CPI** – WHO Country Health Emergency Preparedness & IHR
- **EMRO** – WHO Regional Office for the Eastern Mediterranean
- **EURO** – WHO Regional Office for Europe
- **e-SPAR** – Electronic States Parties Annual Reporting
- **FAO** – Food and Agriculture Organization of the United Nations
- **GPW13** – WHO Thirteenth general programme of work 2019–2023
- **HPR** – WHO Health Emergency Preparedness, Planning and Operational Readiness
- **IHR** – International Health Regulations (2005)
- **IHRMEF** – International Health Regulations (2005) Monitoring and Evaluation Framework
- **JEE** – Joint External Evaluations
- **M&E** – Monitoring and Evaluation
- **NAPHS** – National Action Planning for Health Security
- **NFP** – IHR National Focal Point
- **OIE** – World Organisation for Animal Health
- **OIE PVS** - Evaluation of Performance of Veterinary Services
- **PAHO** - Pan American Health Organization (WHO Americas Region)
- **PHE** – Public Health England
- **RIVM** – Netherlands National Institute for Public Health and the Environment
- **RO** – WHO Regional Office
- **SEARO** – WHO Regional Office for the South-East Asia Region
- **SimEx** – Simulation Exercise
- **SPAR** – States Parties Annual Reporting
- **SPH** – WHO Strategic Partnership for IHR (2005) and Health Security
- **UHC** – Universal Health Coverage
- **WCO** – WHO Country Office
- **WHA** – World Health Assembly
- **WHO** – World Health Organization
- **WHO RO** – World Health Organization Regional Offices (RO)
- **WPRO** – WHO Regional Office for the Western Pacific

Executive Summary

Background

Since 2010, 195 States Parties have reported to WHO at least once using the standard States Parties Annual Reporting (SPAR) questionnaire. As of September 2018, 82 countries had implemented a Joint External Evaluation (JEE) mission and over 120 countries had conducted a Simulation Exercise and/or an After-Action Review.

In order to facilitate discussion on the optimal use and analysis of the data generated by the International Health Regulations (2005) Monitoring and Evaluation Framework (IHRMEF) – and other data sources used for capacity building – the WHO JEE Secretariat convened a two-day technical meeting in Geneva. The meeting was followed by an informal half day meeting to review next steps with attending WHO Regional Offices (RO).

The meeting offered an important opportunity for participants to reflect on the volume of IHRMEF data that has been gathered and the multiple approaches that can be used to support preparedness activities and capacity building in-country. The meeting also allowed participants to critically assess the approaches used to analyse IHRMEF data and to review the means of disseminating it through digital and off-line platforms.

Meeting Objectives

The overarching objectives that framed the meeting were:

- 1. To discuss and map the approaches currently used to analyse IHRMEF data (analysis plan)**
- 2. To discuss the interpretation and use of IHRMEF data including strengths and limitations**
- 3. To discuss the WHO position on interpreting and using IHRMEF data**

Technical documents in participant file

A digital network was established prior to the meeting in order to share presentations and examples of IHRMEF data analysis with participants. All materials associated with this meeting have been distributed through the shared network.

Main outcomes and recommendations

A set of clear recommendations were presented over the course of the two-day meeting. A summary of the recommendations including those that emerged from the group work exercises are shown below:

- WHO should define the audience and purpose of IHRMEF analysis in order to develop relevant information products and digital platforms/portals
- WHO and Partners should strengthen technical partnerships to share best practice and activity plans related to data analysis
- Linkages between IHRMEF data and other sources of data beyond the framework should be developed as part of analysis approaches
- The volume of available IHRMEF data should be made more coherent to allow countries to use and interact with it easily (demonstrating interlinkages of all the components of the IHRMEF)
- Data analysis should be conducted with the view to support the development of investment strategies to better finance preparedness and emergency management aimed at reaching the GPW target of 1 Billion people protected from emergency threats.
- WHO should consider producing offline visualization and representation of IHRMEF analysis

- Non-health sectors should also be targeted as the audience for IHRMEF data analysis and use
- Ensure evaluation of M&E process in order to ensure the quality
- WHO should continue providing guidance as required to countries and senior leaders in health and other sectors
- WHO should inform stakeholders of its GPW targets as a form of advocacy and a justification for data analysis becoming more granular

Next Steps

Several next steps that are important for the continued use and analysis of IHRMEF data were agreed at the meeting. Among others, these include:

- WHO will continue developing the data analysis plan in accordance with the recommendations provided by participants.
- WHO is establishing a database to house the IHRMEF data in one digital space with varying levels of functionality offered through a query system.
- WHO is developing an e-SPAR system to host, retrieve and disseminate IHR annual reports data electronically.
 - This will improve data management, reporting, transparency and interaction with other data system, as well looking for State Parties IHR NFP being able to report, receive feedback and interact with WHO Secretariat on-line in a secure site.
- Cross sector linkages will be made between IHRMEF and other assessment tools.
- WHO will embark on developing a data query system as part of the work to visualise and represent IHRMEF data. The query system will be made available online.
- A coordination mechanism will be developed to map regional and country IHRMEF data analysis activities.
 - This will facilitate the more regular sharing of best practices and key learnings.

Introduction

In light of recent and on-going public health emergencies, there is renewed and energised momentum to strengthen global health security and implement the International Health Regulations (2005) (IHR)¹.

The revised IHR were adopted in 2005 and entered into force in 2007. Under the IHR, States Parties are obliged to develop and maintain minimum core capacities for surveillance and response, in order to detect, assess, notify, and respond to any potential public health event of international concern. In accordance with paragraph 1 of Article 54 of the IHR, countries must report on IHR implementation to the World Health Assembly (WHA) and the World Health Organization (WHO) Executive Board.

At the Sixty-eighth WHA in 2015, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR (2005) Implementation recommended “options to move from exclusive self-evaluation, to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts”. The WHO IHR Monitoring and Evaluation Framework was developed to address this recommendation.

The Framework consists of four components; one mandatory, Annual Reporting; and three voluntary, exercises, after-action reviews and JEEs.

Figure 1 represents the four IHRMEF components and their corresponding features.

WHO is the custodian of a large volume of data that continues to be generated through the IHRMEF and other assessments.

In order to facilitate discussion on the optimal use and analysis of the data generated by the International Health Regulations Monitoring and Evaluation Framework (IHRMEF) and other data sources for capacity building, the WHO Joint External Evaluation (JEE) Secretariat convened a two-day technical meeting in Geneva. The meeting was followed by an informal half day meeting to review next steps with attending WHO Regional Offices.

The meeting offered an important opportunity for participants to reflect on the volume of IHRMEF data that has been gathered and the approach to using it for preparedness activities and capacity building purposes. The meeting also allowed participants to critically assess the approaches used to analyse IHRMEF data and to review the means of disseminating it through digital and off-line platforms.

¹ <http://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=A6244DD18DDEAEC52DF28D442D334B1D3?sequence=1>

	States Parties Annual Reporting (SPAR)	After Action Review (AAR)	Simulation Exercise (Sim-Ex)	Joint External Evaluation (JEE)
Purpose	Monitor progress towards implementation of IHR core capacities	Assess the functionality of capacities during real events	Assess the potential functionality of capacities for non-real events	Evaluates objectively IHR contribute to health security
Mandate	Mandatory	Voluntary	Voluntary	Voluntary
Focus	Existence of capacities	Functionality of capacities	Functionality of capacities	Existence of capacities
Periodicity	Annually	Within 3 months of specific real events	Regularly when required as part of the exercise program	Every 4-5 years
Type	Quantitative	Qualitative	Qualitative	Quantitative

Figure 1 – IHR MEF components. Source WHO (with amendment)

<https://apps.who.int/iris/bitstream/handle/10665/276651/WHO-WHE-CPI-2018.51-eng.pdf?sequence=1>

Meeting objectives and context

In order to facilitate discussion on the optimal use and analysis of the data generated by the International Health Regulations Monitoring and Evaluation Framework (IHRMEF) and other data sources for capacity building, the WHO Joint External Evaluation (JEE) Secretariat convened a two-day technical meeting in Geneva. The meeting was followed by an informal half day meeting to review next steps with attending WHO Regional Offices. A copy of the full agenda can be found in Annex 2.

The meeting objectives were:

1. **To discuss and map the approaches currently used to analyse IHRMEF data (analysis plan)**
2. **To discuss the interpretation and use of IHRMEF data including strengths and limitations**
3. **To discuss the WHO position on interpreting and using IHRMEF data**

The basis of the meeting was for participants to share recent case studies of IHRMEF data analysis and the interpretation of the outputs that support core capacity strengthening. The meeting also provided a forum for participants to critically review, discuss and comment on the approaches to IHRMEF data use with respect to capacity strengthening.

The interactive format and resulting discussions led to a set of clear recommendations for WHO, partners and other public health stakeholders to use in order to support country and regional IHR implementation.

Participants

The meeting brought together 50 participants namely:

- 2-3 representatives from each WHO Regional Office (including Country Offices), IHR focal points and technical area leads (representing IHR capacities/technical areas)
- WHO HQ technical staff; JEE secretariat and technical focal points (representing IHR capacities and technical areas)
- Representatives from partner organizations:
 - Chinese Center for Disease Control and Prevention (China CDC)
 - Food and Agriculture Organization (FAO)
 - Netherlands National Institute for Public Health and the Environment (RIVM)
 - Public Health England (PHE)
 - Resolve to Save Lives
 - US Centers for Disease Control and Prevention (CDC)

All participants were present at the meeting in Geneva with the exception of three participants who joined remotely by WebEx.

A full list of participants can be found in Annex 1.

Proceedings

Proceedings of the meeting were structured against a set of expert presentations, two moderated panel sessions and group work exercises.

Throughout the first day, participants were provided with numerous case studies of how the outputs from the IHRMEF and other data sources are currently being analysed and used by WHO and its partners to support country capacity development. Various approaches to represent and visualise information were also presented and assessed by participants. All presentations and panel sessions were followed by open plenary.

The breakout session on day two involved participants working in groups of approximately 10 people to discuss a set of key questions related to a feature of IHRMEF data use.

Table 1 shows the framework and themes that guided the breakout session questions. Each working group provided clear recommendations and feedback during a plenary session at the end of the second day.

Table 1 – breakout session framework

Working Group Theme	Technical Questions to facilitate discussions
Data Analysis Plan	1. Does the analysis plan cover most of the aspects that is required for action? 2. What are the components missing if any and describe the methodology for analysis and visualization?
Simulation Exercise (Sim-Ex) & After-Action Review (AAR)	1. How best can we use the AAR and Sim-Ex findings for capacity building for preparedness and response? 2. What are the bottlenecks in terms of disseminating and using AAR/Sim-Ex information? 3. How can AAR and Sim-Ex link to the GPW13 “one billion” protected for health emergencies for capacity building for preparedness? 4. How best can Sim-Ex and AAR data be represented on the dashboard presented earlier?
Application of other indicators for IHRMEF	1. What indicators can be used to link with IHRMEF data to better demonstrate outcomes and impact?

	<ol style="list-style-type: none"> 2. What are the optimal methodologies that should be used for IHRMEF data analysis? 3. What key considerations should be taken into account when deciding how IHRMEF data should be used for capacity building (i.e. how, when, where, who etc.)
IHRMEF data visualisation	<ol style="list-style-type: none"> 1. What are the medium (including social media) of information dissemination that WHO HQ, ROs and WCOs should use? 2. How to ensure the application of this information for the decision making? 3. How to increase the publication of article based on the available information?
Linking One Health, Strategic Partnership, National Action Plan and Operational Readiness data/information to IHR MEF and vice versa	<ol style="list-style-type: none"> 1. What are the data/information that can be linked to IHRMEF from these areas and vice versa? 2. What can be expected from the additional data sources and what is the best methodology to integrate them? 3. How to ensure the application of this information for the decision making for health security? 4. How can the data from AAR, Sim-Ex & OIE bridging workshops be used to guide priority setting in WHO regions?

Expectations & key issues

At the outset of the meeting, participants were invited to share their expectations for what outcomes would emerge from the two-day consultation. A wide range of expectations were shared and taken forward throughout each session.

In addition, a number of important issues were also identified at the opening. A summary of the cross-cutting expectations and key issues mentioned at the start of day one can be found below.

Summary of participant expectations

- **Expectation: Identify how IHRMEF data can be used by countries for better preparedness and capacity building activities.**
 - The utility of IHRMEF data analysis must be ensured by clarifying who the analysis is intended for, and what methods will meet their needs. Dissemination is also a key issue to consider.
 - A large volume of data has been generated; it is important to manage the volume effectively and ensure it is consistently being transformed into information that countries can easily use to build their preparedness capacity.
 - Prioritising recommendations and other data sets from the IHRMEF is an important step to make it more usable.
 - The data and its interpretation should be made useful for more stakeholders than those directly involved in public health and/or public health emergency management.
 - Broadening out the stakeholders who can find value in IHRMEF data is important.
 - IHRMEF data needs to be transformed into usable information for country planning.
 - Understanding more about how IHRMEF data can be better used during emergency responses would be a good outcome from the meeting.
- **Expectation: Identify the best ways to share IHRMEF data with countries and stakeholders to support capacity building action.**
 - Identifying the specific audiences that IHRMEF data analysis targets is extremely important and not sufficiently done at present.
 - It is critical to ensure that data and any analysis performed reach all relevant stakeholders at both the national and sub-national levels.
 - It must not remain at the policy and strategic decision-making levels only.
 - IHRMEF data audiences should also consist of non-health policy makers.
 - A multi-sector approach should be adopted for dissemination.
 - Countries may currently undervalue the utility that IHRMEF data can have for strengthening preparedness and building health emergency capacity.
 - The meeting should explore how the broader potential of IHRMEF data be advocated.
- **Expectation: Linking additional indicators and frameworks to IHRMEF.**
 - Many other initiatives, guidelines, frameworks and indicators support capacity building and preparedness and the potential links to IHRMEF should be better understood.
 - What additional data sources and datasets can help improve the monitoring and evaluation of preparedness and other dimensions of country capacity?
 - IHRMEF data is important for tracking progress of high-level strategies and plans including WHO's GPW 13; understanding how this will be done is important.
- **Expectation: Identifying how IHRMEF data can be used to track progress of country capacity.**
 - Countries are sometimes underutilising the opportunity to monitor and evaluate their capacity by using IHRMEF data.
 - How can they be better supported to do so?
- **Expectation: Addressing the quality of IHRMEF data and applying lessons.**

- It is important to better assess the quality of IHRMEF data that has already been gathered and how the framework can be used to ensure that future data remains high quality.
- How can we assess if the necessary learnings from IHRMEF are taking place with the data that is currently available? To what extent is it supporting capacity building?
- **Expectation: Matching the qualitative and quantitative aspects of IHRMEF data.**
 - How do we transform one type of data into the other and what are the best ways of analysing each?
 - How do we use the findings from quantitative data analysis to advocate for better preparedness and stronger operational action during emergencies?

Cross-cutting recommendations

Over the course of the two-day meeting, many important issues and recommendations for IHRMEF data use were identified.

Some were repeated frequently throughout the meeting and recognised as being relevant to many aspects associated with the use and application of IHRMEF data for capacity building. Others were more closely associated with a specific area of applying the framework's findings.

The overarching proposed recommendations that emerged from the meeting can be broadly summarised in the categories below.

Transforming IHRMEF data into useful information that countries can use

- The volume of IHRMEF data should be made more coherent to allow countries to use, analyse and interpret it.
 - One way is to demonstrate the interlinkages of the IHRMEF components.
- Data analysis should be conducted with the view to support the development of investment strategies to better finance preparedness capacity and emergency management.
- WHO should consider providing some core principles and guidelines for the appropriate use of IHRMEF data analysis.
 - This guidance should include the limitations associated with data analysis and data usage in the context of capacity building.
- WHO should facilitate countries and regions to understand how the outputs of IHRMEF can support high-level strategic aims and plans including the GPW 13.
- The limitation of using standardised indicators that are weighted equally should be addressed and countries should be given guidance on how to appreciate and interpret data given this limitation.
- Clarity should be provided about how data is being used toward high-level plans and strategies including WHO's GPW 13.

IHRMEF data and the outputs of its analysis should be shared more broadly in a coordinated manner

- Non-public health stakeholders including Ministers of Finance and other investment-based decision makers should be part of target audiences for IHRMEF data usage and dissemination.
- WHO should develop a singular, user-friendly database that contains all available IHRMEF data.
 - Relevant stakeholders should be provided access to the database through a query system containing a set of key parameters.
- WHO should coordinate across the three levels to streamline the IHRMEF based country profiles that are currently published and those that are under development.
- IHRMEF interpretation and advice on using data for capacity building should be communicated to countries through a single authoritative voice.
- Documentation of IHRMEF analysis by WHO should be streamlined and standardised.
 - Where possible, publication of academic papers should be coordinated across all three levels of WHO.
- Consider how offline representation of IHRMEF analysis can complement what is being done online.

Methods for using and analysing IHRMEF data

- The data analysis plan should continue to be developed and it should include contribution that country/region offices and partner organisations can provide.
- Additional methods of analysis should be incorporated from audiences outside of WHO including academic communities.
 - This will serve to enrich the findings and utility of IHRMEF data for the benefit of country preparedness and capacity building.

- Best practice and learnings from IHRMEF data analysis should be shared more frequently.
 - WHO should consider how to act as coordinating body and regularize the process.
 - Stakeholders who are using and analysing IHRMEF data should be better coordinated at the global level.
 - Participants of the meeting and stakeholders should strengthen technical partnerships to share best practice and activity plans related to data analysis.

Linking IHRMEF with other tools and indicators

- IHRMEF data should be linked and complemented by the results of other assessment tools including those from other sectors.
- IHRMEF interpretation should also take into account the findings from health system based tools.
- More clarity and effort should be given to linking IHRMEF data to health system indicators and linking IHRMEF assessments with assessments at the health system level.

Use of IHRMEF Data

Country use of IHRMEF Data

- Countries should be supported to use analysis and interpretation of IHRMEF data to inform the design of capacity building policies and to facilitate decision making processes.
- Support should continue to be provided to countries to help integrate the findings of IHRMEF data analysis into national action planning.
- Countries should use their IHRMEF data to directly inform the development of NAPHS and other planning processes for capacity building work.
- The ownership rights that countries have over their data including IHRMEF data should be recognised and respected by all stakeholders.

WHO Country Office use of IHRMEF Data

- Country Offices should facilitate Member States to use data and outputs from the IHRMEF to inform the planning, design and implementation of preparedness activities.
 - This includes development of multi-year plans – e.g. Country Cooperation Strategies (CCS) – and priority setting work
- WHO Country Offices should share important information that can support necessary updates to country and regional profiles.
 - This includes confirming if some priority actions have been implemented.

WHO Regional Office use of IHRMEF Data

On the first day of the meeting, WHO regional offices shared their experience, insight and perspective on the use and analysis of IHRMEF data. Regions presented the scope of their current IHRMEF data analysis activities and provided examples of specific case studies to illustrate learnings and recommendations.

Recommendations also extended to the broader use of IHRMEF data by all stakeholders.

Table 2 shows the case studies presented by WHO regions. Further below is a summary of the key points that emerged from the session.

Table 2 – WHO regional case studies

Region	Case study
WPRO	WPRO application of IHRMEF data for the Asia Pacific strategy for emerging diseases and public health emergencies * (APSEDIII) ² .
SEARO	How IHRMEF has been used to support priority setting for preparedness in SEARO
EMRO	The analysis and use of EMRO Joint External Evaluation data for capacity building
EURO	Application of simulation exercise findings on capacity strengthening in EURO – taking example from Mass Gathering event

² <http://iris.wpro.who.int/handle/10665.1/13654>

PAHO	Application of IHR SPAR data for decision making in PAHO countries and linking them to Event Management System (EMS) information
AFRO	Use of assessments and mapping for strategic planning to build and sustain IHR core capacities to secure health security in the WHO African region

*APSED III is a common strategic framework for countries and areas of the WPRO and SEARO regions to strengthen their capacity to manage and respond to emerging disease threats and public health emergencies.

Regional case studies – key points

- Regions are experiencing growing interest from donors and partners about the gaps in capacity identified from IHRMEF data.
- The use of IHRMEF data is energising cross-sector public health stakeholders to work collaboratively to improve preparedness for health emergencies.
- All regions recognise the importance of participating in both the functional and capacity level IHRMEF exercises and there is high-level support from WHO regional leadership teams to perform analysis of data that is currently available.
 - There is consensus among regions that IHRMEF data can and should be used to maintain existing capacities and for capacity building activities.
- Regions are all using IHRMEF data to inform and guide strategic planning (including the development of national action plans), country level priorities and investment/financing decisions.
 - However, the degree to which this is occurring varies across regions and between countries.
- Many regions recognise the strength of IHRMEF data to support advocacy for better information awareness and preparedness of policy makers.
- Many levels of IHRMEF data analysis are being performed across all regional offices and there are considerable overlaps in the methods used.
 - Regions are designing methodologies for data analysis to mitigate the limitation of different amounts of data existing across the four IHRMEF components.
 - JEE and SPAR data is used most frequently across the IHRMEF.
 - Although data is not held for all countries across all years, some regions have forecast figures and used methods that allow predictive scores in order to track capacity across time.
- The outputs of regional analysis often feed in to differing regional strategies and work plans.
- The limitations associated with analysing and using IHRMEF data for action is well understood by regions.
- Some regions provide specific guidance to their countries for how to use IHRMEF data for capacity building, however, this is not standard practice.
- The representation of IHRMEF data is not standard across regions and the scale of visualisation platforms varies.
- Typology based assessments of IHRMEF data is done across several regions.
 - Links between IHRMEF and global development indicators/World Bank data were common examples shared.

Recommendations from regional presentations

- Regions with fewer numbers of IHRMEF outputs should try to increase their numbers.
 - Some regions have implemented fewer Sim-Ex and AARs than JEEs which could prevent the triangulation of findings that will support capacity building. This should be addressed.
- Country ownership of IHRMEF should be recognised and respected at all levels of data analysis and data use.
 - Although requests to keep some IHRMEF data confidential are being honoured, more encouragement should be given to Member States to publicise and share their data.

- Improve the level of understanding of how many non-WHO Sim-Ex and AARs have been conducted to date, and at what level these were done (regional/national/subnational etc.) and the use of the outcomes towards capacity building.
 - The current level of understanding around this at the regional level should be improved.
- WHO should consider how and where it would be beneficial to standardise the methodology of IHRMEF data analysis and representation of IHR data across regions.
- National action plans should better incorporate the findings and outcomes of Sim-EX and AARs, given that they sometimes rely more heavily on JEE and SPAR data.
- Public health stakeholders should avoid comparing countries based on JEE data given that interpretation of results require context appreciation.
- Regions would like more dynamic reporting of IHRMEF performance and progress in capacity building.
 - IHRMEF results should be shared more frequently and in forms that are different to static reports.
 - Regions would benefit from greater communication of monitoring and evaluation across time i.e. how and at what rate is capacity improving?
- More in-depth analysis of the JEE and SPAR results should be carried out. The current level of cumulative analysis and assessments of JEE participation levels should be built upon.
 - Priority recommendations from JEEs should be analysed more; they are sometimes underutilised with respect to analysis activities.
 - In depth and dynamic understanding of capacity at country level is not demonstrated through the analysis that has currently been shared publicly.
- A more regularised data collection cycle should be established to improve country perception and awareness of IHRMEF components.
- WHO regional offices should better coordinate their data visualisation activities with HQ and the SPH platform.
- Regions should more frequently share their best practices, lessons learned and experiences of using IHRMEF data for action more regularly with each other.
 - Consideration should be given to how this can be regularised.

WHO HQ use of IHRMEF Data

WHO's Core Capacity Assessment Monitoring and Evaluation (CME) unit presented several case studies to demonstrate current activities for using IHRMEF data to help countries build their capacity.

The examples included initiatives and activities led by the following teams:

- JEE Secretariat
- One Health Country Operations Team
- Strategic Partnership for IHR (2005) and Health Security Team (SPH)
- Simulation and After-Action Review
- Health Emergency Preparedness, Planning and Operational Readiness Team (HPR)

Participants were provided with case studies and examples of IHRMEF data use which they used to help generate ideas and recommendations.

WHO HQ presented the establishment of a coordinated and comprehensive IHRMEF data analysis plan that will support capacity building in countries through the use of authoritative information. The WHO data analysis plan included a rationale, methodology and examples across the following areas:

- Situational analysis (bigger picture, regional picture, functional and capacity level picture).

- Program or activity prioritization.
- Mobilize resources based on needs and or justifying them.
- Raising awareness and applying.
- Outcome and impact analysis.
- Exploratory studies.
 - a. Demonstrating return on investments.
 - b. Statistical significance of JEE variables and other covariates.
 - c. Other exploratory studies.
- Compliance with International agreements and initiatives.

A summary of the recommendations that emerged from the session can be found below.

Recommendations and key points from presentations and discussion

- WHO should build on the data analysis plan presented and communicate the higher level objectives and context.
 - This includes articulating who the audience is, what the objectives and aims are and how the analysis will be applied and disseminated.
- The draft WHO HQ data analysis plan presented was well received, however regions and countries should be involved in any further development and its roll-out.
- WHO HQ should coordinate with regional and country offices to map data analysis activities and ensure that the aims and roll-out is complementary across the organisation.
- WHO should provide more communication about IHRMEF data is feeding in to the high-level preparedness plans that are driven through HQ including GPW 13.
- Publishing data from Sim-Ex and AAR is important in order to allow it to be analysed and used for capacity building.
 - Moving away from strictly qualitative, narrative reports is also important for triangulation with JEE and SPAR data.
- IHRMEF data should continue to be used as part of the development of national action plans and operational readiness processes.
- Regional and country offices should be made aware of future plans to reconfigure IHRMEF data visualisation platforms to ensure understanding of where data and information is being displayed.
- The SPH portal, its purpose and functions should be made more apparent to stakeholders at the country level.
- Partner organisations should have greater access to IHRMEF data.
- Any overlapping IHRMEF data visualisation platforms should be harnessed so that countries can hear about the analysis and interpretation from a single, authoritative voice.
- Regional and country offices should be regularly communicated with to better understand implementation of the new SPAR tool and the online platforms that support reporting.

Partner use of IHRMEF Data

On the first day of the meeting, partners shared their perspective and insight of analysing IHRMEF data and using the outputs of the framework to support country planning.

Participants were provided with an understanding of the analysis activities that partner organisations have recently led, and how partners inform their policy and investment decisions by applying the findings from IHRMEF.

As part of this session, representatives from partner organisations shared their experience and on-going activities that involve the use and analysis of IHRMEF data. This included the linking of JEE results with outcomes from additional assessment tools encompassing animal health systems including the OIE Tool for the Evaluation of Performance of

Veterinary Services (OIE PVS) and others related to antimicrobial resistance (AMR), laboratory mapping and surveillance mapping.

Additionally, other partners provided case studies of the results and findings from analysis work that they have published through academic channels. One partner detailed the construction of an interactive, online dashboard displaying cumulative JEE scores and comparative analysis between countries across all regions. The rationale and intended aim was described to participants and the links to strategic objectives was also demonstrated.

Partners provided understanding of their forward plans to support country preparedness and capacity building by using IHRMEF data and the panel session offered a chance for participants to engage in critical assessments of these approaches.

Below is a summary of the key issues and recommendations that emerged from this session.

Key issues and recommendations around partner use of IHRMEF data

- Global coordination between donors and technical agencies who lead assessments should be improved in order to limit cross-communication to countries.
- IHRMEF should be linked with other assessment tools to encourage multi-sector approaches to national action planning and broader capacity building.
 - The overlaps that exist between comparable assessment tools and their indicators should be mapped and identified.
 - IHRMEF should be linked with the indicators used in animal health assessments tools (OIE PVS), World Bank assessment tools, antimicrobial resistance assessment tools, and others. Donor specific indicators should be linked to IHRMEF also.
- Advocacy should be targeted at Member States to achieve greater awareness of how IHRMEF data can be used to build capacity.
 - This will lead to greater willingness of countries to share the findings of assessments.
 - Where possible, Memorandums of Understanding should be entered between Member States and relevant authorities to ensure public disclosure of assessment findings.
- Donors should be more involved in the implementation of IHRMEF activities including national action planning order to support resource allocation.
 - Donors should also engage more with WHO, its Member States and other partners for the purpose of leveraging resources against IHRMEF priorities and to avoid duplication.
- Partners are more regularly using IHRMEF data to monitor the achievement of high-level, multi-sector plans and frameworks including the United Nations Sustainable Development Goals.
- All published academic articles and published materials should be documented. A single digital reference point should be created to allow stakeholders to quickly and easily understand what type of IHRMEF data analysis has been conducted and review or consider any available lessons learned.
 - This should extend to all components of the IHRMEF and all levels of analysis (global/regional/country).
 - Findings published in academic literature should be more regularly contrasted against findings from analysis performed by technical organisations and donors.
- Consideration should be given to how current data can be used to validate the IHRMEF components.
- IHRMEF data should be used to refine national action planning and assess the progress of implementation.
- National action plan development should better reflect a One Health approach.
 - One Health approaches should not be limited to the implementation of IHRMEF assessment tools only.
- WHO should share core principles and guiding protocols for the analysis and interpretation of IHRMEF data; especially JEE data. This will help to avoid limitations including:
 - Misinterpreting quantitative and qualitative data.
 - Improper comparison of data from the first and second editions of the JEE tool.
 - Improper comparison of countries and regions.

- A scientific advisory committee should be considered to facilitate and ensure scientific rigour in IHRMEF data analysis.
 - If necessary, the committee should be empowered to perform quality control and some form of peer-review.

Working Group recommendations

Following all presentations, WHO divided meeting participants into five working groups.

Each group was tasked with addressing a specific core issue that frames the analysis and use of IHRMEF data for capacity building. During the ensuing plenary session, the groups shared recommendations which were then discussed in an open forum.

Recommendations and key points for WHO's data analysis plan and technical use of IHRMEF data

- The data analysis plan should be updated to better reflect the purpose, objectives and data sources that will be used.
- WHO should map and identify the different audience levels for data analysis do before embarking on analysis work. Mapping should include defining the scope and deliverables of analysis.
- WHO's data analysis plan should address the following as much as possible:
 - Provide greater levels of transparency and accountability with respect to IHR implementation and capacity building efforts at the country level.
 - All levels of the organization should use more harmonised and standardised methodology for analysis.
 - Maintain a focus on the translation of assessment outcomes to usable actions by countries.
 - Triangulate findings from all IHRMEF components.
 - Identify the technical and financial resources that can help bridge the capacity gaps that IHRMEF analysis reveals.
- Analysis dissemination should include the sharing of best practices and peer to peer learning across all levels of WHO as well as with partners.
- All outputs of the analysis plan should be made available to public health stakeholders.
- WHO should share guidance, core principles and limitations for using IHRMEF data as part of its plan.
- WHO should consider the role and added value that partners can have in terms of implementing the data analysis plan.
- An expert advisory group can be considered to help oversee the implementation and analysis.

Recommendations for using functional assessment exercises (Sim-Ex and AARs)

- More consideration should be given to the incentives that may encourage Member States to share the results of Sim-Ex and AARs and allow countries to learn from their lessons and best practices:
 - Includes providing additional support to countries to strengthen capacity weaknesses identified by the exercises, and support to implement the recommendations given.
- The results of Sim-Ex and AARs should be mapped against the scores of SPAR, JEE as well as existing national action plans and resource mapping exercises to help countries understand where the exercises fit in to wider preparedness and capacity strengthening.
- Sim-Ex and AARs should be fed in to the monitoring of high-level strategies and plans including GPW 13.
- The scale and number of Sim-Ex and AARs that are done in countries without WHO involvement should be studied and better understood.

Recommendations for linking IHRMEF indicators with other frameworks and M&E initiatives

- A clear strategy for linking IHRMEF with other indicators should be developed. This should clearly state how the findings are expected to build capacity.
- Sub-national assessments should be linked with the IHRMEF components to create more granular understanding of capacity.
- The outputs of tools that assess, monitor and evaluate a given capacity should supplement JEE and SPAR.
- IHRMEF indicators should be linked with health system based indicators and the overlaps and complementary aspects of each should be made clear to countries.

- Where possible, a multi-sector One Health approach should be adopted for linking IHRMEF indicators. This includes linking to:
 - The OIE PVS tool
 - World Bank health system strengthening tools
 - Universal Health Coverage (UHC) monitoring tools
 - Others
- Investment cases for capacity building should reflect any linkages that are made between IHRMEF and other tools.

Recommendations for the representation and visualisation of IHRMEF data

- The end users of data and its analysis should be mapped and dissemination plans should include detailed strategies that ensures all relevant multi-sector audiences are all reached.
 - There are many relevant end users of IHRMEF data beyond National Focal Points and Ministers of Health; visualisation strategies should take this into account.
- IHR country profiles are important and necessary however WHO should align the three levels of the organisation to streamline the different versions that exist.
- Ownership of IHRMEF data by countries should always be recognised and respected.
- Future dissemination plans should consider how existing efforts can be expanded and improved.
- Partner organisations should coordinate with WHO to ensure that countries are receiving coherent messages and authoritative information regarding the IHRMEF analysis and data for action.

Next steps

- Against the backdrop of these recommendations, WHO will follow up on the meeting by implementing the steps below. Where necessary, the recommendations will be incorporated into existing priorities and ongoing areas of work. WHO is establishing a database to house the IHRMEF data in one digital space with varying levels of functionality offered through a query system.
- WHO is developing an e-SPAR system to host, retrieve and disseminate IHR annual reports data electronically. This will improve data management, reporting, transparency and interaction with other data system, as well looking for State Parties IHR NFP being able to report, receive feedback and interact with WHO Secretariat on-line in a secure site.
- The WHO data analysis plan will be updated to include recommendations from this meeting, and the updated version will be circulated at the three levels of the organization and with partners.
- Cross sector linkages will be made between IHRMEF and other assessment tools.
- WHO will embark on developing a data query system as part of the work to visualise and represent IHRMEF data. The query system will be made available online.
- A coordination mechanism will be developed to map regional and country IHRMEF data analysis activities.
 - This will facilitate the more regular sharing of best practices and key learnings.

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- Partner organisations:
 - Chinese Center for Disease Control and Prevention (China CDC)
 - Food and Agriculture Organization (FAO)
 - Netherlands National Institute for Public Health and the Environment (RIVM)
 - Public Health England (PHE)
 - Resolve to Save Lives
 - US Centers for Disease Control and Prevention (CDC)
- All WHO offices (HQ, RO, CO) and technical experts.
- All technical teams that provided contributions to the data analysis examples that were shared at the meeting.

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Annex 2 Meeting Agenda

Day 1: 10 September 2018 – Salle D, Main Building Floor 7		
	Topics	
08.30-09.00	Registration	
09.00-09:30	<p>Session 1: Opening</p> <ul style="list-style-type: none"> Opening and welcome remarks Overview & scope of the meeting Introduction of participants Administrative announcements 	<p>Moderator:</p> <ul style="list-style-type: none"> Stella CHUNGONG <p>Speakers:</p> <ul style="list-style-type: none"> Jaouad MAHJOUR Christelle PAUL GUILLOT
09.30-10.15	<p>Session 2: Setting the scene</p> <ul style="list-style-type: none"> Overview of IHRMEF (10 mins) Global Strategic Plan and Link to IHRMEF (10 mins) Data Analysis Plan (10 minutes) <p><i>Objective: The session will provide an overview of the IHRMEF and the linkages of its components, how the framework informs the implementation of WHO's Global Strategic Plan and the plan for using analysis for capacity strengthening action.</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> Jun XING <p>Speakers:</p> <ul style="list-style-type: none"> Stella CHUNGONG Rajesh SREEDHARAN Nirmal KANDEL
10.15-11.00	<p>Session 3: Regional and country approaches to analysing IHRMEF data</p> <ul style="list-style-type: none"> WPRO (15 mins) SEARO (15 mins) EMRO (15 mins) <p><i>Objective: The session will demonstrate how regions are conducting analysis and applying information acquired through the IHRMEF for capacity building.</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> Stella CHUNGONG <p>Speakers:</p> <ul style="list-style-type: none"> Thomas Dale HIATT Maung Maung HTIKE Dalia SAMHOURI
11.00-11.30	Coffee break	
11:30-12:15	<p>Session 4: Regional and country approaches to analysing IHRMEF data</p> <ul style="list-style-type: none"> EURO (15 mins) PAHO (15 mins) AFRO (15 mins) <p><i>Objective: The session will demonstrate how regions are conducting analysis and applying information acquired through the IHRMEF for capacity building.</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> Qudsia HUDA <p>Speakers:</p> <ul style="list-style-type: none"> Nico ISLA Roberta ANDRAGHETTI Ambrose TALISUNA
12.15-13.30	Lunch break	
13.30-14.30	Session 5: Current HQ IHRMEF analysis for action	Moderator:

	<ul style="list-style-type: none"> Using IHRMEF data analysis for sustainable One Health partnerships Applying information and data from After-Action Reviews and SimEx to strengthen IHR functional capacities Using IHRMEF data for NAPHS and Operational Readiness Stakeholder engagement and strategic partnership creation for capacity building <p>Objective: <i>The session will demonstrate how information from the IHRMEF is informing decision making and strategic planning for the development of NAPHS, ensuring operational readiness, strengthening One Health partnerships, engaging stakeholders for strategic partnerships. Discussions will centre on the application of functional-based evaluation findings to support capacity building.</i></p>	<ul style="list-style-type: none"> Dorothee ROSSKAMP (RIVM) <p>Speakers:</p> <ul style="list-style-type: none"> Stéphane DE LA ROCQUE Fred COPPER Qudsia HUDA Ludy SURYANTORO
<p>14.30-15.15</p>	<p>Session 6: Partner perspective, analysis and use of IHRMEF data</p> <p><u>Moderated Panel Discussion and Q&A</u></p> <p>Objective: <i>The session will demonstrate how the IHRMEF information is currently being used by partner organisations for resource mobilization, planning and capacity building.</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> Ambrose TALISUNA <p>Speakers/panellists:</p> <ul style="list-style-type: none"> Julio PINTO (FAO) Kashef IJAZ (US CDC) Cyrus SHAHPAR (Resolve to Save Lives) Chaonan WANG (Chinese Center for Disease Control and Prevention)
<p>15.15-15.45</p>	<p>Coffee break</p>	
<p>15.45-16.45</p>	<p>Session 7: Implementing the data analysis plan</p> <ul style="list-style-type: none"> Situational analysis (Global, regional picture, functional and capacity levels) Data analysis for resource mobilisation and advocacy Priority action analysis Exploratory studies and others Proposed country profiles <p>Objective: <i>The session will demonstrate examples based on the analysis plan. All the above presentation would be the foundation (baseline for the group work)</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> Kashef IJAZ <p>Speakers:</p> <ul style="list-style-type: none"> Nirmal KANDEL Abbas OMAAR

Day 2: 11 September 2018 – Salle D, Main Building Floor 7

	Topics	
08.30 – 08.45	Day 1 sessions wrap up	Speakers: <ul style="list-style-type: none"> • Czarina Chi Hung LEUNG
08.45 – 09.15	Session 8: Representing and visualising IHRMEF data to support capacity building by key stakeholders <i>Objective: this session will cover the data visualization tools that are currently being used and it will seek feedback from participants on perceived needs.</i>	Moderator: <ul style="list-style-type: none"> • Rajesh SREEDHARAN Speakers: <ul style="list-style-type: none"> • Ludy SURYANTORO • Abbas OMAAR
09.15 - 09.30	Session 9: Introduction of group work exercise <ul style="list-style-type: none"> • Brief summary of Day 1 • Presentation of the group work methodology and expected outcomes • Division of the group work exercise • Each group to be provided a facilitator/moderator. 	Speakers: <ul style="list-style-type: none"> • Nathalie ROBERTS
09.30 - 11.00	Session 10: Group work exercise <i>Objective: the group work will agree upon the common methodology, data visualization and next steps</i>	Resources: <ul style="list-style-type: none"> • Rajesh SREEDHARAN • Daniel LINS • Nirmal KANDEL • Nathalie ROBERTS • Abbas OMAAR
11.00 - 11.30	Coffee Break	
11.30 - 12.30	Session 11: Group work presentations <ul style="list-style-type: none"> • Presentation and feedback from each group on their points and consensus regarding the data analysis plan <i>Objective: The group work will agree upon the common methodology, data visualization and next steps.</i>	Moderator: <ul style="list-style-type: none"> • Thomas Dale HIATT
12.30 - 13.30	Lunch break	
13.30 - 14.45	Session 12: Analysing and using IHRMEF data <u>Moderated Panel Discussion and Q&A</u> <i>Objective: This session will draw up the conclusion from presentations delivered at the meeting, the analysis plan and feedback from the group exercises.</i>	Moderator: <ul style="list-style-type: none"> • Stella CHUNGONG Panellists: <ul style="list-style-type: none"> • Stéphane DE LA ROCQUE (WHO) • Christopher LEE (Resolve to Save Lives) • Dorothee ROSSKAMP (RIVM)

		<ul style="list-style-type: none"> • Nancy KNIGHT (US CDC) • Tina ENDERICKS (PHE)
14.45 - 15.15	Coffee break	
15.15 – 16.00	<p>Session 13: Roll out of the new IHR State Party self-assessment annual reporting tool (SPAR)</p> <ul style="list-style-type: none"> • Presentation: Roll out plan of SPAR (15 mins) • Presentation: Using SPAR data to support GPW (5 mins) • Discussion: Way forward for its implementation (15 mins) <p><i>Objective: The session will cover the SPAR roll out plan and identify support that is required for robust implementation.</i></p>	<p>Moderator:</p> <ul style="list-style-type: none"> • Richard BROWN <p>Speakers:</p> <ul style="list-style-type: none"> • Daniel Lins MENUCCI • Nirmal KANDEL
16.00 – 16:30	<p>Closing remarks & the way forward</p> <ul style="list-style-type: none"> • Closing Remarks • Way Forward 	<p>Speakers:</p> <ul style="list-style-type: none"> • Rajesh SREEDHARAN • Stella CHUNGONG

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