World Health Organization

Report of the Global Consultation on After Action Reviews and Simulation Exercises under the IHR Monitoring and Evaluation Framework

Tunis

10 – 12 December 2019

Contents

Acronyms

AAR	After Action Review
CIG	Country Implementation Guidance
ECDC	European Centre for Disease Protection and Control
EOC-NET	Emergency Operations Centre Network
FAQs	Frequently Asked Questions
FETP	Field Epidemiology Training Program
GOARN	Global Outbreak Alert and Response Network
GPMB	Global Preparedness Monitoring Board
GPW	Global Programme of Work
HSS	Heath, Safety and Security
IHR	International Health Regulations
IHRMEF	International Health Regulations Monitoring and Evaluation Framework
JEE	Joint External Evaluation
MoH	Ministry of Health
NDMA	National Disaster Management Authority
OBE	Objective Based Evaluation
OTSE	Off The Shelf Exercise
PHE	Public Health England
PHOEC	Public Health Emergency Operations Centre
RIVM	Netherlands National Institute for Public Health and the Environment
SimEx	Simulation Exercise
SPAR	State Party Annual Report
TDDAP	Tackling Deadly Diseases in Africa Programme
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
ToR	Terms of Reference
TTX	Tabletop Exercise

1. Introduction

1.1. Context

After Action Reviews (AARs) and Simulation exercises (SimEx) are functional assessments of how systems perform and are both voluntary instruments under the International Health Regulations Monitoring and Evaluation Framework (IHR MEF). AARs provide an accurate analysis of ongoing or past events, helping countries to learn from experience while SimEx attempt to assess capacity to respond to future incidents and help countries to plan and allocate resources. Both instruments are important performance management tools which, used correctly, assist Member States in their efforts to improve their preparedness and response capacities to health emergencies. Sharing results from an AAR or a SimEx can help build trust and mutual accountability amongst Member States and demonstrates compliance with IHR (2005) requirements.

Following the previous Global Consultation on After Action Reviews and Simulation Exercise (February 2018), WHO published the Country Implementation Guidance (CIG) for AAR and SimEx that fall under the IHR MEF. This document provides strategic guidance and criteria for inclusion of AAR and SimEx under the IHR MEF whilst introducing a standardized minimum reporting template. The latter aims to improve the ability to analyse key findings from an AAR or SimEx and help monitor global trends on Member States' preparedness and the implementation of IHR core capacities. In addition, the CIG helps with the standardization, quality insurance and harmonization of data collection and reporting by Member States, increasing transparency, trust and mutually accountability for global public health security.

WHO held a 3-day global consultation with WHO Regional Offices, selected WHO country offices and MoH representatives, and selected non-governmental and international organizations represented by public health and emergency management experts, to examine the WHO AARs and SimEx implementation strategy in Tunis on 10-12 December 2019. A detailed agenda of the consultation is provided in Annex 1.

1.2. Purpose and objectives of the consultation

Recognizing the diversity of context, needs, experience and knowhow amongst Member States, WHO Regional Offices and WHO Country Offices, the purpose of the consultation was to examine methods to accelerate AAR and SimEx implementation under the IHR MEF and beyond, and propose comprehensive and robust modalities to monitor and report on AARs and SimEx in line with the published Country Implementation Guidance (CIG). While discussing acceleration options, it was recognized that a certain (minimum) quality needs to be ensured in order for AARs and SimEx to be effective system improvement and learning tools.

Specific objectives:

- Review the current SimEx and AAR CIG rationale, methodology, inclusion criteria, tools and resources, recommendations and reporting requirements.
- Share and identify key challenges, achievements, best practices and lessons learnt in the implementation of AARs and SimEx under the IHR MEF.
- Identify and agree on regional modalities in working with Member States to implement the minimum reporting template and the Objective Based Evaluation (OBE) as proposed in CIG.
- Clarify role and responsibilities between WHO Regional office, Country office, Headquarters and partners in the implementation of the CIG.
- Present and agree on the set-up, management and use of a global roster of experts made of WHO and partner staff to support country and regional AARs & SimEx.

1.3. Participants

The consultation involved representatives of:

- WHO Regional Offices (AFRO, AMRO, EMRO, EURO);
- Selected representatives from Member States/WHO Country offices (Nigeria, Serbia, Tunisia);
- WHO Headquarters staff and expert consultants, and other stakeholders and experts working on SimEx and AAR;
- Non-governmental actors (Global Health Development, Resolve to Save Lives), academia (Georgetown University & Harvard T.H. Chan School of Public Health, Johns Hopkins Center for Health Security), national and regional public health institutes (Chinese Center for Disease Control and Prevention {China CDC}, European Centre for Disease Protection and Control {ECDC}), Public Health England, Netherlands National Institute for Public Health and the Environment (RIVM), and US CDC)

A detailed list of the 31 participants is provided in Annex 2.

2. Summary of the discussions

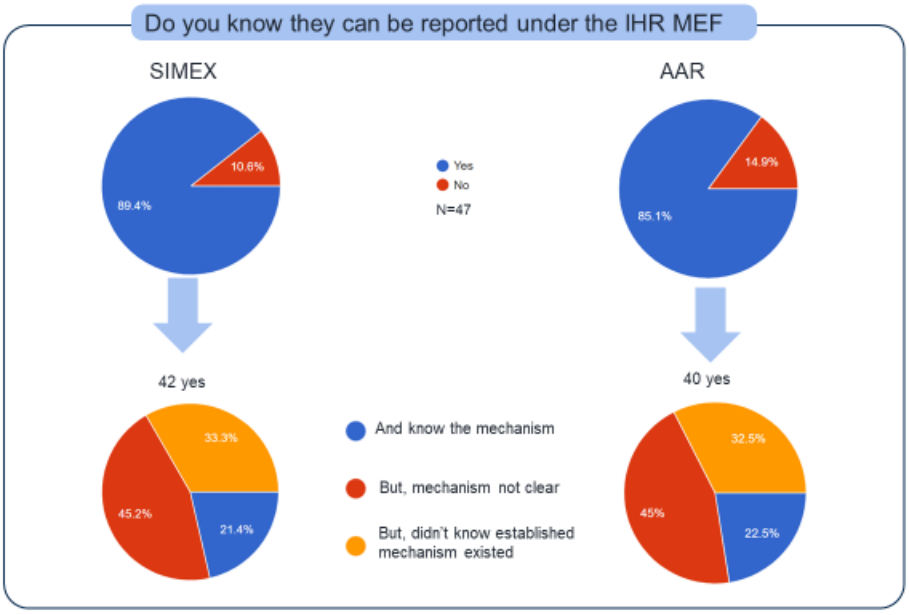
Although the consultation mainly focused on voluntary AAR & SimEx activities under the IHR MEF, it was widely recognized that these tools are used beyond IHR as key **system improvement and learning tools** in emergency management. Both focus on assessing or reviewing (core) capacities as well as capabilities (functionality) and are used by Member States, WHO, public health institutions, academia as well as partners and others. In this regard key stakeholders were invited to this consultation as they play a critical role in this area of work.

A succession of informative sessions, working group sessions followed by plenary discussions took place during the 3-day consultation.

2.1. Informative sessions

Prior to the consultation, an online survey targeting national focal points in WHO country offices was conducted to collect basic information regarding the level of awareness at national level for existing WHO resources for AARs and SimEx, and the implementation of AAR & SimEx under IHR MEF. The results from 47 countries that replied show that while countries are very well aware (more than 85%) that SimEx and AAR can be reported under the IHR MEF, the mechanisms to report are not known (33%) or not clear to them (45%), see figure 1. The survey also shows that 51.4% of the countries who conducted at least one SimEx over the last 2 years didn't share results under the IHR MEF. Similarly, 52% of the countries that participated in the survey mentioned that the AAR's results were not shared under the IHR MEF. These findings helped set the scene for the consultation.

Figure 1: Knowledge of voluntary AAR/SimEx reporting mechanism



During the informative sessions, key concepts on the IHR MEF, the CIG, the Strategic Partnership Portal for IHR and Health Security were provided.

Selected representatives from Member States, as well as the WHO regional and country offices shared successes and challenges faced during recent SimEx and AAR's activities. Partners also shared some lessons learned from their experience, best practices and tools available. WHO headquarter colleagues also updated the participants on the EOC-net activities, the Learning and Capacity Development Team as well as from the Influenza Pandemic Preparedness Planning. While these presentations were shared electronically with all the participants, key elements were also discussed during the consultation and integrated into the findings and recommendations at the end of the consultation.

2.2. Working groups and plenary discussions

2.2.1. Improving process & resources

To better clarify the process and advocate for their use, AAR and SimEx should be considered as an essential aspect of the emergency preparedness and response cycle which can complement and strengthen the IHR implementation. But, over-emphasizing the linkage to IHR may create disincentives to the use of AAR and SimEx and the publication of their results. Therefore, the process to initiate and conduct these activities should not create more barriers, e.g. by requiring overly specific criteria. The activities themselves should also remain as simple as possible – e.g. encouraging the use of AAR debriefing format and small tabletop exercises (TTX) around limited objectives or specific risks – as long as their major objectives are not compromised. The Member States should always be the one initiating the process with room for discussions and consultations with the 3-levels of WHO. Discussions should focus primarily on ensuring the capabilities to conduct AAR and SimEx and not only on tools.

The AAR and SimEx function needs to be integrated within existing national structures (e.g. NDMA[1], PHEOC[2], etc). Mechanisms on assistance (financial or technical support) needs to be better defined. +The development of guidance to conduct AARs on specific common risks will also help countries to conduct these reviews. Countries should include and budget for AAR and SimEx while developing emergency response plans as part of the demobilization and recovery phases. This could be achieved by including these activities within national workplans and budgets at the country level. WHO should provide more guidance on budgeting different scales of AAR and Simex.

2.2.2. Improving quality of reporting

Purpose, objectives and pillars for AAR and SimEx need to be focused/limited (less is more) and chosen carefully to ensure clear and useful outputs and ownership of the recommendations. The existing minimum reporting template should be an extraction from a more comprehensive report and is useful both in terms of process (steps to follow) and for the evaluation of the specific objectives linked to the IHR capacity reviewed/assessed. More information about the template, what is required by the Member States and how the information is submitted to WHO needs to be clarified to Member States. The minimum reporting template's added value is to match IHR functionality/capability with certain capacities assessed in countries (through SPAR/JEE results) in order to provide evidence to leadership on the need to address certain issues and root causes and inform resources prioritization. There is a need to link the results and reporting with the impact and improved capacity these activities can make. In addition, it was suggested to involve the individuals from the SPAR and JEE with those conducting SimEx and AAR when the functionality/capability of IHR capacities are assessed or reviewed.

Different methods to fill the minimum reporting template were discussed. As it is important to balance a need for objectivity by making the most of the participants and the actual

[1] National Disaster Management Authority

[2] Public Health Emergency Operations Centre: https://www.who.int/ihr/eoc_net/en/index6.html

process, it was recognized that the different methods are relevant and can be chosen depending on the context. For many countries, discussing “weaknesses” openly is a fairly new and sometimes an uncomfortable process.

There is a need to increase awareness on the possibility to share results while insisting on the voluntary nature of the two activities. The sharing of reports has to be based on a good understanding on who needs the results the most and in what format. In the first place, reports are owned by the national stakeholders (MoH, and others). However, often countries are also willing to share results wider (showing progress made) but are unclear on the options, process and methods available. Therefore, the suggestion was made to have outputs tailored to different audiences using existing communities of practice (see 2.2.5), as per below:

- Restricted Access Page for national subject matter experts to publish and share Minimum Reporting Template (e.g. IHR NFP, PHEOC staff, etc.);
- Open Access Page for all interested stakeholders to publish and share summary/full AAR/SimEx reports (e.g. donors, partners, public, media, etc.).

Beside the sharing of full or summary AAR/SimEx reports, other types of initiatives can be promoted such as sharing of common lessons learned and challenges; the development of a repository; and the provision of opportunities for publication of articles for interested countries. Rather than addressing all issues that came up in the complete reports, such products might represent more in-depth analyses of capacities and capabilities, and on issues that are more likely to have meaning for other countries. The political and economic sensitivities of sharing are recognized and should also be accepted versus potential self interest in the publication.

Application of the findings from AAR and SimEx including the outputs of data analysis will show more clarity in where countries face gaps, and how they can address them through IHR (2005) capacity building, and contribute the WHO 13th Global Programme of Work (GPW) output indicators and Global Preparedness Monitoring Board (GPMB) metrics;

The sharing of reports is also crucial to maintain interest of stakeholders and participants after the event and to ensure their involvement in the follow-up on recommendations and to motivate their participation in future events.

2.2.3. Accelerating AAR and SimEx implementation and quality assurance

A mapping of relevant stakeholders / bodies per region will help to better understand who can support the implementation of AAR and SimEx in each region, as well as to know who to target for advocacy on these activities. Specific events (e.g. March 2020 Marrakech meeting, IHR annual meeting, etc) should also be used to raise awareness on AAR and SimEx activities, including the added value these activities generate. Senior leadership should be targeted for their buy-in and support with clear messaging on the purpose and benefits of conducting such events (return on investment).

To supplement existing online tools and videos, additional tools can be developed such as talking points, set of slides, frequently asked questions (FAQs), sharing success stories, etc. A broader and more frequent dissemination to all stakeholders (including within WHO) of available reference tools will help to accelerate the use of AAR and SimEx. Tools should be also shared with international organizations and WHO should advocate for the sharing of their report. FETP programme is a good platform for AAR practice. WHO country offices and regional offices need to include more systematically AAR and SimEx in their workplan. Dedicated persons at the national level or at the regional level (such as ECDC) can be identified assuming they have the willingness, skills and resources to champion AAR and SimEx in their country or in other countries. Further rollout of the SimEx and AAR facilitators' training should be done with a primary focus on WHO staff (WCO & RO). Training of WCO is essential as these are the first points of contact for Member States support. Facilitators training and peer learning (country to country) can create a common understanding on these events. For countries with existing PHEOC, AAR and SimEx need to be embedded in the planning function. In addition, existing AAR & SimEx e-course training modules can also be integrated in established training programs (TEPHINET, EOC) to familiarize national public health professionals with AAR and SimEx.

Off the shelf exercises (OTSE) – with a basic SimEx facilitator's guide – concentrating on the 13 IHR core capacities with simple package to guide facilitation are great tools to build confidence of countries to implement and evaluate more SimEx. Similarly, a library of questions and requirements for the 13 IHR core capacities can help to plan and conduct AAR according to specific events. This should be done in partnership with other programmes such as HSS and TDDAP.

To ensure a standard quality, WHO guidance adopting a modular approach to reach a minimum operational capability should be followed. The use of "top tips" instead of minimum standards is more likely to help and be welcomed by countries. Experience from ECDC/PHE on this can be used. The quality of the event should be measured by the outputs as well as by collecting feedback on participants experience during the event. The feedback from outside experts can enhance the quality of the events as the evaluation can be more objective. Importantly, the planning phase with clarity on the scope and the specific objectives and timeline for each event is crucial and must be reinforced.

To accelerate the implementation while ensuring quality, it was highlighted to establish a small roster of experts (15 subject matter experts) that can be deployed and support AAR & SimEx globally. This will allow the ability to build national capacity (through mentorship) while ensuring national ownership of the process. In addition, it allows for more objectivity of the evaluation as an outside expert is included in the process. The AAR/SimEx roster of experts should be embedded within an existing network (e.g. EOC-NET, GOARN, etc) and will not be operating as a separate/additional network. To ensure roles and responsibilities are understood a clear ToR must be developed as priority. The group members will be comprised of subject matter experts from WHO and partners and will be deployable when and where needed and will also provide remote mentoring, training and support. By training

selected people in country during their deployment, additional capacity will be creating decreased burden on the original group and potential increasing the pool of experts in the long term.

2.2.4. Implementing AAR & SimEx recommendations and findings

It was emphasized that the implementation of AAR & SimEx recommendations and findings remains challenging. To improve this, a prioritization needs to be done based on core capacities vs capabilities and the actual needs. The prioritization must be mindful of the resources and political implications, the context and the pre-existing level of capacity while focusing on impact and feasibility. Linkage with other planning processes (strategic planning, action planning, incident action planning, contingency planning, etc) have to be made where applicable. Nevertheless, outcome of each SimEx and AAR will be unique. It is recommended to draft different sets of recommendations, as per below:

I. recommendations for immediate implementation at the operational level or to address imminent risks;
II. higher level recommendations to include in other strategic processes.

Recommendations should also be plotted by ease of implementation versus the expected impact.

At the end of an AAR or a SimEx, a draft implementation framework should be shared with the Member States. The framework can enhance accountability and national ownership. Where needed, a resource mobilization officer can be contracted for a short period and a third party can be asked to review the implementation plan for an analysis on return on investment.

In addition, it was highlighted to develop a 1-2-page strategy for the implementation of AAR& SimEx findings. WHO should draft a global version for adaptation for each region and addressing operational planning, resource mobilization, implementation tracking, and accountability as ways to accelerate disease/event-specific gaps and systems-level gaps. Partners have a role to play as well by organizing and participating at roundtables/WG meetings to coordinate actions and priorities. Partners and existing mechanisms and networks (e.g. GOARN, WHO collaborative centers, ECDC) can provide technical support in follow up of the implementation.

2.2.5. Sharing of experiences and lessons learned

Sharing of experience and lessons learned should first target neighboring countries / regions based on similar context, and secondly global. A quick and light way to achieve this would be for WHO to publish stories online, develop videos, write manuscripts with countries and partners. Using existing communities of practice is another efficient way to share experience and wider lessons, for example: virtual community platform such as Rapid Response Team Experts networks; publishing manuscripts on AAR and SimEx issues (e.g. Outbreak Observatory; Globalization and Health Journal; Health Security Journal); hosting

regular Lessons Learned conferences to showcase impact through case studies; incorporating the results and lessons learned in agendas of high levels fora (e.g. IHR Regional meetings, Director Generals meetings West Africa/Assembly of Health Ministers, etc).

Other innovative ways to wider share experiences among professionals included: the use of videos by "cause" ambassadors / champions during high visibility events; the development of a database to capture AAR / SimEx lessons learned with restricted access to experts (linked to the WHO SPH); more systematic use of social media platforms (WhatsApp, Facebook, Twitter, LinkedIn, etc) to share experiences and lessons learned; integration of lessons learned in curriculum for training and universities courses; development of movies and podcasts based on the scenarios created; TED talks; etc.

2.2.6. Roles and responsibilities for CIG implementation

Member States, WHO (across the three levels) and partners have roles and responsibilities to support the implementation of AAR and SimEx as per the Country Implementation Guidance. These roles and responsibilities were reviewed during the global consultation in terms of: 1) initiation process; 2) inclusion criteria; 3) process, tools & resources; 4) recommendations & reporting; and 5) data management.
The details mapping is available in Annex 3 and will be used for the development of future tools and guidance.

3. Findings and way forward

Over the course of the consultation, a number of highly effective SimEx and AAR have been identified as case studies/important examples. These have provided clear understanding of the opportunities to support countries through this type of activities work, as well as the challenges that needs to be addressed to achieve continued success. The best-practices that have been raised during the consultation will have to be documented and shared to ensure they are used across WHO's regions and in other settings.

WHO is expecting highly strategic progress from SimEx and AAR work at all levels. In order to accelerate the implementation of AAR & SimEx globally, while ensuring a minimum quality, the following recommendations and next steps have been identified:

1. Continued impact in strengthening country preparedness capacities (the cross-border exercise in Kenya and Tanzania, and the Madagascar AAR are two good models);
2. Limit the knowledge gap by enhancing advocacy and awareness of AAR & SimEx, including on scope/impact/benefits and on the existing guidance, tools and reporting frameworks available;

3. Encourage routine use of TTX, drills and debrief AAR for routine events and provide more guidance on how to identify events where more resources and more planning-intensive exercises will add value;
4. Recognizing the sensitivity of openly sharing reports and findings, create a Restricted Access Page for national subject matter experts to publish and share Minimum Reporting Template;
5. Facilitation of a global/regional lessons learned conference/fora where countries can share experiences on the impacts/benefits of their AAR & SimEx through specific case studies;
6. Further roll out of AAR & SimEx training with regions (focus on WCO & RO) and integrate e-courses at national level within established training programs (e.g. TEPHINET);
7. Set-up of a small (15 pax) global roster of AAR & SimEx experts with partners under WHO umbrella;
8. Develop Off the shelf exercises (OTSE) concentrating on the 13 IHR core capacities as well as a AAR library of questions and requirements for the 13 IHR core capacities according to specific events;
9. Draft an implementation framework integrating recommendations and action plan into operational planning that should be shared with the Member States to enhance accountability and national ownership and develop a 1-2-page strategy for the implementation of AAR& SimEx finding;
10. Establish and foster a community of practice to share wider lessons & experience of practitioners imbedded within established network/framework (eg. EOC NET or IHR NFP) and building on partnerships to accelerate their implementation and to integrate more experts from all regions and multiple disciplines.

Implementation of these recommendation will build upon the newly developed WHO corporate WHO simulation exercise strategy based on a three-pronged approach targeting WHO Member States, WHO technical programmes and UN agencies as well as on existing guidance on After Action Reviews and recent WHO publications on the subject.

4. Annexes

Annex 1: Agenda of the global consultation
Annex 2: List of participants
Annex 3: Roles and responsibilities for CIG implementation

Annex 1: Agenda

DAY 1 (10th December 2019)			
Time	**S #**	**Description**	**Facilitator/Chair**
08.30 – 09.00		Registration & Admin	- MariaIsabella Portorico
09.00 – 09.45	1	Official welcome: opening remarks by WR Tunisia and by Director HSP	- Yves Souteyrand - Stella Chungong
09.45 – 11.00	2	Setting the Scene	- Frederik Copper
11.00 – 11.15		Morning Break	
11.15 – 12.30	3	- EURO Questionnaire Results - Country Updates on AAR & SimEx	- Tanja Schmidt - Countries present with regional panel
12.30 – 13.30		Lunch break	
13.30 – 14.00	4	Country Profiles SPH	- Barnas Thamrin
14.00 – 14.30	5	Country Implementation Guidance (CIG)	- Landry Mayigane
14:30 – 15:30	6	**Working Group Session 1:** - Improving process & resources - Improving quality for reporting	- Candice Vente - Denis Charles
15.30 – 16.30	7	Feedback & plenary discussion on Working group session 1	- Hilary Njenge
16:30 – 17:00	8	- AAR & SimEx Video - Wrap Up of day 1	- Hilary Njenge
DAY 2 (11th December 2019)			
Time	**S #**	**Description**	**Facilitator/Chair**
09.00 – 09.45	9	Partner & Region Updates on AAR & SimEx	Partners and regions present with Country panel
09.45 – 10.45	10	**Working Group Session 2:** - Accelerating AAR & SimEx Implementation & Quality Insurance	- Denis Charles

10.45 – 11.15		Morning break	
11.15 – 11.45	11	Feedback & plenary discussion on Working group session 2	- Denis Charles
11.45 – 12.30	12	Partner & Regional Updates on AAR & SimEx (Cont)	Partners/regions present and Country panel
12.30 – 13.30		Lunch break	
13.30 – 14.30	13	**Working Group Session 3:** - Implementing AAR & SimEx recommendations and findings	- Candice Vente
14.30 – 15.00	14	Feedback & plenary discussion on Working group session 3	- Candice Vente
15.00 – 15.30		Afternoon break	
15.30 – 16.30	15	**Working Group Session 4** - Sharing of experience & Lessons Learnt	- Hilary Njenge
16.30 – 17.00	16	Feedback & plenary discussion on Working group session 4	- Hilary Njenge
18.00		Cocktail Network	

DAY 3 (12th December 2019)

Time	**S#**	**Description**	**Facilitator**
09.00 – 10.00	17	**Working group 5 and world café:** - CIG Roles & Responsibilities	- Denis Charles + co-facilitators
10.00 – 10.30	18	Plenary Summary of CIG Roles and Responsibilities	- Hilary Njenge
10.30 – 11:00		Morning break	
11:00 – 12:00	19	Update on AAR & SimEx	- Landry Mayigane
12:00 – 12:30	20	Summary & Way Forward	- Frederik Copper
12.30 – 13.00	21	Closing	- Dr Stella Chungong
13.00 – 14.00		Lunch	

Annex 2: List of participants

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Annex 3: Roles and responsibilities for CIG implementation

Outputs from working group session 5.

Initiation (Group 1)

Overall Comments

- Country Offices are not always available, responsibilities of supporting the activity then will be the Regional Office
- Acknowledgement that other sectors may initiate relevant SimEx/AAR to IHR
- SimExs/AARs may be initiated at high level advocacy / ministerial meetings including policy dialogues when these activities are promoted

	Roles	Responsibilities
MoH/PHI	• Initiation through MoH – overall coordinator of the process • Country Focal point for Request	• Main role in coordinating scoping of activity including concept note, objective, Planning • Stakeholder mapping / invitation of other sectors • MoH might delegate the planning of activities to SimEx/Aar Focal point/Technical Unit
WCO	• Recipient of request • Provides financial, technical and/or logistical support • Might identify additional partners	• Provides support in organizing coordinating activity • Review/endorses request for feasibility
RO	• Main initiator of regional/sub- regional exercises • Reviews request for feasibility • Provides financial, technical and/or logistical support in particular if CO not available or has low capacity	• Review/endorses request for feasibility • Monitoring and capturing of lessons learnt • Provides strategic overview- development of regional action plan/strategies
HQ	• Support if request from WCO, RO	• Global monitoring trough weekly newsletter • Standardization through global templates etc.
Partners	• May initiate exercise as main organizer or partner with MoH /WCO .i.e. UNOCHA/ECDC runs regular relevant exercises	• May fund the activity • May include activity in own strategies/plan
OTHER SECTORS Min. of Defense / Interior/ Transport/ Agriculture / Environment	• May initiated relevant SimEx/AARS	

Inclusion Criteria (Group 2)

	Roles and responsibilities
MoH	• Decide on the conduct of AAR and SimEx • Identify objectives • Objectives should align with building IHR capacities • Coordinate and facilitate • Include criteria in the concept note • AAR and SimEx should be institutionalized as part of emergency management program
WCO	• Provide guidance and clarify the criteria • Technical and financial assistance • Ensure that IHR capacities is included in at least one of the objectives
RO	• Technical and financial assistance • Advise on the scope of the AAR and SimEx including the relevant format for AARs • Leave capacity behind in countries after AARs and SimEx – Ensure that WHO staff and MoH are able replicate what is done • Request MoH to conduct SimEx and AARs especially for graded events
HQ	• Technical and financial assistance • Keep it simple
Partners	• Advocacy to MoH and WHO • Check if criteria is included • Technical and financial support

Process, Tools & Resources (group 3)

	Roles and responsibilities
MoH	• Ensure objectivity by using external facilitators and observers • Invite neighouring countries during the conduct to share experience and engage in the review • All “tools” that may contribute to Emergency Preparedness Cycle are institutionalized in MoH Emergency Management framework and systems • Include AAR / SimEx in programme’s action plan • Use the plan to mobilize resources for AAR and SimEx (WHO and partners) • Decide on most suitable tool for the country to use (e.g. WHO, PHE, ECDC) and institutionalize them in the Emergency Management System • Not only the MoH is an initiator, but it also needs to feed into other sectors • Be realistic in defining the balance between needs and the human & financial resources likely to be available. • Define and apply criteria to request and accept external assistance to conduct AAR and SimEx.
WCO	• Must include SimEx / AAR in their biennial plan including training and improvement of MoH plan • Provide technical support upon request • To request for financial and technical support from the RO if WCO capacity exceeded.

RO	• Allocate financial resources to WCO in BP • Mobilize resources • Build capacity of WCO and Member States • Respond to request from WCO and request assistance to HQ if necessary • Identify and involve potential partners (regional & global)
HQ	• Provide guidance (to be adapted by the RO) • Respond to ROs requests for development/adoption of processes, goods and budgets
Partners	• Provide technical and financial support in line with MoH plans • Build body of evidence that tools and process are adequate and effective for strengthening preparedness process • Develop tools and offer these to WHO / MS (countries)

Recommendations & Reporting (group 4)

	Roles	Responsibilities
Responsible entity (MoH or other)	• Owner	• prepare primary report • Set dissemination parameters • Sign off on final report • Agree on recommendations and report • Integrate recommendations into plans • Lead ownership of prioritization and implementations • Identification of national and international partners • documentation of activities • policy • coordinate and clarify recommendations that include partners •
WCO	• Technical support (primary)	• Documentation of activities • support government to integrate recommendations into regular planning • follow and advocate implementation (primary) • Agree and review recommendations and report • include implementation support to country in planning • Provide technical tools and assistance to track implementation and accountability •
RO	• Technical support (secondary)	• Provide technical tools and assistance to track implementation and accountability • Agree and review recommendations and report • support in partner linking • guidance for quality reporting • resource mobilization

HQ	• Technical support (tertiary)	• guidance for quality reporting • resource mobilization • Agree and review recommendations and report • identify best practices globally
Partners	• Technical support (Ad Hoc.)	• Agree and review recommendations and report • support and advocate recommendations • provide support and resources (technical and/or financial) • support creation of scientific evidence • identify generalizable findings and recommendation • Identify where they can support •
All	•	• Support dissemination of report • financial • modality

Data management (Group 5)

	Roles and responsibilities
MoH	• HQ provide the latest real data and other data from JEE, SPAR, etc to support the activities. • MoH validate the report • Able to utilize the results right away for prioritization and planning • Ownership, Build system, lesson learned, inform priorities and plans for implementation
WCO	• Review the data completion • Forward to RO • Encourage , provide support to MoH on integrating and using the results
RO	• Forward to HQ (AAR/SimEx Team) • Provide technical and financial support to Country
HQ	• Data entry for minimum report template to SPH Portal • Full report upload to SPH Portal (optional) • All data goes to SPH Database • Data are utilized for : o data analysis, o automation dashboard visualization, o “3D capacity” – capacities and capabilities across IHR MEF o Country priority and recommendation o Share data with RO to conduct analysis – providing regional insight and informing strategies o GPW13 “Detect and Respond” o Provide guidelines o Confidentiality
Partners	• Data partnership with collaboration • Use data to inform activities, investments, etc. • Provide peer to peer review, support with tool, resources, logistics, technical assistance to MoH