Country Implementation Guide

Voluntary
Joint External Evaluation

International Health Regulations

World Health Organization

Contents

Acknowledgement

This document was developed by the World Health Organization (WHO) with contributions from technical partners. The experiences and lessons learnt from Joint External Evaluations conducted in 2016-2017, Global Health Security Agenda assessments conducted in 2015, partners, and WHO, were invaluable in developing this document. WHO would like to acknowledge the work and support of its partners and experts, in particular the National Institute for Health and Welfare, Finland, Germany and the US Centers for Disease Control and Prevention for their support to the Joint External Evaluation process.

Introduction

The purpose of this guidance document is to provide the host country with all the necessary information for undergoing a voluntary Joint External Evaluation (JEE) for the implementation of International Health Regulations (IHR) (2005) capacities. This document encompasses an overview of the JEE process; roles and responsibilities of stakeholders; pre-evaluation activities; evaluation process and management; and post-evaluation activities.

The revised IHR were adopted in 2005 and entered into force in 2007. Under the IHR, States Parties are obliged to develop and maintain minimum core capacities for surveillance and response, in order to detect, assess, notify, and respond to any potential public health event of international concern. These capacities were to be developed by June 2012, with provision for two extensions up to June of 2016. In accordance with paragraph 1 of Article 54 of the IHR, countries must report on IHR implementation to the World Health Assembly (WHA) and the World Health Organization (WHO) Executive Board.

At the Sixty-eighth WHA in 2015, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR (2005) Implementation[1] recommended "options to move from exclusive self-evaluation, to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts". The WHO IHR Monitoring and Evaluation Framework was developed to address this recommendation. The Framework consists of four components; one mandatory, Annual Reporting; and three voluntary, exercises, after-action reviews and JEEs.

Annual reporting, periodic JEEs and implementing after-action reviews and exercises, along with corresponding efforts for strengthening animal health and other sectors, are recommended as part of an ongoing capacity development, evaluation and monitoring process for IHR (2005) implementation. Although evaluation of progress in implementation is an essential step to improving a country's ability to protect the health of its people, it is not an end in itself; rather, it is the start of a process of continuous improvement and review. The JEE, therefore, is one step of this process which should include both broader and longer term planning and programming.

JEE overview

The JEE tool and processes have been developed and implemented in concordance with regional strategies and related efforts such as the World Organization for Animal Health's (OIE's) Performance of Veterinary Services (PVS) Pathway, the Global Health Security Agenda and the World Bank Group.

The JEE is a voluntary, collaborative, multisectoral process to evaluate country capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events.

---

[1] http://www.who.int/ihr/B136_22Add1-en_IHR_RC_Second_extensions.pdf?ua=1

The purpose of the evaluation is to evaluate country-specific status, progress in achieving the core capacity requirements under Annex 1 of the IHR, and recommend priority actions to be taken across the 19 technical areas being evaluated. The JEE process helps countries identify the most critical gaps within their human and animal health systems, to prioritize opportunities for enhanced preparedness and response, and to engage with current and prospective partners and donors to effectively target resources. External evaluations should be regarded as an integral part of a continuous process of strengthening capacities for implementation of the IHR.

The JEE tool and process support countries to:
- Conduct an internal JEE self-evaluation;
- Determine a baseline of their capacities required under the IHR;
- Determine strengths, best practices, areas which need strengthening, challenges, and priority actions across 19 technical areas;
- Integrate findings from other evaluations and assessments into one common evaluation which includes internal and external expert opinions;
- Identify national priorities and inform the revision of existing plans to address identified gaps and needs; and
- Identify any needs for the revision and update of cooperation plans between national authorities and internal and external partners/stakeholders, including the development of integrated multisectoral plans.

A JEE is characterized by a number of important features:

- Voluntary country participation;
- Multisectoral approach by both the host country and the external team;
- An open collaborative process for assessing capability (as opposed to an audit or inspection);
- Peer to peer approach;
- Use of previous assessments;
- Review of all available data;
- Expert opinion; and
- Transparency through the public release of reports.

The JEE team works with the host country to evaluate current capacity. The outcomes include: assigning scores; identifying strengths and best practices; identifying areas which need strengthening and challenges; and identifying three to five key priority actions for each technical area which will most effectively increase the country's ability to prevent, detect and rapidly respond to health emergencies.

JEE Tool

The JEE tool[2] is a data gathering instrument, developed through international collaboration with Member States, subject matter experts, international organizations, and existing initiatives. It is designed to evaluate capacities required for the implementation of IHR (2005). The tool has 19 technical areas arranged under the following headings:

- **Preventing and reducing the likelihood of outbreaks** and other public health risks and events.
- **Detecting** signals of unusual health events early.
- **Rapid and effective multisectoral response,** including international mobilization.
- **IHR Hazards and points of entry**, including chemical events and radiation emergencies.

Each of the 19 technical areas, as illustrated in Figure 1, consists of one to five indicators which address the scope of a fully developed and functional capacity. Each indicator is divided into five levels of achievement, called "attributes", to further define the indicator at each level. Most of the technical area attributes are descriptive and qualitative.

Levels of capacity are identified with scores of "one" (indicating that nascent implementation has occurred) to "five" (indicating that implementation has occurred, is tested, reviewed and exercised, and that the country has a sustainable level of capability). In assigning scores, countries must demonstrate

PREVENT
1. National Legislation, Policy and Financing
2. IHR Coordination, Communication and Advocacy
3. Antimicrobial Resistance
4. Zoonotic Disease
5. Food Safety
6. Biosafety and Biosecurity
7. Immunization

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

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

IHR HAZARDS AND POE
1. Points of Entry
2. Chemical Events
3. Radiation Emergencies

Figure 1: Technical areas of the JEE Tool

they have achieved all the elements of the attribute in one level before being allocated a higher score. Where a country has achieved some elements of an attribute at a higher level, these will be noted in the final report. Separate scores for human and animal sectors may be noted, however as both sectors are mutually contingent, the lower score will be given. Specific instructions to assign scores are provided further under "Guidance for scoring".

A series of questions accompanies each technical area. The technical area questions facilitate dialogue with the country and form the basis for determining the appropriate score and priority actions.

---

[2] http://www.who.int/iris/handle/10665/204368

JEE Process

The Joint External Evaluation is completed in two stages:

(i) an initial **self-evaluation** conducted by the host country using the JEE tool. Self-evaluations have the following objectives:

a. Ensure ownership of the process of evaluation;
b. Provide an opportunity for self-learning and awareness; and
c. Enhance cross-sectoral collaboration, transparency and mutual accountability.

(ii) an **external evaluation** conducted by a team of subject matter experts, performed in close collaboration with peer national authorities.

The steps of the JEE Process are outlined in Figure 2.

1 The country volunteers for a JEE through WHO, and starts planning.

2 The country conducts a multisectoral self-evaluation using JEE Tool.

3 The JEE Team members are identified and participate in a one-week mission, using consensus to evaluate each of the 19 technical areas.

4 The JEE Team drafts a report documenting the findings as discussed during the mission. The host country reviews the report and provides comments and clarifications, if needed.

5 The JEE Team Lead sends the report to WHO. It is posted online after editing and clearance.

6 Based on the final report, countries develop a National Action Plan, prioritize internal and external resources to address gaps, and begins the process of implementing the plan.

Figure 2: The standard process of a JEE

Self-evaluation phase. In this first stage, the country works in collaboration with national experts representing all relevant sectors and national stakeholders to complete a self-evaluation. The country uses the JEE tool and the self-evaluation workbook to guide the process. The results and recommendations of other internal and external evaluations should be incorporated into the self-evaluation. The country should identify and reference copies of supplemental documentation including legislation, policies, regulations, plans, as well as the results of other assessments such as those conducted by the International Atomic Energy Agency and the OIE PVS. The result is an

internal reflection of the country's IHR capacities across the 19 technical areas, in the form of a self-evaluation report. This serves as baseline information for the external evaluation, to be submitted to the external evaluation team at least one week prior to launch of the JEE mission.

External evaluation phase. Once the self-evaluation has been completed and the results sent to WHO, the external evaluation phase begins. The JEE team has multisectoral subject matter experts from Member States, the Food and Agriculture Organization of the United Nations (FAO), OIE, WHO, World Bank Group, and other key international organizations. The team first reviews the self-evaluation report, and supporting dossier of documents and assessments, which have been collated by the host country throughout the self-evaluation stage.

The core of the JEE mission consists of multi-sectoral and fully collaborative peer-to-peer discussions based on the 19 technical areas defined in the JEE tool. The JEE process is not an audit or an inspection; and it is assumed that countries who have volunteered want a valid and valuable result. These discussions are supplemented by site visits to laboratories, health centres, points of entry, or other sites, which will enhance the JEE team's understanding of the country's current capacity.

The host country's respective technical points of contact present the outcomes of the self-evaluation exercise in each of the 19 technical areas. All identified national stakeholders, responsible for implementing components of the IHR, participate in the presentations and facilitated discussions around the strengths/best practices, areas which need strengthening/challenges, scores, and in identifying three to five key priority actions for each technical area, and accompany the team on site visits. Preliminary results are presented to the host country's high-level representatives, typically at the ministerial level, on the final day of the JEE mission.

An executive summary of the JEE mission consisting of high level recommendations, scores and three to five priority actions for each technical area, is prepared by the JEE team and endorsed by the host country. The executive summary is published immediately after the mission as an intermediate briefing of the mission and results, until availability of the final report on the WHO website.

A final draft report is provided to the host country for feedback, typically within two weeks of the end of the mission. Upon final country approval, it is made publically available.

JEE Scope and duration

A JEE is coordinated and conducted at the central or national level. Evaluation of the implementation of technical capacities can also be carried out at the provincial (or district) or peripheral (local) levels upon the agreement of the country and with the respective arrangements in place.
The self-evaluation phase can take up to three months, or more, especially if the country opts to perform a simulation or after action review, as part of the self-evaluation process to highlight any functional gaps. The JEE Secretariat provides a due date for completion of the self-evaluation, as well as technical support and guidance to the country for completing the relevant sections of the evaluation, if requested.

The JEE mission typically occurs over the course of five days, which includes four days of facilitated discussions. An additional day is dedicated to targeted site visits.

Given that the process toward improving technical capabilities for health security will require continuous implementation of activities, it is recommended that countries carry out an external evaluation at least once every four to five years to evaluate progress and enable the (re)alignment of resources to address gaps, unless otherwise recommended by the JEE team.

The timeline for the JEE process is shown in Figure 3.

3 - 6 months

At least 10-12 Weeks of before JEE mission

At least 8 weeks before JEE mission

At least two weeks before JEE Mission

JEE mission

Completion of Self-evaluation

Starting of Self-evaluation

Planning of Self-evaluation

Country Requests for JEE
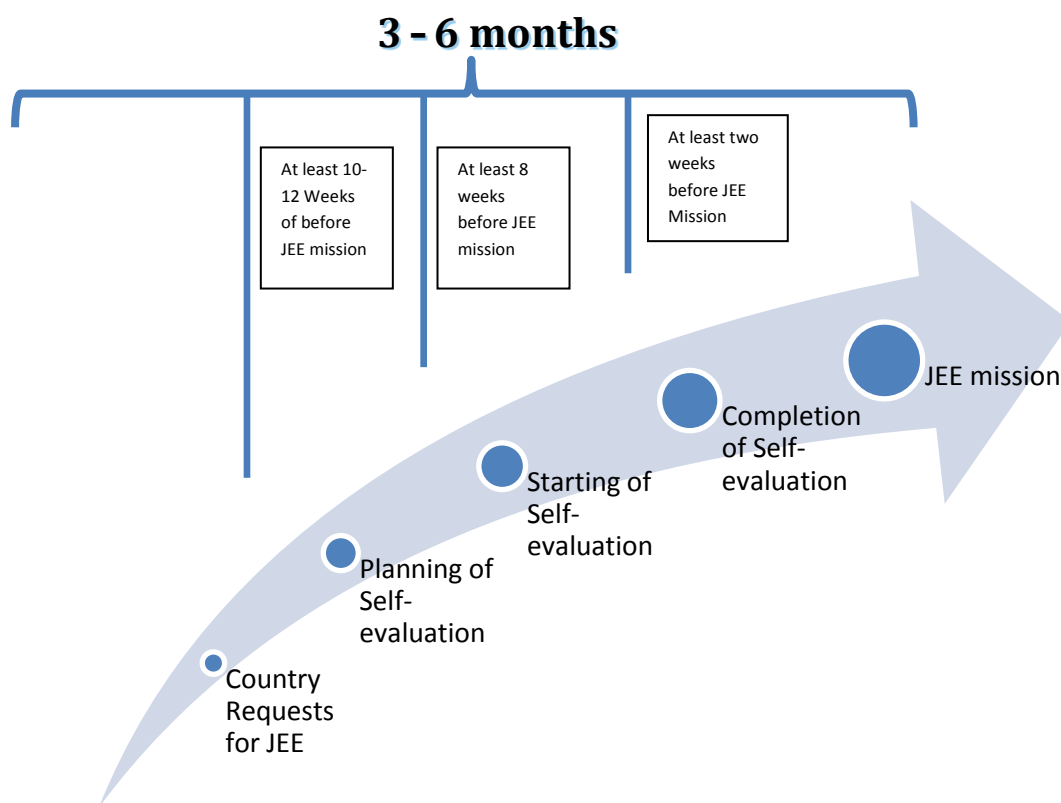
Fig 3. Timeline for a JEE

Participation in the JEE Process – National Stakeholders

Threats to human health come from a variety of sources, for example other humans, domestic animals/livestock, wildlife, food, water, chemicals and/or radiation. Therefore, adequate capacity to prevent and detect events or threats must exist within all relevant sectors. Similarly, response functions, coordinated with the public health system, for outbreaks and events, regardless of origin or source, should exist within all relevant sectors. Taking multisectoral, multidisciplinary approaches to managing such health threats is often called taking a "One Health" approach. WHO defines One Health as an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. In the context of the WHO IHR monitoring and evaluation framework, taking a One Health approach means including, from all relevant sectors, the national information, expertise, perspectives, and experience necessary to conduct the assessments, evaluations, and reporting for the implementation of the IHR.

It is imperative that all steps in the process, from the self-evaluation through the JEE mission to national action planning, be completed by a multidisciplinary team, with representatives of all relevant sectors.

The country point of contact (POC) for the JEE, usually from the National IHR Focal Point (NFP), identifies national stakeholders from the relevant sectors and disciplines to engage in the entire JEE process, based on the questions in the JEE tool workbook and the particular structure of their national health system, according to the following steps:

- Review the information and expertise required to answer each of the questions in the JEE tool workbook for all of the technical areas;
- Identify the specific government agencies or entities in the country (e.g. academia, military, private sector, non-governmental agencies, and civil society) that would have the information, responsibilities or expertise required; and
- If the required information cannot be easily mapped to an agency, seek external input to identify additional agencies that may provide it.

Consequently, national stakeholders may include, but not be limited to, ministries of health, agriculture, security, animal health, wildlife and agriculture, chemical safety, radiation safety, disaster response and other relevant sectors required for prevention, detection, and response for any outbreaks or public health event, regardless of its origin or source.

These national stakeholders are officially invited to participate in both the self-evaluation and JEE process and are provided with the necessary information according to appropriate national protocols. Official engagement is important to ensure the participants from agencies outside the Ministry of Health (MoH) are able to provide the information required within their area of expertise as it relates to a JEE technical area and its indicators.

It is imperative that the self-evaluation be completed by representatives of all relevant sectors of government and other stakeholders, and that as many as possible are included in the facilitated discussions throughout the JEE mission.

After the JEE – National Action Plan for Health Security

The follow-up to a JEE is the development of a National Action Plan for Health Security (NAPHS). Countries should review the recommendations of the JEE, other assessments, outcomes of exercises and after-action reviews to identify priorities and recommendations and prepare a multisectoral consolidated plan. This plan will provide the basis for resource mobilization from both national and international sources, for implementation. Ideally, countries should discuss and propose tentative dates for the NAPHS at the closure of the JEE. Additional guidance is available to support countries through this planning process on the Strategic Partnership Portal: https://extranet.who.int/spp/.

Main steps in the JEE implementation process

This section provides a step-by-step guide of the JEE implementation process at country level. A flowchart can be found in Annex 1.

A. Country requests an external evaluation

A JEE mission is requested by the country, usually through the NFP, or nationally recognized JEE POC to WHO (WHO RO/CO). Upon receipt of the request, WHO will respond to the country and discuss potential evaluation mission dates. The POC for the JEE process can request the identification of POCs for each technical area, and is responsible for the overall management of the JEE process in country.

A JEE mission can also be suggested by WHO to a country, based on the information gained from the country's annual reporting, or from previous country reports, or the occurrence of a public health event in the country (or in another country) which had high health impacts. In such a case, WHO will communicate with the country and provide the rationale for suggesting a JEE.

In either event, the evaluation will be carried out using the same tool and procedures.

Engagement of all relevant sectors and disciplines by the country in the evaluation process is critical to the success of the exercise. In most instances, the health ministry will have the responsibility of informing the relevant sectors and disciplines and inviting them to be part of the process, including the completion of self-evaluation and playing an active role during the JEE mission.

B. Country starts the planning process
At least 12 weeks prior to JEE mission

Once the WHO JEE Secretariat has received the official request for a JEE, the country POC works with WHO to schedule the evaluation.

Immediately after the request, the WHO JEE Secretariat provides the country POC with the resources and materials for preparing and conducting the self-evaluation. The materials in the country orientation package include the following:
- Country implementation guide (this document)
- JEE tool
- Self-Evaluation workbook
- Suggested agenda for the JEE mission
- Country overview PowerPoint presentation template
- Technical area PowerPoint presentation template.

The country confirms the dates for the JEE mission to take place in coordination with the WHO JEE Secretariat. This should be at least 3 months after the request for a JEE, although countries can take longer, to allow time for a thorough self-evaluation and preparation of materials. The country may request the support of WHO for the self-evaluation phase, for example, to support the orientation workshop/s.

C. Country starts the self-evaluation phase

JEE planning and preparation phase: at least 10 weeks prior to JEE mission

There are two key elements in this phase
1. **Orientation workshop and planning** and
2. **Self-evaluation report**: the technical area POCs, in collaboration with the country POC, develop the self-evaluation report using the JEE tool workbook, collate supporting documents and prepare standard PowerPoint presentations for each technical area, using a standard presentation template.

1. Orientation workshop

JEEs must be participatory, involving all relevant national stakeholders throughout the self-evaluation, information gathering and JEE mission phases. It is the responsibility of the country POC to ensure strong multi-sectoral representation from all relevant stakeholders, representing the 19 technical areas of the JEE, both during the self-evaluation and during the JEE mission. Technical area POCs will be identified in this process.

At the orientation workshop(s), identified national stakeholders in the 19 technical areas of the JEE undergo an orientation of the JEE tool, the JEE process, and how to conduct their self-evaluation. The workshop also initiates the development and the format of the self-evaluation report, in particular the priority actions, collation of the supporting documents, the technical area presentations and process for the evaluation. All necessary information and documents must be provided with the self-evaluation report.

The country POC informs identified representative(s) of their roles and responsibilities in the self-evaluation and JEE mission. National stakeholders should be consulted and informed of their role as early in the process as possible. The role of the national stakeholders is as follows:

- Participate in the orientation workshop(s), and evaluation discussions, furnishing all required information and documents as outlined in the JEE tool
- Contribute inputs and/or documents and/or draft sections to the self-evaluation report.

An outline of the workshop can be found in Annex 2.

Orientation workshop planning

1. The duration of the preparatory workshop is 2-3 days, depending on the requirements (two or more workshops can be organized if necessary).
2. The workshop is divided into the following parts:
   a. Plenary presentations
   b. Facilitated group work
3. The following people can act as facilitators for the orientation workshop:
   a. The POC and other technical leads from the Ministry of Health
   b. WHO focal points for JEE
   c. Technical officers from the WHO Country Office
   d. Any others identified by WHO Country Office in collaboration with the POC

4. The workshop should be a forum representing all relevant stakeholders, based on the 19 JEE technical areas, and may include 50 or more participants.
5. For the plenary session, a room, with appropriate audio-visual facilities and large enough to accommodate all participants, is required.
6. Participants should be divided into 5-6 groups, with 3-4 technical areas assigned to each group.
7. Breakout rooms should be available for the group exercises, containing the required support materials and technologies (flip charts, computers, markers, sticky notes, etc.), and the necessary supporting documents as follows:
    a. JEE Tool
    b. Self-evaluation workbook
    c. JEE standard PowerPoint templates:
        i. WHO IHR JEE- Country Technical Area Template
        ii. WHO IHR JEE - Country Overview Template
8. Translators or interpreters if necessary.

Based on discussions in the orientation workshop, and further work following the workshop for compiling information and support documents, the country POC and technical area POCs, will fill in the JEE tool workbook, which becomes the self-evaluation report, and complete the technical area and country overview presentations. The POC submits the final presentations to the JEE Secretariat, including presentations on the host country's health system, prior to the external evaluation mission.

2. Self-evaluation Report

National stakeholders, while working on a specific technical area of the self-evaluation report, should also consider how their area interacts with others; for example collaboration mechanisms, information sharing processes and cooperation during public health events, especially in those areas requiring strong multi-sectoral collaboration, such as food safety, zoonoses, Anti-Microbial Resistance, laboratory, chemical events and radiation emergencies.

Once the JEE tool workbook is filled in and the necessary reference documents supplied, clearance is requested. The cleared self-evaluation workbook is officially shared with the JEE secretariat, along with the necessary reference documentation, no later than two weeks prior to the scheduled JEE visit. These materials should include all relevant internal and external assessments (such as the OIE PVS) and supporting documentation (such as laws, regulations, policies, and memoranda of understanding). The WHO JEE Secretariat, then provides the self-evaluation to the JEE team members.

D. Country prepares logistics and confirms support needs
JEE planning and preparation phase: four to five weeks prior to evaluation visit

The country, in collaboration with WHO, is expected to make all logistical preparations for the JEE except for booking international travel and individual hotel rooms for the JEE team members. However, the country should recommend a hotel/lodging for the JEE team to stay in during the evaluation.

Logistical responsibilities for the country include the following:
• Recommending a site for JEE/country facilitated discussions;

- Arranging site visits, briefings and meetings with key national stakeholders relevant to the session/s;
- Ensuring that meeting spaces are available for the JEE team;
- Arranging for ground transportation for the JEE team;
- Arranging for in-country travel for any site visits that take place;
- Arranging for translation services, if applicable;
- Arranging for refreshments and lunch during the week of the evaluation.

The country should also communicate to the WHO JEE Secretariat any special requirements for security clearance, building access, visas or other official approvals that may be necessary for the JEE team members traveling to the country. The country is responsible for assuming the cost of all in-country logistical preparations described above but may request WHO support. The country is not expected to cover the participatory or travel costs of the JEE team members.

E. JEE mission
JEE planning and preparation phase: three weeks prior to evaluation visit

The country prepares an agenda and potential site visits for the JEE mission in coordination with the WHO JEE Secretariat and/or JEE team lead. The agenda must include four days of facilitated discussions around the 19 technical areas – this is a mandatory component and forms the core of the JEE - and an additional day for site visits. The agenda makes allowances for opening and closing ceremonies, briefings on the overall findings and timings for each of the 19 technical area facilitated discussions.

It is the responsibility of the host government to ensure that there is strong multisectoral representation from all relevant government sectors (human health, agriculture, animal health, security, others) and national stakeholders in all discussions in which each may have a stake.

The one-day site visits to relevant facilities can occur at the national and/or subnational levels. The JEE Team can be divided into groups and visit appropriate sites relevant to the technical areas they have led. Site visits may include, but are not restricted to, the emergency operations center, laboratories, health facilities, infectious disease hospitals and designated points of entry including the international airport. In all cases, the country should ensure that appropriate security clearances and approvals have been obtained.

The country POC, the JEE Secretariat, and/or JEE team lead work together to finalize the evaluation agenda, confirming that it covers the required core elements, that any unique aspects of the country have been appropriately addressed and accommodated, and that all relevant sectors will be included in the discussions. Once the country has finalized the agenda (due no later than three weeks prior to the scheduled external evaluation), the WHO JEE Secretariat will provide the mission agenda to the JEE team members.

F. Country hosts JEE team visit
Week of the evaluation visit

The country will serve as host for JEE team. The country POC will be the main contact for the JEE team lead for any logistical, technical or operational questions/issues. Following the initial welcome

by the host country's high-level representative/s, the external evaluation process and agenda will be turned over to the JEE team lead, who will manage the JEE mission agenda. Ideally, the JEE team will receive an overview of the country's national health system, which allows them to familiarize themselves with the national structure and unique aspects of the health system. This presentation should include a brief overview of each technical area in addition to background perspectives on the public health system and its interactions with other relevant sectors (a template for this presentation is provided in the Country JEE Package). Following the overview, facilitated discussions around the 19 technical areas begin (a template for these presentations is provided).

Within the JEE tool are a series of questions under each of the 19 technical areas. These questions are intended to guide the JEE team's discussion, facilitate a deeper understanding of the country capacity related to each of the indicators, and help triangulate the resulting information with the proposed score(s). The technical area discussions will focus on gaining an understanding of the country's key capacities, with the identification of the strengths/best practices, areas that need strengthening/challenges, three to five priority actions per technical area and joint development of scores for each technical area indicator. Coffee breaks and lunch periods serve as additional opportunities for discussions and collaboration. The goal is to reach an agreement on all the key components of the final report during the evaluation week. Site visits are crucial to enhance the team's understanding of capacities.

On the final day of the evaluation, scores will be jointly reviewed. This will not be a reopening of discussions around each score but serves as a final opportunity to incorporate adjustments to scores based on site visits or further reflection between internal experts and the JEE team. The scores and priority actions, as well as a summary of overall findings in each technical area, will be officially presented to the host country's high-level representative on the final day of the evaluation. This information will be compiled into an executive summary of the JEE mission which will be subsequently shared with the country for approval to publish.

The final report of the JEE mission provides the evaluation of the country's health system capabilities in terms of strengths/best practices, areas that need strengthening, gaps and priority action recommendations across all IHR capacities.

A country preparation checklist can be found at Annex 3 to support the planning process.

Guidance for scoring

The JEE process is a peer-to-peer expert review and a collaborative effort between host country experts and JEE team members. Levels of capacity are identified with scores of "one" (indicating that nascent implementation has occurred) to "five" (indicating that implementation has occurred, is tested, reviewed and exercised, and that the country has sustainable capability for the indicator). For each indicator, the country receives a score based on their current capacity. Separate scores for human and animal sectors may be noted, however as both sectors are mutually contingent, the lower score will be given.

1. The JEE subject matter expert manages the conversation to generate input on the scores for each indicator by taking the plenary through the indicators sequentially (see below).

a. The subject matter expert asks the host country representative to propose a score (if they have not already), and to explain the reasoning and supporting documentation for the proposed score.

b. The subject matter expert asks the group to comment on the proposed scoring of the indicator, focusing on the JEE tool criteria and emphasizing the strengths and areas for improvement. External assessors may make recommendations for adjusting the indicator's score at this time.

c. The subject matter expert summarizes areas of agreement from the scoring discussion and areas that need further discussion.

d. The subject matter expert asks for any additional comments or proposals for consideration on scoring.

   Once the group has reached an agreement:

e. The subject matter expert proposes the final score, noting any "qualifiers" or caveats that will be included in the final report. Scores must be a whole number (1, 2, 3, 4, or 5).

f. In the event that animal and human health scores are different, indicating different levels of implementations, the lower score is given.

g. The subject matter expert asks if anyone in the group disagrees with the proposed score.

   i. If no one disagrees, the score stands as final (a facilitator does not decide the score on his or her own).

   ii. If there is disagreement, (between the host country and external assessors or among assessors), discussion for or against the score continues with evidence to obtain a closer alignment on a decision.

   iii. The subject matter expert may call for a side meeting during tea/lunch breaks, to continue the discussion following the steps outlined above. In this case, the subject matter expert will announce the agreed-upon score during the next plenary.[3]

2. The subject matter expert repeats Step 1 for each indicator in the technical area.

   Note: should there be significant and irreconcilable disagreement between JEE team members and host country experts, or among the external team, or among the host country experts, the JEE team lead will decide on the final score and this will be noted in the final report, along with the justification for each party's position.

G. The country reviews JEE team final report and develops a National Action Plan for Health Security (NAPHS)

The final report contains an analysis of the country's capabilities including the strengths/best practices, areas which need strengthening/ challenges, scores for each indicator, and three to five priority actions for each technical area. Once the JEE team completes the final report, it is shared with the country for feedback, typically within two weeks of the external evaluation. Upon final

---

[3] *There is a one-hour Friday session where scores are reviewed. However, this should be considered the "last resort". This session cannot accommodate re-opening of a discussion on all the scores.*

country approval, the report is posted online. Countries are encouraged to share the final report directly with all national stakeholders and current and potential partners.

Following the conclusion of the JEE mission, the country should utilize the information and lessons learned from the evaluation process to inform country level planning and priority setting. As the final report contains approximately 60 jointly developed priority actions, the country may use these as a foundation for the development of a National Action Plan for Health Security (NAPSH). To support capacity improvement and steady progress, periodic short- and long-term indicators should be developed. If a country does not have the capacity to develop a NAPHS, the country can request WHO and/or other partners and donors to support and facilitate this work. The NAPHS should identify the country's own commitments to implementation, including areas where the country does not require external support as well as those where external support such as technical, financial, logistics, by partners is required.

Annex I: The JEE flowchart

Timeline	Step(s) and Checklist
10-12 weeks prior to evaluation visit	**Country requests an external evaluation** Contact WHO to request an evaluation. **The planning process** Assign a country point of contact (POC) to lead evaluation, planning and communication efforts and to take part in hosting the JEE team. The country POC identifies technical area POCs.
8-10 weeks prior to evaluation visit	**The preparatory phase** Ensure involvement of and coordination with all relevant national stakeholders and initiate self-evaluation. Conduct self-evaluation orientation workshop.
4-5 weeks prior to evaluation visit	**Finalize the self-evaluation** Complete self-evaluation and seek endorsement.
3 weeks prior to evaluation visit	**Develop Agenda and arrange field visits** Develop JEE draft agenda ensuring that it includes (i) the required four days of 19 technical area discussions and (ii) site visits. Send final agenda to the WHO JEE Secretariat and all relevant sectors. The cleared self-evaluation workbook is officially shared with the JEE secretariat, along with the necessary reference documentation, no later than three weeks prior to the scheduled JEE visit.
2-3 weeks prior to evaluation visit	**Prepare logistics and confirms support needs** Confirm logistical support needs with the WHO JEE Secretariat and make all logistical arrangements for site visits.
Evaluation week	**Country hosts JEE team visit** Host all meetings and facilitate site visits during the JEE visit. (Note: JEE team lead will run the JEE process and agenda) At the end of the mission, agreement on the scores and priority activities in the executive summary.
2-4 weeks after evaluation visit	**Country reviews JEE team final report** Review and provide feedback on the draft final report. Disseminate the findings from the final report to relevant current and potential partners.
10-12 weeks after evaluation visit	**Country reviews priority actions and develop National Action Plan for Health Security** Convene all stakeholders and review priority actions to develop draft multi-sectoral National Action Plan for Health Security.

Annex 2: Outline of the self-evaluation workshop

a. Opening session:
   i. Opening of the workshop by senior official of the Ministry of Health.
   ii. Introduction of the objectives and expected outcomes of the workshop.
   iii. Introduction of workshop.
b. Presentations:
   i. Brief overview of the International Health Regulations and regional perspective, presented by WHO.
   ii. Overview of IHR capacity in the host country, presented by the Country POC.
   iii. Overview of IHR monitoring and evaluation framework, presented by WHO.
   iv. Country implementation guide – joint external evaluation, presented by WHO.
   v. Introduction to the JEE tool and process, presented by WHO.
   vi. Introduce the tool self-evaluation workbook.
c. Group work:
   i. Present the group work guidelines to all participants and break out the groups:
      1. Brainstorm preliminary answers to the questions related to each technical area and identify relevant background documents. Identify other stakeholders who can provide information.
      2. Brainstorm key strengths and weaknesses and identified gaps from previous evaluations.
      3. Brainstorm priority actions to address gaps for each technical area.
      4. Develop the PowerPoint template to complete the initial presentation for each technical area.
   ii. Facilitators are available for any clarifying questions and to facilitate the process.
   iii. Compile information to complete the IHR JEE self-evaluation handbook and information for the initial presentation.
   iv. The technical area POCs will finalize the self-evaluation report for their respective areas and make the presentation during the self-evaluation and JEE Mission.
d. Plenary presentation:
   i. Each breakout group will make a presentation on findings of their respective technical areas, as per the template, clearly highlighting the following:
      1. Best practices and challenges.
      2. Provisional priority actions and scores.
      3. All necessary documentation and lists of relevant stakeholders.

It is entirely possible that the self-evaluation is not completed in the workshop, but that the orientation workshop outlines the methodology for completing the self-evaluation. In that case the presentations during the workshop will include the next steps for completing the self-evaluation.

Annex 3: Country Checklist

Self-Evaluation Start Date:				
Mission Dates:				
Country JEE Process Preparation				

Sn	Items		Check	Sources of Verification
1	Country submits formal request for a JEE.		☐	Official Letter
2	Country identifies the Point of Contact (POC) for the JEE and develops a timetable to complete all steps of the process.			
3	Country POC identifies Technical Area POCs.			
4	Country PoC send the JEE Tool, self-evaluation workbook, reporting template to technical area POCs.			Emails or Letter
5	MoH decides dates for conducting self-evaluation orientation workshop and JEE.		☐	Official Communication
6	Country PoC identifies relevant national stakeholders for the 19 technical areas of JEE.		☐	List
7	Country PoC informs all relevant national stakeholders of the self-evaluation process.		☐	Letter/email
8	Country PoC sends the invitation, agenda of the self-evaluation workshop, JEE Tool and JEE Tool Workbook to relevant national stakeholders.		☐	Invitation and Agenda
9	Country PoC identifies facilitators and participants and ensures their participation in both the self-evaluation workshops and JEE mission.		☐	Official letter and agenda
10	PoC may send a request WHO to support the workshop.		☐	Official letter
11	Preparation of self-evaluation report:		☐	Official communication
	1	Technical area PoCs compile their respective technical area submissions in collaboration with identified stakeholders.		
	2	Country POC finalizes the self-evaluation report and seeks clearance from MoH.	☐	Final report and clearance approval
	3	Country PoC sends the self-evaluation report and links to documents to the JEE secretariat.	☐	Official communication
12	Country PoC prepares the JEE Mission:		☐	
	1	Country PoC ensures identified technical area PoCs have finalized the presentation based on the template, prior to the mission.	☐	Copy of presentation
	2	Country PoC ensures development of overview of country health system based on the template.	☐	Copy of presentation
	3	Country PoC ensures identification of focal points for field trips and field visit sites.	☐	Copy of Agenda and official communication

	4	Country PoC ensures high level participation during opening session.	☐	Confirmation
	5	Country PoC ensures high level participation in closing session of the JEE mission.	☐	Confirmation
	6	Country PoC ensures all necessary documentation to support self-evaluation report, either in hard copy or electronic form, are available to the mission team prior to the mission.	☐	Documentation
13		Country approves the Executive summary for publication	☐	Approval given
14		Country reviews the final report, and provides approval to publish.	☐	Approval given