



# **Pre-Mission Orientation Package**

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## Course Information

### Overview

This course provides an introduction to the Universal Health and Preparedness Review (UHPR). The course will be comprised of **4 modules** which provide a comprehensive understanding of the tool, and an assessment at the end to test the knowledge acquired. It targets all **individuals involved in the UHPR process**, for example the external support team, and any individuals or entities involved in the preparedness of and response to health emergencies at all levels, and other complimentary public health efforts.

### Learning Objectives

By the end of this course, participants should be able to:

- ✓ Explain the **purpose** of the UHPR
- ✓ Describe the **added value** of the UHPR
- ✓ Describe the **key steps** of the UHPR process
- ✓ Understand how the UHPR **relates to other global agendas** beyond health security
- ✓ Understand the **roles and responsibilities** of the external support team in the UHPR process; and
- ✓ Identify the **key resources** required to conduct the UHPR

### Course Duration

1 - 1.5 hours.

### Certificates

A record of achievement will be provided to course participants who score at least 80% and above on the final assessment.

For further information regarding the UHPR, please visit <link to website>

## Course Contents

### [Module 1: Context, Purpose and Objectives of the UHPR](#)

This module explains the purpose of the UHPR, what it is trying to achieve and the added value of the UHPR to countries.

### [Module 2: Technical Considerations](#)

This module introduces the components of the UHPR which comprises preparedness, health systems and other interdependencies, key related concepts and covers the difference between the UHPR and other assessment tools.

### [Module 3: Key Steps, Activities and Timeline for the UHPR Pilots](#)

This module covers the important events that take place before, during and after the UHPR mission in a country.

### [Module 4: Available Resources](#)

This module introduces the resources available to support the planning and implementation of the UHPR and highlights where to find them.

## Module 1: Context, Purpose and Objectives of the UHPR



## Module 1: Context, Purpose and Objectives of the UHPR

This module explains the **purpose** of the UHPR, what it is trying to achieve and the **added value** of the UHPR to countries.

### Learning Objectives

By the end of this module, you should:

- ✓ Understand what the UHPR is
- ✓ Understand the context and key principles behind the UHPR
- ✓ Understand the purpose and objectives of the UHPR; and
- ✓ Understand the added value of the UHPR

### Context

The rapid emergence and spread of COVID-19 resulted in a significant loss of lives and an unprecedented impact on livelihoods, economies, and societies throughout the world. COVID-19 revealed that no country is fully prepared to deal with a pandemic of such scale, speed of transmission, severity, and impact.

In November 2020, in his opening remarks at the resumed session of the 73rd World Health Assembly (WHA), the Director-General of WHO stated:



*“One idea proposed last year by the Central African Republic and Benin as the then-Chair of the African Union is a system in which countries agree to a regular and transparent process of peer review, similar to the system of universal periodic review used by the Human Rights Council. We’re calling it the Universal Health and Preparedness Review”.*

In January 2021, in his opening remarks at the 148th session of the Executive Board, the Director-General of WHO formally announced the Universal Health and Preparedness Review (UHPR). The UHPR process is guided by lessons learned from the COVID-19 pandemic, findings and recommendations of the International Health Regulations (IHR 2005) Review Committee and related reviews, evaluation mechanisms, and WHO resolutions, will focus on **health emergency preparedness** and recovery, incorporating relevant components of **Universal Health Coverage (UHC)** and **healthier populations**.

### What is the UHPR?

The UHPR is a **Member State-led** intergovernmental mechanism, under the auspices of WHO, in which countries **voluntarily** agree to a **regular and transparent peer-to-peer review** of their comprehensive national preparedness capacities.

### Key Principles

The UHPR is driven by key principles which are:

- Global solidarity
- High-level engagement
- Transparency
- Mutual accountability; and
- Inclusivity

### Purpose and Objectives of the UHPR

Based on these key principles, the UHPR seeks to build global solidarity through mutual trust and accountability for health, by bringing nations together as neighbors to support a whole-of-government approach to strengthening national capacities for pandemic preparedness, UHC, and healthier populations.

The desired outcome of the UHPR is to build a strong foundation for a flexible surveillance and response system that has the resilience to scale up to meet expected and unexpected impacts to the health of its people and system.

The UHPR will specifically:

- Promote **global solidarity** for strengthening global health security
- Engage and enhance **whole of government, whole of society and multisectoral** approaches for emergency preparedness
- Monitor, through its monitoring and reporting framework, progress towards greater **accountability, transparency, and common solutions**
- Promote peer review, **learning and mutual trust**
- Provide a framework for **disseminating experiences, solutions, and best practices** to Member States

### Added Value of the UHPR to Countries

Over the years, countries have made efforts in engaging stakeholders beyond the health sector, to identify and address country level gaps in preparedness, detection, and response to public health risks. However, the pandemic has demonstrated the **urgent need to create a high level of shared engagement and accountability** at both national and international levels, and recognition that **countries are only as strong as the weakest link**, and the need for **sustainable long-term investment in emergency preparedness** by countries and stakeholders.

Within the national context, the pandemic has also demonstrated the **need to strengthen health system resilience** and **promote UHC**; critical factors in shaping a country's overall preparedness status.

The UHPR supports the work being done by WHO and Member States to fully implement the IHR 2005, health-related Sustainable Development Goals (SDGs) and the Triple Billion targets, for better health emergency preparedness and protection from global health threats and emergencies.

The UHPR takes a **multisectoral and systems approach** to gauge a country's global obligations in preventing the international spread of disease, along with prioritizing its national responsibility in ensuring health security and emergency preparedness and providing universal access to high-quality healthcare.

This peer-review, based on mutual accountability, will help mobilize support, solutions, and best practices for Member States. Importantly, through its **high level political engagement**

**and participation**, it will elicit high level recommendations (e.g., strategic/policy changes) that will help in providing an enabling environment to implement national plans and institutionalize national resources to national systems.

Subsequently, a robust monitoring and reporting framework will track progress that will lead to enhanced accountability, transparency, and solutions that can be shared. Being a **periodic peer-review process**, the UHPR adds value in ensuring that these issues will be considered and acted upon at the highest political level, government and relevant recommendations will be followed up upon and monitored on regular basis.

The country reviews conducted under the UHPR will complement existing general monitoring and evaluation (M&E) frameworks and its added value lies in its ability to support countries to:

- Promote **high-level political engagement** in health and emergency preparedness as a priority area within government agendas and serve as an impetus for raising visibility, investment, and support towards emergency preparedness and UHC
- Promote **engagement and alignment of national initiatives** with sub-regional and regional initiatives and strategies
- Demonstrate to the global community the country's **transparency, accountability, and commitment** to improving health and emergency preparedness
- Create and strengthen **shared accountability and collective responsibility** among government ministries, civil society, the private sector, and other stakeholders in terms of health security and pandemic preparedness
- Promote **reliable and sustainable domestic funding** to build long-term preparedness capacity, including investments by public and private sectors towards strengthening health systems as a path towards full implementation of IHR and achievement of SDGs
- Provide **evidence for countries to track their progress** in maintaining and strengthening preparedness capacity and transitioning towards UHC
- Promote **sharing and learning** among countries, including through the peer review process
- Assist Member States in identifying opportunities for bilateral and multilateral cooperation to foster **global solidarity**, for strengthening global health security

Finally, UHPR adds value in ensuring that a particular focus is dedicated to the **inclusion of civil society and non-state actors** as the role they play in multilateral processes, including in review mechanisms, has significantly grown in recent years to becoming an expected norm in the establishment of robust multilateral accountability mechanisms. Civil society and communities are often the first responders to health emergencies, and their capacities need to be strengthened to help communities to be more resilient in the face of emergencies, as well as in contributing in the planning and implementing the efforts to achieve UHC. Over the course of the Covid-19 pandemic, civil society has been instrumental in identifying and drawing attention to health preparedness gaps, as well as the cross-cutting implications for development, economies, human rights, and international peace and security.

Civil society's growing influence and the importance of whole-of-society approaches for better management of health emergencies appear in a wide range of areas, including capturing the view of all persons and stakeholders in health decision making, identifying the

needs of populations especially vulnerable and marginalized populations, providing advice on ethical and rights matters, facilitating reconciliation between conflicting groups, etc.

Key Learning Points
The UHPR is a key mechanism in strengthening the global preparedness architecture
It incorporates Triple Billion metrics, UHC, Health Emergency Preparedness and Healthier Populations as critical factors in shaping a country's overall preparedness status
The UHPR offers and promotes new multilateral solutions based on mutual trust, transparency, and an all-of-government and whole of society approaches
The UHPR establishes a regular, transparent mechanism in which governments peer-review and peer-support their national preparedness capacities
The UHPR will foster global solidarity for strengthening global health security

## Module 2: Technical Considerations



## Module 2: Technical Considerations

This module introduces the components of the UHPR which comprises preparedness, health systems and other interdependencies, key related concepts and covers the difference between the UHPR and other assessment tools.

### Learning Objectives

By the end of this module, you should:

- ✓ Understand the proposed **scope** of the UHPR
- ✓ Understand some of the **key concepts** underlying the UHPR; and
- ✓ Understand the **difference between the UHPR and current national assessments** including the Joint External Evaluation

### Proposed Scope of the UHPR

There are three broad categories of preparedness and recovery that the UHPR proposes to review. These are based on:

- A. Gaps, challenges, and priorities garnered from a review of the capacity status reports of WHO IHR monitoring and evaluation tools
- B. Reports of various committees (IHR, Regional Committee, Independent Oversight and Advisory Committee, Global Preparedness Monitoring Board, the Independent Panel for Pandemic Preparedness and Response, etc.)
- C. A literature review of relevant publications on health emergency preparedness since the onset of the pandemic

There are three main categories and ten sub-categories:

#### 1. Governance, Stewardship and Leadership

- **Enabling environment/functions**
  - Legislation, policies, regulations, executive orders (e.g., linked to IHR, policies linked to evidence)
  - Responsible Leadership – National leaders, leaders of international organizations and other stakeholders
  - Innovation, research and development, and fit-for-purpose tools
  - National health policy oriented to PHC/UHC
  - Gender-sensitive preparedness and response
- **Advocacy and oversight**
  - Role of Heads of State and parliamentarians in ensuring national and global solidarity for health security
  - Others e.g., policy makers, regional entities
- **International obligations and its links to national preparedness**
  - IHR (2005)

#### 2. Strong, agile, and coordinated national and global systems for Emergency Preparedness

- **Multisectoral engagement**
  - Adoption of a *One Health Approach* (in the prevention, detection and control of zoonotic diseases and their emergence)

- Established mechanisms for collaboration and coordination with other sectors beyond health (*Multi-sectoral Approach*), and across all levels of government
- Established mechanisms for collaboration across society – civil society, private sector, academia, communities (*Whole of Society Approach*)
- **Resilient Health Systems and beyond**
  - IHR capacities to detect and respond to PH emergencies, including at the subnational levels and in urban settings
  - Capacities to implement risk-based approach for public health measures (including travel measures)
  - Health Systems that can: meet the demands imposed by health emergencies, are agile in the deployment of resources to where the needs are greatest, and can continue the provision of essential services during a severe health emergency
  - Essential Public Health Functions (EPHFs) and public health measures for disease outbreaks, including contact tracing, quarantine, isolation
  - UHC (service provision and financial risk protection) for the population
  - National and subnational surge capacities
- **Engaged citizenship**
  - Trust of governments, management of misinformation and disinformation
  - Proactive risk communication to gain public trust, support, and adherence to public health measures
  - Empowered citizens and communities
  - Sustained support system to engage communities including community health workers
  - Management of collateral effects of severe epidemics and pandemics (mental health, violence etc.)
  - Accountable citizens
- **Sub-regional, regional, and global systems to support national systems**
  - Coordination and collaboration mechanisms between countries including on Public Health and Social Measures (PHSM)
  - Global frameworks for equitable access
  - End to end processes for medical countermeasures, from research to use, at country level (includes regulatory mechanisms, global systems for the monitoring of efficacy and effectiveness)
  - Global and Regional Surveillance: data management and information exchange platforms; real time communications
  - Logistics platforms, emergency stockpiles of essential commodities
  - Vaccine, supplies, and equipment manufacturing platforms
  - Infodemic management<sup>1</sup>
  - Deployable surge workforce and Strategic networks for sustainable Human Resource development

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<sup>1</sup> An infodemic is too much information including false or misleading information in digital and physical environments during a disease outbreak.

- Global Research and Development

### 3. Predictable and Sustainable Resources

- **Investments in National Systems**

#### *Financial Investments*

- Financial resources for emergency preparedness
- Rapid financing mechanisms for emergency response
- National investment and tracking of health systems
- Contingency funding for response

#### *Human Resource Investments*

- Sufficient Human Resource capacity, trained and equipped, that can surge to meet the demands of health emergencies (e.g., dedicated, trained, and equipped human resources for emergencies flexible enough to be deployed to areas of greatest need)

#### *Material Resources Investments*

- Infrastructure (e.g., plans for surge in bed capacity)
- National Stockpiles and supplies (e.g., medical countermeasures, laboratory surge capacity, redeployment of equipment)

- **Solidarity for global health security**

- Bilateral/multilateral mechanisms to provide technical, financial, or other support to improve emergency preparedness in other countries
- Support for global mechanisms for emergency preparedness and response (e.g., global pool of human resources, global stockpiles)

- **Sustained domestic and international investment in prevention and preparedness, commensurate with the scale of pandemic threats**

- Predictable financing mechanisms
- Innovative financing mechanisms (e.g. private sector investments)

The indicators selected are specific, measurable, achievable, relevant, and time-bound (**SMART**) and: i) have a direct enough contribution to health emergency preparedness and recovery, ii) be within reasonable control of countries to act on (for example, population age structure, while it may impact health emergency outcomes, cannot be reasonably changed), and iii) have accurate, up-to-date data (including proxies) available for it to be measured. On this last point, the **UHPR is designed in a way that it would not require additional data collection as far as possible**. Proxies, if available, would be used in the absence of direct data, and only as a last resort would new indicators be collected - mostly in the form of qualitative information.

At a high level, the objective for the UHPR metrics is to produce a summary view of a country's performance in key areas connected to Health Preparedness. This will be assessed by the **UHPR core indicators**, the **Dynamic Preparedness Metric (DPM)**, and triangulated with findings from **qualitative data sources**.

The initial quantitative analyses of UHPR core indicators and DPM provide a baseline assessment of the current situation in a country in key areas. These quantitative assessments can be updated and customized for each country using the UHPR dashboard. The goal of this quantitative analysis is to identify areas of interest ("green flags" or "red

flags”) to investigate further. Further investigation (“deep dive”) of these areas of interest may take the form of supplementary quantitative analysis using additional indicators and using qualitative analysis for complex areas that require more nuanced techniques.

On a more granular level, quantitative data/information sources (that may be augmented by other global indicators at a later stage) include the **IHR Monitoring and Evaluation Framework** (IHR MEF), the **Triple billion dashboard** (including data on UHC, Health Emergencies Protection and healthier populations), other **Health Systems data**, **WHO’s DPM** (inclusion of the DPM summary metrics as well as individual indicators used in the DPM will be considered in conjunction with UHPR Core Indicators to provide a more robust summary and allow validation of findings across different data sources), United Nations Common **Country Analysis of SDGs, risk information** (strategic tool for assessing risks (STAR), Vulnerability and Risk Analysis and Mapping (VRAM), and INFORM risk indices) and other sources like **World Bank**, etc.

Qualitative information for the UHPR is drawn from the IHR MEF’s **Simulation Exercises** and **After Action Review/Intra-Action Review (AAR/IAR)** and other important assessments, evaluations, and reviews. Qualitative information is valuable in verifying the quantitative information therefore, the UHPR will review the qualitative aspect of all the low and high performing areas.

**National and subnational databases** and documents will also be critical sources of information.

It is important to note that **countries may choose to add additional categories and indicators deemed to be important based on country context** (e.g., disaster risk reduction, climate change, humanitarian action, etc.). In this way the UHPR is adaptable to specific country needs. However, this list of additional indicators should be limited to those where the country already has existing data to review.

Finally, and as can be seen, the UHPR draws from many important assessments, evaluations, and reviews, and hence has the additional benefit of complementing data and information already collected and helping to integrate them to inform policy and planning at the highest level. Thus, the UHPR is hoped to act as a catalyst to move stalled initiatives and support the implementation of the recommendations of various assessments and analyses done by engaging the highest national, regional, and international leadership and policy makers to ensure an enabling environment for investment, multisectoral coordination and mutual accountability for public health security.

### Key Concepts

There are a few important related initiatives and concepts that should be understood as they relate to the UHPR:

- **The International Health Regulations (IHR) (2005)** are the regulations designed to prevent the international spread of disease adopted by the Fifty-eighth World Health Assembly on 23 May 2005 and which entered into force on 15 June 2007. The purpose and scope of the IHR (2005) are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade

- **The IHR Monitoring and Evaluation Framework (IHR MEF)** consists of four components: a mandatory State Party Self-Assessment Annual Report (SPAR) and three voluntary components, which are the After-Action Review (AAR), simulation exercises and Joint External Evaluation (JEE). These tools play an important role in piecing together the preparedness status of a country and will continue to run alongside the UHPR
- **Health systems** are the people, institutions, and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill health through a variety of activities whose primary intent is to improve health.
- **Universal Health Coverage (UHC)** is the concept that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. Inclusion of indicators related to UHC provides a more holistic view of preparedness status but also promotes and tracks progress towards UHC
- **The Triple Billion targets** are an initiative to improve the health of billions by 2023; specifically, it seeks to ensure 1 billion more people benefit from UHC, 1 billion more are protected from health emergencies and 1 billion improve their overall health. The Triple Billion dashboard tracks country-level progress to meet these targets and will be an important data source for the UHPR indicators
- **Dynamic Preparedness Metric:** The risk-informed DPM<sup>2</sup> is a multi-dimensional metric that measures preparedness in terms of three separate concepts: hazards, vulnerability, and capacity. The goal of DPM is to display a country's public health preparedness in terms of potential risks and vulnerabilities relative to current capacity levels, for specific syndromic risks and dynamically updated over time. To identify potential preparedness capacity gaps, the DPM views the dimensions as the interaction of two major forces: on one side the hazards and the vulnerability (threats), while on the other side the preparedness capacity. Conceptually, the level of capacity should be high enough to compensate the load of threats faced by a country. If the capacity level is lower than the combined hazards and vulnerability level, there will be a resulting preparedness gap. Ultimately, linkages between DPM metrics and actions to improve related preparedness capacities are informed by IHR Benchmarks guidance.
- **The human rights Universal Periodic Review (UPR)** is a process which involves a periodic review of the human rights records of all 193 UN Member States. It has created a regular and globally recognized instrument in support of dialogue between countries to identify areas for capacity building and cooperation.

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<sup>2</sup> The DPM is composed of three main conceptual dimensions: hazards, vulnerability, and capacity. Hazards represent the load that a country will need to handle based on both severity and probability of an event or the exposure to it. Vulnerability describes the physical, social, economic, and environmental factors which increase the susceptibility of an individual, community, assets, or systems to the impact of hazards. Capacity refers to all knowledge, institutional, and infrastructure systems capacities required to effectively anticipate, respond to, and recover from the impact of a health emergency. These dimensions are combined by informative weighting of indicators representing necessary sub-components and elements within each dimension..





- **The preparedness treaty** is a new convention, agreement, or other international instrument under the Constitution of the WHO to strengthen pandemic prevention, preparedness and response has recently been kickstarted after all 194 members of the WHO reached consensus. The WHO is working on the establishment of the UHPR in parallel and both initiatives are clearly related in spirit

#### Difference Between the UHPR and Current Assessments Including the JEE

Under the International Health Regulations (IHR, 2005), a legally binding document adopted by 196 States Parties, countries are required to develop their capacity to prevent, protect against, control and provide a public health response to the international spread of diseases. To support countries in monitoring and evaluating their capacities and complying with the IHR (2005), the WHO developed the IHR Monitoring and Evaluation Framework (IHR MEF).

The **IHR MEF** was developed in response to the recommendations of the Review Committee on Second Extensions for establishing national public health capacities and on IHR implementation (WHA68/22 Add.16) in 2014. This framework comprises four complementary components: The mandatory **State Party Annual Report**, and the voluntary **Joint External Evaluation, after-action reviews** and **simulation exercises**. The first two are used to review existence of IHR capacities and the second two to assess the potential functionality of capacities.

#### The four components of IHR monitoring and evaluation framework

IHR MONITORING AND EVALUATION FRAMEWORK				
	 States Parties self-assessment annual reporting (SPAR)	 After action reviews (AAR)	 Simulation exercises (SimEx)	 Voluntary External Evaluations
<b>Purpose</b>	Monitor progress towards implementation of IHR core capacities	Assess the functionality of capacities during real events	Assess the potential functionality of capacities for non-real events	Evaluates objectively IHR contribute to health security
<b>Mandate</b>	Mandatory	Voluntary	Voluntary	Voluntary
<b>Focus</b>	Existence of capacities	Functionality of capacities	Functionality of capacities	Existence of capacities
<b>Periodicity</b>	Annually	Within 3 months of specific real events	Regularly when required as part of the exercise programme	Every 4-5 years
<b>Type</b>	Quantitative	Qualitative	Qualitative	Quantitative

Other tools complement the IHR MEF, such as:

- the **Strategic Tool for Assessing Risks (STAR)**, which offers a comprehensive approach to enable governments to conduct a strategic and evidence-based assessment of public health risks for planning and prioritization of health emergency preparedness and disaster risk management activities;

- the **Vulnerability and Risk Analysis and Mapping (VRAM)**, which help countries to assess, visualize and analyze health risks and incorporate the results of this analysis in disaster risk reduction, emergency preparedness and response plans
- the **WHO/OIE IHR-PVS [Performance of Veterinary Services] National Bridging Workshops**, which bring together representatives from the animal health and the human health services, along with representatives of other relevant sectors (environment, wildlife, media, police etc.) to improve their collaboration at the human-animal interface.

The bold vision of UHPR is to strengthen health emergency preparedness through an **innovative review process** that is **country led** and peer reviewed. The UHPR is envisioned to go **beyond the health sector** and within the health sector **beyond the traditional domains of IHR core capacities**. The UHPR is aligned with the voluntary national review on the implementation of SDGs.

**The UHPR does not replace any of the tools or assessment processes currently in place;** rather, it uses **the data and information collected from the various tools within the IHR MEF and beyond** and builds on all these processes and findings by including data on key categories that are not evaluated within existing monitoring and evaluation processes. **In addition to looking at capacities not reviewed by current assessment tools, the UHPR will take the best practices from other universal review processes, including the Universal Periodic Review of the UN Human Rights Council.**

The UHPR will use the data from the various indicators to:

- Increase learning about **best practices and areas for improvement**
- Increase availability of **credible evidence for decision-making**
- Increase **transparency and accountability** vis-à-vis Member States and funders on the use of resources and the achievement of results
- Improve national systems for **risks mitigation and the ability to respond** to all public health threats

In addition to looking at categories not currently reviewed, the UHPR will differ from existing assessments like the SPAR and JEE in that, unlike those processes, it will begin with **a country-led review** (including partners where relevant) and develop a report which is then reviewed, with input from external experts, namely the **Expert Advisory Commission (EAC)** as a distinct second step. This will contribute to a **greater level of country ownership** which is designed to ultimately lead to a higher level of political commitment to sustained action and financing necessary to make progress.

Finally, unlike other country review processes, the UHPR involves an important **element of peer review** among WHO Member States through formally established supra national commissions. Following country review and EAC review, a **Global Peer Review Commission (GPRC)** established by WHO will review the UHPR findings and make additional recommendations to the country. This peer-review, based on mutual accountability, will help mobilize support, solutions, and best practices for Member States. It will promote peer to peer consultation and learning, and strengthen mutual trust supported by the WHO Secretariat. Through its monitoring and reporting framework, it will track progress that will lead to enhanced accountability, transparency and solutions that can be shared.

A commonly encountered query is the **difference between the UHPR and the JEE**; some of the differences and similarities between the two are highlighted in the following table:

UHPR	JEE
It is a voluntary process (in the pilot phase)	It is an established voluntary process, and experts go to a country and review each technical area jointly. There is no global review process
High-level political engagement	
Country led process	Led by the WHO / evaluation team
Evaluation based on: <ul style="list-style-type: none"> <li>• Whole of society approach (community, civil society, religious institutions, academia, the media, private sector, etc.)</li> <li>• One health &amp; multisectoral approach</li> <li>• Whole of government approach</li> </ul>	Evaluation based on: <ul style="list-style-type: none"> <li>• One health &amp; multisectoral approach</li> <li>• Whole of government approach</li> </ul>
<ul style="list-style-type: none"> <li>• Uses an adjustable tool and existing indicators, comprising:               <ul style="list-style-type: none"> <li>○ Core indicators (grouped in 3 categories: IHR, UHC and Healthier population) and</li> <li>○ Additional indicators proposed by the country (i.e., country context-based indicators).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Uses one standard tool (standard list of indicators grouped in 19 technical areas)</li> </ul>
<ul style="list-style-type: none"> <li>• Uses the data collected from the various tools within the IHR MEF and beyond</li> <li>• Uses data from other tools (beyond IHR MEF) that are relevant for the evaluation of IHR capacities</li> <li>• Uses data and information that assess capacities related to health systems, UHC and healthier populations</li> <li>• Uses data and information from other tools and processes that present country capacities in any other sectors that are important to consider within the country context.</li> </ul>	<ul style="list-style-type: none"> <li>• Uses the data collected from the various tools within the IHR MEF and beyond.</li> <li>• Uses data from other tools (beyond IHR MEF) that are relevant for the evaluation of IHR capacities (STAR, VRAM, IHR-PVS National Bridging Workshop, JRA OT, etc.)</li> <li>• Do not have component of health systems</li> </ul>
<ul style="list-style-type: none"> <li>• Evaluation of all capacities at both the national (and sub-national levels)</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on capacities at the national level with some indicators evaluating capacities at the sub-national level</li> </ul>
<ul style="list-style-type: none"> <li>• Activities during the mission:               <ul style="list-style-type: none"> <li>○ Advocacy meetings with country high-level officials</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Activities during the mission:               <ul style="list-style-type: none"> <li>○ Technical discussions to agree upon the scores of each indicator, the</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Simulation Exercises (assessing capacities and capabilities at both the national and sub-national levels)</li> <li>○ Key Informant Interview</li> <li>○ Focus Group discussion to finalize the report</li> <li>○ Review of key documents shared</li> <li>○ Site visits (insisting on non-usual sites and sub-national level)</li> </ul>	<p>strengths and weaknesses of the country and key recommendations</p> <ul style="list-style-type: none"> <li>○ Review of key documents shared</li> <li>○ Site visits</li> </ul>
<p>Three-step review:</p> <ul style="list-style-type: none"> <li>• Review of country's capacities for health security, health systems and UHC and Write up of the UHPR National report – By country experts, along with all relevant stakeholders, and support from the external team</li> <li>• Expert Advisory Commission – they review the National report, consider WHO, other UN reports and available data and seek any required clarification from country, to write the EAC report</li> <li>• Global Peer Review Commission – they conduct a Member state peer-to-peer review of the country report and the EAC Report, provide strategic policy and technical advice, provide additional recommendations and develop the GPRC Report</li> </ul>	<p>One-step review:</p> <ul style="list-style-type: none"> <li>• Peer-to-peer evaluation of the country's IHR capacities and write up of the final JEE report (by national and external experts).</li> </ul>
<ul style="list-style-type: none"> <li>• Reports will be first shared with all WHO Member States</li> <li>• Then public release of the reports</li> </ul>	<ul style="list-style-type: none"> <li>• Public release of the reports</li> </ul>
<ul style="list-style-type: none"> <li>• UHPR report will feed into all national health strategies and plans (e.g., the NAPHS, National Health Sector / Strategic Plan, UNSDCF, Humanitarian Plan, disaster reduction plan, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• JEE report mainly used to develop the national action plan for IHR or health security (e.g., NAPHS)</li> </ul>
<ul style="list-style-type: none"> <li>• The National UHPR secretariat remains active after the mission to track and follow up the implementation of the UHPR recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• IHR NFP tracks and follows up the implementation of JEE recommendations.</li> </ul>

### Key Learning Points

The three broad categories that the UHPR process proposes to cover are: governance, stewardship, and leadership; strong, agile, and coordinated national and global systems for emergency preparedness; and predictable and sustainable resources

The UHPR is designed in a way that it would not require additional data collection as far as possible. Proxies, if available, would be used in the absence of direct data

The IHR MEF continues to play an important role in piecing together the preparedness status of a country and will continue to run alongside the UHPR

The UHPR does not replace any of the tools or assessment processes currently in place; rather, it uses the data collected from the various tools within the IHR MEF and beyond and builds on all these processes and findings by including data on key categories that are not evaluated within existing monitoring and evaluation processes.

The scope, methodology and output from UHPR process are different from that of the JEE

## Module 3: Key Steps, Activities and Timeline for the UHPR Pilot



## Module 3: Key Steps, Activities and Timeline for the UHPR Pilot

This module covers the important steps that take place before, during and after the UHPR pilot.

### Learning Objectives

By the end of this module, you should:

- ✓ Understand the **objectives** of the pilot
- ✓ Understand the steps that take place in **preparation** for the UHPR pilots
- ✓ Understand the key events that take place **during** the UHPR pilots
- ✓ Understand the steps that take place **after** the UHPR pilots; and
- ✓ Describe the **roles and responsibilities** of the external support team

### Background

To refine and strengthen the UHPR process and the technical resources that underpin it, including standard guidance, a series of volunteer pilots are being conducted in Member State countries between December 2021 and April 2022. The experiences and lessons learned during the pilot phase will be vital to the continuous development of the UHPR.

### Objectives of the Pilot

The objectives of the in-country review phase of the pilots are:

1. To evaluate the **availability and appropriateness of the proposed UHPR indicators**
2. To assess the **clarity and ease of use** of the UHPR data collection tools and processes
3. To assess the **multisectoral commitment** and **whole of society engagement** to invest in health emergency preparedness
4. To identify potential **challenges and bottlenecks** in implementing the UHPR
  - a. To explore the expanded scope of the UHPR (e.g. role of governance, regional and sub-regional bodies, civil society, and multisectoral stakeholders, etc.)
  - b. Context specific challenges (e.g. conflict, small island countries, etc.)
5. To garner and document **best practices and lessons learnt** on country health emergency preparedness (includes sustainable financing)
6. To provide **overall support** to the country in preparation and implementation of the UHPR

The key findings and feedback will be used to further revise the tools and process and to improve application and use. During the pilot phase, the EAC and the GPRC will be established as mock structures.

### Overview of the Activities and Timelines to Conduct a UHPR Pilot

The timetable below outlines three-phases for completing the in-country pilot and the global peer review component. This is only a guide, since many factors (e.g., such as the size of the country, the logistics for fieldwork and the availability of senior government staff) may affect the schedule.

	STEP	TIMEFRAME	ACTIONS AND EXPECTED RESULTS
PHASE I	Planning and Preparation for the Pilot	At least four to six weeks before the pilot	<p>Planning and preparation for the mission will take place simultaneously across four domains: political, administrative, technical and logistical.</p> <ol style="list-style-type: none"> <li><b>Political preparation</b> <ul style="list-style-type: none"> <li>Brief the Minister of Health on the UHPR process to ensure technical and administrative leadership</li> <li>Brief country high-level officials on the UHPR process (Ministerial Council, Prime Minister, President, Parliamentarians, etc.) to ensure their commitment and stewardship</li> </ul> </li> <li><b>Administrative preparation</b> <ul style="list-style-type: none"> <li>Establish the <b>National UHPR Secretariat with TOR</b> to coordinate all necessary country actions for UHPR planning and implementation including, providing orientation meetings to key stakeholders and ensuring buy in from all actors beyond health, managing technical preparations for the pilot, including gathering data and information for the National UHPR Report</li> <li>Establish the <b>National UHPR Commission with ToR</b> to oversee the UHPR process and validate the final National UHPR Report</li> </ul> </li> <li><b>Technical preparation</b> <ul style="list-style-type: none"> <li>Agree upon the final list of indicators</li> <li>Hold working meetings on data and information, as well as reference documents to cover all indicators selected</li> <li>Draft the National UHPR Report</li> <li>Select country participants; and</li> <li>Draft the agenda for the pilot (following the UHPR methodology)</li> </ul> </li> <li><b>Logistical preparation</b> <p>Organize all the logistics for the pilot (meeting venue, hotel, transport, security, health, etc.)</p> </li> </ol>

PHASE II	The UHPR pilot (In-country mission)	5 – 10 days (Depending on the country context)	<p>The methodology of the UHPR pilot includes:</p> <ol style="list-style-type: none"> <li>1. High-level advocacy meetings with national political, administrative, and legislative authorities at the highest level of government</li> <li>2. The organisation of two simulation exercises (at the national and subnational levels)</li> <li>3. Focus group discussions to review the draft UHPR National Report</li> <li>4. The review of reference documents shared by the country</li> <li>5. Key informant interviews</li> <li>6. Field visits</li> <li>7. At the end of the mission, the external support team will present the preliminary results and recommendations to the country during a debriefing session chaired by the Minister of Health</li> </ol> <p>Country participants and the external support team jointly work to incorporate findings and outputs from activities conducted during the pilot in the draft UHPR National Report (including analysis of qualitative and quantitative data and agreement on the scores, best practices, challenges, and recommendations).</p>
PHASE III	Presentations and discussions of UHPR Report within transitional Supranational Commissions	Few weeks after the country pilot	<ol style="list-style-type: none"> <li>1. Finalization and validation of the UHPR National Report</li> <li>2. Submission of the National Report to a transitional Expert Advisory Commission (EAC) for review and discussion with the country</li> <li>3. Submission of the National Report and the EAC report to a transitional Global Peer Review Commission (GPRC) for review, discussion and high-level advice, comments and recommendations</li> </ol>

As part of the next steps, a post-review (phase 4) is envisioned where the report and recommendations can be proactively and systematically used to inform improvement in policy, planning, and implementation at country level. In this way, the UHPR process aims to better bridge the traditional gap between assessments and improvement, to ensure sustainability of efforts.

#### External support team and Country Participants

The external support team will be comprised of staff from the **WHO Country Office, the WHO Regional Office, Regional Bodies, WHO/HQ and, where relevant, other technical institutions and partner agencies** (at global, regional and country levels). The composition of the team will be based on country context and needs.

The team is composed of:

- **Senior managers from WHO HQ and RO:** to represent the organization in high-level meetings with country leaders and decision makers
- **Technical team lead:** to supervise and lead the technical work and coordinate the expert team
- **Subject matter experts:** The profile of experts will cover all areas that are relevant to the country context. They will facilitate the discussions with country experts and review the country report
- **Writer:** will write and edit the report using inputs from subject matter experts and following recommendations from the team lead
- **Observers:** Some observers from countries and agencies interested in learning more about the UHPR process may participate

The team is split into a political/advocacy stream (for high-level meetings) and technical stream (for technical activities). The mission lead will determine the list of participants for each stream.

Technical experts from the external team may arrive a few days in advance of the official launch date in order to begin work on the indicators.

Role and responsibilities of the external support team include:

##### *a. Before the mission the team members will:*

- Develop a practical understanding of the UHPR tool and process.
- Read thoroughly the draft UHPR National Report
- Read relevant documents shared by the host country
- Draft scenario for the SimExes
- Present dashboard and data on indicators to the national team
- Work closely with UHPR secretariat in WHO on the preparation of their deployment

If required, an **advance team of technical experts** will be sent to the country prior to the official beginning of the mission with the following functions:

- Ensure basic preparations are completed
- Ensure technical preparation is well advanced
- Collect important documents at the country level to share with remainder of the team and HQ
- Ensure engagement with partners (UN agencies, NGOs, other stakeholders etc.) - secure earlier meetings and ensure greater participation

- Training of local staff – ensure national experts are up to speed with the UHPR

*b. During the mission the team members will:*

- Assume technical lead responsibility for assigned areas.
- Conduct advocacy meetings with country high-level officials
- Engage in active discussions with country participants on indicators selected, data and information collected to identify country best practices, gaps and challenges, and agree upon recommendations.
- Facilitate Tabletop exercises (TTX); two exercises are to be undertaken, the outputs of which will help to present a more accurate picture of country capacities
  - Simulation exercise 1 (tabletop exercise – TTX 1) focusing on the vertical coordination from community level up to the national level (information sharing, decision making, etc.)(see annex 6)
  - Simulation Exercise 2 (Tabletop exercise – TTX 2) to assess the horizontal coordination across different sectors (information sharing, coordination of resources, etc.)

The scenario of the SimExes will be based on the country risk profile and country priority gaps and challenges with regard to health security

- Facilitate focus group discussions the draft UHPR national report;
- Interview key informants;
- Participate in site visits;
- Link information gathered in SimExes, focus group discussions, site visits, key informant interviews and review of relevant documents shared by the country with the data and information shared by the country in the draft UHPR National report.
- Support the country in writing up the UHPR National Report;
- Write up conclusions of the mission to be shared during the debriefing session;
- Share key findings and conclusions of the external support team with country officials during a debriefing session;
- Share feedback on UHPR tools and process to further revise the tools and process to improve application and use.
- Engage in other specific objectives that may be included based on the unique situation in the host country.

*c. After the mission:*

- Support the country in the finalization of the UHPR National Report

*d. In parallel to the above, external support team will:*

- Assess the efficiency of the UHPR procedure
- Evaluate the relevance of UHPR indicators for the country context and the availability of data and information
- Assess the ease of use of the UHPR data collection tools
- Identify best practices and challenges in implementing the UHPR

## Composition and functions of the UHPR National Commission and Secretariat

Member States should establish a UHPR National Commission and UHPR Secretariat.

### *1. National Commission*

The commission will be led by a senior official and could be co-chaired by a whole-of-government coordinating body (e.g., Office of the Head of State), depending on the local context. It should include representatives from different levels of government (e.g. subnational and local/city governments). The Commission can build on existing structures (e.g. National group coordinating the management of COVID-19 response) when forming this group.

The commission should be constituted by a multi-sectoral, One Health, whole of society representatives and technical personnel drawn from various levels of government and across disciplines and ministries. An indicative list of sectors could include:

- Health Sector
- Other sectors
- Parliamentarians
- Civil society and Community leaders
- Etc.

The main functions of the UHPR National Commission are:

- Oversee and coordinate the UHPR process,
- validate the final UHPR National Report, and
- Coordinate the implementation of recommendations.

In line with the high level engagement of the UHPR, the National Commission should work with the National Secretariat to arrange and confirm meetings with high-level officials for the pilot.

### *2. UHPR National Secretariat*

The National UHPR Secretariat will be led by the Minister of Health and is comprised of technical experts from central and local governments, partner agencies, representatives from the community, academics, private sector, etc. The Secretariat can build on existing structures (e.g. National group providing technical advice for the management of COVID-19 response) when forming this group. It will be supported by the WHO Country Office.

The main functions of the UHPR Secretariat are:

- Support the day-to-day work of the Commission
- Work closely with the WHO to organize and conduct the pilot
- Pull together and prepare all relevant documents
- Manage translation into appropriate languages
- Identify and collect data and information on relevant indicators (selected based on the country context) (see Annex 5)
- Analyse data and information to inform the National Report

- Work with WHO to prepare the roll out of activities during the pilot, including, high-level advocacy meetings, SimExe's, focus group discussions, key informant interviews, site visits; and
- Write the first draft of the National Report (a template will be provided for this by WHO HQ)

### Country participants to the UHPR

The list of country participants to the UHPR process is based on multisectoral, One Health, whole of society approaches. Participants include representatives and technical personnel drawn from various levels of government and across disciplines and ministries. Indicative list of sectors could include:

- Health Sector
  - Ministry of health
  - National public health institutes
  - Representatives of the country's IHR (2005) national focal point function
  - Health services, including clinical services, laboratory services and major disease control programmes
  - National research and training institutions (e.g., universities),
  - The pharmaceutical industry
  - Representatives from Health workforce associations
  - Etc.
- Other sectors
  - Animal health
  - Food and agriculture
  - Wildlife and the environment
  - Energy
  - Disaster management
  - Transportation (and points of entry)
  - Communications
  - Water and other public works
  - Tourism, hospitality, sports and entertainment,
  - Finance and banking
  - Education
  - Justice and interior
  - Security services
  - Commerce and trade
  - Etc.
- Civil society
  - Private sector
  - Representative from civil society
  - Community leaders

- Civil society organizations
- Representative from marginalized and vulnerable groups
- Religious leaders
- Local NGOs
- Academia
- Media
- Etc.
- Partner agencies
  - UN agencies
  - International NGO
  - National NGO
  - Etc.

### UHPR Supra National Commissions

During the pilot phase, two transitional supra national commissions will review the UHPR National Report. The two commissions are the transitional Expert Advisory Commission (EAC) and the transitional Global Peer Review Commission (GPRC) which will be established under the auspices of the WHO UHPR TAG.

#### EAC Terms of Reference

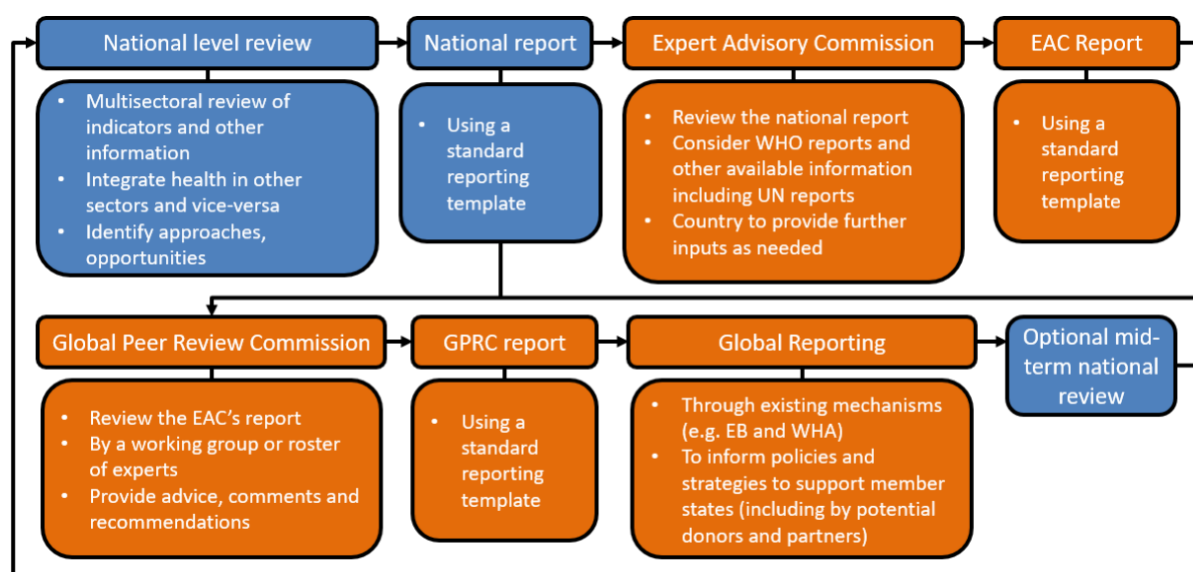
- 1) Review the UHPR national report:
  - a. Discuss materials received and decide on additional materials required or clarifications that need to be made
  - b. Discuss the country's assessment of their preparedness status
  - c. Determine follow-on questions that need to be asked to the Member State representatives
- 2) Write UHPR Expert Advisory Commission report:
  - a. Highlight strategic issues or areas of work and make further recommendations on where the country could focus on improving its preparedness status
  - b. Use standard template which will be proposed by the WHO Secretariat
- 3) Share UHPR Expert Advisory Commission report with transitional GPRC.

#### GPRC Terms of Reference

- 1) Review the UHPR National Report
  - a. Determine follow-on questions that need to be asked to the Member State representatives
- 2) Review the Expert Advisory Commission Report
- 3) Write Global Peer Review Commission Report
  - a. Use standard template which will be proposed by the WHO Secretariat,
- 4) Provide an outcome report with high-level advice, comments, and recommendations to the Member State under review including:
  - a. Share precise, context-based and SMART (Specific, Measurable, Achievable, Relevant and Time-bound) recommendations
- 5) Identify priority investments required to address priority gaps and challenges highlighted

- 6) Identify potential sources of technical and financial support to assist countries in implementing priority recommendations

## Summary of UHPR Process



### Key Learning Points

Before the in-country mission the National UPHR Secretariat and Commission play key roles in preparation for the UHPR from preparing a first draft of the report to ensuring political buy-in at the highest level

During the in-country mission the external support team is split into a political stream and technical stream

The UHPR comprises a mixed approach of qualitative and quantitative data collection and analysis as well as desk reviews and functional assessments of capacity

After the in-country mission, the EAC and GPRC review and complement the country report and form the peer review element of the UHPR

The final UHPR country report is disseminated through the mechanisms of the WHO regional and global governing bodies

The WHO UHPR secretariat organize global and regional pledging meetings to mobilize global solidarity and raise funds to support the implementation of the recommendations from the UHPR report

## Module 4: Available Resources



## Module 4: Available Resources

This module introduces the resources available to support the planning and implementation of the UHPR and highlights where to find them.

### Learning Objectives

By the end of this module, you should:

- ✓ Be familiar with the different resources WHO has available to support the planning and conduct of the UHPR

Link to guiding documents (technical considerations, pilot protocol, concept note and FAQ).

Link to facilitator manuals for tabletop exercises.

- **IHR Monitoring and Evaluation Framework:** <https://extranet.who.int/sph/ihr-monitoring-evaluation>
- International health regulations: [https://www.who.int/health-topics/international-health-regulations#tab=tab\\_1](https://www.who.int/health-topics/international-health-regulations#tab=tab_1)
- Thirteenth general programme of work 2019-2023 – WHO: <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>
- universal health coverage: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

**Congratulations, you have completed UHPR Pre-Mission training!**

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