

IHR (2005) MONITORING AND EVALUATION FRAMEWORK

INTERNATIONAL HEALTH REGULATIONS (2005)



MEETING REPORT:

WHO TECHNICAL REVIEW MEETING OF THE JOINT EXTERNAL EVALUATION (JEE) TOOL AND PROCESS

19-21 April 2017
Geneva, Switzerland



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- All WHO offices (HQ, RO, CO) and technical experts.
- Global Health Security Agenda for their collaboration and support.
- All those who have contributed to the development of the JEE tool and process, who have provided feedback and have participated in this meeting.

Acronyms

AMR	Anti-microbial Resistance
FAO	United Nation’s Food and Agriculture Organization
HSS	Health Systems Strengthening
IAEA	The International Atomic Energy Agency
IHR (2005)	International Health Regulations (IHR 2005)
IHR-MEF	IHR Monitoring and Evaluation Framework
JEE	Joint External Evaluation
MMR	Measles, Mumps and Rubella
NFP	National Focal Point
NGO	Non-governmental Organization
OIE	World Organization for Animal Health
PAHO	Pan American Health Organization
PVS	Performance of Veterinary Services
SAFETYNET	South Asia Field Epidemiology and Technology Network
US-CDC	United States Center for Disease Control and Prevention
WB	The World Bank
WHO	World Health Organization

Introduction

Context

There is a renewed global momentum on strengthening global health security and implementing the International Health Regulations (IHR 2005) since the Ebola outbreak of 2014. The IHR Monitoring and Evaluation Framework (IHR-MEF) was developed to meet the recommendations of the IHR Review Committee¹. The Joint External Evaluations (JEEs), as part of the IHR-MEF, have been a critical factor in building this momentum.

The JEE is one of the three voluntary components of the IHR Monitoring and Evaluation Framework and complements State Parties' annual reporting (mandatory), simulation exercises and after-action reviews. The IHR MEF, which is part of the Global Implementation Plan, will be presented for endorsement at the 70th World Health Assembly in May 2017.

The JEEs are designed to review gaps and priorities for action, in order to facilitate the development of national action plans for health security. They have received significant interest and strong support at the highest levels from Member States and partners around the world. As of the technical review meeting, 37 JEEs had been completed. A further 31 missions are under preparation and many more countries have expressed an interest in volunteering for a JEE.

Technical Review Meeting

The WHO JEE Secretariat collected and consolidated feedback and comments from Member States, experts and partners involved in the JEE, since its launch in February 2016. WHO considered this time frame adequate to review and, where necessary, refine both the JEE tool and process.

The technical review meeting brought together 90 participants from countries, non-governmental organizations (NGOs), international organizations, partners, and WHO HQ, regional and, country offices.

The meeting aimed to:

- Review consolidated feedback that had been received on the JEE tool and process since February 2016.
- Achieve consensus on critical technical changes that can be made to the tool without affecting its integrity.
- Achieve consensus on adjustments to be made to the JEE process.

The JEE Secretariat consolidated the solicited feedback from Member States, subject matter experts and technical partners to develop working documents on all aspects of the JEE for participants to review.

¹ Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation
http://www.who.int/entity/ihr/B136_22Add1-en_IHR_RC_Second_extensions.pdf?ua=1

Reflections on 14 months of the JEE process

Twenty-six country representatives and experts that were part of JEE missions, JEE development, partners (OIE, FAO, US CDC, ECDC, SAFETYNET, World Bank), six WHO regional offices and other meeting participants shared their perspectives and experiences on the use of the tool and the process during the three days meeting.

Feedback from Member States

Representatives from countries, including the United Republic of Tanzania, that represented the first country to conduct a JEE, the Kingdom of Saudi Arabia that recently completed a JEE, and Belgium, which is planning for a JEE; presented a summary of their experience. Their high-level feedback included:

- The JEE is country owned process
- The JEE is an effective advocacy tool for putting health security on the national agenda.
- The preparation work and the self-evaluation can be challenging, but provides an invaluable opportunity for the sectors to coordinate and collaborate.
- Scoring can be a challenge and, on some occasions, more focus is spent on scoring rather than the development of priority actions.
- Site visits provide an important additional perspective for the visiting team.

'The process should accommodate countries' specific needs and priorities.'

Feedback from WHO Regional Offices

The Regional Office for the Americas stated that the IHR MEF should be based on country ownership and crystallised through WHO governing bodies, such as the Executive Board and World Health Assembly. The JEE process needs to align with other IHR MEF tools and country cooperation strategies, as well as PAHO work plans. All the components of the IHR MEF should be complementary and the specific purpose of each should be clearly articulated.

The South East Asia Regional Office commented that JEE is supported at a high level within national governments and that it has fostered an open and collaborative process within the Member States in their region. The importance of a good self-evaluation, and the availability of WHO to support this important step, should be communicated more clearly.

The Western Pacific Regional Office commented that the JEE process has proved a valuable process in their Region. The JEE in Western Pacific Region has helped to build a renewed momentum for IHR (2005), but sustainability continues to be a challenge and the gaps identified by JEEs do not always match with national priorities. An overemphasis on scores can also shift the focus away from priority actions.

Feedback from Partners

Representatives from the Food and Agriculture Organization (FAO), World Organization for Animal Health (OIE), United States Center for Disease Control and Prevention (US CDC) and the World Bank presented their perspectives and experiences on collaborating on JEEs. High-level feedback included:

- The JEE should be used in reference to other tools that exist. The OIE's Performance of Veterinary Services (PVS) Pathway is one such tool.

- There is a need for continuous advocacy and communication with all stakeholders from the beginning of the JEE process so that everyone has enough lead-time to prepare for missions. Some countries that requested a JEE were inadequately prepared, while for other countries the amount of preparatory work sometimes proved to be a deterrent to participation.
- The JEE provides an enabling environment for the World Bank to provide finance, and brings people together from multiple sectors who may otherwise not have collaborated.
- Financing indicators should be added to the tool. The Ministry of Finance needs to be actively included and involved in self-evaluation and not only towards the end of the process.

‘JEE provides an enabling environment for the World Bank to provide finance’

Updating the JEE Tool

Participants agreed that no radical changes should be made to the tool, in order to maintain the ability to compare the results of JEEs within the same country over time. However, they acknowledged the need to strengthen the tool technically, and ensure that the JEE process is embedded into the broader picture of national planning mechanisms.

Cross-Cutting Changes and Recommendations

The meeting participants first considered a number of proposals regarding cross-cutting changes to the JEE tool. The outcomes from the discussion are as follows:

- The proposal to add two indicators on financing to the National Legislation, Policy and Finance technical area (and not as a new technical area), was supported and accepted (see next section for further details).
- There was a lengthy, considered discussion on whether to change the description for the lowest score, currently ‘No capacity’, due to rarity of any countries having no capacity at all. Alternatives discussed include “fragile”, “inadequate” or “constrained capacity”. As none of the alternatives received significant support, there were no strong objections to retaining the current description. The JEE Secretariat will review with WHO regional offices and further deliberate and finalize.
- Participants considered the option of changing the colour coding for scores 2 and 3, as both are currently yellow. A variety of alternatives were presented, including changing the colour of score 2 to orange. However no participants felt strongly that the colours should be changed and so agreed that they would remain unchanged.

Discussion on how to present countries’ varying capabilities in the animal and human health sectors was discussed. The WHO secretariat will do further deliberation on this subject while reviewing the recommendations.

‘The JEE indicators are designed to give a proxy picture of the country’s capacities, not a complete picture or an aggregation of all details at all levels.’

Review of Technical Areas

Participants were divided into five groups to review the 19 technical areas, using the feedback collected. They reviewed the indicators, attributes and questions of each of the 19 technical areas and proposed critical changes. Cross-cutting recommendations that emerged from these discussions include the following:

- The JEE needs to be cross-referenced with other tools within the IHR MEF, for example the IHR Annual Reporting Tool.
- Some working groups at the meeting proposed drastic changes. The extent to which changes are applied should be consistent across technical areas.
- WHO should prioritize the inclusion or revision of footnotes, questions and guidance, rather than indicators or attributes.
- Referencing and linking with other technical areas and external initiatives (for example in Polio) could be improved.
- Consistent terminology is needed across technical areas and the glossary should be improved.
- WHO should aim for a basic level of consistency among indicators between related technical areas.
- Consider how the tool can evaluate work on the ground, as well as documentation.
- The inclusion of finance indicators is important and should be fast tracked if possible.

Technical Area Recommendations

Five groups of participants reviewed the proposed changes to the JEE Tool and provided recommendations. Their high-level recommendations and proposed approaches are provided below. These represent the views of each group, not necessarily all meeting participants. Groups' detailed proposals and recommendations, including extensive editorial changes in some cases, have been provided to the JEE Secretariat for consideration and potential inclusion in the next version of the tool.

Based on the feedback collected and discussed in the meeting, WHO will make recommended changes, with the priority on maintaining simplicity, comparability between reports on the same country, and the overall momentum of the JEE programme.

National Legislation, Policy and Financing

- Add two financing indicators: one on routine financing and one on emergency, or surge, financing
- Combine existing two indicators on national legislation as one.

IHR coordination, Communication and Advocacy

- The IHR National focal point should be clearly engaged in information exchange regarding national coordination of responses (but not solely responsible).

Antimicrobial Resistance (AMR)

- Reflect the need for a National Action Plan on AMR and multisectoral collaboration.
- Remove laboratory capacity as a stand-alone indicator in this technical area.
- Better reflect the Global Action Plan on AMR and be consistent with the AMR self-monitoring tool.

Zoonotic Diseases

- Add more terms to the glossary (including ‘One Health approaches’) and revise definition of ‘zoonotic disease’.
- Adjust scoring language to include joint prioritizations and coordination (i.e. no coordinated mechanism rather than no mechanism).

Food Safety

- Recommend the inclusion of waterborne diseases.
- Clarify that capacity for surveillance and response should be country-wide.
- Recommend two indicators: one for detection, one for response.
- Capacity level wording for the response indicator should reflect the original version, with some modifications.

Biosafety and Biosecurity

- Clarify the scope and definition for this technical area—all pathogens not just highly dangerous pathogens.
- Make indicator level descriptions broader and more inclusive as current text is too prescriptive. Reduce the variables for each indicator rating level.

Immunization

- Proposed revisions to immunization attribute descriptions for Indicator P.7.1 and P.7.2.
- Targets do align with WHO targets in MMR Strategic Plan 2020, so no changes are necessary for attributes, but it would be helpful to show how WHO global targets for measles vaccine coverage align with JEE targets.

National Laboratory System

- Clarity is required on priority diseases and core tests for different sectors (Indicator D1.1).
- Include all relevant sectors, but differentiate between animal and human health in indicators.
- Combined proposed indicator as ‘Effective national diagnostic network’ inclusion of point of care and farm-based diagnostics in various capacity levels
- Clarify whether the chemical, radiation and food safety technical areas have laboratory capacity included.

Surveillance

- Several recommendations regarding combining or revising indicators, including new titles for “Integrated Surveillance and Use of Electronic Tools” (D2.2) and “Analysis of Surveillance

Data” (D2.3), and combination of Indicators D.2.1 and D.2.4 into a ‘Surveillance System’ indicator.

Reporting

- Retain title as Reporting versus ‘National and International Reporting’ or ‘Notification’
- Reporting within 24 hours is difficult to achieve, but countries should strive to achieve this standard for Level 4.
- Clarify that Indicator 1 is related to whether the National Focal Point (NFP) can report (the system), and Indicator 2 is related to the structure and procedures behind the NFP.

Workforce Development

- Rename to ‘Human Resources’ to align to IHR annual reporting tool. Target text should be adjusted to reflect this change.
- Have quantitative ‘As Measured By’ section for human resources beyond field epidemiologists (midwives physicians, environmental specialists and others).
- Add indicator on availability of In-Service Trainings.

Preparedness

- Consider changing to ‘Emergency Preparedness’.
- Consider relationships between preparedness and response.
- Indicator 1 has been revised by the group, the second requires further work.

Emergency Response Operations

- Include all hazards rather than specific biological terminology.
- Move to a single Emergency Operating Centre indicator.
- Move indicator on case management to medical countermeasures technical area

Linking Public Health and Security

- Consider how to capture discussion on how the military can support the public health response.
- Consider the trigger points for security sector involvement.

Medical Countermeasures

- Rapid Response Teams and Emergency Medical Teams need to be referenced (for national and international deployment).
- Medical countermeasures in this context normally refer to pharmaceuticals, but should this cover personnel and other consumables. Is a medical supply a better term?

Risk Communications

- Disagree on proposal to combine indicators, but agree with need for more clarity so technical area is less time consuming.
- Indicator 5.5 modified to ‘Addressing Perceptions Behaviours and Misinformation’.

Points of entry

- Minor changes proposed, including a clarification and footnote on the role of public health preparedness plans as part of wider emergency planning at points of entry.

Chemical Events

- Amend the language to reflect the involvement of multiple sectors.
- Clarify, through a footnote, that capacity should be country wide yet infrastructure doesn't need to be available in all regions.
- Amend the language in the indicators to reflect an incremental increase in capacity as the scores increase.

Radiation Emergencies

- Additional clarification is required regarding a graded approach, hazard assessment, and emergency preparedness categories so that score is based on the hazards present in the country.
- Clarify that arrangements are not limited to having in-country capacity but can include having access to capacity.
- Make indicators specific to public health and medical aspects to avoid duplication with other peer review processes.

Review of the JEE Process

Participants were divided into five groups with the objectives of discussing and reviewing current JEE process (before, during and after a JEE mission) and agree on and/or propose critical changes on the JEE process.

Crosscutting Recommendations

In addition to the written comments collected, the JEE Secretariat has received a large amount of feedback on the JEE process during JEE missions, using feedback forms, discussion on teleconferences and additional ad hoc comments. The technical meeting provided an opportunity to share; reflect on, and address these comments in a systematic fashion. Cross-cutting recommendations that emerged from the working groups included:

- Countries and WHO should continue working in close collaboration for the preparation of the JEE mission to ensure that sufficient time is allocated to the self-evaluation and that it is submitted in a timely fashion.
- Set timelines for the JEE process and integrate these timings with national planning and budget cycles.
- The highest level of multisectoral political support should be engaged in the beginning of the JEE process.
- Some important questions, such as 'is there sufficient political engagement' and 'is the self-evaluation robust enough', should be addressed jointly by WHO and the host country before embarking on the JEE mission.
- Country ownership is key and there is a need to be flexible with the process, balancing what has to be done for the JEE and what is the most appropriate way to proceed based on the country context.

- The JEE is an important piece of work, but countries should not consider the JEE in isolation but as part of a monitoring and evaluation framework that leads to national action planning, costing and financing within a multisectoral approach.
- WHO and partners should advocate for the development of a national action plan, which can be based on existing regional and global frameworks. They should engage with key stakeholders (including from the Ministry of finance and planning) as early as possible in the process to ensure sustainability and reduce the time between the JEE and the national action plan.
- Community engagement, through local NGOs, should always been considered.
- WHO and partners should support countries with their self-evaluations, and in moving forward following JEEs.

Specific Process Area Recommendations

Participants worked in groups to reflect on specific aspects of the JEE process. Their high-level recommendations are as follows:

Country Preparation for JEE

- It is key for WHO to communicate the opportunity to volunteer for a JEE through various formal and informal opportunities and consider including it within the development of the country cooperation strategy. As part of the initial engagement, there should be a commitment, by the country, to publish the report, as well as a multi-sectorial approach and high-level commitment.
- In the planning phase, WHO should provide flexible support and guidance to a country-led process. This process should include mapping partners across sectors, including the private sector, and could include the formation of a working group. It is essential to identify the coordinating institution or ministry and develop an operational plan/timeline of activities, among other activities.
- A three-six month timeline, from country request to mission is recommended to allow for proper planning and preparation.
- Proposed changes to the guide on self-evaluation and country preparation include:
 - Provide a flowchart of key events and steps.
 - WHO/the JEE secretariat should provide guidance on the identification of stakeholders and partners.
 - Edits to the self-evaluation check-list.

Additional comments in plenary included:

- Partners (including FAO, OIE and the World Bank) should be informed when WHO sends an invitation for a JEE.
- Timelines should include the development of National Action Plans, so that the whole cycle is clear.
- It is good practice to quality assure the status of all preparatory work at the 8 week point before a JEE, when postponement remains an option.
- Engagement at the political level can be carried out through cross sectoral-groupings, for example through the Prime Minister (or equivalent's) office, while respecting WHO protocols with Ministries of Health.

Subject Matter Experts and Rostering

- The JEE team should include experts from inside and outside the region. High priorities include participation by experts from countries who have previously undergone a JEE and points of contact from countries who have volunteered to undergo a JEE
- The Team Leader requirement should be for experience working in ‘multiple countries’, not ‘developing’ countries.
- The group proposed new ideas, including the provision of WHO country profiles in advance to JEE team members, minimum years of experience for team members, improved visibility of expert availability and the designation of a One Health team member.
- Additional considerations include insufficient lead-time for invited experts, the need to balance host countries’ requests for smaller teams with the need for technical expertise, and establishing some basic consistency to rostering.
- Team members are not the designated officials to speak to the press thus WHO will share necessary guidance on speaking to press if necessary. It is noted that any interaction with media is important and should be coordinated and agreed with WHO CO and the host country.
- SMEs should be reminded of cultural sensitivities, and respect local customs and traditions

JEE Mission

- The -day time frame was deemed a sufficient amount of time, but there is a need for an orientation session for both JEE experts and the country team before the start of the evaluation. The agenda for the mission should consider different situations and contexts. Best practices include participation in all technical area discussions and high-level representation from the host country.
- The JEE Secretariat should identify technical areas that require more time and adjust the agenda accordingly. In some situations there could be side sessions to clarify issues, and flexibility for parallel sessions.
- All team members should participate in field visits and these should be held on one day (but not the last day) so that all experts can join technical discussions. Recommended site visits include laboratories and points of entry, with other sites which can reflect aspects of the evaluation.
- Materials and resources are useful, but they also require a standard orientation package and a standard checklist for field visits. Simultaneous interpretation may also be required.
- The report-writing template is sufficient, but the template should be shared early and discussed during orientation. The completeness of technical leads’ reports is dependent on the availability of background documents.
- The presence of a writer/ editor has been especially valuable, particularly as the report is the final output of the mission and should be done in a timely fashion and to a high standard.
- It is important to explain the purpose of site visits to the JEE team and hosts in terms of it not as an inspection, but more an opportunity for the team to get additional context.
- Team members should attend for the full six days, not part of the mission, as all areas are interconnected and the team is required to report to the host country on the final day.
- Having all team members in the room can be important, especially with regards to the ‘One Health’ approach. Therefore the benefits and downsides of side meetings and parallel sessions need to be carefully considered.

Guidelines for the JEE Process

- JEE teams visiting need to understand the context of countries to see how the JEE will add value to what already exists or is process.
- The JEE is part of a continuum (including self-evaluation, JEE mission national action planning and costing) and should be integrated with other sectors and national plans and mechanisms to avoid duplication.
- Expectations from the JEE mission should be set early with a wide variety of high-level policy makers and engagement.
- The timetable for follow up should be discussed during the JEE Evaluation. Countries should lead the action plan with the Ministry of Finance and Planning.
- JEE is not just about the number of missions. The final goal is strengthening health systems for health security so that should be the guiding objective.
- Recommendations for change include more investment at the beginning of the process (on integrated planning for example), engagement of high-level policy makers from different sectors, the use of existing mechanisms or planning processes in the country, and the development of guidance and tools to help countries deal with requests from the JEE team and guidance on how to move from one level to the next.
- The end-to-end process should be discussed early with the host country in order to plan for all stages of the process, including the development of national action plans.

Performance Evaluation of the JEE missions

- The working group agreed with the proposed key performance indicators.
- Clarification is needed on the outcomes being measured, the target audience and owners of information.
- Future discussions will be needed to determine how activities towards addressing priority actions stemming from JEEs will be evaluated in subsequent JEEs.
- Checklists can be simplified, pulling out some key questions that are actionable. They should also not be too prescriptive, particularly for self-evaluation. The context for each country is different.
- Stick to methodologies and tools that are less burdensome to operationalize and/or are already being implemented—post-mission debriefs and some of the checklists.
- For the evaluation of JEE outcomes, there is a need to define criteria (progress identified through IHR annual reporting)
- The JEE process is ultimately owned by the WHO Secretariat, but outcomes are owned by Member States.

Use of IHR Monitoring and Evaluation for Planning

The final technical session focussed on how IHR monitoring and evaluation can be used for planning, aligned with other initiatives, supported by different sectors and tailored for different situations. Invited participants from civil society were given the floor.

SAFETYNET presented their insights on the role of nongovernmental organizations, arguing that including NGOs in the IHR monitoring and evaluation process can add credibility, transparency and capacity building capabilities for implementation.

Norway presented its experience of applying IHR monitoring information to country planning, concluding that assessment is just the beginning of a process. The main focus is on work planning, implementation and the development of long-term partnerships and collaborative agreements that foster country ownership.

The Alliance explained how it provides a platform for the discussion and exchange of views and experiences among partners to facilitate engagement between countries and other relevant organizations and stakeholders involved in building health security across different sectors that are implementing the One Health approach.

The International Atomic Energy Agency (IAEA) presented its own peer review evaluation, the Emergency Preparedness Review, and how it complemented the JEE. The organization's view is that assistance should be coordinated, and in response to the needs of a country. There is some overlap with JEE, therefore the IAEA is looking to standardise guidelines and terminology.

The WHO presented on the application of IHR monitoring and evaluation for health systems strengthening (HSS), commenting that efforts on health security and HSS are mutually dependent and benefit from joint work.

The WHO Eastern Mediterranean Regional Office said that JEE can add value in crisis situations. However there needs to be linkages between priority actions and short-term emergency response programmes and activities, as well as specific priorities for capacity building. Guidelines for JEEs in crisis countries should be developed.

Next steps

The technical review meeting yielded a significant number of recommendations and detailed proposals for improvements to the JEE tool and process. WHO will take on the responsibility to decide on the final changes to be included in the second version of the tool. This will be done in close consultation with WHO regional offices. Consideration will be given on maintaining simplicity, comparability between reports on the same country, and the overall momentum of the JEE programme. The next steps include:

- The IHR Monitoring and Evaluation Framework, which includes the JEE, will be presented at the World Health Assembly in May 2017 as part of the IHR global implementation plan.
- The JEE Secretariat will review the recommendations and detailed proposals for changes to the tool and process and develop revised documents by August 2017, in collaboration and consultation with WHO regional offices, partners and Member States as necessary.
- The new financial indicators will be proposed and piloted in upcoming JEE missions and planning.
- A proposal for piloting the revised JEE tool will be developed in the last quarter of 2017.
- The revised tool will be launched in 2018.
- Guidelines for JEE in crisis countries will be developed.

Annex 1: Agenda

WHO Technical Review Meeting of the Joint External Evaluation (JEE) Tool and Process

19-21 April 2017
Crown Plaza Geneva
Geneva, Switzerland

Agenda

Day 1: 19 April 2017		
Sessions	Topics	Presentation
Session I: Opening and Setting the Scene		
09:00 – 09:45	Chair: Dr Guenael Rodier, WHO Welcome and Opening Remarks Setting the Scene: Over One Year of Joint External Evaluation	Dr Guenael Rodier Dr Stella Chungong
Session II: Country and Regional Experience on Joint External Evaluation (JEE)		
09:45-10:45	Presentations: JEE experience from 3 countries from three WHO Regions (12 minutes each) – <i>Representative of Member States makes presentation</i> Chair- Dr John Simpson, United Kingdom Co-chair – Dr Samuel Okuthe (UN- FAO) <ul style="list-style-type: none">• African Region – Tanzania• Eastern Mediterranean Region – Saudi Arabia• European Region – Belgium Questions and Answers	Dr Janneth Maridadi Mghamba (Tanzania) Dr Abdullah Asiri (Saudi Arabia) Dr Daniel Reyders (Belgium)
10:45 – 11:00	Group Photo	JEE secretariat
Coffee break (11:11 – 11:30)		

11:30 – 12:30	<p>Presentations: JEE experience from three WHO Regions (10 minutes each) - <i>IHR contact points of region makes presentation</i></p> <p>Chair- Dr Abdullah Asiri (Saudi Arabia) Co-chair – Dr Massimo Ciotti (ECDC)</p> <ul style="list-style-type: none"> • Regional Office for the Americas (AMRO) • South East Asia Regional Office (SEARO) • Western Pacific Regional Office (WPRO) <p>Questions and Answers</p>	<p>Dr Roberta Andraghetti (AMRO)</p> <p>Dr Bardan Rana (SEARO)</p> <p>Ms Sarah Hamid (WPRO)</p>
Lunch (12:30 – 13:30)		
Session III: Partners’ perspective and experience on Joint External Evaluation (JEE)		
13:30 – 14:15	<p>Presentations on JEE experience from Partners and Agencies (7 minutes each)</p> <p>Chair- Dr Maria Consorcia Quizon, SAFETYNET Co-chair – Dr Youngmee Jee (The Republic of South Korea)</p> <ul style="list-style-type: none"> • Food and Agriculture Organization (FAO) • World Organisation for Animal Health (OIE) • United States - Center for Disease Control (CDC) • The World Bank (WB) – via audio Connection <p>Questions and Answers</p>	<p>Dr Julio Pinto (FAO)</p> <p>Dr Francois Caya (OIE)</p> <p>Dr Kashef Ijaz (CDC)</p> <p>Dr Patrick Lumumba Osewe (WB)</p>
Session IV: Moving towards JEE tool review		
14:15 – 15:00	<p>Presentation:</p> <p>Chair – Dr Karen Sliter, USA Co-Chair - Dr Susan Corning, OIE</p> <ul style="list-style-type: none"> • Overview of JEE Feedback on JEE Tool and Process • Consolidated Feedback on JEE Tool <p>Questions and Answers</p>	<p>Dr Rajesh Sreedharan</p> <p>Dr Nirmal Kandel</p>
Coffee Break (15:00 15:30)		
15:30 – 17:15	<p>Group Work <u>Group work guidelines</u> Participants are divided into five groups for breakout session</p> <ul style="list-style-type: none"> • Group 1 (<u>National Legislation, Policy and Finance IHR Coordination, Points of Entry, Preparedness</u>) – Breakout Room: Plenary Room • Group 2 (<u>Anti-Microbial Resistance, Laboratory, Bio Safety/Security</u>) – Breakout Room: Servette 	<p>Dr Rajesh Sreedharan</p>

	<ul style="list-style-type: none"> • Group 3 (<u>Emergency Response, Public Health and Security, Medical Counter Measures and Personnel Deployment, Risk communication</u>) – Breakout Room: Cornavin • Group 4 (<u>Zoonotic diseases, Food Safety, Chemical Events and Radiation Emergencies</u>)– Breakout Room: Cointrin • Group 5 (<u>Surveillance, Immunization, Reporting, Workforce Development</u>) – Breakout Room: Meyrin 	
17:15 – 17:30	Wrap up of Day 1	Ms Dalia Samhuri

Day 2: 20 April 2017		
Session IV: Moving towards JEE tool review continues		
Sessions	Topics	Presentation
09:00-09:15	Major key Issues and guidance on plenary presentation <ul style="list-style-type: none"> • Major Key Issues of Day 1 	Dr Rajesh Sreedharan
09:15 – 10:45	Group Work Continues	Facilitators
Coffee Break (10:45-11:15)		
11:15-13:00	<p>Group Work Plenary Presentations (10 minutes each)</p> <p>Chair- Dr Joy St. John, Barbados Co-chair – Dr Corien Swaan, The Nederland</p> <ul style="list-style-type: none"> • Group 1 (<u>National Legislation, Policy and Finance IHR Coordination, Points of Entry, Preparedness</u>) • Group 2 (<u>Anti-Microbial Resistance, Laboratory, Bio Safety/Security</u>) • Group 3 (<u>Emergency Response, Public Health and Security, Medical Counter Measures and Personnel Deployment, Risk communication</u>) • Group 4 (<u>Zoonotic diseases, Food Safety, Chemical Events and Radiation</u>) – Breakout) • Group 5 (<u>Surveillance, Immunization, Reporting, workforce development</u>) <p>Questions and Answers</p>	Rapporteurs of each group
Lunch (13:00 – 14:00)		
Session V: Moving toward JEE Process review		

14:00 – 14:45	<p>Presentation: Consolidated Feedback on JEE Process</p> <p>Chair – Dr Simo Nikkari, Finland Co-Chair - Dr Janneth Maridadi Mghamba</p> <p>Questions and Answers</p>	Dr Rajesh Sreedharan
14:45 - 17:20 (Coffee Break Included)	<p>Group Work <u>Group work guidelines</u> Participants are divided into five groups for breakout session</p> <ul style="list-style-type: none"> • Group 1: Country Preparation for JEE - Breakout Room: Meyrin • Group 2: Subject Matter Experts and Rostering – Breakout Room: Plenary Room • Group 3: Approach and Implementation of the JEE mission – Breakout Room: Servette • Group 4: Outputs of the JEE and their application (Post JEE Activities) – Breakout Room: Cornavin • Group 5: Performance Evaluation of JEE (Performance evaluation guide and checklist) – Breakout Room: Cointrin 	Dr Nirmal Kandel
17:20 – 17:30	Wrap up of the day	Dr Bardan Rana
18:00 – 19:00	Social Event	Hosted by WHO

Day 3 : 21 April 2017		
Sessions	Topics	Presentation
Session V: Moving towards JEE Process review		
09:00 – 10:45	<p>Group Work Plenary Presentations (10 minutes each)</p> <p>Chair- Dr Hamid Jafari, USA Co-chair – Dr Ambrose Talisuna, WHO</p> <ul style="list-style-type: none"> • Group 1 – Country Preparation for JEE • Group 2 – Subject Matter Experts and Rostering • Group 3 – Approach and Implementation of the JEE mission • Group 4 – Outputs of the JEE and their application (Post JEE Activities) • Group 5 – Performance Evaluation of JEE (Performance evaluation guide and checklist) <p>Questions and Answers</p>	Rapporteurs of each group
Coffee Break (10:45-11:15)		
Session VI: Use of IHR monitoring and evaluation for planning		

11:15-12:30	<p>Panel Discussion (6 panelists make 6 minutes presentation each)</p> <p>Chair- Dr Guenael Rodier, WHO Co-chair – Prof. Mahmudur Rahman, Bangladesh</p> <ul style="list-style-type: none"> • Role of Non-government organization for implementation of IHR MEF and planning – SAFETYNET • Application of IHR Monitoring information for country planning - Norway • Use of IHR monitoring and evaluation for planning - JEE Alliance • Application of peer review evaluation of IAEA on IHR implementation - International Atomic Energy Agency • Application of IHR monitoring and evaluation for health system strengthening - Service Delivery and Safety, WHO • JEE in Crisis Country - WHO Regional Office for the Eastern Mediterranean (EMRO) <p>Questions and Answers</p>	<p>Dr Maria Consorcia Quizon, (SAFETYNET) Dr Susan Nygard (Norway) Dr Simo Nikkari (Finland) Mark N. Breitingner (IAEA) Dr Edward Talbott Kelly (WHO) Ms Dalia Samhuri (WHO- EMRO)</p>
Lunch (12:30 – 13:30)		
Session VII: Closing Session		
13:30 – 13:50	<p>Chair – Dr Guenael Rodier</p> <p>Summary and Next Steps</p>	<p>Dr Stella Chungong</p>
13:50 – 14:00	<p>Closing Remarks</p>	<p>Dr Guenael Rodier and Dr Peter Graaff</p>

Annex 2: Participants of the Meeting

WHO Technical Review Meeting of the Joint External Evaluation (JEE)

Tool and Process

Crowne Plaza, Geneva, Switzerland, 19-21 April 2017

LIST OF PARTICIPANTS

AFRICAN REGION

KENYA	Dr Athman Mwatondo , Zoonotic Disease Unit (ZDU), Ministry of Health, Nairobi
SIERRA LEONE	Dr James Akpablie, MD, MPH, Dip GUM, RH, HSS Specialist, Surveillance, DPC (MOHS) , SL Technical Lead - PHNEOC, Freetown
TANZANIA	Dr Janneth Maridadi Mghamba, Assistant Director , Epidemiology and Program, director TFELTP, Ministry of Health and Social Welfare, Dar es Salaam

REGIONS OF THE AMERICAS

BARBADOS	Dr Joy St. John, Chief Medical Officer, Ministry of Health of Barbados, Bridgetown
BRAZIL	Dr Wanderson Kleber de Oliveira, Researcher - Epidemiologist, Ph.D. ,Center of Data and Knowledge Integration for, Health (CIDACS), Gonçalo Moniz Institute (IGM) Oswaldo Cruz Foundation (FIOCRUZ), Salvador
CANADA	Dr Tracy Gibbons, Chief, Situational Awareness Section, Centre for Emergency Preparedness and Response, Public Health Agency of Canada, Ottawa Dr Denise Werker, Deputy Chief Medical Health Officer, Saskatchewan Ministry of Health, Regina
URUGUAY	Dr Lucia Alonso, Advisor, Health Directorate, Ministry of Public Health of Uruguay, Montevideo
USA	Dr Jose Fernandez, Office of Global Affairs, U.S. Department of Health and Human Services (DHHS), Washington, DC Dr Lindsay Parish, Infectious Disease and Vaccine Advisor, Emerging Threats Division, Office of Infectious Disease, Bureau for Global Health Research Division, U.S. Agency for International Development, Washington Dr Karen Sliter, Regional Manager for Europe, Africa and The Middle East International Services, Animal and Plant Health Inspection Service, United States Department of Agriculture, United States Mission to the European Union,

Bruxelles

Dr Susan Weekly, United States of America, Department of Defense

EASTERN MEDITERRANEAN REGION

LEBANON	Dr Atika Berry MD, MPH, Head of The Preventive Medicine Dpt, Head of the Communicable Diseases Dpt, Ministry of Health, Beirut
MOROCCO	Dr Amal Barakat, Head of Influenza National reference Laboratory, National Institute of Hygiene, Ministry of Health, Rabat
SAUDI ARABIA	Dr Abdullah Asiri, Adult infectious diseases consultant, Assistant Deputy Minister, Preventive, Health, IHR National Focal Point, Ministry of health, Riyadh
TUNISIA	Dr Habiba Al Mamlouk, IHR National Focal Point Coordinator, Ministry of Health, Tunis

EUROPEAN REGION

BELGIUM	Dr Daniel Reynders, Head of Service, General Services International Relations and Public Health Emergencies, Bruxelles
FINLAND	Professor Simo Nikkari, Professor, Centre for Military Medicine, Finnish Defence Forces, Tukholmankatu 8A, Helsinki Professor Mika Salminen, Professor, National Institute for Health and Welfare, Helsinki
NETHERLANDS	Dr Corien Swaan, Center for Infection Prevention, RIVM, Bilthoven
NORWAY	Dr Karin Nygard DVM, PhD, Senior Advisor, Infectious Disease Control, Norwegian Institute of Public Health, Oslo
UNITED KINGDOM	Dr John Simpson, Public Health England, London

SOUTH-EAST ASIA REGION

BANGLADESH	Professor Dr. Mahmudur Rahman, Former Director, Institute of Epidemiology, Disease Control and Research (IEDCR) & National Influenza Centre (NIC), Mohakhali, Dhaka 1212
INDONESIA	Ms. Dwi Alifatul Himiyah, Staff, Bureau of International Cooperation, Jakarta Dr Pretty Multihartina, PhD, Director of Center for Research and Development of Biomedical and Basic Health Technology, NIHRD, Jakarta
MALDIVES	Dr Ibrahim Afzal, Epidemiologist, Health Protection Agency, Male

WESTERN PACIFIC REGION

AUSTRALIAN PERMANENT MISSION TO THE UNITED NATIONS, GENEVA	Ms Madeleine Heyward, Counsellor (Health), Australian Permanent Mission to the United Nations, Geneva
CAMBODIA	Dr Sovann Ly, Director Department of Communicable Disease Control, Ministry of Health, No. 80, Samdach Penn Nouth Blvd (289), sangkat Boeungkak 2, Tuol Kok, Phnom Penh
LAO PDR	Dr Sisavath Souththaniraxay, Deputy Director General, Department of Communicable Diseases Control, Ministry of Health, Vientiane
REPUBLIC OF KOREA	Dr Youngmee Jee, Director, Center for Immunology and Pathology, National Institute of Health, Korea Center for Disease Control and Prevention, Ministry of Health and Welfare, 187 Osongsaengmyoung 2(i)-ro, Osong-eup, Cheong-ju Chungcheongbuk-do
VIET NAM	Dr Vu Ngoc Long, MD, Head of Border Health Quarantine Division, Member of National IHR Focal Point, General Department of Preventive Medicine, Ministry of Health, Hanoi

NON-GOVERNMENTAL ORGANIZATION

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, SWITZERLAND	Mr Panu Saaristo, Emergency Health Coordinator, Geneva Secretariat of the International Federation of Red Cross and Red Crescent Societies, Geneva
DIAGNOSTIC MICROBIOLOGY DEVELOPMENT PROGRAM, CAMBODIA	Dr Joanne Letchford, Cambodia Country Director, Diagnostic Microbiology Development Program, Phnom Penh
HUMAN LINK, USA	Dr Ghazi Kayali, PhD, MPH, Chief Executive Officer, Human Link, Adjunct Assistant Professor, University of Texas Health Sciences Center, Department of Epidemiology, Human Genetics, and Environmental Sciences, Houston, Texas
SOUTH ASIA FIELD EPIDEMIOLOGY AND	Dr Maria Consorcia Quizon, Executive Director, South Asia Field Epidemiology and Technology Network, Inc. (SAFETYNET), Quezon city

TECHNOLOGY
NETWORK, INC.,
PHILIPPINES

INTERNATIONAL PARTNERS

CENTERS FOR DISEASE CONTROL AND PREVENTION, WASHINGTON

Ms Susan Hiers, Health Scientist, National Center for Immunization and Respiratory Diseases Office of Infectious Diseases Control and Prevention, Washington

Dr Kashef Ijaz, Principal Deputy Director

Dr Hamid Jafari, Deputy Director

INTERNATIONAL ATOMIC ENERGY AGENCY, AUSTRIA

Dr Mark Breitingner, Incident and Emergency Centre (IEC), Department of Nuclear Safety and Security, International Atomic Energy Agency, Vienna

EUROPEAN CENTRE OF DISEASE PREVENTION AND CONTROL, SWEDEN

Dr Massimo Ciotti, Deputy Head of Unit Public Health Capacity and Communication, Head of Section Country Preparedness Support European Centre for Disease Prevention and Control (ECDC), Solna

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Dr Julio Pinto, Food and Agriculture Organization of the United Nations, Rome, Italy

United Nations International Children's Emergency Fund

Dr Samuel Okuthe, Regional Epidemiologist, Food and Agriculture Organization of the United Nations, Nairobi, Kenya

United Nations International Children's Emergency Fund

Dr Alexander Rosewell, Health Specialist, United Nations International Children's Emergency Fund

WORLD BANK

Dr Patrick Lumumba Osewe, Lead Health Specialist for the Southern Africa region of the World Bank. Based in South Africa

WORLD ORGANIZATION FOR ANIMAL HEALTH, FRANCE

Dr François Caya, Chef du Service des Actions Régionales, Head of the Regional Activities Regionales (OIE), Paris

WORLD ORGANIZATION FOR ANIMAL HEALTH, FRANCE

Dr Susan Corning, Senior Advisor to the OIE Deputy Director General, International Standards and Science World Organization for Animal Health (OIE), Paris

World Health Organization

WHO FOR AFRICAN REGION

Dr Ambrose Talisuna, Adviser, Country Health Emergency Preparedness & IHR

WHO FOR REGION OF THE AMERICAS	Dr Roberta Andraghetti, IHR Advisor
WHO FOR EASTERN MEDITERRANEAN REGION	Ms Dalia Samhouri , Technical Officer
WHO FOR EUROPEAN REGION	Mr Vasily Esenamanov, Technical Officer
WHO FOR SOUTH-EAST ASIA REGION	Dr Bardan Rana, Regional Adviser, International Health Regulations
WHO FOR WESTERN PACIFIC REGION	Ms Sarah HAMID, Technical Officer
WHO GHANA	Dr Sally-Ann Ohene, National Professional Officer
WHO HEADQUARTERS	Dr Guenaël Rodier, Director, Country Health Emergency Preparedness & IHR Dr Stella Chungong, Chief a.i. CME Dr Florence Janine Fuchs, Chief a.i. PCB Mr Dominique Metais, Programme Manager, Country Country Health Emergency Preparedness & IHR Mr Jonathan Abrahams, Technical Officer, Operational Readiness Dr Carmen Dolea, Technical Officer , IHR Committees and Travel & Trade Dr Stéphane De La Rocque De Severac, Technical Adviser, One Health Mr Philippe Eric Gasquet, Team Leader, Training and Learning Solutions Dr Kazunobu Kojima, Scientist, Lab Strengthening Mr Daniel Lins Menucci, Team Leader, Transport, Tourism & Mass Gatherings Dr Pierre Nabeth, Epidemiologist, EWAR & National Surveillance Mr Ludy Suryantoro, Team Leader, Strategic Partnership Portal and Country Planning Dr Ninglan Wang, Technical Officer, Transport, Tourism & Mass Gatherings Dr Jun Xing, Technical Officer, IHR Secretariat and Global Functions

Dr Elizabeth Tayler, Technical Officer, Antimicrobial Resistance (AMR)

Ms Veronica Walford, Consultant, Antimicrobial Resistance

Mrs Camila Philbert Lajolo, Technical officer, Operational Partnerships

Dr Edward Kelley, Director, Service Delivery and Safety

Dr Kersten Gutschmidt, Technical Officer, Evidence and Policy on Environmental Health

Dr Gaya Manori Gamhewage, Manager . Experts Networks & Interventions

Ms Aphaluck Bhatiasevi, Technical Officer, Experts Networks & Interventions

Mr Adam Bradshaw, Consultant, Food Safety

Mrs Yuki Minato, Project Officer, Food Safety

Ms Archana Narendra Shah, Health Systems Adviser, Health Systems Governance, Policy & Aid Effectiveness

Mr Odd Hanssen, Technical Officer, Health Systems governance and Financing

Dr Eric Bertherat, Medical Officer, High Threat Pathogens

Dr Zhanat Carr, Scientist, Interventions for Healthy Environments

Ms Nana Afriyie Mensah Abrampah, Technical Officer, Service Delivery and Safety

JEE Secretariat

Dr Rajesh Sreedharan, Team Leader

Dr Nirmal Kandel, Technical Officer

Dr Mika Kawano, Technical Officer

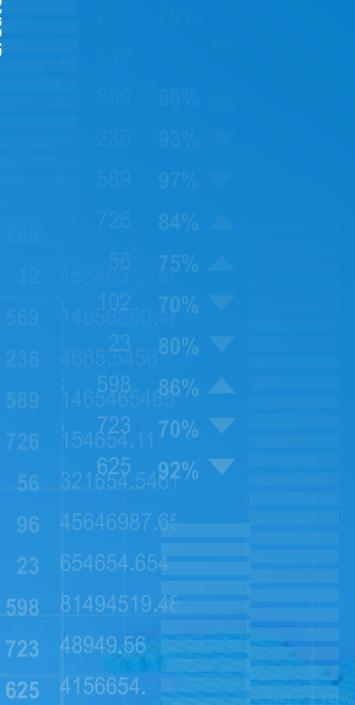
Ms Margot Nauleau, Technical Officer

Ms Nathalie Roberts, Technical Officer

Mr Graham Rady, Consultant

Mr Samuel Nuttall, Consultant, Writer

Ms KK Pruitt, Deloitte Consulting LLP



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