



Working Paper¹: Inclusion of the impacts of the COVID-19 pandemic on health and health services in reporting for Sendai Framework Monitoring in 2021

August 2021

Background

The [Sendai Framework for Disaster Risk Reduction 2015-2030](#) has seven global targets and an associated set of thirty-eight global indicators most of which are relevant to public health (refer to Annex 1). The Sendai Framework takes an all-hazards approach, including biological hazards, and therefore reporting on disease outbreaks including the COVID-19 pandemic is within the scope of the Sendai Framework monitoring system.

Member States report annually on their implementation of the Sendai Framework through the online platform [Sendai Framework Monitor](#) that is supported by the UN Office for Disaster Risk Reduction (UNDRR). This is undertaken through an institutional framework for the reporting led by the Sendai Framework Monitoring Coordinators in respective countries. As Member States will submit their 2021 reports with reference to impacts and actions that occurred up to and including 31 December 2020, it is expected that these reports will include the impacts of COVID-19 on public health and health services.

The Sendai Framework indicators of primary concern to public health in the context of COVID-19 are the numbers of deaths (indicator A2), ill people (indicator B2) and disruptions to health services (indicator D7). **A key issue is the coordination between the Sendai Framework Monitoring coordinating institutions and the entities in the Ministries of Health who have responsibility for national health sector reporting on COVID-19 to WHO. In effect, the data reported in the Sendai Framework Monitor on COVID-19 should be aligned with the official Ministry of Health reporting on COVID-19 that is published by WHO.** This approach promotes and supports Sendai Framework reporting based on existing reporting frameworks for COVID-19 to lessen the burden on Member States.

UNDRR has facilitated this process by including COVID-19 as a specific hazard on the [Sendai Framework Monitor](#).

Sendai Framework data is used for official Member State reporting on the corresponding SDG indicators to the UN Department of Economic and Social Affairs (UN DESA) and serves as input to the SDG reporting including for the High-Level Political Forum on Sustainable Development in July every year. Sendai Framework data is included in the WHO 100 Global Health Indicators and the WHO 13th General Programme of Work (13th GPW) Results Framework. Consistent with WHO practice, UNDRR and WHO publication of country data on COVID-19 with respect to the Sendai Framework monitoring system will be accompanied by a disclaimer to the effect that while all reasonable precautions have

¹ Since this is a Working Paper, there is an opportunity for users and stakeholders to provide feedback on the same based on which, steps can be taken to modify and improve the Paper.

been taken to ensure consistency of reporting, the UNDRR and WHO make no claims, promises or guarantees about the effectiveness, completeness and accuracy of the data reported.

As in previous years, there are two milestones for Sendai Framework reporting in 2021, i.e. **31 March 2021** and **30 September 2021** which are used for SDG and UNDRR reporting respectively.

Purpose

WHO has published the official [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#) that provides substantial guidance towards strengthening reporting on health aspects of the Sendai Framework targets and indicators for all types of risks.

This UNDRR-WHO working paper provides further guidance to support countries on the alignment of reporting on the COVID-19 pandemic in the Sendai Framework monitoring system with the official Ministry of Health reporting on COVID-19.

Target audience

Users of the Sendai Framework Monitor (Coordinators, Contributors, Validators and Observers), and official representatives/focal points of national Ministries of Health/national health authorities

Objectives

- Ensure that national reporting for the Sendai Framework reflects COVID-19-related impacts on health and health services under the relevant global indicators are in alignment with the official reporting on COVID-19 by Ministries of Health.
- Enable coordination between the national Ministry of Health and the Sendai Framework Monitoring coordinating institutions in each country on Sendai Framework reporting.
- Facilitate the use of existing data on COVID-19 at country level for Sendai Framework reporting.
- Align UN system guidance on Sendai Framework reporting for COVID-19 with the WHO guidance on COVID-19 monitoring, evaluation and reporting.

Focus

This UNDRR-WHO working paper emphasises the need for strong coordination between the national Ministry of Health and the coordinating institution for Sendai Framework Monitoring in each country will be essential to achieve the above objectives. In preparation for the reporting milestones, the paper focuses on three Sendai Framework global indicators which address the impacts of COVID-19 on public health and health services that occurred in 2020 as follows:

A2: Number of deaths attributed to disasters, per 100,000 population.

B2: Number of injured or ill people attributed to disasters, per 100,000 population.

D7: Number of disruptions to health services attributed to disasters.

Current reporting platforms for Member States and related guidance

COVID-19 reporting

- Member states are reporting COVID-19 data which forms the basis of the [WHO COVID-19 dashboard](#).
- WHO has shared comprehensive guidance regarding reporting of COVID-19 [cases](#) and [deaths](#).

- WHO has produced the [COVID-19 Strategic Preparedness and Response \(SPRP\) Monitoring and Evaluation Framework²](#) to support operational tracking and transparency of reporting between countries, donors, UN agencies and partners involved in the COVID response.

Sendai Framework reporting

- Member States are currently reporting on the Sendai Framework through the [Sendai Framework Monitor](#).
- UNDRR has released the official [Technical Guidance Notes](#) for monitoring and reporting on progress in achieving the global targets of the Sendai Framework for Disaster Risk Reduction.
- UNDRR in partnership with ADPC has developed an [e-learning course on the Sendai Framework Monitor](#)
- WHO has released the official [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#).

This working paper should also be considered as complementary to the above WHO and UNDRR official documents and tools.

Technical guidance on COVID-19 reporting for Sendai Framework Monitoring: A summary

This section summarises the key points for reporting on the three identified Sendai Framework indicators. For more details, please refer to the respective Annexes.

A2 (COVID-19): Number of COVID-19 deaths, per 100,000 population³

- **Current status:** These data are available from the Ministry of Health which submits reports on deaths to WHO.
- **Definition:** COVID-19 deaths (in accordance with national reporting of COVID-19 deaths).
- **Reporting:** The data on COVID-19 deaths that are reported in the Sendai Framework Monitor should be the same official data that are reported by the Ministry of Health to WHO for publication. Member States are requested to validate the national data in the Sendai Framework Monitor.

[NB. The Sendai Framework Monitor system calculates the rate of deaths/100,000 population at the level of total deaths from all events and not at the level of disaggregation by specific hazards like COVID-19. The COVID-19-specific rate will be calculated offline on data for reporting purposes but will not be available in real time.]

- **Disaggregation:** Contributors are encouraged to click the additional information button to enter explanatory text, including data, on COVID-19 deaths disaggregated by gender and age. Other more detailed information, such as disaggregation by income and disability, may also be provided. In case the entry is constrained by the character limit, a related weblink to online information may be included.

B2 (COVID-19): Number of cases of COVID-19, per 100,000 population⁴

- **Current status:** These data are available from the Ministry of Health which submits reports on cases to WHO.

² The COVID-19 SPRP Monitoring and Evaluation Framework is under review and is expected to be updated in 2021.

³ These data form part of compound indicator A1: Number of deaths and missing persons attributed to disasters, per 100,000 population.

⁴ These data form part of the compound indicator B-1 Number of directly affected people attributed to disasters, per 100,000 population.

- **Definition:** Cases of COVID-19 (in accordance with national reporting of COVID-19 cases).
- **Reporting:** The data on COVID-19 cases that are reported in the Sendai Framework Monitor should be the same official data that are officially reported by the Ministry of Health to WHO for publication. Member States are requested to validate the data on the Sendai Framework Monitor.

[NB. The Sendai Framework Monitor system calculates the rate of people affected per 100,000 population at the level of total number of people affected by all events and not at the level of disaggregation by specific hazards like COVID-19. However, the COVID-19-specific rate will be calculated offline for reporting purposes but will not be available in real time.]

- **Disaggregation:** Contributors are encouraged to click the additional information button to enter explanatory text, including data, on number of COVID-19 cases disaggregated by gender and age. Other more detailed information, such as disaggregation by income and disability, may also be provided. In case the entry is constrained by the character limit, a related weblink to online information may be included.

D7 (for all hazards). Number of disruptions to health services attributed to disasters.

COVID-19 has caused widespread disruption to health services in many countries. It is recognised that the data on the number of disruptions attributable to COVID-19 (D7) will be difficult to collect. Therefore, it is recommended to apply and adapt the following indicator which is taken from the WHO Strategic Preparedness and Response (SPRP) Monitoring and Evaluation (M & E) Framework: Pillar 9: Maintaining essential health services and systems:⁵

- **D7 (COVID-19). Percentage of countries where at least one Vaccine-preventable disease (VPD) immunization campaign was affected (suspended or postponed partially or fully) by COVID-19⁶.**

Countries are requested to report on disruption by COVID-19 to at least one VPD immunization campaign. This indicator can provide insights on the impact of COVID-19 on health system capacity to maintain routine health services. Another advantage of this approach is that Ministries of Health are compiling and reporting these data to WHO.

- **Definition:** Number of countries where at least one planned VPD vaccination campaign was postponed or suspended, either fully or partially, by COVID-19.
- **Reporting:** Reporting in the Sendai Framework Monitor should be conducted in full accordance with national reporting of official data by Ministries of Health to WHO on this indicator. The percentage of countries with these disruptions can be calculated on the basis of data received from the D7 (COVID-19) indicator. Member States are requested to validate the data in the Sendai Framework Monitor.
- **Disaggregation:** The contributors are encouraged to click the additional information button to enter explanatory text on disruptions by geographical unit in a country. Other more detailed information may also be provided. In case the entry is constrained by the character limit, a related weblink to online information may be included.

There are 2 other indicators in the SPRP M and E Framework that could be used to report on disruption to basic services, namely DTP3 vaccination coverage in children under 12 months of age and institutional delivery (related to childbirth in health facilities). They can provide insights in the impact

of COVID-19 pandemic on the health system capacity to provide routine services. However, they will require additional trend analysis to determine the level of disruption to these services. These indicators could be considered for Sendai Framework custom indicators to enable countries to report this information through the Sendai Framework Monitor. The WHO [Pulse survey on continuity of essential health services during the COVID-19 pandemic](#) can also provide information on disruption to services and could be developed into a custom indicator related to D7.

Process for establishing the institutional arrangements for the health sector reporting on COVID-19 in the Sendai Framework Monitor

With reference to the [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#), the following steps are recommended to facilitate reporting on COVID-19 by countries:

1. Identify a Ministry of Health Focal Point for Sendai Framework monitoring and reporting; if not the Ministry of Health, then another health authority could be identified. For the purposes of COVID-19 reporting, the national International Health Regulations (2005) (IHR) Focal Point (NFP), the Director-General (Health Services) or equivalent may have this responsibility.
2. Establish engagement between the Sendai Framework Monitoring Coordinator and the identified Ministry of Health focal points.
3. Agree on methods and plans for Sendai Framework reporting on COVID-19 by the health sector in order to comply with the national and international timetables for reporting, noting that the 2021 reporting contains data from 1 January to 31 December 2020.
4. Coordinators are recommended to officially register officials from the Ministry of Health or national health authorities as a Contributor and Validator in the Sendai Framework Monitor. Using this approach, the Ministry of Health can directly enter and validate the official data respectively for the relevant indicators. If that is not possible, based on the above-mentioned mutual agreement, the Ministry of Health is requested to provide the required official data to the Sendai Framework Coordinator to incorporate the data in the Sendai Framework Monitor.
5. Ministry of Health Focal Point is requested to disseminate the report to the respective WHO country office or regional office.

Further information: For further guidance, kindly refer to Annexes 2-4 and the [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#). Additional references are available at Annex 5.

Annex 1: Sendai Framework for Disaster Risk Reduction 2015-2030 – Targets and indicators

Target A: Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015.
A-1 Number of deaths and missing persons attributed to disasters, per 100,000 population.
A-2 Number of deaths attributed to disasters, per 100,000 population.
A-3 Number of missing persons attributed to disasters, per 100,000 population.
Target B: Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015
B-1 Number of directly affected people attributed to disasters, per 100,000 population.
B-2 Number of injured or ill people attributed to disasters, per 100,000 population.
B-3 Number of people whose damaged dwellings were attributed to disasters.
B-4 Number of people whose destroyed dwellings were attributed to disasters.
B-5 Number of people whose livelihoods were disrupted or destroyed, attributed to disasters.
Target C: Reduce direct disaster economic loss in relation to global gross domestic product (GDP) by 2030
C-1 Direct economic loss attributed to disasters in relation to global gross domestic product (compound indicator).
C-2 Direct agricultural loss attributed to disasters
C-3 Direct economic loss to all other damaged or destroyed productive assets attributed to disasters.
C-4 Direct economic loss in the housing sector attributed to disasters.
C-5 Direct economic loss resulting from damaged or destroyed critical infrastructure attributed to disasters.
C-6 Direct economic loss to cultural heritage damaged or destroyed attributed to disasters.
Target D: Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030
D-1 Damage to critical infrastructure attributed to disasters (compound indicator)
D-2 Number of destroyed or damaged health facilities attributed to disasters.
D-3 Number of destroyed or damaged educational facilities attributed to disasters.
D-4 Number of other destroyed or damaged critical infrastructure units and facilities attributed to disasters.
D-5 Number of disruptions to basic services attributed to disasters (compound indicator)
D-6 Number of disruptions to educational services attributed to disasters.
D-7 Number of disruptions to health services attributed to disasters.
D-8 Number of disruptions to other basic services attributed to disasters.
Target E: Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020
E-1 Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030.
E-2 Percentage of local governments that adopt and implement local disaster risk reduction strategies in line with national strategies.
Target F: Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030.

F-1 Total official international support, (official development assistance (ODA) plus other official flows), for national disaster risk reduction actions.
F-2 Total official international support (ODA plus other official flows) for national disaster risk reduction actions provided by multilateral agencies.
F-3 Total official international support (ODA plus other official flows) for national disaster risk reduction actions provided bilaterally.
F-4 Total official international support (ODA plus other official flows) for the transfer and exchange of disaster risk reduction-related technology.
F-5 Number of international, regional and bilateral programmes and initiatives for the transfer and exchange of science, technology and innovation in disaster risk reduction for developing countries.
F-6 Total official international support (ODA plus other official flows) for disaster risk reduction capacity-building.
F-7 Number of international, regional and bilateral programmes and initiatives for disaster risk reduction-related capacity-building in developing countries.
F-8 Number of developing countries supported by international, regional and bilateral initiatives to strengthen their disaster risk reduction-related statistical capacity.
Target G: Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to the people by 2030
G-1 Number of countries that have multi-hazard early warning systems. (compound G2-G5)
G-2 Number of countries that have multi-hazard monitoring and forecasting systems.
G-3 Number of people per 100,000 that are covered by early warning information through local governments or through national dissemination mechanisms.
G-4 Percentage of local governments having a plan to act on early warnings.
G-5 Number of countries that have accessible, understandable, usable and relevant disaster risk information and assessment available to the people at the national and local levels.
G-6 Percentage of population exposed to or at risk from disasters protected through pre-emptive evacuation following early warning.

Annex 2: Reporting on the number of deaths attributed to COVID-19, per 100,000 population as part of Sendai Framework indicator A2

Indicator A2 (generic): The Sendai Framework Indicator A2 is the “number of deaths attributed to disasters, per 100,000 population”.

Formula for A2 (generic): $[(a)/c] * 100\ 000]$

Where,

a = number of deaths attributed to disasters (generic)

c = represented population

Inclusion of COVID-19 in reporting under the Indicator A2 (COVID-19):

- The Sendai Framework Monitor has incorporated **COVID-19** as a hazard in the pre-defined list of hazards. This should be selected for reporting on COVID-19 deaths.
- The Sendai Framework Indicator A2 (COVID-19) is the “number of COVID-19 deaths, per 100,000 population”.

Formula for A2 (COVID-19): $[(a)/c] * 100\ 000]$

Where,

a = number of COVID-19 deaths

c = represented population (as entered in Sendai Framework Monitor as metadata)

Definition: COVID-19 deaths (in accordance with national reporting of COVID-19 deaths).

Temporal dimension: COVID-19 deaths that occurred in the country in 2020.

Disaggregation of data: Recommended – by age, by gender. Desirable – by income level, by disability.

Data owners and sources: Ministry of Health which submits official data and reports on COVID-19 deaths to WHO.

WHO guidance:

[Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19 Technical note, 7 June 2020](#); [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#)

A-2 Number of deaths attributed to disasters, per 100,000 population Not started

To be imported from National Disaster Loss Database SUBMIT INDICATOR A-2

YES NO

The functionality of importing data from National Disaster Loss Databases to the Sendai Framework Monitor is currently not available and hence the button is not active. This functionality will be made available in the future and the Member States will be accordingly informed.

Additional Information +

Number of deaths per 100 000 (calculated indicator)

YEAR	NUMBER	SOURCE
2020		
2019	1.276923	

A-2a Number of deaths attributed to disasters

Additional Information +

Number of deaths

YEAR	NUMBER	SOURCE
2020	<input type="text"/>	<input type="text"/>
2019	830	

Disaggregation (optional)

Hazards

HAZARDS	2020	2019
COVID-19	<input type="text"/>	
Earthquake	<input type="text"/>	

Critical Infrastructure

EXPLANATORY TEXT (OPTIONAL)

A-2 : Number Of Deaths Attributed To Disasters, Per 100,000 Population

Please add any additional comments to complement the data (such as notes on a specific event or disaster, descriptions of efforts being made, or any additional context you wish to provide). These comments will appear with the indicator data publicly only when you validate the indicator, and only by exporting/downloading the data to excel.

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Annex 3: Reporting on the number of COVID-19 cases, per 100,000 population, as part of as part of Sendai Framework indicator B2

Indicator B2 (generic): Number of injured or ill people attributed to disasters, per 100,000 population

Formula for B2 (generic): $[(a)/c] * 100\ 000]$

Where,

a = number of injured or ill people attributed to disasters (people suffering from a new or exacerbated physical or psychological harm, trauma or illness as a result of a disaster)
c = represented population

Inclusion of COVID-19 in reporting under the Indicator B2 (COVID-19):

- The Sendai Framework Monitor has incorporated [COVID-19](#) as a hazard in the pre-defined list of hazards. This should be selected for reporting on [COVID-19 cases](#).
- The Sendai Framework Indicator B2 (COVID-19) is the “number of COVID-19 cases, per 100,000 population”.

Formula for B2 (COVID-19): $[(a)/c] * 100\ 000]$

Where,

a = number of COVID-19 cases
c = represented population (as entered in Sendai Framework Monitor as metadata)

Definition: COVID-19 cases (in accordance with national reporting of COVID-19 cases).

Temporal dimension: COVID-19 cases that occurred in the country in 2020.

Disaggregation of data: Recommended – by age, by gender. Desirable – by income level, by disability.

Data owners and sources: Ministry of Health which submits official data and reports on COVID-19 cases to WHO.

WHO guidance:

[Public health surveillance for COVID-19: Interim guidance, 16 December 2020](#); [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#)

- **B-2** Number of injured or ill people attributed to disasters

Not started

To be imported from National Disaster Loss Database SUBMIT INDICATOR B-2

YES
NO

The functionality of importing data from National Disaster Loss Databases to the Sendai Framework Monitor is currently not available and hence the button is not active. This functionality will be made available in the future and the Member States will be accordingly informed.

Additional Information +
←

Number of injured or ill people

YEAR	NUMBER	SOURCE
2020	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
2019	8830	

Disaggregation (optional)

- Hazards

HAZARDS	2020	2019
COVID-19	<input style="width: 80%;" type="text"/> ←	
Earthquake	<input style="width: 80%;" type="text"/>	

- **B-1** Number of directly affected people attributed to disasters, per 100,000

EXPLANATORY TEXT (OPTIONAL)

B-2 : Number Of Injured Or Ill People Attributed To Disasters

Please add any additional comments to complement the data (such as notes on a specific event or disaster, descriptions of efforts being made, or any additional context you wish to provide). These comments will appear with the indicator data publicly only when you validate the indicator; and only by exporting/downloading the data to excel.

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Annex 4: Reporting on the disruption to health services attributable to COVID-19 as part of Sendai Framework indicator D7

Indicator D7 (for all hazards): Number of disruptions to health services attributed to disasters.

D7 (COVID-19). Percentage of countries where at least one VPD-immunization campaign was affected (suspended or postponed partially or fully) by COVID-19.⁷

While COVID-19 has caused widespread disruption to basic health services in many countries, it is recognised that the data on the number of disruptions will be difficult to collect. Countries are reporting on disruption to services in the WHO Strategic Preparedness and Response (SPRP) Monitoring and Evaluation Framework: Pillar 9 -Maintaining essential health services and systems. It is recommended to apply and adapt the indicator on disruption to Vaccine-preventable disease (VPD) campaigns for Sendai Framework reporting. Countries are requested to report on disruption by COVID-19 to at least one VPD immunization campaign (refer to Geographic dimension below).

The Sendai Framework Monitor has incorporated **COVID-19** as a hazard in the pre-defined list of hazards. This should be selected for reporting on disruptions to health services.

- **Definition:** Report one disruption if at least one planned VPD vaccination campaign was postponed or suspended, either fully or partially, because of COVID-19 in the country.
- **Geographic dimension:** In order to capture the number of disruptions in the country, a country may report disaggregated data by Geographical Area as per the Sendai Framework Monitor. This can be reflected at a hazard disaggregated level only by clicking on the additional information button for the explanatory text, and entering the list of Geographical Areas where at least one planned VPD vaccination campaign was postponed or suspended, either fully or partially, because of COVID-19.
- **Temporal dimension:** Disruptions to VPD campaigns that were due to take place in 2020.
- **Data owners and sources:** Ministry of Health which submits official data and reports to WHO.

WHO guidance:

[COVID-19 Strategic Preparedness and Response \(SPRP\) Monitoring and Evaluation Framework: Pillar 9: Maintaining essential health services and systems;](#) [WHO Technical guidance notes on Sendai Framework reporting by ministries of health](#)

There are 2 other indicators in the SPRP M and E Framework that could be used to report on disruption to basic services, namely DTP3 vaccination coverage in children under 12 months of age and institutional delivery (related to childbirth in health facilities). They can provide insights in the impact of COVID-19 pandemic on the health system capacity to provide routine services. However, they will require additional trend analysis to determine the level of disruption to these services. These indicators could be considered for Custom Indicators to enable counties to report this information through the Sendai Framework Monitor. The WHO [Pulse survey on continuity of essential health services during the COVID-19 pandemic](#) can also provide information on disruption to services and could be developed into a custom indicator related to D7.

⁷ The data from D7 forms part of the compound indicator D-5: Number of disruptions to basic services attributed to disasters

D-7 Number of disruptions to health services attributed to disasters

Not started

To be imported from National Disaster Loss Database SUBMIT INDICATOR D-7

YES NO

The functionality of importing data from National Disaster Loss Databases to the Sendai Framework Monitor is currently not available and hence the button is not active. This functionality will be made available in the future and the Member States will be accordingly informed.,

Additional Information + ←

Health services disrupted

YEAR	NUMBER	SOURCE
2020	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
2019	388	

Disaggregation (optional)

- Hazards

HAZARDS	2020	2019
COVID-19	<input style="width: 80%;" type="text"/>	
Earthquake	<input style="width: 80%;" type="text"/>	

EXPLANATORY TEXT (OPTIONAL) ✕

D-7 : Number Of Disruptions To Health Services Attributed To Disasters

Please add any additional comments to complement the data (such as notes on a specific event or disaster, descriptions of efforts being made, or any additional context you wish to provide). These comments will appear with the indicator data publicly only when you validate the indicator, and only by exporting/downloading the data to excel.

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Annex 5: References

1. United Nations Office for Disaster Risk Reduction. Sendai Framework for Disaster Risk Reduction 2015-2030. 2015. Available at:
http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf
2. United Nations Office for Disaster Risk Reduction. Technical Guidance for Monitoring and Reporting on Progress in Achieving the Global Targets of the Sendai Framework for Disaster Risk Reduction. Available at:
https://www.preventionweb.net/files/54970_techguidancefdigitalhr.pdf
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<https://apps.who.int/iris/handle/10665/332297>
6. World Health Organization. (2020). Revealing the Toll of COVID-19: A Technical Package for Rapid Mortality Surveillance and Epidemic Response (May 2020). Available at:
<https://www.who.int/publications/i/item/revealing-the-toll-of-covid-19>
7. World Health Organization. (2020). COVID-19 Strategic Preparedness and Response (SPRP) Monitoring and Evaluation Framework (5 June 2020). Available at:
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8. World Health Organization. (2020). Pulse survey on continuity of essential health services during the COVID-19 pandemic (27 August 2020). Available at:
https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1