INTERNATIONAL HEALTH REGULATIONS (2005)

ROSTER OF EXPERTS PROCESS AND OVERVIEW

VOLUNTARY JOINT EXTERNAL EVALUATION

World Health Organization

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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.

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;

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

- 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 ROSTER OF EXPERTS

The roster is the consolidated source of global experts recruited under a rigorous process, to ensure high quality experts, and transparency. WHO recognizes the importance of identifying experts who have the necessary experience, technical capacity, and interpersonal skills to contribute effectively to external evaluation teams. As Member States and partners from all Regions are volunteering to undergo the process, a single expert list (roster) that can be accessed by the JEE Secretariat has been developed. This single list allows access to global experts and their coordination to support missions even when conducted simultaneously in different WHO regions. A single roster also assists WHO in identifying technical areas for which additional experts are needed.

The roster is in the public domain and is published on the Strategic Partnership Portal (SPP)[2] website. Detailed information is password protected and accessible by WHO Secretariat and individual expert.

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