

JOINT EXTERNAL EVALUATION TOOL

INTERNATIONAL HEALTH REGULATIONS (2005)

JOINT EXTERNAL EVALUATION TOOL AND PROCESS OVERVIEW



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World Health
Organization

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JEE tool

The joint external evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacity in order to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. The JEE tool and process are key components of the World Health Organization (WHO) International Health Regulations (IHR) Monitoring and Evaluation Framework and have been developed and implemented in full concordance and collaboration with related efforts such as the Global Health Security Agenda (GHSA) and the World Organisation for Animal Health's (OIE's) Performance of Veterinary Services (PVS) Pathway.

The purpose of the external evaluation process is to measure country-specific status and progress in achieving the targets in the JEE tool. The JEE helps countries identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response, and to engage with current and prospective donors and partners to effectively target resources. Transparency is an important element for attracting and directing resources to where they are needed the most. External evaluations should be regarded as an integral part of a continuous process of strengthening capacities for implementation of IHR (2005), which includes strong political commitment, self-evaluation, and a multisectoral integrated approach..

PREVENT

1. National legislation, Policy and Financing
2. IHR Coordination, Communication and Advocacy
3. Anti-microbial Resistances (AMR)
4. Zoonotic Disease
5. Food Safety
6. Biosafety and Biosecurity
7. Immunization

DETECT

1. National Laboratory System
2. Real Time Surveillance
3. Reporting
4. Workforce Development

RESPOND

1. Preparedness
2. Emergency Response Operations
3. Linking Public Health and Security Authorities
4. Medical Countermeasures and Personal Deployment
5. Risk Communication

Other IHR related HAZARDS and PoEs

1. Point of Entries (PoEs)
2. Chemical Events
3. Radiation Emergencies

JEE tool

The JEE tool¹ is a data gathering instrument designed to evaluate capacities required for the implementation of IHR (2005). The tool has 19 technical areas arranged under the following heads:

- Preventing and reducing the likelihood of outbreaks and other public health risks and events.
- Detecting signals of unusual health events early.
- Rapid and effective multisectoral response, including international mobilization.

The JEE tool and process support countries to:

- determine baseline capability for implementation of capacities required for IHR (2005);
- determine strengths, best practices, areas which need strengthening, challenges, and priority actions for 19 key technical areas;
- integrate findings from other evaluations and assessments into one common evaluation and include internal and external expert opinions;
- inform the review of national priorities and the revision of existing relevant institutional plans to integrate and accommodate actions and resources required to address identified gaps and needs;

¹ <http://www.who.int/iris/handle/10665/204368>

- serve as a common platform for revision and update of cooperation plans between national authorities and internal and external partners/stakeholders, including the development of integrated multisectoral plans;
- support internal JEE self-evaluations and monitor progress made through JEEs at intervals of three-to-five years; and
- contribute to the overall IHR Monitoring and Evaluation Framework.

The tool was developed through international collaboration with Member States, subject matter experts, international organizations and existing initiatives. Levels of capacity are identified with scores of “one” (indicating that implementation has not occurred) to “five” (indicating that implementation has occurred, is tested, reviewed and exercised, and that the country has a high level of capability for the indicator). For each indicator, a country receives a score based on their current capacity. Separate scores for human and animal sectors may be given. The technical area questions facilitate dialogue with the country and form the basis for determining the appropriate score. Most of the technical area indicator measures are descriptive and qualitative.

JEE process

The JEE process is characterized by a number of important features, such as voluntary country participation; a multisectoral approach by both the external team and the host country; an open collaborative process for evaluating capability (as opposed to an audit or inspection); a peers evaluating peers approach; use of previous assessments and a “sifting through” of available data and expert opinion (as opposed to a “deep dive”); transparency and openness of data and information sharing; and the public release of reports.

The external evaluation is completed in two stages: (i) an initial self-evaluation conducted by the host country using the JEE tool; and (ii) an in-country evaluation conducted by an external evaluation team of subject matter experts, done in close collaboration with peer national authorities.

Self-evaluation phase. In the first stage, the host country works to complete a self-evaluation report using the JEE tool in collaboration with experts representing all relevant sectors and stakeholders. The result is an internal reflection of the country’s capacities across all 19 technical areas. Recognizing that establishing and maintaining these capacities is a multisectoral activity, institutional stakeholders should include, but not limit to, ministries of health, agriculture, wildlife/environment, and other related sectors for implementation of IHR (2005). Fundamental to this multisectoral approach is the recognition that risks to human health can emerge from other humans, domestic animals/livestock, wildlife, food, chemicals and/or radiation. Therefore, adequate capacity to prevent and detect events or threats must exist within all relevant sectors. Similarly, response functions for outbreaks and events, regardless of origin or source, should exist within multiple sectors, including not only human and animal health but also disaster response, security and other relevant sectors for implementation of IHR (2005). The self-evaluation should incorporate all relevant background information and documentation, including other evaluations and assessments such as the International Atomic Energy Agency (IAEA), OIE PVS and others.

External evaluation phase. Once the self-evaluation is complete, the external evaluation phase begins. The JEE team has multisectoral subject matter experts from Member States, and Food and Agriculture Organization (FAO), OIE, WHO and other key international organizations. The core of the JEE process consists of multisectoral and fully collaborative peer-to-peer discussions based on the 19 technical areas defined in the JEE tool. The JEE process is not an audit or an inspection; and it is assumed that countries who have volunteered want a valid and valuable evaluation. The team first reviews relevant and available information and assessments, including but not limited to the JEE self-evaluation, other WHO evaluations relevant to these technical areas, the OIE PVS and other national and international evaluations/assessments. These

serve as baseline information. Discussions with in-country experts typically occur over the course of five days where host country officials present the outcome of the self-evaluation exercise in the 19 technical areas. All relevant sectors participate in the presentations and facilitate discussions, including human and animal health, wildlife, and other relevant sectors for implementation of IHR (2005). Targeted site visits enhance the team's understanding of the country's current capacities.

The JEE team works in a fully collaborative, peer-to-peer manner with the host country experts to evaluate current capacity. This includes identifying strengths and best practices and areas which need strengthening and the challenges; assigning scores; and identifying three to five key priority actions for each technical area which will most effectively increase the country's ability to prevent, detect and rapidly respond to health emergencies, whether naturally occurring, deliberate or accidental. The JEE process is not a "deep dive", but a "sifting through" of available information and integrating with internal and external expert opinions. Preliminary results are presented to the host country's high-level representative, typically at the ministerial level, on the final day of the JEE mission. A final draft report is provided to the host country for feedback, typically within two weeks from the end of the mission after which it is posted online and is publically accessible.

Matching gaps with resources

The JEE tool and process were developed because of the recognition that previous efforts to advance global health security had not achieved the results necessary for the global community to prevent, detect and respond to present and emerging disease risks such as ebola, Middle East respiratory syndrome coronavirus (MERS-CoV) and pandemic flu. WHO and the international community developed the JEE tool and process as a coordinated mechanism for advancing global health security and a common platform for internal and external resource alignment and support. The JEE tool and process have widespread support; including countries who have hosted JEE external evaluations, donor countries and organizations, international organizations such as the Food and Agriculture Organization (FAO), the World Bank, World Health Organization (WHO), World Organization for Animal Health (OIE) and non-governmental organizations.

Following the conclusion of the JEE mission, countries are able to utilize the data and lessons learned from the evaluation process in order to inform country level planning and priority setting. As the final reports contain approximately 60 jointly developed priority actions, the country may use these as a foundation for the development of national plans. To support capacity improvement and steady progress, annual milestones should be developed. Similarly, areas that require concerted effort, either through internal resource alignment and/or where external support is required, should be clearly identified. Annual reporting, periodic JEEs and periodic after-action review or exercises in parallel with corresponding efforts for strengthening animal health and other sectors are recommended as part of an ongoing capacity development, evaluation and monitoring process for IHR (2005) implementation. A common theme is that although evaluation is an essential step to improving a country's ability to protect the health of its people, it is not an end in itself; instead it is the start of a process of continuous review and improvement. The JEE therefore is one step along this process and should include both wider and longer term perspectives.

