WHO helps ensure the regular cross-sectoral assessment of countries' core capacities as required under the International Health Regulations (IHR); and the development of National Action Plans for health security. This is done through the provision of support for national assessments, risk profiling and after action reviews; planning, costing, documenting and running exercises; and building monitoring and evaluating capacity with a One Health approach.

Joint External Evaluation in Switzerland and Liechtenstein, 30 October - 3 November 2017

As Halloween came and went and many countries revelled in the delights of tricks or treats, the first JEE mission ever to cover two independent nations at the same time was taking place.

The smaller of these two nations, Liechtenstein, has a population just under 38,000 and depends heavily on the support of its larger neighbour, Switzerland, to fulfil its core capacities under the IHR. Liechtenstein and Switzerland—respectively a principality and a confederation—have woven a unique but thorough web of bilateral agreements that enable them to do just that. Mission leader Mika Salminen of Finland’s National Institute for Health and Welfare, said: “It was reassuring in today’s world to see how two sovereign countries of quite different size and capacity seem able to work together efficiently and without quarrels, irrespective of the big constitutional differences. I think many others could learn from this pair.”

For the sake of efficiency, feasibility and sanity the JEE team and national participants decided to produce a single JEE assessment report, providing separate scoring where appropriate and a single score in cases where Liechtenstein is directly dependent on Switzerland or where mutual agreements render them unnecessary.

The Swiss Federal Office Public Health highlighted the thoroughness of their commitment to public health. The Liechtenstein country team were also consummate hosts, especially on an overnight trip to Vaduz that helped the assessors improve their understanding of the principality’s particularities.
In a corner of the JEE self-assessment document, was found “number of horses in Liechtenstein 300; other horse animals 70.” A surviving sketch by one team member, reproduced here, depicts the other “horse animals”. A good thought at Halloween.

The Finnish Ministry of Social Affairs and Health (MoSAH) led by the Permanent Secretary Dr. Päivi Sillanaukee met with WHO for a consultation on the development of the NAPHS on 7th and 8th November 2017 in Helsinki, Finland. During the visit, the Finnish delegation elaborated on the process and steps taken to formulate the NAPHS based both on the recommendations of the JEE and on Finland’s structures. The Finnish NAPHS is underpinned by the updated national Security Strategy for Society, which was launched on the 7th November 2017. Meetings and discussions with the Ministry of Foreign Affairs, Ministry of Defence, Ministry of Interior, Ministry of Agriculture and Forestry, National Institute for Health and Welfare, Centres for Military Medicine and Biothreat and the Maritime Rescue Sub-Centre were organised to exchange and share lessons learnt on the NAPHS process.

Watch the video of the MoSAH on JEE and Finland’s health security: https://extranet.who.int/spp/news/enhancing-health-security-through-comprehensive-whole-government-approach


Coordination meeting between WHO and FAO in Rome on 13 November. A WHO team visited FAO to discuss joint activities under the IHR MEF and to establish a more systematic communication mechanism. A proposal for collaboration will be developed in the coming weeks.
Since the beginning of the year, 10 Member States have conducted After Action Reviews using the newly developed WHO AAR methodology. The AARs have mainly been conducted in the African region (8 out of 10) where recurrent outbreaks keep affecting the populations and disrupting health services. The chart below shows the events for which AARs have been conducted.

WHO is promoting the use of AARs as part of the IHR Monitoring and Evaluation Framework. They are a constructive and collective learning opportunity where multisectoral stakeholders involved in emergency response can find common ground on how to improve preparedness and response capabilities. After Action Reviews are not an external evaluations of performance and the focus should be on learning lessons and sharing best practices. For example, a best practice observed during the AAR on a Lassa fever outbreak in Togo was the organization of daily coordination meetings that allowed for a closer operational monitoring of response activities, improved information management and facilitated resource mobilization process.

The 10 country review shows that root causes for challenges encountered during an emergency more frequently relate to systemic issues that affect the ability to respond than the technical capacities or know how of people. Common themes observed include the lack of plans or protocols guiding response actions, the lack of materials or resources or the lack of established communication channels for coordination.

It is interesting to note that the results of AARs can sometimes contrast with those of Joint External Evaluations. While there may be a myriad of reasons for divergent findings using different types of reviews and assessments, it is the complementarity of these approaches that allows WHO and Member States to develop a comprehensive and accurate picture of a country capacity. This is the main paradigm shift of the new IHR Monitoring and Evaluation Framework post-Ebola.
COMING UP NEXT

- Regional training on IHR Monitoring and Evaluation, Dar-Es-Salaam, United Republic of Tanzania, 29-30 November 2017

- WHO Stakeholder Consultation on National Health Security and Pandemic Influenza Preparedness Planning, Accra, Ghana, 05-07 December 2017

- Sixth Stakeholders Meeting to Review the Implementation of the International Health Regulations (IHR 2005), Amman, Jordan, 05-07 December 2017

For an update on the IHR monitoring, evaluation and planning activities, please read the weekly update or visit the Strategic Partnership Portal at: https://extranet.who.int/spp/

ACKNOWLEDGEMENT

WHO would like to acknowledge the active participation of national experts from volunteering countries, the members of the international roster of experts, and the invaluable partnerships with governments including the governments of Finland, Germany, and the United States; with other Intergovernmental organizations, particularly the United Nations Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE) and the International Civil Aviation Organization (ICAO); many public health institutions such as the US Centers for Disease Control (CDC), the European CDC (ECDC) and Public Health England (PHE); private entities such as the Bill and Melinda Gates Foundation and many other partners, including the members of the Global Health Security Agenda and of the JEE Alliance.; WHO would like to acknowledge the continuing support and commitment of all of these to the implementation and principles of the International Health Regulations (2005).

CONTACTS

For queries, contact Dr Stella Chungong - chungongs@who.int
WHO International Health Regulations website - http://www.who.int/ihr/procedures/implementation/en/
Strategic Partnership portal - https://extranet.who.int/spp/

© World Health Organization [2017] Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence