TECHNICAL FRAMEWORK IN SUPPORT TO IHR (2005) MONITORING AND EVALUATION

JOINT EXTERNAL EVALUATION TOOL

SECOND EDITION

INTERNATIONAL HEALTH REGULATIONS (2005)

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World Health Organization

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ABBREVIATIONS

AMR	Antimicrobial resistance
BTWC	Biological and Toxin Weapons Convention
CLSI	Clinical and Laboratory Standards Institute
CPE	Continuing Professional Education
EBS	Event-based surveillance
EMT	Emergency Medical Team
EOC	Emergency Operations Centre
EQA	External Quality Assessment
EUCAST	European Committee on Antimicrobial Susceptibility Testing
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Programme
GAP	Global Action Plan
GHSA	Global Health Security Agenda
GLASS	Global Antimicrobial Resistance Surveillance System
GOARN	Global Outbreak Alert and Response Network
HAI	Healthcare-associated infections
HIV	Human Immunodeficiency Virus
IAEA	International Atomic Energy Agency
IBS	Indicator-based surveillance
IHR	International Health Regulations
INFOSAN	International Food Safety Authorities Network
INTERPOL	International Criminal Police Organization
ISO	International Organization for Standardization
IT	Information Technology
JEE	Joint External Evaluation
MCV	Measles-containing vaccine
MoU	Memorandum of understanding
NAPHS	National Action Plan for Health Security
NCC	National Coordinating Centre
NGO	Non-governmental Organization
NSHSP	National Strategic Health Sector Plan
OIE	World Organisation for Animal Health
OPCW	Organisation for the Prohibition of Chemical Weapons
PCR	Polymerase Chain Reaction
PHEIC	Public Health Emergency of International Concern
PoE	Points of Entry
PVS	Performance of Veterinary Services
QMS	Quality Management System
SAICM	Strategic Approach to International Chemicals Management
SOP	Standard Operating Procedure
VPDs	Vaccine-preventable diseases
WAHIS	World Animal Health Information System
WASH	water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization

BACKGROUND

THE INTERNATIONAL HEALTH REGULATIONS (2005)

In May 2005, the Fifty-eighth World Health Assembly (WHA) adopted the International Health Regulations (IHR (2005); hereinafter "IHR" or "the Regulations"), which subsequently entered into force on 15 June 2007. All States Parties are required by the IHR to develop certain minimum core public health capacities. IHR capacity requirements are defined as "the capacity to detect, assess, notify and report events" in Article 5; and "the capacity to respond to promptly and effectively to public health risks and public health emergencies of international concern" in Article 13.

IHR (2005) (Article 54 and Resolution WHA61.2) requires State Parties and the WHO Director-General to report annually to the World Health Assembly on the implementation of the Regulations as decided by the Health Assembly. The IHR Core Capacity Monitoring Framework was developed by the Secretariat, with a checklist and indicators to monitor progress in the development of the core capacities. Between 2010 and 2016, 195 State Parties have reported to WHO at least once using IHR monitoring questionnaires; averaging 73% of MS reporting annually.

THE IHR REVIEW COMMITTEE ON SECOND EXTENSIONS

The IHR Review Committee on Second Extensions for establishing national public health capacities and on IHR implementation (WHA68/22 Add.1) in 2014 recommended that with a longer term vision the Secretariat "should develop 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. These additional approaches should consider, amongst other things, strategic and operational aspects of the IHR, such as the need for high-level political commitment, and whole of government/multisectoral engagement. Any new monitoring and evaluation scheme should be developed with the active involvement of WHO regional offices and subsequently proposed to all States Parties through the WHO governing bodies' process". This recommendation was further echoed by the Review Committee on the Role of the IHR in the Ebola Outbreak and Response in its fifth recommendation to "introduce and promote external assessment of core capacities".

TECHNICAL FRAMEWORK FOR IHR MONITORING AND EVALUATION POST 2016

Based on IHR Review committee recommendations, WHO developed a concept note for monitoring and evaluation framework comprising of the existing one mandatory component (States Parties Annual Reporting) and three new voluntary components (after action review, simulation exercises and external evaluation) in 2015. A second technical consultation in Lyon in October 2015, led to the development of the joint external evaluation (JEE) tool based on existing WHO tools and various regional strategies and other initiatives, such as the Global Health Security Agenda (GHSA), World Organisation for Animal Health Performance of Veterinary Services (OIE PVS) Pathway. The JEE was published in February 2016. In addition to evaluating the capacities required under the IHR, the JEE and NAPHS also contributes to the implementation of the Sendai Framework for Disaster Risk Reduction that recognises the importance of implementation of the International Health Regulations (2005) and the building of resilient health systems.

VOLUNTARY JOINT EXTERNAL EVALUATION (JEE)

The technical areas covered in this voluntary component of the technical framework are, grouped into four core areas: – prevent, detect, respond, and IHR related hazards and points of entry. The JEE in this respect considers:

- preventing and reducing the likelihood of outbreaks and other public health hazards and events defined by IHR is essential;
- detecting threats early can save lives;
- rapid and effective response requires multisectoral, national and international coordination and communication; and
- IHR capacities are required at points of entry, and during chemical events and radiation emergencies.

1 - Checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. WHO/HSE/GCR/2013.2. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf?ua=1, accessed 19 December 2017).

REVISION OF THE JEE TOOL

The first edition of the tool was made available in February 2016, and by the end of December 2017 67 countries had requested a JEE to WHO and completed the voluntary evaluation using this tool. In late 2016, the JEE Secretariat began the process of systematically collecting suggestions and comments on improving the first edition of the JEE tool from WHO Regional Offices, technical area leads in WHO headquarters and external experts who had participated in one or more JEE missions and Member States who had conducted a JEE or were preparing for a JEE. The suggested improvements and comments were collated into an annotated version of the JEE tool and in April 2017, WHO convened a global meeting with over 90 global technical experts and all WHO ROs to discuss the suggested improvements and recommend changes. These changes were incorporated into a revised version of the JEE tool and finalized in mid-2017. This is the second edition of the JEE tool[2].

SUMMARY OF CHANGES INCORPORATED INTO THE SECOND EDITION OF THE JEE TOOL

The main changes within the second edition of the JEE tool is the inclusion of two financing indicators, the merging of two indicators under legislation into a single one and the renaming of three technical areas (Real time surveillance is now Surveillance, Workforce development is now Human resources and Preparedness is now Emergency preparedness). The tool now has 49 indicators (increase of one indicator from the previous 48), within the 19 technical areas. The second edition of the tool helps clarify issues in the interpretation of various indicators, attri-

Linking public health and security authorities, Risk communication, Points of entry, Chemical events and Radiation emergencies, have minor changes for the purpose of clarity and interpretation.

CHANGES IN INDICATORS

Two indicators of National legislation, policy and finance are combined and two additional indicators for finance added. Two indicators on Antimicrobial resistance (AMR) are combined and a new indicator on effective coordination added to align with the global action plan for AMR. For Zoonotic disease, an indicator on workforce is incorporated in the Human resources technical area and the rest of the indicators are updated to better reflect output and outcome. The food safety technical area is split into two to reflect detection and response capacities, respectively. The surveillance technical area now has three indicators where the indicators for event-based, indicator-based and syndromic surveillance are combined as “surveillance systems”. The rest of the indicators of Surveillance remain the same with a few changes that reflect output and outcome of the system. The human resources technical area presently consists of four indicators with the addition of a new indicator on in-service training capacities, which incorporates veterinary workforce from Zoonotic disease and is linked to the multisectoral workforce as required for IHR implementation. The Emergency response operations technical area now has three indicators as one of the indicators on case management was moved to Medical countermeasures and personnel deployment. Two indicators on “capacity to activate” and “operational procedures for emergency operations” are

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