

**Table 2: Status of the 48 indicator in the 14 EMR countries, 2016–2017**

<b>Low Mean score (2)</b> Total: 6 Indicators	<b>Intermediate Mean score (3)</b> Total: 31 Indicators	<b>High Mean score (4)</b> Total: 11 Indicators
P.3.1 Antimicrobial resistance (AMR) detection. P.3.2 Surveillance of infections caused by AMR pathogens. P.3.4 Antimicrobial stewardship activities. P.6.1 Whole-of-Government biosafety and biosecurity system is in place for human, animal, and agriculture facilities. P.6.2 Biosafety and biosecurity training and practices. D.4.3 Workforce strategy.	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR. P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005). P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR. P.3.3 Healthcare associated infection (HCAI) prevention and control programs. P.4.2 Veterinary or Animal Health Workforce P.4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional. P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination. D.1.3 Effective modern point of care and laboratory based diagnostics. D.1.4 Laboratory Quality System. D.2.1 Indicator and event based surveillance systems. D.2.2 Inter-operable, interconnected, electronic real-time reporting system. D.3.1 System for efficient reporting to WHO, FAO and OIE. D.3.2 Reporting network and protocols in country. D.4.1 Human resources are available to implement IHR core capacity requirements. D.4.2 Applied epidemiology training program in place such as FETP. R.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented. R.1.2 Priority public health risks and resources are mapped and utilized. R.2.1 Capacity to Activate Emergency Operations. R.2.2 Emergency Operations Center Operating Procedures and Plans. R.2.4 Case management procedures are implemented for IHR relevant hazards. R.5.1 Risk Communication Systems (plans, mechanisms, etc.). R.5.2 Internal and Partner Communication and Coordination. R.5.3 Public Communication. R.5.4 Communication Engagement with Affected Communities. R.5.5 Dynamic Listening and Rumour Management. PoE.1 Routine capacities are established at PoE. PoE.2 Effective Public Health Response at Points of Entry. CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies. CE.2 Enabling environment is in place for management of chemical Events. RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies RE.2 Enabling environment is in place for management of Radiation Emergencies.	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens. P.7.1 Vaccine coverage (measles) as part of national program. P.7.2 National vaccine access and delivery. D.1.1 Laboratory testing for detection of priority diseases. D.1.2 Specimen referral and transport system. D.2.3 Analysis of surveillance data. D.2.4 Syndromic surveillance systems. R.2.3 Emergency Operations Program. R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event. R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency. R.4.2 System is in place for sending and receiving health personnel during a public health emergency.