IHR MONITORING AND EVALUATION FRAMEWORK
GUIDANCE DOCUMENT FOR JOINT EXTERNAL EVALUATION IN SPECIAL CONTEXT COUNTRIES

CORE CAPACITY ASSESSMENT, MONITORING AND EVALUATIONS COUNTRY HEALTH EMERGENCY PREPAREDNESS AND INTERNATIONAL HEALTH REGULATIONS
Contents

Acronyms .......................................................................................................................... 2

1. Background ....................................................................................................................... 3
   1.1 Context .......................................................................................................................... 3
   1.2 Special Context Countries .......................................................................................... 3
   1.3 Objective of this Guidance Document & Intended Audience ........................................ 4

2 Small Island Developing States (SIDS) ............................................................................. 5
   2.1 Challenges .................................................................................................................... 5
   2.2 Methodology for JEE in SIDS .................................................................................... 6
       2.2.1 Country Preparation for JEE .................................................................................. 6
       2.2.2 JEE Mission .......................................................................................................... 6
   2.4 Other Issues .................................................................................................................. 7

3. Federated States .............................................................................................................. 8
   3.1 Challenges .................................................................................................................... 8
   3.2 Methodology for a JEE in Federated States ................................................................. 8
       3.2.1 Country Preparation for JEE .................................................................................. 8
       3.2.2 JEE Mission .......................................................................................................... 9
   3.4 Other Issues .................................................................................................................. 9

4. Countries with Overseas territories ................................................................................. 10
   4.1 Challenges .................................................................................................................... 10
   4.2 Methodology for JEE in Countries with Overseas Territories ...................................... 11
       4.2.1 Country Preparation for JEE .................................................................................. 11
       4.2.2 JEE Mission .......................................................................................................... 11

5. Countries in Conflict ....................................................................................................... 13
   5.1 Challenges .................................................................................................................... 13
   5.2 Methodology for a JEE in Countries in Conflict .......................................................... 13
       5.2.1 Country Preparation for JEE .................................................................................. 14
       5.2.2 JEE Mission .......................................................................................................... 14
   5.4 Other Issues .................................................................................................................. 14

6. NAPHS IN SPECIAL CONTEXT COUNTRIES ................................................................. 16

7. CROSS-CUTTING themes and conclusion .................................................................... 17
   7.1 Cross-Cutting Themes and Recommendations .......................................................... 17
   7.2 Conclusion .................................................................................................................... 17

Annex I: Readiness Criteria for the JEE in crisis countries .................................................. 18
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After-Action Review</td>
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<tr>
<td>AIMS</td>
<td>Africa, Indian Ocean, Mediterranean; and South China Sea</td>
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<td>EMRO</td>
<td>WHO Regional Office for Eastern Mediterranean Region</td>
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<td>FETP</td>
<td>Field Epidemiology Training Program</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IHR</td>
<td>International Health Regulations (2005)</td>
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<td>JEE</td>
<td>Joint External Evaluation</td>
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<td>NAPHS</td>
<td>National Action Plan for Health Security</td>
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<td>OT/OTS</td>
<td>Overseas Territories</td>
</tr>
<tr>
<td>SIDS</td>
<td>Small Island Developing States</td>
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<tr>
<td>SIM-EX</td>
<td>Simulation Exercise</td>
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<tr>
<td>SPAR</td>
<td>States Parties Annual Reporting</td>
</tr>
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<td>STOP</td>
<td>Stop Transmission of Polio</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO CO</td>
<td>World Health Organization Country Office</td>
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<td>WHO RO</td>
<td>World Health Organization Regional Office</td>
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1. BACKGROUND

1.1 Context

At the Sixty-Eighth World Health Assembly (WHA), the International Health Regulations (2005) Review Committee on the 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 IHR Monitoring and Evaluation Framework (IHRMEF) was developed to address this recommendation. The IHRMEF consists of four components; one mandatory, Annual Reporting (through the States Parties Annual Report – SPAR); and three voluntary, simulation exercises (SimEx), after-action reviews (AAR) and joint external evaluations (JEE).

These tools that consider national capacities required under the IHR (2005) are intended to help update national plans or used to develop National Action Plans for Health Security (NAPHS). The NAPHS is a country owned, multi-year planning process to develop and strengthen existing capacities required under the IHR. Both processes are based on a One Health and whole-of-government approach for all hazards. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. WHO has been working closely with Member States and partners since 2016, to support the development and implementation of the JEE and NAPHS.

The JEE is a voluntary, collaborative, multisectoral approach to evaluate country capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events and is based on mutual accountability and transparency between countries, stakeholders and partners. The JEE is used to assess country-specific status and progress in the implementation of the capacities required under the IHR and helps countries identify the most critical gaps within their human and animal health systems, to prioritize opportunities for preparedness, response and to engage with current and prospective partners and donors to effectively target resources.

The JEE process involves a self-assessment by national authorities of the country’s capacities using the JEE tool, which is followed by an external evaluation by a team of international experts. The JEE Report and its findings are used to inform existing national plans or subsequent development National Action Plan for Health Security (NAPHS), as well as the effective targeting of resources.

1.2 Special Context Countries

Between February 2016 and December 2018 approximately 90 countries across all WHO regions had requested and completed a JEE led by WHO using the standard process and approach.

In addressing concerns raised by WHO Regional Offices (RO) and some Member States, the JEE Secretariat has worked closely to identify the needs of special context countries and how to best adapt the methodology of the JEE tool to meet those needs, while maintaining the integrity of the JEE process.

The initial group of special context countries identified by WHO constitute four broad categories:

- Small Island Developing States (SIDS)
- Federated States
- Overseas Territories (OT/OTs)
- Countries in Conflict

The following sections of this guidance document define the nature of these categories and outline the challenges and unique dynamics that each one faces. It proposes options to address the identified challenges when implementing a JEE and developing a national action plan. These options were with technical experts from countries and WHO. Countries may apply these recommendations and adapted methodologies when planning and implementing a JEE, to best evaluate their national capacities and priorities. Any adaptations to the JEE process is intended to facilitate and better inform the JEE report and

1 https://apps.who.int/iris/bitstream/handle/10665/278961/WHO-WHE-CPI-2018.52-eng.pdf?sequence=1
2 http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf [accessed on 26 November 2018]
3 http://apps.who.int/iris/bitstream/handle/10665/259961/9789241550222-eng.pdf?sequence=1
4 http://www.who.int/ihr/procedures/joint-external-evaluations/en/
recommended priority actions by the international experts that participate on JEE missions.

Considerable attention has been paid to ensuring that adaptations or modifications to the JEE process will not affect the quality of JEE data, the outputs, the relevance of the evaluation, or the integrity of the process. The recommended priority actions generated from special context JEEs will, therefore, continue to be relevant to countries, actionable, and comparable over time. The priority actions recommendations from the JEE will continue to guide the development and implementation of the NAPHS and the indicator scoring will remain the same.

All stakeholders have important roles to play in supporting special context countries to implement JEEs and develop national action plans. In particular WHO Country Offices (CO) have close proximity to national governments and they also have the benefit of understanding national political dynamics that influence local contexts including conflict. WHO COs are well positioned to identify and implement solutions to challenges that may arise, and consideration should be given to how they can support countries in conflict to align national stakeholders and gather the data and information required for the self-evaluation.

1.3 Objective of this Guidance Document & Intended Audience

This document is intended to provide options for addressing the unique situations that challenge the implementation of JEEs and the development of NAPHS in special context countries, as well as reference to supporting tools and templates.

This document does not offer a step-by-step approach for the implementation of JEEs or the development of NAPHS – those guidance materials are available and published on WHO IHR websites. It also does not offer – and should not be used as – a substitute to either JEE tool or the NAPHS framework. WHO recommends that this guidance document be used as a complementary guide for the current JEE tool and NAPHS framework.

The primary audiences for this guidance document include WHO Member States from special context countries, as well as stakeholders and WHO Staff that support JEE and post-JEE activities, including the development of NAPHS.

Given the many challenges that special context countries experience, considerable attention has been given to determining whether any changes or adjustments to the JEE tool or its indicators are needed. Since 2016, WHO has conducted multiple meetings, with participation of external partners to review the implementation of JEEs and the subsequent development of NAPHS in special context countries, to determine whether changes to the tool or process would increase the feasibility and quality of the JEE.

From the meetings and reviews, consensus was reached among the technical peers and stakeholders that no changes should be made to the JEE tool in terms of its technical indicators. However, important changes to the JEE’s technical and contextual questions and the process for implementation have been recommended. Those recommendations and details are presented throughout this document.
2 SMALL ISLAND DEVELOPING STATES (SIDS)

Small Island Developing States (SIDS) as defined by the United Nations Conference on Environment and Development in June 1992⁵, are a distinct group of small island countries sharing similar social, economic, developmental and environmental vulnerabilities.⁶

Currently, 58 island nations are classified as SIDS by the WHO⁷. 38 of these nations are UN Members while 20 are non-UN members or Associate Members of the Regional Commissions. [For the purposes of this document we will examine the 38 SIDS that are UN Members under this section and cover the Non-UN Members under the Overseas Territories section below]

The 38 UN Member SIDS countries are distributed across three geographical divisions:
- The Caribbean
- The Pacific
- Africa, Indian Ocean, Mediterranean; and South China Sea (AIMS).

The broader group of 58 SIDS are located across all six WHO regions.

38 Countries SIDS UN Members⁸

Antigua and Barbuda, Bahamas, Bahrain, Barbados, Belize, Cape Verde, Comoros, Cuba, Dominica, Dominican Republic, Fiji, Grenada, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, Maldives, Marshall Islands, Federated States of Micronesia, Mauritius, Nauru, Palau, Papua New Guinea, Samoa, São Tomé and Príncipe, Singapore, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Seychelles, Solomon Islands, Suriname, Timor-Leste, Tonga, Trinidad and Tobago, Tuvalu, and Vanuatu.

2.1 Challenges

Despite important commonalities across SIDS, economic and health statistics vary widely between the countries. In addition, SIDS are faced with a unique combination of challenges due to their geographical size, environmental remoteness, fragile environment and the impact of climate change. With the frequent natural disasters such as cyclones and earthquakes along with rising sea levels SIDS are at greater economic risk and have less resilience to natural disasters. This may result in population displacement and migration, bringing with it political, social, and health issues.

Many SIDS have small but growing populations and as island nations, the potential impact of infectious disease outbreaks on the population is severe. While numerous SIDS have universities and medical schools, the presence of a strong and sustainable level of skilled health professionals remains out of reach for many of these states. Furthermore, for some smaller states, there is currently an inability to produce the diverse variety of medical staff at the level required, and many rely on other countries for training specialists.

SIDS are also challenged by their vast and often unprotected points of entry which can potentially undermine national surveillance capacities and pose problems to the management of health emergencies. Other unique challenges to sustainable development that SIDS face are the as the high cost of communication, energy and transportation, irregular; and at times unreliable transport networks, disproportionately expensive public administration and infrastructure, and limited opportunities to exploit the benefits of economies of scale.

Although the development and national capacity of SIDS ranges between countries, their geographical size and other contextual dynamics require special consideration when planning and conducting a JEE. Many of the capacities required of larger countries may not be feasible, economically viable, or represent a necessity in the case of SIDS. Instead, having access to these capacities within regional or sub-regional networks may be sufficient to adequately and effectively meet the needs of these states.

In addition, given that most SIDS are adversely affected by climate change and natural disasters, the development of some capacities required under the IHR may not be considered as a reasonable investment in cases where access to required resources within the region or outside the region may be more cost-effective and satisfactory.

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⁵ https://sustainabledevelopment.un.org/content/documents/Agenda21.pdf
⁷ https://apps.who.int/iris/bitstream/handle/10665/255804/WHO-CCU-17.08-eng.pdf?sequence=1
2.2 Methodology for JEE in SIDS

In order to address the unique challenges that SIDS face, conducting a JEE may require an adjustment of the contextual questions the JEE tool poses. It may also require adjustments to the standard process. Flexibility in the size of the JEE mission team and the time taken to conduct the evaluation will likely need to be adapted from the normal approach.

In the case of SIDS, the JEE tool and contextual questions may need to specifically consider access to capacities and sharing of resources and expertise in the place of a country maintaining that capacity independently. Adjustments to technical and contextual questions should reference “access to” or the “availability of” a given capacity, instead of asking if a country has “established” or otherwise independently developed it. Access may be available to a SIDS through a regional or sub-regional network, or through provisions made possible by international agencies/stakeholders including WHO.

To support the planning and implementation of JEEs in SIDS, it is advisable that such states act as observers when a JEE is implemented in a peer, small island nations. This will allow greater familiarity and understanding of the process, as well as the needs required for the evaluation. By observing JEEs in other SIDS, these states can benefit from lessons learned and apply best practices during their own evaluation. Given that Overseas Territories (OTs) share similar challenges as SIDS, it is advisable that SIDS also seek to observe JEEs in OTs when possible.

With respect to the external team composition, subject matter experts (SMEs) who have experience working in SIDS should be rostered to participate in the missions. The insight of experienced SMEs will better inform the process of JEE implementation and contribute to limiting any additional challenges.

The cost and logistical requirements of implementing and coordinating JEEs in SIDS are high and the benefits of scheduling JEEs and NAPHS to be done consecutively should be considered. Back-to-back JEEs and NAPHS, with the same external team members, could reduce the cost and logistical burden that SIDS often experience. It would be good to explore the potential benefits and identify the value of doing so when it is carried out.

Subject matter experts familiar with SIDS should be prioritized for these missions.

2.2.1 Country Preparation for JEE

1. **Self-Evaluation:** Countries should complete a self-evaluation of each of the JEE technical areas. Some of the technical areas might not require detailed information and documentation of systems in place, but rather detail the access that exists to specific services. This access could be available through regional agreements, including any Memoranda of Understanding with institutions or other countries.

   Based on this information and discussions during the evaluation mission, the external evaluation team can develop priority recommendations in line with the mechanisms employed by the country for ensuring essential health security services. Sub-regional or regional partners and networks may contribute to the self-evaluation process.

2. **Preparation for the mission:** Countries should plan for a mission with the provision of reducing or extending the time needed as per the geographical considerations and time for field visits. With consideration of the size of the country and its limitations, the country can specify the maximum number of external evaluators they can host. WHO would coordinate with countries to specify the types of evaluators needed, including experts with experience in SIDS and their context. Field visits should include at least one hospital, one health facility, and points of entry. WHO along with regional partners can support in the preparation of the mission and logistics.

   In the exceptional case where a field visit to one or more sites is not possible, it should be considered if remote access can be provided to the mission team. Pre-recorded videos or virtual access should be made available if it feasible and possible to do so.

2.2.2 JEE Mission

The following should be considered during the external evaluation process:

1. **The duration** of the mission should remain flexible based on the country context.
   - The SIDS context may require having access to capacities required rather than demonstrating capacity on site. In these cases, formal agreements for access and quality standards that meet national or global requirements are necessary. Should the country elect to not develop capacities in a particular technical area, the evaluation of that
technical area will be based on formalized processes to access capacities such as formalized agreements with reference laboratories outside the country, joint emergency response teams, etc. Formalized access to services will be considered as demonstrating a national capacity and will be reflected in the scoring of the attributes.

- While formulating priority actions for areas that need to be strengthened, experts should do so in the context of a SIDS, formalized access to services outside the country, and the capacity to mobilize resources.

2. **Final Report**: the final report of the JEE should follow the same reporting template and should cover all technical areas.

2.4 Other Issues

Due to geographical considerations the similarities of the SIDS context and the high costs associated it may be useful to consider grouping SIDS together to conduct back-to-back JEEs of a few SIDS consecutively. However, it is important to know that grouping may mask their diversity and; irrespective of the size of the country, they also have their sovereignty, along with unique challenges and mechanisms for developing or accessing services.

The decision to group countries for collective JEEs should be taken into consideration on a case by case basis in close consultation with the SIDS in question.
3. FEDERATED STATES

A federated state or federal country is a territorial and constitutional community forming part of a federation. A federated state holds administrative jurisdiction over a defined geographic territory and is a form of regional government. The Federated States of Micronesia, India, Ethiopia, Nepal, Australia, Pakistan, the Russian Federation, and the United States of America are a few examples of federated states.

3.1 Challenges

All countries share an interest in health security however the design of national political systems and the structure of governance frameworks will always impact the approach to managing health emergencies. Federated states are unique in regard to their decentralised systems of government with different levels of decision making and authority between the national and regional/provincial levels. In some cases, the management of health systems and health emergencies is shared across multiple complex administrative levels with considerable overlap of responsibilities.

In some federal countries, it may be acceptable for national governments to intervene in local issues, particularly if that intervention can bring additional resources. However, this may result in some form of resistance in others. In general, no single set of policy options will be appropriate for all federations.

Many federated states span large geographical areas and many also have large population sizes. This often results in challenges to the availability of information needed to assess capacities in federated states and it also poses problems to the gathering of data required as part of the JEE process.

For federated states, the impact of these dynamics on IHR core capacity building and compliance to detect, assess, notify and report events, and respond to public health risks can be significant.

Importantly, there are often varying levels of capacity at the sub-national level across a federated state and it is not always possible to capture this information through national level assessments.

3.2 Methodology for a JEE in Federated States

The appropriate approach for federal countries, can be determined with a few questions:

(1) To what extent can federal countries ensure compliance with the IHR within the context of a decentralized approach to public health?
(2) If federal countries adopt more centralized approaches to public health, how should they manage the potential impacts of this on their relationships with regional and local public health authorities?
(3) In either case, how much leverage and potential do federal governments have toward regional governments and sub-national authorities to ensure that the coordination of public health initiatives necessary for compliance with IHR take place?

Based on the experiences of federal countries that have already completed a JEE such as Australia, Canada, Ethiopia, Nigeria, Pakistan, Switzerland, and the United States of America, it was observed that the JEEs were conducted with due consideration to their geographical size, system of government, availability of data, and population size.

Based on these experiences and a consultative approach led by WHO, several options for evaluating federated states through the JEE and developing a NAPHS have been identified.

3.2.1 Country Preparation for JEE

1. Self-Evaluation in federated states

a) Option 1: the country prepares the self-evaluation report based on sharing the JEE tool to all states and territories. This data is then consolidated into a singular, national level report that best reflects the capacities across all states and applicable territories.

b) Option 2: the central government invites focal points and representatives from all states, and relevant territories to a national workshop to complete the self-assessment questionnaire together, thus ensuring consensus on the reflection of national capacities across the JEE indicators.

http://www.who.int/bulletin/volumes/86/3/07-042838.pdf
2. **Preparation for the mission**: Countries can plan for a mission with a provision of extending the time to evaluate all or some of the selected federal states and time for field visits.

Given the volume and the scope of information/data that needs to be reviewed, federated states should carefully consider the time required to carry this out. Coordinating with all necessary national and regional stakeholders in advance of the self-assessment launch is advisable. This coordinated effort includes representation from multisectoral agencies and partners at the national and regional levels.

If possible, consulting with other federated states that completed a JEE could potentially facilitate the preparation process through identification of best practice and sharing of lessons learned.

With consideration of the size of the country and its limitations, the country can specify the maximum number of external evaluators they can host. WHO would coordinate with countries to specify the types of evaluators needed, including experts with experience in federal states and their context. WHO, along with regional partners, can support in the preparation of the mission and logistics.

3.2.2 **JEE Mission**

As with all JEEs it is useful for the country to prepare and present an overview of the national system’s approach to public health and emergency management to the external team. ‘Setting the scene’ in this way can provide an important and effective opportunity to help orient the external team quickly and it can also help to inform the evaluation throughout. An explanation of governance and decision-making processes between federal and subnational governments should be included in any scene setting activities.

The following should be considered during the external evaluation process:

1. **Teams**: Subject matter experts familiar with the federal context should be prioritized for these missions. The external evaluation team will evaluate capacities during the JEE. Any significant discrepancy of capacities according to states or provinces should be reflected in the final report. However, while developing a national plan of action, the priority JEE recommendations may be used in the context of the respective states. Some countries have included state or province field visits well in advance, requiring that additional costs be taken into consideration based on the size of the country and if visits include any overseas territories.

2. **The duration** of the mission should remain flexible based on the country context, and the self-evaluation report and the following options should be considered.
   i. **Option 1**: Duration should be prolonged for the external team to visit the federal states.
   ii. **Option 2**: The duration of the mission remains the same, and the representatives of the federal states should be present at the national level during the mission.
   iii. **Option 3**: The duration of the mission should remain the same and virtual tours of sites should be made possible if it is not feasible to carry out in-person field visits.

3. **Final Report**: The final report of the JEE should follow the same reporting template and should cover all technical areas. If the federal level evaluation is conducted, any evaluation reports of each state should be annexed to the national report.

3.4 **Other Issues**

As country contexts differ, federated countries may decide to pursue the option(s) that best suits their context. However, if a country would like to conduct a JEE with a national level evaluation only, then the national level capacities should be considered as a baseline for the federal states to develop and implement the associated action plan.
4. COUNTRIES WITH OVERSEAS TERRITORIES

Overseas territories (OTs) and dependent areas are territories governed by a sovereign state, but which are distinct from the ‘mother’ country by being geographically separate. OTs usually have a certain degree of autonomy represented by a local government, but they do not possess full political independence or sovereignty as a state.9,10

The capacities of OTs often do not match the capacities of the mainland. There may be differing systems of governance and other challenges associated with relations between the sovereign state and their OTs including those faced by SIDS mentioned above.

Countries including Australia, China, Denmark, France, Netherlands, New Zealand, Norway, United Kingdom, and the United States are examples of countries that have OTs or dependent areas.

4.1 Challenges

OTs face several challenges including many that are also experienced by Small Island Developing States (described above). These include:

- Small geographical size
- Environmental remoteness
- Fragile environment and weaker resilience to natural disasters & naturally-occurring external shocks
- The impact of climate change including rising sea levels
- Limited skilled health workforce
- Vast points of entry
- High cost of communication, energy and transportation,
- Irregular transport frameworks
- Multiple languages
- Differing political and economic interests

The relative isolation, exposure to disasters, dependence on one or two key industries, and vast distances from the mainland represent common issues that impact preparedness, emergency management and IHR capacity building in OTs. This adds a challenge of increasing scale and complexity, with significant variation in how overseas territories services are accessed and financed. The Atlantic and Pacific territories have far fewer opportunities to receive support from international and regional agencies than those in the Caribbean11.

Many OTs do not have a population base sufficient to supply all the trained human resources in sufficient numbers, and as a result rely on expatriate expertise. Some receive varying degrees of development assistance and have varying levels of capacity to absorb workload related primarily to their human resources and response to emergencies. As island countries, they are also increasingly impacted by effects of climate change.

Although dependence and reliance upon regional networks can help OTs strengthen core capacities, access to a network can be dependent or influenced by political dynamics related to the sovereign country. Navigating the political association with sovereign countries can often be an additional challenge unique to OTs.

The timing and process of evaluating OTs can be problematic given the need to coordinate with sovereign countries. Member States have a responsibility to ensure that all parts of their territory comply with the IHR, however evaluation of OTs through the JEE does not have to be implemented at the same time as the mainland sovereign country.

Determining when an OT is evaluated and whether this is carried out before, during, or after the evaluation of a sovereign state can pose a challenge.

9 http://www.nationsonline.org/oneworld/territories.htm
10 http://www.nationsonline.org/oneworld/territories.htm
4.2 Methodology for JEE in Countries with Overseas Territories

Dependent or overseas territories can request a JEE, with the consensus of the mainland. In terms of implementation, OTs should follow the same guidelines as that of the Small Island Developing Countries (SIDS).

Each of the technical areas of the JEE tool describes the IHR capacities necessary for health security. Consequently, they are interlinked and interdependent, and despite the limitations and challenges faced by OTs, when implementing a JEE, they would need to complete an evaluation of each technical area to maintain the integrity of the process and tool, and to strengthen IHR core capacities.

The JEE tool will need to specifically consider access to capacities, sharing of resources and expertise. A review of the technical and contextual questions for relevance and appropriateness is necessary for OTs. The provision to schedule consecutive JEEs in OTs based on the geographic location and logistics should also be considered.

Subject matter experts familiar with SIDS should be prioritized for these missions.

4.2.1 Country Preparation for JEEs

1. Self-Evaluation:
   a. Option 1: When the mainland conducts its self-evaluation, it is recommended that information related to each of the territories is incorporated for all JEE technical areas. Consideration should be taken that some technical areas of the OTs may not require detailed information and documentation. To capture the relevant information from territories, the proposed methodological options associated with federated states may be considered when the self-evaluation is led by the mainland and each of their territories.
   b. Option 2: if OTs are planning to conduct a separate evaluation (using the JEE tool) mission, then the self-evaluation process should be followed the methodology as that of SIDS.

2. Preparation for the mission is dependent upon the chosen self-evaluation option.
   a. Option 1: the mission should be prepared based on the methodological options associated with federated states (see above).
   b. Option 2: the mission should be prepared based on the methodical options associated with SIDS (see above). OTs can plan for a mission with a provision of reducing or extending the time needed based on geographical considerations and time for field visits.

   With consideration of the size of the OT and its limitations, OTs can specify the maximum number of external evaluators they can host. WHO would coordinate with countries to specify the types of evaluators needed, including experts with experience in OTs and their context WHO along with regional partners can support in the preparation of the mission and logistics.

4.2.2 JEE Mission

The following should be considered for the external evaluation process:

1. Team: The external evaluation team members should be aware of the mainland's management and strategy for health security in OTs. Based on information provided to experts and discussions held as part of the JEE mission, the external evaluation team can develop priority recommendations in the context of the mainland and OTs. This will be dependent upon whether the evaluation of the OT is independent of an evaluation of the mainland sovereign. Experts who have significant experience in SIDS or OTs should be prioritized as team members.

2. The duration of the mission should remain flexible based on the sovereign state/OTs context, and the self-evaluation report.
   a. Option 1: The methodology for external evaluation follows the same methodology as that of the Federal States. The external evaluation team will evaluate the country inclusive of both the mainland sovereign state and all of its OTs. Additional discussions may be required if there are significant gaps observed between the mainland and OTs. In this case, the team lead should organize a side meeting to address those specific issues with relevant country focal points and external team members. While formulating priority actions and identifying areas that need strengthening, experts should provide targeted recommendations to address specific capacities if there are significant discrepancies between the mainland and territories.
a. **Option 2.** The methodology for external evaluation follows the same methodology that of the SIDS.

3. **Final Report:** the final report of the JEE should follow the same reporting template and should cover all technical areas. If experts find significant discrepancies between mainland and territories, they should be reflected in the final JEE report.
5. COUNTRIES IN CONFLICT

Under international humanitarian law, the International Committee of the Red Cross (ICRC) distinguishes two types of armed conflicts, namely: "International armed conflict" and "non-international armed conflict". 

For the purposes of JEE and national action plans, WHO classifies all countries who are actively experiencing either 'international armed conflict' or 'non-international armed conflict' as 'Countries in Conflict'.

5.1 Challenges

Countries in protracted crisis and conflicts including those facing complex humanitarian emergencies are also signatories to the IHR (2005) and have a particular need to develop, strengthen, and maintain IHR capacities to detect and respond to events of national and international concerns regardless of prevailing situations. Countries in conflict face many unique challenges and suffer an additional burden to their health systems. The health systems of countries in conflict may have already been weak or fragile prior to the onset of violence.

Beyond this, the challenges of conflict also dramatically impact the planning and implementing of JEEs and national action plans. Managing the security risks of JEE missions is a significant undertaking facilitating the mobilisation of resources, and alignment of multi-sectoral action in country.

5.2 Methodology for a JEE in Countries in Conflict

The methodology for conducting JEEs in crises countries requires a different approach than that for non-conflict countries. The purpose of this section is to facilitate JEEs in countries experiencing active conflict and to present different approaches for linking it with humanitarian or crisis-related activities already underway. The methodologies described here can also support countries in conflict to better inform and prioritise broader country planning for health security.

In requesting a JEE, a country in conflict may first consider performing a cost-benefit analysis to explore the resource requirements and expected value for implementing the evaluation. This may be a useful exercise for many conflict countries given that a large proportion of available resources will likely be diverted to the humanitarian response and ensuring continuity of essential services.

The WHO Regional Office for Eastern Mediterranean Region (EMRO), along with WHO Headquarters, has developed a guidance document on ‘Conducting Joint External Evaluation and Country Planning in Crisis Countries’. This guidance document provides the necessary information and methodological details for countries in conflict to use when considering a JEE and the development of a national action plan. The requesting country should use the readiness criteria (Annex I) before requesting a

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JEE mission to ensure that the ability of the country to host the JEE — and to link with the national action plan process — is in place.

Subject matter experts familiar with SIDS should be prioritized for these missions.

5.2.1 Country Preparation for JEE

1. Self-Evaluation: The country works in collaboration with national experts representing all relevant sectors and national stakeholders especially those involved with the humanitarian response to complete a self-evaluation. This step will be facilitated and supported by WHO, where a team of 4-6 persons (can include country officials) trained outside the country on supporting the country.

The team may consist of the country polio national officers including national Stop Transmission of Polio (STOP) officers when applicable.

2. Preparation for the mission: In keeping with the standard JEE process, the external evaluation missions should be conducted within the country when possible. If security concerns, and/or other factors related to the special context, determine that this is not possible, the external evaluation mission may be conducted outside the country, preferably in a neighbouring country. This should be a decision made jointly with the country keeping in mind the logistic and security concerns of both parties. When necessary to carry out the external evaluation outside the country, the host country should be consulted and agreement should be obtained. With either approach/option (see below), a country planning exercise should follow the external evaluation phase.

5.2.2 JEE Mission

The following should be considered during the external evaluation process:

All necessary security provisions should be considered as part of the planning and decision-making process for travel of all mission participants.

1. Team: subject matter experts familiar with the countries in conflict should be prioritised. While formulating priority actions for areas that need to be strengthened, experts should do so in the context of a conflict, and the capacity to mobilise resources.
   - Option 1 (in country): a multidisciplinary joint external team composed of approximately 6-8 persons will be deployed to the country based on the identified dates for the external evaluation. Relevant multisectoral stakeholders, partners and donors should be involved in this phase.
   - Option 2 (out of country): a multidisciplinary joint external team composed of approximately 10 persons will be deployed to a neighbour country based on the identified dates for the external evaluation. Relevant partners and donors should be invited to participate in this meeting.

2. The duration of the mission depends on the location of the evaluation mission.
   - Option 1 (in country): the evaluation will take place over a period of five days. No field visits by external experts will be conducted during this phase, however the country team that supported the self-evaluation phase will present information and a briefing of the field sites to the external experts.
   - Option 2 (out of country): the evaluation will take place over a period of five days and will not have a field visit included as a component of the evaluation.

5.4 Other Issues

The challenges faced by countries in conflict requires that substantial planning time is allocated for planning the JEE. The nature of active conflict requires that contingency plans need to be in place at almost every stage, and preparation should be given to adjusting plans at short notice. However, many challenges can be anticipated including the additional cost of logistics and addressed during the planning phase.

Significant time should be allocated to mapping out each step of the JEE process and planning the required provisions for addressing any issues that could arise.
WHO COs are best positioned to support the planning and implementation of JEEs and should be consulted with and included in the evaluation process at all stages. WHO CO teams can help navigate through challenges that arise and support problem solving given their expert knowledge of national politics and social dynamics of the country.
6. NAPHS IN SPECIAL CONTEXT COUNTRIES

As with JEEs, special context countries require additional support and different approaches to developing NAPHS. Further to the guidance mentioned above, it is important to note that the technical development of a NAPHS can largely remain the same. However, some key considerations are required for adapting the process and contextual features.

The planning process follows the NAPHS framework and its guidance. The planned actions are developed based on the priority recommendations of the JEE. The effective implementation and monitoring of the plan are essential for the health security and the sustainable development of SIDS, federated states, OTs and countries in conflict.

Governments will be primarily responsible for the implementation of the plan, the development of national and regional strategies, policies and processes to support the plan. The development of NAPHS follows implementation of JEEs and should therefore be tailored to meet the recognised special context needs and JEE findings.

Countries in each special context category will require different levels of support and adjustments to the NAPHS process. Some may require additional financial support to carry out the costing work and others may need more technical support to inform prioritisation of activities.

Other special context countries may require support for coordinating national stakeholders around the plan and carrying out the implementation steps. Many special context countries, including countries in conflict, SIDS and OTs, are heavily dependent upon external stakeholders. This dependency can make the development of NAPHS more complicated and support should be given to facilitate the coordination of external stakeholders where needed.

It is recommended that a greater level of flexibility is built into the NAPHS for special context countries. This will allow necessary shifts to accommodate rapidly evolving challenges and changes to the dynamics that the countries experience.

Special context countries will have important limitations with respect to the scope of what is feasible for implementation as part of the NAPHS. These limitations can be related to financial resources, human resources, technical capacity, geography, and security, just to name a few. As such, these should be recognised and respected during the inception, development and implementation stages of the NAPHS process. Political dynamics may also impact the feasibility of NAPHS development and implementation, and these should be managed from the outset.

It is also recommended that NAPHS activities be linked with a country’s broader plan to strengthen its national health system and improve its capacity to prepare for and manage health emergencies.

Countries in conflict and OTs should develop the NAPHS immediately after the JEE process in order to ensure participation of consistent stakeholders and to leverage the opportunity of already secured logistics. This is also an important consideration for SIDS & OTs which can also benefit from not having to reconvene the same group (or a similar group) of stakeholders in future.

Specifically for OTs,

a. **Option 1.** Each evaluated territory develops their own territorial level action plans and then follows existing governance structures for implementation and monitoring.

b. **Option 2.** The national (mainland) level JEE recommendations are translated into territorial level action plans and OTs follow existing governance structures for implementation and monitoring.

Federated States

a. **Option 1.** Each evaluated federal state, in consultation with sub-national governments, develops their federal level action plan and follows the existing governance structure for implementation and monitoring of NAPHS at the federal level.

b. **Option 2.** Sub-national states use the national JEE recommendations to develop their own action plan which is implemented in the context of each federated state.
7. CROSS-CUTTING THEMES AND CONCLUSION

7.1 Cross-Cutting Themes and Recommendations

As part of WHO’s consultative approach and development of this technical guide, overarching themes and recommendations were identified, to be considered across the special context categories:

- The JEE indicators should not be modified at the technical level to meet or address the challenges that special context counties experience.
  - However, adaptation of the technical and contextual questions, process (timelines, team composition and numbers, etc.) should be carried out where necessary based on the recommendations identified in this technical document.
- Any major adaptations to the JEE process should be discussed with WHO.
- Special context countries can address many challenges that they face with respect to JEEs by observing the planning and implementation of peer countries.
  - Necessary agreements and coordination should be managed to achieve and support observer participation.
- The unique needs and requirements of special context country needs have important costing implications that should be recognized from the outset.
- SIDS and Overseas Territories share common challenges, which can be supported through joint solutions, including opportunities that are available through regional networks.
- WHO Country Offices can offer important support for the planning, management, and implementation of JEEs in Special Context Countries.
- The JEE planning phase should allocate ample time for mapping any potential challenges that Special Context Countries may face.
  - Common problems can be adequately addressed during the JEE planning phase.
- External team experts that are rostered for special context JEEs and NAPHS should be experienced in the unique challenges and requirements of special context countries.
- Development of the NAPHS should be contextualized and its implementation should follow existing governance structures.

7.2 Conclusion

The challenges and issues that special context countries face are well-documented. To date, many special context countries have requested and implemented a JEE, and many have also developed a NAPHS. Several important considerations have been raised and WHO will continue to support its Member States, ROs, COs, and partners to implement the recommended approaches described in this guidance document.

As additional special context countries implement JEEs and develop NAPHS, further best practices may be identified. This guidance document will be updated accordingly and disseminated to all relevant stakeholders.
For any crisis countries to host a JEE, the following criteria need to be completed. These criteria are not inclusion criteria but criteria to ensure readiness of the country to host the JEE and to link it with the country planning.

<table>
<thead>
<tr>
<th>Readiness Criteria</th>
<th>Elaboration</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Official Request</td>
<td>An official request from the hosting country is a mandatory element to initiate the planning for the JEE in crisis countries, so as the case in other countries.</td>
<td>Host Country</td>
</tr>
<tr>
<td>National IHR Focal Point (IHR NFP) Presence</td>
<td>The presence of the IHR NFP is critical in the planning and implementation of the JEE. There should be one IHR NFP and not multiple as experienced in some countries under crisis</td>
<td>Host Country</td>
</tr>
<tr>
<td>Landscape Analysis</td>
<td>A preliminary analysis of political, public health and humanitarian landscape is needed to clarify the context of each country and the situation related to the different technical areas to provide background information prior to initiating the JEE process. Landscape analysis includes and is not limited to hazards’ assessment; assessment of technical areas conducted earlier; polio quarterly reports; weekly situation reports produced by humanitarian agencies involved in countries; etc. This should also include national stakeholders analysis; mapping of local partners and external partners and donors engaged in the country per type of engagement and scope of response or capacity building activities.</td>
<td>WHO Country Office in coordination with partners in the country</td>
</tr>
<tr>
<td>Donors and Partners’ Engagement</td>
<td>Commitment of already existing in-country as well as external donors and partners along with country commitment to support JEE process is critical for decision to conduct the JEE. It is important to identify parties that should be involved in the JEE and country planning post JEE and potential partners and donors who will support the implementation of the national plan of action once developed.</td>
<td>WHO Regional Office and Country Office in coordination with partners in the country</td>
</tr>
<tr>
<td>Humanitarian and Development Nexus</td>
<td>The development instruments will be taken into consideration for country action plan for health security. The priority actions could be integrated to all humanitarian plans and development plans. The planning platform to include Sustainable Development Goal and Sendai Framework for Disaster Risk Reduction, humanitarian response plans.</td>
<td>WHO Country Office and Regional Office in coordination with partners in the country</td>
</tr>
<tr>
<td>Presence of Health Cluster Coordination /HCT / United Nation Country Team</td>
<td>The Coordination Mechanisms in the country needs to be involved both in the self-assessment for planning and implementation of JEE and the country development of national plan of action post JEE.</td>
<td>WHO Country Office</td>
</tr>
<tr>
<td>Security situation</td>
<td>The WHO Grading system will be used to define level of security in each crisis country. Based on the level of emergency/security, A decision will be taken on whether to start planning for the JEE or to postpone it for either 6 or 12 months. The grading situation can be revisited in the meantime and decision to be made accordingly.</td>
<td>WHO Country Office, Regional Office and HQ</td>
</tr>
</tbody>
</table>

https://sustainabledevelopment.un.org/content/documents/Agenda21.pdf

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13 Health Cluster is the coordination mechanism for the health sector actions responding to humanitarian emergencies aiming improved coverage of public health interventions.

14 Humanitarian Country Team (HCT) is strategic operational decision making and oversight forum established and led by the Humanitarian Coordinator. It is composed of organizations that undertake humanitarian action in-country and that commit to participate in coordination arrangements to ensure that the activities of such organizations are coordinated, and that humanitarian action in-country is principled, timely, effective and efficient, and contributes to longer-term recovery. The overall purpose is to alleviate human suffering and protect the lives, livelihoods and dignity of populations in need. For more information: https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Guidance%20for%20Humanitarian%20Country%20Teams%2C%20Oct%2C%202009.pdf

15 United Nation Country Team (UNCT) is a coordination mechanism between the UN agencies exists in a country to ensure that a coherent approach is taken by UN bodies in their collective response to humanitarian, developmental, and other strategies relevant to the country in which they are operating.