

## 7-1-7 for Accountability, Monitoring and Evaluation

The simplicity of 7-1-7's three timeliness metrics means we can regularly monitor performance, evaluate interventions and document progress with full transparency.

### 7-1-7 IN ACTION

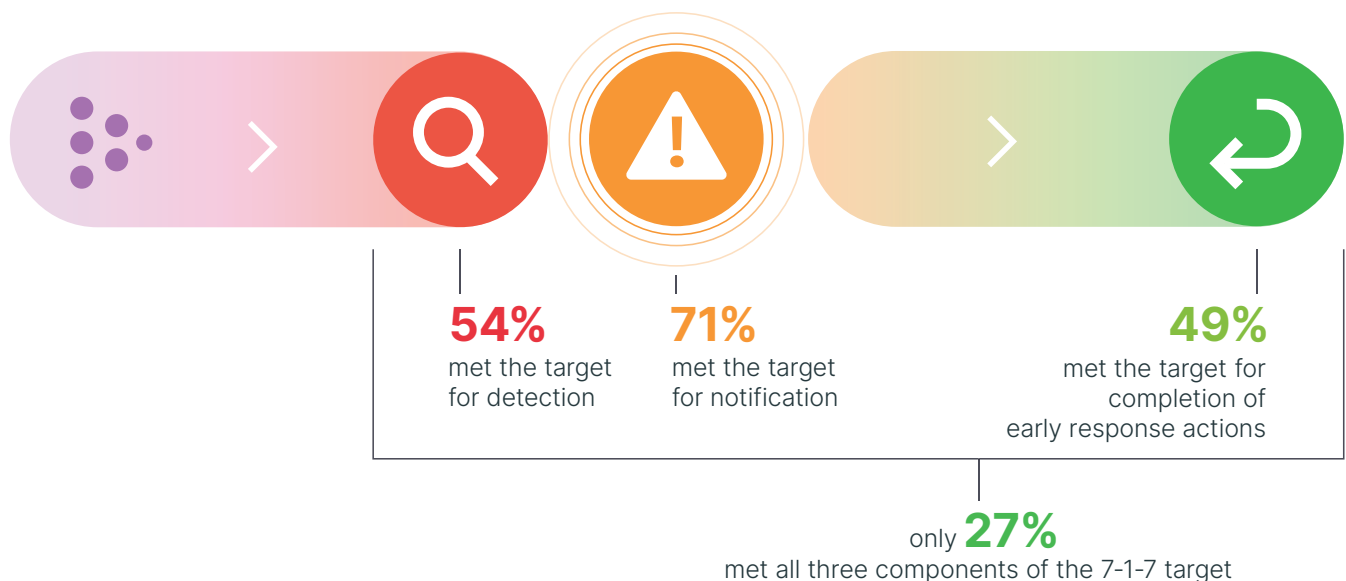
#### Africa

In September 2022, the World Health Organization Regional Office for Africa (WHO AFRO) adopted the 7-1-7 approach as part of the [Regional Strategy for Health Security and Emergencies 2022-2030](#), incorporating it as an indicator tracked annually by all Member States. Compiling and reviewing 7-1-7 data across Member States will improve WHO AFRO's ability to monitor real-world capabilities and track progress toward meeting the target.

Incorporating the 7-1-7 target as a monitoring and evaluation indicator can:

- measure a country or locality's ability to detect and quickly respond to real-world events;
- prioritize activities for technical and financial assistance to improve detection and response capabilities; and
- demonstrate the impact of interventions designed to improve detection or response timeliness

### Data from 41 events compiled from five countries found that:



## Best practices for using 7-1-7 as a monitoring and evaluation indicator that promotes action:



### ASSESS PERFORMANCE AGAINST THE 7-1-7 TARGET

- The proportion of public health threats that were detected within  $\leq 7$  days of emergence
- The proportion of public health threats for which a public health authority responsible for action was notified within  $\leq 1$  day of detection
- The proportion of public health threats for which all early response actions were completed within  $\leq 7$  day from notification
- The proportion of public health threats that meet all three criteria



### EVALUATE TRENDS OVER TIME AND HIGHLIGHT IMPROVEMENTS

Each public health threat is unique, and performance of detection and response systems will vary. Compiling and reviewing 7-1-7 data on an annual basis enables data aggregation across events to better identify types of threats (e.g., food or waterborne, respiratory, vector-borne, viral hemorrhagic fever, animal outbreaks), and other factors (e.g., consistently underperforming localities) that resulted in delays and where technical and financial assistance are most needed.



### TRIANGULATE 7-1-7 DATA

Combine with other components of the [IHR Monitoring and Evaluation Framework](#) to inform decision-making.



### DON'T USE PERFORMANCE AGAINST 7-1-7 PUNITIVELY

Obtaining accurate 7-1-7 data relies on a locality's willingness to be self-critical in order to make progress, and inability to meet the 7-1-7 target should be viewed as indication of the need for additional, rather than less, financial and technical assistance to improve system performance.



### PROMOTE ACCOUNTABILITY BY SHARING FINDINGS

Because 7-1-7 is a simple, straightforward target, results can be shared widely, encouraging a common language across sectors.

- With the public, to build accountability to communities
- Through an Epi Bulletin, to promote transparency across health sector actors
- With policy-makers and other sectors (including One Health programs), to clearly communicate gaps where remedial actions are needed
- With donors, civil society organizations, and other partners—7-1-7 can serve as a common target to evaluate the impact of funds allocated to improve implementation of health security activities

For technical guidance, visit [717alliance.org/digital-toolkit](https://717alliance.org/digital-toolkit)