GUIDE FOR SUBJECT MATTER EXPERTS

VOLUNTARY JOINT EXTERNAL EVALUATION
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## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AARs</td>
<td>After Action Reviews</td>
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<tr>
<td>AMR</td>
<td>Antimicrobial resistance</td>
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<td>CLSI</td>
<td>Clinical &amp; Laboratory Standards Institute</td>
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<td>CONOPS</td>
<td>concept of operations</td>
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<td>EAPCCT</td>
<td>European Association of Poison Centres and Clinical Toxicologists</td>
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<td>ECDC</td>
<td>European Centre for Disease Control</td>
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<td>EMT</td>
<td>emergency medical teams</td>
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<td>EOC</td>
<td>Emergency operations centre</td>
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<td>EQA</td>
<td>external quality assurance</td>
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<td>EU</td>
<td>European Union</td>
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<td>EUCAST</td>
<td>the European Committee on Antimicrobial Susceptibility Testing</td>
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<td>EWRS</td>
<td>early warning and response system</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FBO</td>
<td>Foodborne Outbreaks</td>
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<td>FETP</td>
<td>Field Epidemiology Training Programme</td>
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<td>GHSA</td>
<td>Global Health Security Agenda</td>
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<td>GLASS</td>
<td>Global Antimicrobial Resistance Surveillance System</td>
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<td>GMO</td>
<td>genetically modified foods</td>
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<td>HCAI</td>
<td>health care associated infections</td>
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<td>IAEA</td>
<td>International Atomic Energy Agency</td>
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<td>ICAO</td>
<td>International Civil Aviation Authority</td>
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<td>IEC</td>
<td>information, education, communication</td>
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<td>IHR</td>
<td>International Health regulations</td>
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<td>IHR NFP</td>
<td>National IHR Focal Point</td>
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<td>INFOSAN</td>
<td>International Network of Food Safety Authorities</td>
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<td>ISO</td>
<td>International Organization for Standardization</td>
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<td>JEE</td>
<td>joint external evaluation</td>
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<td>MCV</td>
<td>Measles Containing Vaccination</td>
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<td>MOU</td>
<td>memorandum of understanding</td>
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<td>NGOs</td>
<td>non-government organizations</td>
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<td>OIE</td>
<td>World Organisation of Animal Health</td>
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<td>PVS</td>
<td>Performance of veterinary services</td>
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<td>RRTs</td>
<td>rapid response teams</td>
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<td>SOP</td>
<td>standard operating procedures</td>
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<td>WHO</td>
<td>World Health Organization</td>
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INTRODUCTION

The purpose of this guidance document is to specify the processes and procedures followed by team members conducting Joint External Evaluations (JEEs) of the implementation of International Health Regulations (IHR) (2005) capacities. This document describes roles and responsibilities and outlines the JEE process, including: pre-evaluation activities; evaluation structure; post-evaluation activities; and production of the final report.

JEE OVERVIEW

At the Sixty-eighth World Health Assembly, the IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation 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 JEE tool and process were developed to address this recommendation.

The JEE is a voluntary, collaborative, multisectoral process to evaluate country capacity to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. Collectively, these capacities are known as “health security”. The JEE is one of the four components of the WHO IHR Monitoring and Evaluation Framework. The JEE tool and process have been developed in full concordance and collaboration with related efforts such as the Global Health Security Agenda (GHSA) and the World Organisation for Animal Health’s (OIE’s) Performance of Veterinary Services (PVS) Pathway.

The purpose of the external evaluation process is to measure country-specific status and progress in achieving targets in IHR implementation. The JEE helps countries identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response, and to engage with current and prospective donors and partners to effectively target resources. External evaluations should be regarded as an integral part of a continuous process of strengthening capacities for implementation of IHR (2005), which includes strong political commitment, self-evaluation and a multisectoral integrated approach.

JEE TOOL

The JEE tool¹ is a data gathering instrument 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; and
- IHR Hazards and Points of Entry.

The JEE tool and process supports countries to:

• Establish baseline capability for implementation of capacities required under the IHR;
• Determine strengths, best practices, areas that need strengthening, challenges, and priority actions across 19 technical areas;
• Integrate findings from other evaluations and assessments into one common evaluation;
• Identify national priorities to inform the revision, or development, of institutional plans to detail actions and resources required to address identified gaps and needs;
• Identify any requirement to update cooperation/coordination plans between national authorities and internal and external partners/stakeholders, including the development of integrated multisectoral plans; and
• Conduct the JEE self-evaluation.

The JEE tool was developed through international collaboration with Member States, subject matter experts, international organizations and existing initiatives. It contains 19 technical areas, each divided into 1-5 indicators. Each indicator is defined by 5 levels of capacity. Most indicator measures are descriptive and provide qualitative information. Levels of capacity are identified with scores of “one” (indicating that attributes of a capacity are not in place) to “five” (indicating that implementation of attributes has occurred, is tested, reviewed and exercised, and that the country has a sustainable level of capability). For each indicator, a country receives a score based on their current capacity. Separate scores for human and animal sectors may be given in exceptional circumstances, however the usual process is for the lower score to be taken as the final score. The technical area questions accompanying the indicators facilitate dialogue with the country and form the basis for determining the appropriate score.

**JEE PRINCIPLES**

The JEE approach is characterized by a number of important features:

• voluntary country participation;
• a multisectoral approach;
• an open collaborative process for evaluating capability (as opposed to an audit or inspection);
• a peer-evaluating-peer approach;
• use of previous assessments and a "sifting through" of available data and expert opinion (as opposed to a “deep dive”);
• transparency and openness of data and information sharing; and
• the public release of reports.
JEE PROCESS OVERVIEW

JEEs are completed in two stages: (i) an initial self-evaluation by the host country using the JEE tool, and (ii) an in-country evaluation conducted by an external evaluation team of subject matter experts in close collaboration with peer national authorities. Following the JEE process, Member States are encouraged to develop a National Action Plan for Health Security to address the gaps and challenges identified in the evaluation process.

Self-evaluation phase. In the first stage, in collaboration with experts across all relevant sectors and stakeholders, the host country drafts a self-evaluation report using the questions in the JEE tool as a guide. The JEE is coordinated at the national level, although evaluation of implementation of IHR capacities may also be carried out at the provincial (or district) and peripheral (local) levels upon the agreement of the country and with the respective arrangements in place. The result of this phase is an internal reflection of the country’s capacities to prepare for, to prevent, detect and respond to public health threats across 19 technical areas.

External evaluation phase. Once the self-evaluation is complete, the external evaluation phase begins. The duration of a typical WHO IHR JEE mission is five working days, which includes four days of multisectoral facilitated discussions and one day dedicated to site visits that enhance the external team’s understanding of issues. JEE missions may be longer or shorter depending on geographical considerations. The external evaluation team consists of multisectoral subject matter experts from other Member States, the Food and Agriculture Organization of the United Nations (FAO), OIE, WHO and other key international organizations. The core of the JEE process is multisectoral and fully collaborative peer-to-peer discussions across the 19 technical areas. These technical panel sessions typically occur over five days where host country officials present an overview of the country’s capacity and the self-evaluation score as the starting point for technical discussions. All relevant sectors participate in the presentations and facilitated discussions, including human and animal health, agriculture, wildlife, and other relevant sectors for implementation of IHR (2005) capacities. Targeted site visits to key health emergency preparedness and response facilities, such as a hospital, laboratory or an international point of entry, enhance the team’s understanding of the country’s current capacities. Host countries may also provide an overview of their health system to set the country context.

Through the facilitated discussions, the external evaluation team identifies strengths/best practices; areas that need strengthening/challenges; assigns scores; and recommends three to five key priority actions for each technical area that will most effectively increase the country’s ability to prevent, detect and rapidly respond to health emergencies, whether naturally occurring, deliberate or accidental. The JEE process is not a “deep dive”, but a “sifting through” of available information and integrating findings from internal and external experts. Preliminary results are presented to the host country’s high-level representative/s, typically at the ministerial level, on the final day of the JEE mission. A final draft report is provided to the host country for feedback. Following a clearance and publication process, which may take up to three months, the final JEE mission report is posted online and made publically accessible.
JEE IMPLEMENTATION PROCESS

External evaluation request

A JEE mission is requested by the host country, usually through the national IHR focal point, the WHO Country or Regional Office, or directly to the WHO headquarters (JEE Secretariat). Upon receipt of the request, WHO will liaise with the country to confirm the dates of the JEE mission.

Prior to the JEE mission, the JEE tool and self-evaluation report template is sent to the country for completion. The JEE tool and the reporting template provides the opportunity and catalyst for the host country to build on, or develop, relationships with multisectoral partners. The self-evaluation is used as the basis for the discussions during the external evaluation mission. External team members will receive the self-evaluation report and any other assessments (such as the OIE PVS) relevant to the JEE, approximately three weeks before the evaluation takes place. These documents should be reviewed in detail as they form the basis for discussions with the host country.

Assembling the external evaluation team

When assembling the external evaluation team, the WHO Secretariat will ensure the team has representation from subject matter experts of relevant sectors, noting that the JEE will be undertaken using the One Health approach. With this principle in mind, it is important for the host country to ensure all the relevant ministries, agencies, national stakeholders, sectors and disciplines are invited to participate in technical panel discussions.

The eight to 12 experts that constitute the external evaluation team will be multidisciplinary with relevant technical expertise to cover all 19 technical areas. Other factors considered include past JEE mission experience, geographical location, gender balance, and diversity of expertise. Selection of experts for the external team will be based on the following criteria:

1. At least five years’ experience working in one or more of the 19 technical areas and be a recognized international expert in that field;
2. Experience in multiple technical areas preferred;
3. Experience working in international contexts; and
4. Language proficiency in one or more WHO languages.

The team comprises of:

(i) subject matter experts from other Member States that have conducted or are planning to conduct a JEE;
(ii) WHO experts; and
(iii) experts from the relevant international organizations such as OIE, FAO, International Atomic Energy Agency (IAEA), International Civil Aviation Organization (ICAO) and World Bank.

The external team may also include two or three observers.

Team members will be allocated to one or more technical areas to lead and co-lead.

To support experts on JEE missions, the WHO Secretariat has developed a mandatory online orientation for experts on the JEE tool and process.

2 https://extranet.who.int/hslp/training/course/view.php?id=116
Roles and responsibilities

The external teams are made up of a team lead, subject matter experts who will serve the role of technical area lead and technical area co-leads and, for most missions, a writer/editor.

Technical area leads will:

- Facilitate a dialogue with host country participants in a collaborative manner to elicit sufficient information that helps allocate a score for each indicator by consensus;
- Manage time for discussions according to the schedule;
- Provide a presentation summarizing the strengths and areas of improvement to the host government (the minister/senior management) for their allocated core capacities on the last day of the evaluation;
- Draft the chapter report for their allocated technical area in the required format and seek feedback/agreement of priority action areas from host country counterparts; and.
- Finalize their written technical area report and submit to the team lead or writer prior to leaving the country following the mission.

Technical area co-leads will:

- Raise and/or highlight relevant technical issues during discussions;
- Note key issues, priorities and recommendations raised during discussions and support the technical area lead to consolidate them to form the basis of report findings for that particular technical area; and
- Contribute to/review the final chapter reports for assigned technical area/s.

In order for team members to fulfil their responsibilities, they should:

Before the mission:

- Complete the online training for subject matter experts3;
- Ensure a practical understanding of the JEE tool4 and process;
- Study the country’s self-evaluation report, other relevant assessments and documentation shared by the host country, and prepare questions for the host country.

During the mission:

- Engage in active discussions with country experts on capacity, capabilities, procedures and experience across the technical areas;
- Assume responsibility for allocated technical lead areas;
- Continue reviewing relevant national documents provided as evidence and seek to understand how these documents are applied in the country context;
- Draft the technical area report/s under their responsibility and contribute to the executive summary and final report describing the country status, strengths/best practices, areas that need strengthening/challenges, and priority actions for allocated technical area/s; and
- Include other specific objectives based on the status/situation of each country.

A timeline of JEE activities is at Annex 1.

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3 https://extranet.who.int/hslp/training/course/view.php?id=116
Team lead

JEE team leads are appointed by the WHO JEE Secretariat. Considerations for the team lead include familiarity with the region, cultural sensitivity and language skills (and/or knowledge of the local language), previous JEE mission experience, and diplomacy and management skills. All team leads should undergo the face-to-face JEE team leads workshop, the online training for subject matter experts and training on the JEE tool, to understand its implementation and how to chair the various sessions during the JEE mission. In addition to the team member roles and responsibilities, the team lead has the following responsibilities:

• Review and finalize the JEE mission agenda in collaboration with the host country and WHO JEE Secretariat, including any site visits that may be needed as part of the evaluation;
• Assist the WHO JEE Secretariat with selection of team members and team co-lead(s);
• Co-lead JEE team preparatory calls with the WHO JEE Secretariat, as required;
• Organise the initial in-country meeting with the JEE team prior to the start of the JEE mission to review the agenda, discuss any outstanding logistical needs and agree on the process for achieving consensus on priority action areas and the submission of chapters;
• Oversee the JEE, including:
  o Ensuring that all team members are aware of and meet their roles and responsibilities, particularly in guiding discussions and drafting the final report sections related to their areas of expertise;
  o Efficiently and professionally managing the JEE agenda;
  o Assigning technical area leads and co-leads;
  o Managing facilitated discussions among team members and the host country; and
  o Conduct daily debriefs and a final debrief, as necessary, with the JEE team and country officials at the conclusion of the evaluation visit.
• Oversee the drafting of the final report.

Writer/editor

The role of the writer/editor is to support the finalization of the executive summary and the report during the mission. Team members will complete the reports for their respective technical areas as soon as possible after the evidence has been presented by the host country, and submit their reports to the team lead and writer/editor. The latter will review the document for language, consistency and clarity, and work with the team lead to finalize the overall report.

JEE mission logistics

The WHO JEE Secretariat (at headquarters and/or regional offices) is responsible for coordinating experts on the external evaluation team, including international travel and security clearances, as well as in-country planning, administrative and logistical support to host countries, as required. If required, logistical expenses of JEE missions will be covered by WHO. Logistical arrangements include arranging local transportation, catering, meeting spaces, site visits and translation services.

JEE team members should ensure they arrive in country with enough time to take part in the team meeting that takes place the day before the JEE mission begins and stay until the end.

Agenda and resources

The country develops the five-day agenda for the JEE based on a template provided by WHO, and identifies potential site visits for the external evaluation, in coordination with the JEE team lead. The agenda must include facilitated technical panel discussions on each of the 19 technical areas – this is a mandatory component and forms the core of the JEE. The standard agenda should also include one
day of site visits. 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 agenda, self-evaluation report and other relevant documents to the JEE team.

All JEE team members are advised to bring the following:

- Printed copy of the JEE tool and a copy of the country’s self-evaluation report;
- Electronic copy of the final report template; and
- Laptop computer or other device for electronically sharing files and writing reports.

Evaluation pre-meeting

The JEE commences with a mandatory team meeting the day before the evaluation begins and may be attended by the WHO Country Office staff and/or host country authorities. This meeting is to:

- Introduce the team to each other;
- Confirm final allocations of team members to technical area lead and co-lead roles;
- Brief on the JEE tool and process;
- Brief on the report writing expectations and timelines; and
- Discuss the facilitation process.

To avoid surprises and manage any discrepancies in scoring that may arise during technical panel discussions, the host country may provide a list of the proposed scores to the external evaluation team during this session. This process gives the external evaluation team a ‘heads up’ and allows technical leads to manage expectations as required.

Evaluation

The host country will nominate a point of contact for the JEE team lead should any logistical, technical or operational questions/issues arise. Following the initial welcome and the formal opening of the JEE mission by the host country’s representatives, opening remarks by the WHO Representative, the management of the JEE will be turned over to the JEE team lead. The team lead will manage the JEE agenda, ensuring a timely and professional evaluation process. The team lead will ensure a collaborative, peer-to-peer process between in-country and external experts, using the JEE self-evaluation and information from other relevant assessments to inform the discussion. Supporting documentation should be provided to the team, to assist in allocating scores, ahead of the JEE mission, however the external evaluation team may request additional supporting documentation.

The first day of the evaluation usually begins with an overview of the country’s national health system. This allows the team to become familiar 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 the background perspective on the public health system and its interactions with other relevant sectors. Following the overview, facilitated discussions around the 19 technical areas begin (a template for these presentations is provided to the host country).

Technical Area Evaluation Process

Within the JEE tool there are a series of technical area questions supporting each of the 19 technical areas. These questions are intended to guide the team’s discussions and facilitate a deeper understanding of the country capacity as related to the indicators, and help triangulate these to the proposed score(s). The technical area discussions will focus on the country’s key capacities, with an emphasis on the strengths/best practices, areas that need strengthening/challenges, and joint development of scores for each technical area indicator and three to five priority actions per technical area. Coffee breaks and lunch periods serve as additional opportunities for discussion and collaboration. The goal is to reach an agreement on all the key components of the final report during the evaluation week. An overview of each of the technical areas can be found in Annex 2.
Step by step guide to facilitating a technical area

1. The JEE team lead introduces the technical area to be evaluated and also introduces the technical area lead and co-lead. The host country representative(s) are invited to give a PowerPoint presentation that describes the country’s capacities within the specific technical area and proposes a score.

2. Following the presentation, the technical area lead thanks the host country presenter and may offer a positive comment or very brief summary of the presentation.

3. The technical area lead may ask the presenter clarifying questions to facilitate a discussion and/or invites the co-lead and the other external evaluators if they have further questions. They may also wish to ask for information from other relevant sectors from the host country (animal health, security authorities, environment, etc.), if this information was not included in the presentation.

4. The technical area lead guides the discussion to generate a consensus on the score for each indicator by taking the plenary through the indicators sequentially.
   a. The technical area lead 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, if they have not already outlined this in the presentation
   b. The technical area lead 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 evaluators may make recommendations for adjusting the indicator’s score at this time.
   c. The technical area lead summarizes areas of agreement from the scoring discussion and areas that need further discussion.
   d. The technical area lead asks for any additional comments or proposals for consideration on scoring.

Once the group has reached an agreement:

 e. The technical area lead proposes the final score, noting any “qualifiers” or caveats that will be noted in the final report. Scores must be a whole number (1, 2, 3, 4, or 5).
 f. The technical area lead 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 evaluators or among evaluators), continue the discussion for or against the score, with evidence to obtain a closer alignment on a decision.
   (iii) The technical area lead may call for a side-meeting during tea/lunch breaks, to continue the discussion following the steps outlined above. In this case, the technical area lead will announce the agreed-upon score during the next plenary.

6. The technical area lead repeats Step 5 above for each indicator in the technical area.

7. The host country is asked to include their priorities in their presentation. Three proposed action-oriented and brief priority actions are ideal, but up to five is acceptable. The technical area lead may ask for clarifications on priorities, and may propose additional/alternative priorities, based on the areas which need strengthening as determined from the discussions.

8. The technical area lead may ask the host country representative(s) for supporting documents which can support the scoring, if they have not previously been provided.

9. Technical area lead thanks the group and gives back the floor to the JEE team lead.
Site visits are included in the evaluation mission agenda to enhance the team’s understanding. The one-day site visits to relevant facilities can occur at the national and/or subnational levels. The country should ensure that appropriate security clearances and approvals are obtained. Based on the outcomes of the field visits, scores may be reviewed and revised.

On the final day of the evaluation, scores are jointly reviewed. This will not be a reopening of discussions around each score but would serve as the 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 will be officially presented to the host country’s high-level representative on the final day of the evaluation.

**Note:** should there be significant and irreconcilable disagreement between the external team members and the host country experts or among the external 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. It is important that the country and experts understand and come to an agreement on all aspects of the discussion especially the scores and priority actions; and all documents required to justify these need to be presented before the mission ends. The scores and priority actions recommended cannot be changed once the mission ends and the external team leaves.

**Completion of the final report**

The technical area lead will be responsible for developing the initial draft of their section of the report. It is recommended that the technical area leads complete their drafts of their section of the report the evening after their technical area has been discussed, to allow for immediate follow-up with the country or other team members on any questions or points for further clarification. This draft shall incorporate the technical lead’s own findings as well as the findings of the co-lead. By the end of the evaluation visit, the external evaluation team should have an initial draft of the final report, and a completed executive summary.

There are three sections in each technical area report which must be written by the technical area lead, with support of the co-lead. These are:

- **Country level of capacities** – This section documents how the current system works, the achievements they country has made, those areas which could be a model for other Member States, and puts the strengths and challenges into context. It covers both health and animal components, where applicable. This section should be 300–400 words.

- **Priority Actions** – This section should be 3-5 bullet points of the priority actions. These priority actions should be specific, achievable and relevant. They should address identified weaknesses and gaps, and not be a wish list of all actions which could be done in a specific area. During the facilitated discussions, the priority actions should be discussed and clarified, so that they are clear and actionable during the process of preparing the National Action Plan for Health Security.

- **Indicator summary** – the score for each indicator is included in this section, along with bullet points on strengths and best practices; and on areas that need strengthening or challenges. It is permissible to include a note under the score as to where the country achieves higher than the score given, or otherwise justifying the score, if this is not covered in the text or bullet points for each indicator.

The JEE team lead is responsible for completing the final report within two weeks of the end of the JEE mission using the report template. Each JEE team member is responsible for overseeing the writing of their assigned section in the report with inputs from the co-lead. The writer/editor, if present on the mission, is responsible for overseeing the editing of the final report; and with the support of the team lead(s) ensures that all team members execute their sections in a timely manner, and that the report provides a thorough evaluation of country capacities.
The final report contains an analysis of the country’s capabilities including the strengths/best practices, areas which need strengthening/challenges, scores and three to five priority actions for each technical area, with an overview and introduction outlining the key themes which have emerged across all 19 technical area. Once the JEE team lead completes the final report, and shares it with the team for review, it is shared with the country for feedback, typically within two weeks following the external evaluation. Countries are encouraged to share the final report directly with current and potential partners, and to share their commented version with the team lead and JEE secretariat as soon as possible after the mission.

Completion of the executive summary

The executive summary is a separate document, shared immediately with the country at the end of the mission. Each technical area lead will be responsible for providing a three-sentence summary of their respective technical areas. The executive summary consists of high level recommendations, scores and three to five priority actions of each technical area is prepared by JEE team and endorsed by host country. The executive summary can be of immediate use by the JEE team lead in their summary of the findings of the evaluation during the last day of the mission briefing and is published immediately after the mission until the final report is available in WHO website.
## ANNEX I: JEE TEAM CHECKLIST

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<th>Phase</th>
<th>Timeline</th>
<th>Step(s) and Checklist</th>
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| Pre-evaluation   | At least 8 weeks prior to evaluation visit | **Step 1:** Country requests an external evaluation  
**Step 2:** Evaluation planning begins and the JEE team is assembled  
• JEE team lead is selected by the WHO JEE Secretariat  
• JEE team is assembled by the WHO JEE Secretariat and team lead (includes team members to cover all 19 technical areas of expertise and geographic balance)  
• WHO JEE Secretariat works with the JEE team to begin booking hotels and flights |
|                  | 1–4 weeks prior to evaluation visit | **Step 3:** JEE team logistics  
• WHO JEE Secretariat schedules the preparatory calls with the JEE team, if required.  
• JEE team lead selects team co-lead(s)  
• JEE team lead assigns technical area leads and co-leads based on team member expertise  
• JEE team members review all materials provided by the WHO JEE Secretariat in advance. This includes reviewing the country’s self-evaluation and any relevant assessments and supporting documentations ahead of mission |
| Evaluation phase | Evaluation week(s)       | **Step 4:** JEE team conducts evaluation visit  
JEE team lead manages scoring process and discussions with the country  
• JEE technical area leads facilitate technical area discussions and scoring  
• JEE technical area co-leads take notes for technical area leads during discussions and scoring  
• JEE team members contribute actively to all sessions during evaluation week, take notes on all JEE technical areas, and collaborate with host country officials on all sections of the final report  
• JEE team members prepare 3-minute summary for reporting to host country’s high-level representative  
• JEE team members prepare content (indicators’ score and priority actions) of the executive summary of the JEE mission for their respective technical areas  
• JEE team completes first draft of final report by the end of the week |
| Post evaluation  | 2 weeks after evaluation visit | **Step 5:** JEE team completes the final report  
• JEE technical area leads provide final drafts on technical areas to final report editor by last day of the mission  
• JEE final report editor compiles and edits the report and provides it to the team lead(s) within one week following the evaluation visit  
• JEE team lead provides host country with the final report (copying WHO JEE Secretariat), within 2 weeks following the evaluation visit  
• JEE team shares the final report with the WHO JEE Secretariat  
• The JEE secretariat publishes the final report on http://www.who.int/ihr/procedures/mission-reports/en/ |
ANNEX II:
JEE MISSION GENERAL GUIDANCE FOR 
SUBJECT MATTER EXPERTS

Mission tips
• Before travelling, request that the final PowerPoint presentations for your technical area/s are provided to you, in order to avoid surprises or discrepancies between the initial documents and those presented during the JEE.
• On arrival, if possible, try to meet with the presenter of your technical area/s before the sessions in question; and
• In discussion with country counterparts, emphasise the importance of the priority actions: these must fit the challenges and weaknesses laid out in the presentations and preparatory documents, and must contain concrete, actionable recommendations that lead smoothly to national planning.

When writing
• Ensure that priority actions are concrete and actionable;
• The report of each technical area must be as comprehensive as possible, both as an acknowledgement of the time and effort the country has gone through, and because these documents will be used as reference documents for a significant amount of work at country level;
• At the end of your draft section, provide the team writer with any overarching observations/recommendations you may have (to feed into the executive summary for the mission), and a full list of any acronyms and abbreviations you have used; and
• Provide your full draft sections to the team writer at least one full day before the closing presentation, so that they can prepare the closing presentation and the executive summary for review by the team (hopefully in session with the country counterparts) before the closing session.

Tips for using the JEE tool
• Review the technical questions associated with the technical area and each indicator;
• Familiarize yourself with the self-evaluation findings provided prior to the mission;
• Cross check responses; and
• During the mission, take notes about any questions, additional information you’d like to see included in the recommendations, strengths and areas to improve, and any other areas that need to be explored further.
ANNEX III:
JEE GUIDANCE PER TECHNICAL AREA

National legislation, policy and financing

This document is a JEE resource for technical area experts who assess a country's National legislation, policy and financing (P1.1 and P1.2) technical area.

Using the JEE tool for this technical area

There are three indicators in the JEE tool for assessing countries' national legislation, policy and financing with regard to the IHR (2005):

- P1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors, to enable compliance with the IHR
- P1.2 Financing is available for the implementation of IHR capacities
- P1.3 A financing mechanism and funds are available for timely response to public health emergencies

Key elements and/or components of national legislation, policy and financing

- Legislation should provide a strong foundation for a functional mechanism for the coordination and integration of relevant sectors in the implementation of the IHR (2005), backed with sufficient, sustainable funding
- This legal and regulatory framework should encompass all relevant sectors, as should the relevant financing
- The mechanism should be based on a One Health perspective, all-hazards and cross sectoral in nature, and ensure the involvement of both the animal and human health sectors in implementing the IHR (2005)
- Funding and resources should be in place to sustain operations in case of a public health emergency, providing surge capacity where necessary
- An IHR NFP should be in place, with relevant funding, agreements and SOPs to ensure smooth collaboration with IHR-relevant sectors
- Multi-sectoral, multidisciplinary simulation exercises are should be regularly conducted to test (and improve) response coordination and communication mechanisms.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any document that brings the IHR formally into national law
- Any existing legislation—laws, acts, decrees, regulations or similar—SOPs, MOUs and/or protocol agreements with regard to the implementation of IHR and any related cross border systems or agreements
- Any such legislation with regard to National IHR Focal Points (NFPs)
- Any such legislation with regard to international notification
- Any internal policies, manifesto commitments, etc. with regard to any of the above
- Any legislation that commits the country to regional decisions, rulings, systems or other international arrangements concerning serious cross-border threats to health
- Documents or materials describing the infrastructure or the setup of areas related to the IHR
(2005) and related legal obligations in relevant parts of the Ministry of Health, Ministry of Agriculture, Environment, Transport and other

- Any budgetary documents laying out financing approaches to the areas above
- The national list of notifiable diseases
- Any cross-border agreements or MOUs on emergencies.

**Key informants during the JEE Mission**

- The National IHR Focal Point (NFP), or NFP staff if the focal point is an institution or institutions
- Staff in the Ministry of Health or other body with responsibility for public health, who have strategic and/or political oversight of the prevention, detection and communication of public health events, and response.

**Background documents for information**

IHR coordination, communication and advocacy

This document is a JEE resource for technical area experts who assess country capacities for IHR coordination, communication and advocacy (P2.1).

Using the JEE tool for this technical area

There is one indicator in the JEE tool for measuring countries’ IHR coordination capacities:

• P2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR

Key elements and/or components of IHR coordination, communication and advocacy

• A functional mechanism, with a foundation in legislation, should be in place for the coordination and integration of relevant sectors in the implementation of IHR
• This legal and regulatory framework should encompass all relevant sectors
• The mechanism should be based on a One Health perspective, all-hazards and cross sectoral in nature, and ensuring the involvement of both the animal and human health sectors in implementing the IHR (2005)
• Funding and resources should be in place to sustain operations in case of a public health emergency, providing surge capacity where necessary
• An IHR NFP should be in place, with relevant agreements and SOPs to ensure smooth collaboration with IHR-relevant sectors
• Systems should be in place for the NFP to share updates on IHR implementation and the latest WHO information with contact points under the IHR platform
• Multi-sectoral, multidisciplinary simulation exercises are should be regularly conducted to test (and improve) response coordination and communication mechanisms
• The NFP and/or other relevant structures and individuals should be active members of any IHR-relevant regional networks, platforms and/or systems.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

• Any existing SOPs, MOUs and/or protocol agreements with regard to the implementation of IHR and any related cross border systems or agreements (e.g. the European Centre for Disease Control/ECDC’s Early Warning Response System/EWRS)
• Any existing SOPs, MOUs and/or protocol agreements with regard to National IHR Focal Points (NFPs), including its establishment/designation
• Any existing SOPs, MOUs and/or protocol agreements with regard to international notification
• Any regional decisions or rulings on serious cross-border threats to health
• Relevant sections of the national emergency plan or any specific plan that addresses the IHR (2005)
• Documents or materials describing the infrastructure or the setup of areas related to the IHR (2005) and related obligations in relevant parts of the Ministry of Health
• Examples of communication and advocacy products related to the IHR (2005) like press releases; public announcements; information, education and communication (IEC) materials.

Key informants during the JEE Mission

• The National IHR Focal Points (NFP), or NFP staff if the focal point is an institution or institutions
• Staff in the ministry of health or other body that oversees public health, who have strategic and/or political oversight of the prevention, detection and communication of public health events, and response.

Background documents for information

Antimicrobial resistance

This document is a JEE resource for technical area experts who assess country capacity in the area of antimicrobial resistance (P3.1, P3.2, P3.3, P3.4).

Using the JEE tool for this technical area

There are four indicators in the JEE tool for measuring countries’ AMR capacities:

- P.3.1 Effective multisectoral coordination on AMR
- P.3.2 Surveillance of AMR
- P.3.3 Infection prevention and control
- P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture

Key elements and/or components of antimicrobial resistance

- A strategic plan on AMR
- Integrated One Health public health programmes on pathogen resistance in animals and humans, and health-care associated infections
- Systematic collection of resistant isolates and formal validation of species identification in accredited laboratories
- Screening and outbreak management guidelines for multidrug resistant organisms, with adherence to those guidelines
- Enhanced surveillance of antimicrobial resistant infections and functional networking of microbiology laboratories
- Structured systems for laboratories to provide data to a central database
- Comprehensive resistance data (including for all priority pathogens designated by the WHO) constantly updated and available
- A national plan for antimicrobial stewardship in hospitals and enhanced monitoring of healthcare-associated infections (HCAIs)
- Continuous monitoring of antimicrobial resistance in livestock animals, meat and dairy products
- A national monitoring programme for animal pathogens
- Adherence to outpatient and veterinary antibiotic prescription guidelines and the ability to collect veterinary antibiotic prescription data
- Publicly available data on sales of veterinary antimicrobials and results of resistance monitoring have been published yearly
- Environmental sampling programme to detect AMR in rivers, lakes etc.
- Participation in WHO’s Global Antimicrobial Resistance Surveillance System (GLASS).

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any specific plan which addresses AMR, such as strategic plans for AMR, pathogen resistance, control of healthcare-associated infection, etc. (see key/elements/components below)
- Documents or materials describing the infrastructure or the set-up of areas related to AMR detection, surveillance, prevention and control, and antimicrobial stewardship, in various parts of the Ministry of Health and/or Ministry of Agriculture and related ministries
- Examples of relevant guidelines and information products (e.g. outbreak management guidelines)
- Protocols or standard operating procedures (SOPs) for AMR detection, surveillance, prevention and control, and antimicrobial stewardship
- Existing coordination mechanisms and agreements among relevant stakeholders, such as animal and human health and public health professionals, laboratory authorities and workers, drug authorities, prescribers, etc.
Key informants during the JEE Mission
National and some sub-national staff, including:
• Animal and human health and public health professionals with responsibility for AMR strategy and implementation
• Laboratory authorities and workers
• Drug authorities.

Background documents for information
• Other relevant WHO resources, guidelines etc. — http://www.who.int/antimicrobial-resistance/en/
• Guidelines on AMR testing and methods—e.g. the EUCAST methods (the European Committee on Antimicrobial Susceptibility Testing)
Zoonotic diseases

This document is a JEE resource for technical area experts who assess a country’s capacity to minimise the transmission of zoonotic diseases (P4.1, P4.2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring a country’s capacity to minimise the transmission of zoonotic diseases:

- P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities
- P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional

Key elements and/or components of zoonotic disease capacity

- Clearly established/delineated respective responsibilities of the various competent authorities involved in the prevention and control of zoonotic diseases, at all levels
- A National Plan for Zoonotic Outbreaks under the One Health umbrella, in alignment with the country’s national generic preparedness plan
- Regular simulation exercises including multisectoral representation and participation
- Systematic exchange of high quality data between the human and animal surveillance systems at all times
- Enforcement of appropriate legislation covering the surveillance, prevention and control of zoonotic diseases
- Provision of relevant courses in zoonotic disease as part of the continuing education programmes of all relevant competent authorities, following the One Health Approach
- Use, where possible, state-of-the-art laboratory methods such as whole genome sequencing, especially for outbreak investigations
- Provision of sufficient resources for extended epidemiological investigations of outbreaks
- A common database for zoonoses events and zoonotic agents linked to humans, animals, and food, so that integrated analysis can be carried out on early warning, early detection, and risk management.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or any specific legislation, plan or strategy that addresses One Health or zoonotic disease (e.g. a national plan for zoonotic outbreaks, legislation on One Health, legislation on disease outbreaks in wildlife, etc.)
- Documents or materials describing the infrastructure or the setup of areas related to prevention and control of zoonotic disease in various parts of the Ministry of Health, the Ministry of Agriculture, authorities with jurisdiction over the animal food chain, and other relevant stakeholders
- Examples of information products like awareness raising campaigns for farmers and members of the public around particular zoonoses, hygiene campaigns, etc.
- Protocols or standard operating procedures (SOPs) for prevention, surveillance and control of the transmission of disease from animals to humans
- Existing coordination mechanisms related to the above among stakeholders in human and animal health, agriculture, the food chain, etc.
Key informants during the JEE Mission
National and some sub-national staff, including:

- Animal and human health and public health professionals with responsibility for prevention, surveillance and control of zoonotic disease, from the ministries of health and agriculture as well as any other relevant stakeholder bodies
- Farm and agricultural authorities
- Veterinary authorities.

Background documents for information

- WHO recommended standards and strategies for surveillance, prevention and control of communicable diseases
- WHO resources on zoonotic disease (http://www.who.int/topics/zoonoses/en/)
- WHO resources on neglected zoonotic disease (http://www.who.int/neglected_diseases/zoonoses/en/)
Food safety

This document is a JEE resource for technical area experts who assess food safety capacity (P5.1, P5.2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring food safety capacities:

• P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination
• P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies

Key elements and/or components of food safety

• Establish National Plan for Foodborne Outbreaks (FBO), in alignment with the national generic preparedness plan where relevant
• Mechanisms in place for mobilizing staff for human health surveillance for foodborne outbreaks (in case of large incidents)
• Capacity for strain characterization to link human and food isolates for the prevention of foodborne outbreaks, and to ensure quicker responses in cases of clusters
• Food safety and incident management managed by a single organization, covering the food safety field from farm to fork, with intense contact between partners and food business operator organisations
• Large laboratory capacity
• Timely exchange of information on food-borne outbreak notifications and ongoing outbreak investigations
• A single national contact point for food safety issues, including international information exchanges with the WHO International Network of Food Safety Authorities (INFOSAN), the IHR and any relevant regional bodies
• Regular meetings between central veterinary officers of the agricultural sector, food industry stakeholders, and consumers
• A highly educated and trained food safety workforce is in place, with ongoing training and specific education for food inspectors, food controllers, and food chemists
• Sufficient quality-assured laboratory network capacity for clinical and food analysis.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

• Any specific strategy, plan or legislation addressing food safety
• Any section of the national emergency or generic preparedness plan that addresses food safety and related outbreaks
• Documents or materials describing the infrastructure or the setup of areas related to prevention and control of zoonotic disease in various parts of the Ministry of Health, the Ministry of Agriculture, authorities with jurisdiction over the animal food chain, and other relevant stakeholders
• Examples of public information products like food safety and hygiene awareness campaigns
• Protocols or SOPs for responding to outbreaks of foodborne disease
• Existing coordination mechanisms related to the above among stakeholders in human and animal health, agriculture, the food chain, etc.
Key informants during the JEE Mission

National and some sub-national staff, including:

- Those with responsibility for national food safety strategy
- Animal and human health and public health professionals with responsibility for food and food chain safety, from the ministries of health and agriculture as well as any other relevant stakeholder bodies
- Farm and agricultural authorities.

Background documents for information

Biosafety and biosecurity

This document is a JEE resource for technical area experts who assess biosafety and biosecurity capacity (P6.1, P6.2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring countries’ biosafety and biosecurity capacities:

- P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities
- P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)

Key elements and/or components of biosafety and biosecurity

- A legal framework in place that regulates all kind of organisms (wild type, GMOs, alien, alien invasive, etc.) and addresses biosecurity issues (physical, personal and information security) and dual use research of concern under one single ordinance, thereby allowing the enforcement of consistent biosafety standards using a risk-based approach
- This legal framework is regularly evaluated and can be adapted rapidly; is also flexible, concretizing many of the practical challenges encountered by laboratories and users (guidelines, guides, statements, etc.)
- A mandatory import authorization regime is in place for dangerous human pathogens
- Biosecurity measures in place in high containment level facilities, using a biorisk management approach
- A risk-based approach is in place for classifying frontline diagnostics for group 4 microorganisms, using detection methods that do not need culturing steps
- Point-of-care environmental tests can be carried out by first responders in defined cases of suspected intentional use of harmful biological agents
- Biorisk management awareness-raising and further education opportunities are in place for professional staff
- Enforcement bodies receive advanced and continued training High level of coordination and harmonization between regulators and users
- Transport regulations are fully compatible with international regulations, and import/export of materials follow the relevant international protocols
- Technical expertise is available and peer review papers, recommendations, reference documents, etc. are produced
- There is a national online notification system for occupational bio-incidents
- The public health sector collaborates with the Ministry of Foreign Affairs or equivalent on work related to the Biological Weapons Convention.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or generic preparedness plan or any specific legislation, strategy or plan that addresses biosafety and/or biosecurity
- Documents or materials describing the infrastructure or the setup of areas related to biosafety and/or biosecurity in various parts of the Ministry of Health and other competent stakeholder bodies
- Examples of information products like laboratory guidelines, awareness campaigns, information resources for professional staff on biorisk management, etc.
• Protocols or SOPs for handling of dangerous biological materials, responses to biosafety/biosecurity emergencies, etc.
• Existing coordination mechanisms among relevant stakeholders, including ministries, public health staff, response personnel, laboratory bodies, laboratory quality assurance bodies, etc.

Key informants during the JEE Mission
National and some sub-national staff, including:
• Those with responsibility for national biosafety/biosecurity strategy in the ministry of health, ministry of agriculture, and other relevant stakeholder bodies
• Laboratory and public health professionals with responsibility for biosafety/biosecurity
• Laboratory quality control/assurance bodies
• Relevant training/accreditation bodies
• Response personnel.

Background documents for information
Immunization

This document is a JEE resource for technical area experts who assess immunization capacity (P7.1, P7.2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring countries’ immunization capacities:

- P7.1 Vaccine coverage (measles) as part of national programme
- P7.2 National vaccine access and delivery

Key elements and/or components of immunization

- A national immunization plan should be in place
- Essential childhood vaccinations should be available free of cost, to promote uptake and help reach coverage targets; preventive paediatric examinations should also be supported
- Vaccination coverage for the first two doses of Measles Containing Vaccination (MCV) should be at least 95 per cent
- A timely, standardized monitoring system of vaccine coverage should be established at all levels; an electronic vaccination register should be in place, or at least considered, for assessing vaccine coverage
- All the necessary stockpiles and distribution infrastructure should be in place to support the delivery targets of the national plan; a centrally procured national buffer stockpile of essential vaccines should be in place, or at least strongly considered
- Plans and systems should be in place to assess risk perception and improve public access to accurate information, in order to counteract hesitancy to vaccinate, anticipate rumours and correct misinformation—thereby enabling key target groups (parents, health care workers, teachers, specific migrant groups, and others) to take informed decisions
- The health benefits of vaccinations should be promoted among the general public and healthcare workers.

Background documents to review

- The following documents are examples which could be provided by the country to support their technical area:
  - National immunization strategy, and/or any specific strategy, plan or legislation that addresses immunization
  - Coverage reports
  - Documents or materials describing the infrastructure or the setup of areas related to immunization in various parts of the Ministry of Health
  - Examples of public information products like vaccination leaflets, information campaigns, anti-disinformation campaigns, etc.
  - Examples of any anti-vaccination information being disseminated in the country
  - Existing immunization-related coordination mechanisms among stakeholders including health, public health and education authorities.

Key informants during the JEE Mission

- National and some sub-national public health staff, particularly those responsible for overseeing the national immunization strategy.

Background documents for information

National laboratory system

This document is a JEE resource for technical area experts who assess national laboratory capacity (D1.1, D1.2, D1.3, D1.4).

Using the JEE tool for this technical area

There are four indicators in the JEE tool for measuring countries’ laboratory capacities:

- D.1.1 Laboratory testing for detection of priority diseases
- D.1.2 Specimen referral and transport system
- D.1.3 Effective national diagnostic network
- D.1.4 Laboratory quality system

Key elements and/or components of national laboratory systems

- Wide access to a network of laboratories
- Licensing system in place for animal and human health laboratories; EQA programme also in place and accredited
- Use of up-to-date diagnostic techniques, with a strong legal foundation for such use (e.g. quality assessment/control)
- National concept of operations in place that defines responsibilities of different laboratory/diagnostic stakeholders in crisis situations
- System in place to ensure timely linkages between clinical, epidemiological and laboratory information for public health purposes (e.g. by ensuring standardized data formats throughout the framework of e-Health)
- National guidelines in place for requesting microbiological tests for specific pathogens and syndromes (e.g. severe pneumonia, severe diarrhoea, suspected meningitis)
- Agreements in place (where necessary) to cover testing with national or international Biosafety Level 4 laboratories of neighbouring countries
- Regular, timely updating of the “practical directives” issued by commissions (e.g. for clinical biology or pathological anatomy) and used for the laboratory licensing procedure, following updates to the International Organization for Standardization (ISO) norms, to reflect progress in laboratory technology (or to assist laboratories in implementing new ISO norms)
- A strong system for quality requirements
- Specimen transport conditions are fully described and met, and checked during licensing/accreditation audits.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any relevant section of the national emergency plan that defines the responsibilities of different laboratory stakeholders in crisis situations
- Any specific legislation, strategy or plan that addresses laboratory issues, including e-Health plans, standardisation/quality assurance regulations, regulations on the handling/transport of pathogens, etc.
- Documents or materials describing the infrastructure or the setup of areas related to laboratories in various parts of the Ministry of Health and other relevant stakeholder bodies
- Protocols or standard operating procedures (SOPs) for laboratory work—storing and handling dangerous pathogens, collection of samples, performance of diagnostics in the field in crisis situations, etc.
- Existing coordination mechanisms among relevant stakeholders (e.g. laboratories, transport companies, customs, etc.).
Key informants during the JEE Mission

• National and some sub-national staff, including:
• Those with responsibility for national laboratory/biosafety/biosecurity strategy in the ministry of health, ministry of agriculture, and other relevant stakeholder bodies
• Relevant laboratory and public health professionals
• Representatives of laboratory quality control/assurance bodies
• Relevant training/accreditation bodies.

Background documents for information

• Resources of other standards and laboratory quality assurance bodies, e.g. Clinical & Laboratory Standards Institute (CLSI), ISO, etc.
Real-time surveillance

This document is a resource for technical area experts on JEE missions who assess surveillance capacity (D2.1, D2.2, D2.3).

Using the JEE tool for this technical area

There are three indicators in the JEE tool for measuring countries’ surveillance capacities:

- D.2.1 Surveillance systems
- D.2.2 Use of electronic tools
- D.2.3 Analysis of surveillance data

Key elements and/or components of real-time surveillance

- A legal framework in place to strengthen surveillance systems, maximizing the use of e-Health systems as far as possible, and addressing data protection and related ethical issues
- Real-time electronic surveillance system for infectious diseases, with electronic declarations from physicians and laboratories, enabling national and regional public health authorities to have real-time online access and perform prompt analysis and immediate responses
- Data sharing between various health databases at all levels, strengthening capacities for early threat detection, assessment and quantification of impact
- Syndromic surveillance systems in place (including use of data from hospital emergency wards)
- Hospital-based sentinel surveillance system in place for early detection of severe progressing diseases/syndromes
- Membership of relevant regional and international systems for sharing surveillance data
- High quality international collaboration in the field of health (via technical networks, information exchange etc.); systems in place for sharing surveillance data internationally as necessary.
- NB for reporting components, see sheet on Reporting.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or generic preparedness plan that addresses surveillance
- Any specific legislation, strategy or plan that addresses surveillance
- Documents or materials describing the infrastructure or the set up of areas related to surveillance in various parts of the ministry of health, ministry of agriculture, private health providers and other relevant bodies
- Protocols or standard operating procedures (SOPs) for surveillance, notification, outbreak response, etc.
- Existing coordination mechanisms among relevant stakeholders.

Key informants during the JEE Mission

- National and some sub-national staff, including:
  - Those with responsibility for surveillance strategy in the ministry of health, ministry of agriculture, and other relevant stakeholder bodies
  - Relevant public health professionals.

Background documents for information

Reporting
This document is a resource for technical area experts on JEE missions who assess reporting capacity (D3.1, D3.2).

Using the JEE tool for this technical area
There are two indicators in the JEE tool for measuring countries’ reporting capacities:
• D.3.1 System for efficient reporting to WHO, FAO and OIE
• D.3.2 Reporting network and protocols in country

Key elements and/or components of reporting
• Widespread awareness of the reporting requirements of the IHR (2005) and the OIE at all levels and among all actors (hospitals, physicians, veterinarians, industry, airlines etc.)
• Harmonized reporting templates among different sectors at all levels (human and animal health, food safety)
• Timely data analysis and sharing of relevant findings
• IHR reporting capacity available on a 24/7/365 basis, as required by the IHR (2005)
• Frequent simulation exercises that include scenarios requiring IHR reporting
• Strong reporting network including local contact points, a national reporting system, the National IHR Contact Points and the NFP
• National IHR Contact Points for zoonoses and food safety as well as contact points for OIE and FAO, reachable 24/7/365
• National IHR contact points carry out regular risk assessments according to Annex 2 of the IHR (2005)
• Regular meetings of the national IHR platform that bring together National IHR contact points with other relevant stakeholders to ensure that every relevant entity/agency is aware of its mutually agreed responsibilities in times of crises; human, animal health and food safety systems work together
• Reporting to other countries via relevant regional and international systems (e.g. EWRS for EU countries; WHO NFP network; OIE for relevant zoonotic disease; FAO for foodborne diseases; other disease-specific systems; etc.)
• Access to learning packages, tools and best practices.

Background documents to review
The following documents are examples which could be provided by the country to support their technical area:
• Any section of the national emergency plan or generic preparedness plan that addresses surveillance and reporting
• Any specific legislation, strategy or plan that addresses surveillance and reporting
• Documents or materials describing the infrastructure or the set up of areas related to surveillance and reporting in various parts of the ministry of health, ministry of agriculture, private health providers and other relevant bodies
• Protocols or standard operating procedures (SOPs) for surveillance, notification, outbreak response, etc.
• Existing coordination mechanisms among relevant stakeholders.
**Key informants during the JEE Mission**

- National and some sub-national staff, including:
- IHR National Focal Point (NFP)
- OIE NFP
- Focal points of any other relevant organizations or regional and/or international networks
- Those with responsibility for surveillance and reporting strategy in the ministry of health, ministry of agriculture, and other relevant stakeholder bodies
- Relevant public health professionals.

**Background documents for information**

- Available WHO surveillance resources (http://www.who.int/topics/public_health_surveillance/en/); standards (e.g. http://www.who.int/csr/resources/publications/surveillance/whocdscsrisr992.pdf); and relevant guidelines (e.g. http://www.who.int/ethics/publications/public-health-surveillance/en/)
Human Resources

This document is a resource for technical area experts on JEE missions who assess the area of Human Resources (D4.1, D4.2, D4.3, D4.4).

Using the JEE tool for this technical area

There are four indicators in the JEE tool for measuring a country’s human resources’ capacity:

- D.4.1 An up-to-date multisectoral workforce strategy is in place
- D.4.2 Human resources are available to effectively implement IHR
- D.4.3 In-service trainings are available
- D.4.4 FETP or other applied epidemiology training programme is in place

Key elements and/or components of workforce development

- A good understanding of national health workforce capacity, and all gaps, weaknesses and needs
- A national platform to guide public health training curricula according to emerging needs and required quality recommendations, particularly with regard to the applied epidemiology training (in both the human and animal health sectors)
- Measures in place where necessary to enhance availability of, and access to, primary care medical staff in remote areas, as well as nurses, nursing staff and veterinarians
- Standard operating procedures (SOPs) and job action sheets in place to prepare for staff turnover, safeguard institutional learning, and establish deputy functions to ensure continuous coverage and knowledge transfer
- Academic sector that works well to produce a sufficiently capable workforce in relevant areas, meeting the needs and demands of the country; state oversight of curriculum development where necessary, helping ensure that universities fill identified gaps
- FETP training available
- Content and quality of curricula well-regulated by the academic sector, and aligned to current, as well as, emerging needs and demands
- Well-developed information flow between different public health sectors.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or generic preparedness plan that addresses health workforce development
- Any specific legislation, strategy or plan that addresses human and animal health workforce development
- Documents or materials describing the infrastructure or the setup of areas related to health workforce development in various parts of the ministry of health, ministry of agriculture, etc.
- Relevant prospectuses/curricula from universities and other relevant training bodies

Key informants during the JEE Mission

- IHR National Focal Point (NFP)
- Staff in the ministry of health or any other body with responsibility for public health, who have strategic and/or political oversight of the assessment, development and maintenance of health workforce capacity
- Senior representatives of the academic sector.

Background documents for information

- Available relevant WHO resources (http://www.who.int/hrh/en/), standards, resolutions (http://www.who.int/hrh/resolutions/en/), etc.
Emergency preparedness

This document is a resource for technical area experts on JEE missions who assess emergency preparedness (R1.1, R1.2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring countries’ emergency preparedness capacities:

- R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped
- R.1.2 National multisectoral multihazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested

Key elements and/or components of preparedness

- All hazards preparedness plan in place and supported by sufficient resources to make it operational
- Strong coordination mechanisms between all relevant stakeholders, clarifying roles, responsibilities and SOPs, and sharing protocols and scenarios for various types of public health emergencies
- Comprehensive national risk mapping for major public health hazards, including geographical risk areas and the resources available/needed to identify potential high priority public health events
- Coordination of preparedness and prevention activities between different stakeholders inside and outside the health sector
- Capacity in place for the management of patients with highly infectious diseases
- Strategic stockpiles plan, with SOPs in place at all levels for responding to priority biological, chemical and radiological events
- Surge capacity plan in place for responding to protracted public health emergencies
- Regular training and simulation exercises according to a national exercise plan, coordinated between and accepted by all stakeholders
- Pandemic preparedness plan
- Disease-specific preparedness plans, where relevant
- (NB see also the sheet on Emergency response operations)

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- National emergency plan or generic preparedness plan
- Any specific legislation, strategy or plan that addresses preparedness
- Documents or materials describing the infrastructure or the set up of areas related to risk assessment and preparedness in various parts of the Ministry of Health and other relevant stakeholder bodies
- Emergency operations centre (EOC) concept of operations (CONOPS)
- Examples of preparedness products like EOC handbook, frameworks for emergency response, etc.
- Protocols or standard operating procedures (SOPs) for EOC, rapid response teams (RRTs), etc.
- Existing coordination mechanisms among all emergency response actors and stakeholders
- Exercise reports and analysis
- After Action Reviews (AARs)
- Emergency-specific scenario strategies
- Process descriptions and workflows for bodies/stakeholders involved in emergency response
(e.g. national crisis management bodies, EOC activation thresholds/procedures, etc.)

- Structural plans of relevant organisations.

**Key informants during the JEE Mission**

- The IHR National Focal Points (NFP), or NFP staff if the focal point is an institution or institutions
- Staff in the ministry of health or other bodies with responsibility for emergency preparedness
- Staff with strategic and/or political oversight of emergency response planning
- Staff with responsibility for national and regional all hazards risk assessment
- EOC staff
- Rapid Response Teams (RRT)
- Natural disaster preparedness units, communicable disease coordinators and those working in other relevant areas
- Representatives of local/regional/international disaster response NGOs, as relevant.

**Background documents for information**

- EOC-NET resources, frameworks, guidelines and handbooks (http://www.who.int/ihr/eoc_net/en/)
Emergency response operations
This document is a resource for technical area experts on JEE missions who assess emergency response operations capacity (R2.1, R2.2, R2.3).

Using the JEE tool for this technical area
There are three indicators in the JEE tool for measuring countries’ emergency response operations capacities:

- R.2.1 Emergency response coordination
- R.2.2 Emergency operations centre (EOC) capacities, procedures and plans
- R.2.3 Emergency exercise management programme

Key elements and/or components of emergency response operations
- Legal basis in place for emergency response operations, based on all hazards risk assessment, and for mobilisation of surge capacity when necessary
- Functional emergency operations centre with thresholds and SOPs for activation, operation and deactivation
- Alert levels and EOC activation levels established, including specific missions and timelines for responders and stakeholders in all sectors
- RRTs in place and trained
- A common system for situational awareness that allows leaders on different levels to have simultaneous access to all relevant information
- Software and protocols in place to create fast, accurate national and local situational pictures; usable IT-based systems in place to support the routine and emergency work of staff and facilitate coordination of resources at all national levels
- Frequent simulation exercises to test emergency response capacities
- Processes in place for activating surge capacity
- Different call lists in place according to event type.

Background documents for information
- WHO Emergency Response Framework (ERF) (http://www.who.int/hac/about/erf/en/)
- EOC-NET resources, frameworks, guidelines and handbooks (http://www.who.int/ihr/eoc_net/en/)

Background documents to review
The following documents are examples which could be provided by the country to support their technical area:
- National emergency plan or generic preparedness plan
- Any specific legislation, strategy or plan that addresses emergency response
- Documents or materials describing the infrastructure or the set up of areas related to risk assessment, preparedness and emergency response in various parts of the Ministry of Health and other relevant stakeholder bodies
- Emergency operations centre (EOC) concept of operations (CONOPS)
• Examples of preparedness products such as EOC handbook, frameworks for emergency response, etc.
• Protocols or standard operating procedures (SOPs) for EOC, rapid response teams (RRTs), etc.
• Existing coordination mechanisms among all emergency response actors and stakeholders
• Exercise reports and analysis
• After Action Reviews (AAR)
• Emergency-specific scenario strategies
• Process descriptions and workflows for bodies/stakeholders involved in emergency response (e.g. national crisis management bodies, EOC activation thresholds/procedures, etc.)
• Structural plans of relevant organisations.

**Key informants during the JEE Mission**

• The IHR National Focal Point (NFP), or NFP staff if the focal point is an institution or institutions
• Staff in the ministry of health or other bodies with responsibility for emergency preparedness
• Staff with strategic and/or political oversight of emergency response planning
• Staff with responsibility for national and regional all hazards risk assessment
• EOC staff
• Rapid Response Teams (RRTs)
• Natural disaster preparedness units, communicable disease coordinators and those working in other relevant areas
• Representatives of local/regional/international disaster response NGOs, as relevant.
Linking public health and security

This document is a resource for technical area experts on JEE missions who assess a country’s capacity for linking public health and security (R3.1).

Using the JEE tool for this technical area

There is one indicator in the JEE tool for measuring countries’ links between public health and security authorities capacities:

- R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event

Key elements and/or components of linking public health and security

- Legal basis for collaboration between public health and security authorities
- Routine sharing of information between law enforcement and public health
- Clear allocation of relevant responsibilities in public health emergencies, especially in instances where no legal regulations apply
- Authorized public health officers have access to personal data and security information
- Regular simulation exercises that include public health and security actors
- Integrated training and workshops for first responders to enhance awareness of biological events and to improve collaboration between disciplines
- Well-established crisis management structures at all levels where public health and security sectors are linked
- Interaction with relevant regional or international bodies (e.g. Interpol) has a legal framework and is well established
- Laboratories and medical facilities are available for rapid diagnosis and management of biological threats and patients
- A good detection procedure is in place for suspect packages, with a concept of chain of custody
- The IHR team has a level of security clearance sufficient for managing classified information.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or generic preparedness plan that addresses linking public health and security
- Any specific legislation, strategy or plan that addresses linking public health and security
- Documents or materials describing the infrastructure or the set up of areas related to linking public health and security in various parts of the ministry of health, ministry of agriculture, police, armed forces and other relevant bodies—including those covering the sharing of personal information and the collaboration of different authorities
- Examples of public information products like awareness campaigns, public security hotlines etc.
- Protocols or standard operating procedures (SOPs) for collaboration between public health and security stakeholders
- Any MOUs or other relevant agreements between the different stakeholders, authorities and or bodies involved in health and security response (e.g. between the national body for public health and the police)
- Further existing coordination mechanisms among all relevant stakeholders.
**Key informants during the JEE Mission**

- IHR National Focal Point (NFP)
- Staff in the ministry of health, ministry of agriculture, police, armed forces, border control/customs, intelligence services or other bodies with any responsibility for linking public health with security, and/or who have strategic and/or political oversight of the overlaps between the two areas
- National and some sub-national staff, including—as well as public health stakeholders—representatives of the:
  - Police
  - Armed forces
  - Border control/customs/coastguard
  - Domestic intelligence services
  - Any other relevant security bodies
  - Relevant staff at points of entry
  - Emergency operations centre staff, natural disaster preparedness units, communicable disease coordinators and those working in other relevant areas.

**Background documents for information**

- Relevant WHO and GHSA resources (e.g. [https://www.ghsagenda.org/packages/r2-linking-public-health-law-rapid-response](https://www.ghsagenda.org/packages/r2-linking-public-health-law-rapid-response))
Medical countermeasures and personnel deployment

This document is a resource for technical area experts on JEE missions who assess a country’s capacity for medical countermeasures and personnel deployment (R4.1, R4.2, R4.3).

Using the JEE tool for this technical area

There are three indicators in the JEE tool for measuring countries’ capacities for medical countermeasures and personnel deployment:

- R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency
- R.4.2 System in place for activating and coordinating health personnel during a public health emergency
- R.4.3 Case management procedures implemented for IHR relevant hazards

Key elements and/or components of medical countermeasures and personnel deployment

- Procedures in place for streamlined procurement/deployment of medical countermeasures for emergencies
- SOPs in place defining steps, roles and responsibilities for requesting, shipping and receiving medical countermeasures across all levels of administration
- If deploying abroad, all work should be done in close collaboration with relevant local authorities and stakeholders
- Staff in place who are specialized in procurement of medical countermeasures
- Regular simulation exercises to test the distribution and reception of medical countermeasures during a public health emergency. Personnel deployment process is regularly tested and adjusted on the basis of exercises and lessons exposed in after action reviews
- Solid legal basis in place for procurement of medical countermeasures
- Agreements in place with manufacturers and distributors to procure medical countermeasures during a public health emergency or during shortages
- Systems established to address stockpile management and deployment of medical countermeasures during a public health emergency, with agreements in place with storage sites, for storage and timely distribution
- Procedures in place for authorizing unapproved medical countermeasures or new treatments if/where necessary
- Training programmes in safety and security, particularly in the context of complex emergencies
- Presence of a national rapid response system to mobilize public health staff (PHRRRT) and clinical staff (Emergency Medical Teams) to outbreaks and other emergencies as surge capacity into the affected local district, province or state
- Established core training curriculum’s in place that include organisational duty of care responsibilities (safety and security, team health & well-being) for both rapid response and emergency medical teams (RRT & EMTs)
- Dedicated preparedness plans in place to support the activation and deployment of national and international EMTs; including the ability to accept license arriving health practitioners for work in host country
- Procedures in place for resource surge capabilities to support case management activities (human, logistics and financial)
- Case management plans are in place, which have also considered vulnerable groups (children and pregnant women)
- A holistic approach to emergencies, at home and abroad, that links health/medical interventions with areas such as urban search and rescue, shelter, water & sanitation, etc.
- Ability to perform differentiated and sensitive analysis of emergency situations in order to plan and realize efficient response/support actions.
**Background documents to review**

The following documents are examples which could be provided by the country to support their technical area:

- National emergency plan or generic preparedness plan
- Any specific legislation, strategy or plan that addresses medical countermeasures and receiving or deploying personnel
- Any cross-border, regional or international agreements concerning receiving or deploying countermeasures and personnel
- Documents or materials describing the infrastructure or the set-up of areas related to risk assessment, preparedness and emergency response in various parts of the Ministry of Health and other relevant stakeholder bodies
- Emergency operations centre (EOC) concept of operations (CONOPS)
- Examples of preparedness products such as frameworks for emergency response, etc.
- Protocols or standard operating procedures (SOPs) for receiving or deploying personnel, countermeasures, rapid response teams (RRTs), etc.
- Existing coordination mechanisms among all emergency response actors and stakeholders
- Relevant exercise reports and analysis
- After Action Reviews (AAR)
- Emergency-specific scenario strategies
- Process descriptions and workflows for bodies/stakeholders involved in emergency response and/or sending/receiving countermeasures and personnel (e.g. national crisis management bodies, EOC activation thresholds/procedures, etc.)
- Structural plans of relevant organisations

**Key informants during the JEE Mission**

- The IHR National Focal Point (NFP), or NFP staff if the focal point is an institution or institutions
- Staff in the ministry of health or other bodies with responsibility for emergency preparedness and international deployment/receipt of countermeasures and personnel
- Staff with strategic and/or political oversight of planning for emergency response, domestically, regionally and internationally
- Staff with responsibility for national and regional all hazards risk assessment
- Rapid Response Teams (RRTs)
- Natural disaster preparedness units, communicable disease coordinators and those working in other relevant areas
- Representatives of local/regional/international disaster response NGOs, as relevant.

**Background documents for information**

- WHO Emergency Response Framework (ERF) (http://www.who.int/hac/about/erf/en/)
- WHO Emergency Medical Team Coordination Handbook https://extranet.who.int/emt/page/home
Risk communications

This document is a JEE resource for technical area experts who assess risk communications capacity (R5.1, R5.2, R5.3, R5.4, R5.5).

Using the JEE tool for this technical area

There are five indicators in the JEE tool for measuring countries’ risk communication capacities:

- R.5.1 Risk communication systems for unusual/unexpected events and emergencies
- R.5.2 Internal and partner coordination for emergency risk communication
- R.5.3 Public communication for emergencies
- R.5.4 Communication engagement with affected communities
- R.5.5 Addressing perceptions, risky behaviours and misinformation

Key elements and/or components of risk communications

- There should be formal government risk communications policy and plan, with procedures and systems in place. The communication plan should have been disseminated and should incorporate One Health elements
- There should be a demonstrated risk communication coordination platform and mechanisms for internal and partner communication
- There should be a public communication unit or team operating efficiently and effectively
- Risk communication units should systematically engage communities during emergencies
- There should be a system to gather information on perceptions, risky behaviours and misinformation and analyse public concerns and fears
- Systems should be in place for rumour management.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Communication section of the national emergency plan or any specific plan which addresses communication for public health, including media relations, public announcements, health education, social mobilization, etc.
- Documents or materials describing the infrastructure or the set up of areas related to communication in various parts of the Ministry of Health (e.g. Public Relations Department, Health Promotion/Education Department, etc.)
- Examples of communication products like social media posts, press releases, public announcements, Information Education and Communication (IEC) materials, etc.
- Protocols or standard operating procedures (SOPs) for development, clearance and dissemination of communication materials in emergencies across all related sectors
- Existing coordination mechanisms in risk communication or community engagement among international NGOs, international organizations, national NGOs and national organizations.

Key informants during the JEE Mission

- National and some sub-national health communication staff, including:
  - Press office staff
  - Spokesperson(s)
  - Public relations staff
  - Community engagement and/or social mobilization and/or health promotion/education personnel
  - Health hotline
  - Emergency operations centre staff, natural disaster preparedness units, communicable disease coordinators and those working in other relevant areas.

Background documents for information

Points of entry

This document is a resource for technical area experts on JEE missions who assess capacity at points of entry (PoE) (PoE1, PoE2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring countries’ risk capacities at points of entry:

- PoE.1 Routine capacities established at points of entry
- PoE.2 Effective public health response at points of entry

Key elements and/or components of points of entry

- Legal basis in place for POE public health measures during crises (e.g. isolation, quarantine, vaccination, treatment, access to aircraft and ships, destruction/disinfection of luggage or cargo, etc.), clarifying where the jurisdiction and responsibility for each function lies
- A points of entry component in the national generic preparedness plan (or equivalent)
- Multisectoral response plans in place at designated POE that include health, transport and civil protection bodies, the fire brigade, police and customs, and other relevant stakeholders
- Infectious disease management included in airport/port contingency planning
- If relevant, national surveillance and monitoring of mosquitoes and/or other vectors at POE
- Involvement in international projects to improve networks, procedures, guidelines etc. (e.g. AIRSAN, SHIPSAN, CAPSCA, etc.)
- International collaboration and experience-sharing—e.g. through developing training and joint simulation exercises with all national stakeholders, including neighbour countries
- Simplified information gathering from passengers for contact tracing etc.
- Entry and exit screening capacity in place where required, tested with a range of scenarios, and supported by surge capacity planning
- Disinfection and disinsection protocols in place for aircraft, luggage, ships and cargo containers
- A roster of qualified Airport Chief Medical Officers is in place
- Regular multi-sectoral simulation exercises.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- National emergency plan or generic preparedness plan
- Any specific legislation, strategy or plan that addresses points of entry
- Any cross-border, regional or international agreements concerning points of entry
- Documents relating to any involvement in international projects to improve networks, procedures, guidelines etc. (e.g. AIRSAN, SHIPSAN, CAPSCA, etc.)
- Documents or materials describing the infrastructure or the set up of areas related to points of entry in various parts of the ministry of health, border control authorities, customs, and other relevant stakeholder bodies
- Protocols or standard operating procedures (SOPs) for responding to public health events at or involving points of entry
- Existing relevant coordination mechanisms among all emergency response actors and stakeholders
- Relevant exercise reports and analysis and After Action Reviews (AAR)
- Emergency-specific scenario strategies involving points of entry
- Airport and port health emergency plans
- Any relevant pandemic or disease-specific plans.
**Key informants during the JEE Mission**

- IHR National Focal Point (NFP)
- Staff in the ministry of health, ministry of agriculture, border control, customs or other bodies with any responsibility for health events at or involving points of entry, and/or who have strategic and/or political oversight of this area and any relevant regional or international agreements
- National and some sub-national staff, including—as well as public heath stakeholders—representatives of:
  - Border control
  - Customs
  - Coastguard
  - Any other bodies relevant to health events at or involving points of entry.
  - Relevant POE staff.

**Background documents for information**

- WHO resources and tools on building capacity at POE (http://www.who.int/ihr/ports_airports/en/; see links at http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/points-of-entry)
Chemical events

This document is a resource for technical area experts on JEE missions who assess capacity for responding to chemical events (CE1, CE2).

Using the JEE tool for this technical area

There are two indicators in the JEE tool for measuring countries’ capacity for responding to chemical events:

- CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies
- CE.2 Enabling environment is in place for management of chemical events

Key elements and/or components of chemical events

- Coordination between all stakeholders involved in chemical events, with the relevant sectors integrated into the national generic preparedness plan, emergency response plan, or equivalent
- Functional, well funded poison centre publicly available 24/7/365, integrated into emergency plans, training and exercises, and equipped with the necessary specialized personnel, IT infrastructure, etc. The centre should have capacity for sentinel surveillance and event detection through wide access to the public and medical professionals, and should collaborate internationally with other such centres. Agreements with neighbour countries to leverage existing control centres in places where need is smaller
- Close cooperation between the government and relevant expert networks and industrial bodies
- Mutual awareness and strong interaction and collaboration between national/regional emergency response bodies and industry institutions
- Regular simulation exercises.
- All available relevant information should be centralized
- Highly qualified and experienced staff are prepared for detection of significant chemical incidents, with quick, centralized availability to antidotes
- Where relevant, involvement in the activities of regional and international expert networks (e.g. the European Association of Poison Centres and Clinical Toxicologists/ EAPCCT)
- Accreditation systems in place.

Background documents to review

The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or generic preparedness plan that addresses chemical events, deliberate or otherwise
- Documents or materials describing the infrastructure or the set up of areas related to chemical safety and chemical events in various parts of the ministry of health, relevant transport and industry bodies, security services, and other relevant stakeholders
- Any legislation, strategy or plan related to chemicals—covering, for example, pesticides, industrial chemicals, biocides, cosmetics etc.
- Any cross-border, regional or international agreements concerning chemical safety
- Examples of public and industry information products like safety cards, labelling, clean-up procedures, etc.
- Protocols or standard operating procedures (SOPs) for chemical use, transport and response to accidents and other events
- Poison centre hotline and any other resources
- Relevant exercise reports and analysis and After Action Reviews (AAR)
• Chemical-specific scenario strategies
• Protocols or standard operating procedures (SOPs) for deliberate chemical events
• Existing coordination mechanisms in among government and industry stakeholders, response teams, security services and armed forces, and other relevant parties.

Key informants during the JEE Mission
• The IHR National Focal Points (NFP), or NFP staff if the focal point is an institution or institutions
• Staff in the ministry of health, industrial bodies, security services and/or other bodies with responsibility for chemical emergency preparedness and responses to chemical events, accidental or deliberate
• Poisons centre staff
• Staff with responsibility for national and regional all hazards risk assessment
• Rapid Response Teams (RRT)
• Disaster preparedness units, response coordinators and those working in other relevant areas.

Background documents for information
• Available WHO resources on deliberate events (http://www.who.int/environmental_health_emergencies/deliberate_events/en/)
• Other international chemical safety resources (e.g. International Chemical Safety Cards—http://www.ilo.org/safework/info/publications/WCMS_113134/lang--en/index.htm)
• Poisons centre resources (e.g. http://www.who.int/ipcs/poisons/training_manual/en/)
Radiation emergencies
This document is a resource for technical area experts on JEE missions who assess capacity for responding to radiation emergencies (RE1, RE2).

Using the JEE tool for this technical area
There are two indicators in the JEE tool for measuring countries’ radiological capacities:

- RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies
- RE.2 Enabling environment in place for management of radiological and nuclear emergencies

Key elements and/or components of capacity for radiation emergencies

- A comprehensive national hazard assessment
- A comprehensive radionuclear emergency management system at the national level, integrated into an all-hazards disaster management plan
- Formally established emergency action levels, emergency public communication planning, and systematic planning
- Where relevant, arrangements for off-site emergency at Cat III-IV facilities developed to support local responders
- A robust hospital preparedness plan (decontamination, diagnostics/treatment, antidotes) to enhance the overall health response to radiation victims
- Medical interventions for radiation emergencies included in regular emergency exercises
- Well defined procedures in place to address evacuation and radionuclear terrorist threats, regularly tested by simulation exercises
- Awareness training in all emergency institutions and organizations providing first responses in cases of radionuclear events
- A comprehensive protective action strategy (covering the public, emergency workers, food safety, etc.) and interdisciplinary coordination mechanisms in place to respond to radionuclear emergencies
- Relevant functional arrangements in place with international organisations and neighbouring countries
- Detection and measuring systems are operational and the overall response capacity is tested with regular exercises
- General emergency and intervention plans are used during exercises to test and update the strategic nuclear plan in its urgent phase (identifying, notifying and activating mechanisms)
- Medical equipment and staff are available for post-exposure monitoring and follow-up.

Background documents to review
The following documents are examples which could be provided by the country to support their technical area:

- Any section of the national emergency plan or any specific plan that addresses radiological emergencies, deliberate or otherwise
- Nuclear and radiological emergency plan
- Any other specific legislation, strategy or plan that addresses radiological emergencies, deliberate or otherwise
- Documents or materials describing the infrastructure or the set-up of areas related to radiation emergencies in various parts of the ministry of health, relevant transport and industry bodies, security services, and other relevant stakeholders
- Examples of public information products like fact sheets, websites, awareness campaigns, etc.
• Any cross-border, regional or international agreements concerning transport, use and/or disposal of radioactive materials
• Protocols or standard operating procedures (SOPs) for use of radioactive materials, transport and response to accidents and other events
• Relevant exercise reports and analysis and After Action Reviews (AAR)
• Radiation-specific scenario strategies
• Protocols or standard operating procedures (SOPs) for deliberate radiation events
• Existing coordination mechanisms in among government and industry stakeholders, response teams, security services and armed forces, and other relevant parties.

Key informants during the JEE Mission
• The IHR National Focal Point (NFP), or NFP staff if the focal point is an institution or institutions
• Staff in the ministry of health, industrial bodies, security services and/or other bodies with responsibility for radiation emergency preparedness and responses to radiation events, accidental or deliberate
• Staff with responsibility for national and regional all hazards risk assessment
• Rapid Response Teams (RRT)
• Disaster preparedness units, response coordinators and those working in other relevant areas.

Background documents for information
• Available WHO resources on radiation emergencies (http://www.who.int/ionizing_radiation/a_e/en/)
• Resources of the Inter-Agency Committee on Radiological and Nuclear Emergencies (IACRNE) (http://www-ns.iaea.org/tech-areas/emergency/inter-agency-matters.asp?s=1&l=4)
INTERNATIONAL HEALTH REGULATIONS (2005)

GUIDE FOR SUBJECT MATTER EXPERTS

VOLUNTARY JOINT EXTERNAL EVALUATION