

# Strengths and weaknesses in the implementation of the IHR (2005) in low GNI countries



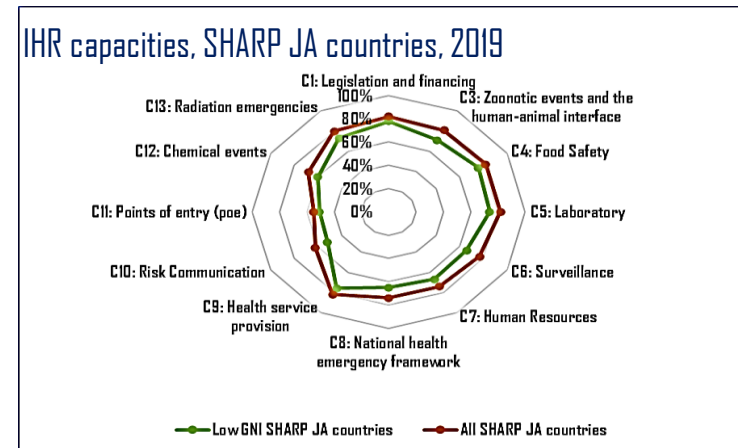
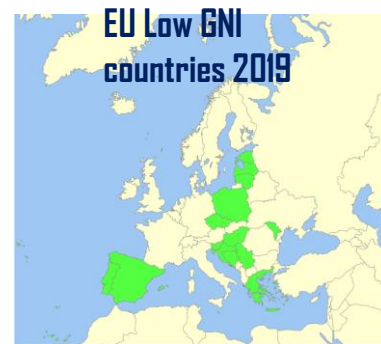
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**SHARP**  
Strengthened International Health  
Regulations & Preparedness in the EU

**Method:** A study within the Joint Action on Strengthened International Health Regulations and Preparedness in the EU (SHARP JA) to assess the strengths and weaknesses in order to develop and improve countries' IHR capacities. A desk-based review and analysis of available data from the States Parties Annual Report tool (SPAR) 2019 were done. The data for 13 IHR capacities with 24 indicators across 15 countries participating in SHARP JA with gross national income (GNI) less than 90% of the EU average was analyzed.

**Results:** 69% = The overall capacity for IHR implementation in low GNI countries. Ranging from 33% in Bosnia and Herzegovina, to 84% in Spain. The highest capacities legislation and financing – 78% IHR Coordination & NFP functions 77% Food Safety – 76% Health service provision – 76%.



**Areas of weakness identified**  
Points of entry (PoE) – 51%, Risk Communication – 52%, Chemical events – 60%, National health emergency framework – 65%, Surveillance – 66% Human Resources – 67%. The overall IHR capacity of low GNI countries is lower compared to all SHARP JA countries and the European average (76% and 73% respectively).

**Conclusions** The results have shown the strongest and the weakest points of the IHR implementation in low GNI countries. This indicates the need for capacity building and further development in identified areas (Points of entry, Risk Communication, Chemical events, National health emergency framework, Surveillance, and Human Resources).

[Training, local exercises and exchange of working practices WP8 \(sharpja.eu\)](http://sharpja.eu)