

Revisions to the Joint External Evaluation

2nd
Edition

3rd
Edition

2018 → 2022

INTRODUCTION

The Joint External Evaluation (JEE) is a voluntary and multisectoral process to assess a country's capacity to prevent, detect, and respond to public health risks. For more information on the JEE tool, refer to the [JEE One-Pager](#).

The JEE was revised in 2022 based on lessons learned from the COVID-19 pandemic and from past JEE missions. As of April 2023, only two countries have used the current 3rd Edition of the tool. Therefore, most people still have limited experience in using the new tool.

This document outlines the key differences that countries and partners should be aware of when using the JEE 3rd Edition for the first time.

GUIDING PRINCIPLES OF REVISION PROCESS

1

Alignment of the JEE and States Parties Annual Report (SPAR) so the same capacities are measured at the same scores

2

Improvement of consistency in language especially referencing intermediate and primary level capacities

3

Strengthening underemphasized capacities and incorporate missing capacities

4

Encouragement of greater multisectorality in JEE processes and technical areas

NEW TECHNICAL AREAS IN JEE 3rd Edition



P2. Financing

Elevated to a technical area, was previously in [P1. National Legislation, Policy, and Financing](#).



R3. Health Services Provision

Taken from SPAR indicator C8 and expanded.



R1. Health Emergency Management

Merger of [R1. Emergency Preparedness](#), [R2. Emergency Response Operations](#), and [R4. Medical Countermeasures and Personnel Deployment](#).



R4. Infection Prevention and Control

Elevated to a technical area and expanded, was previously an indicator in [P3. Antimicrobial Resistance](#).

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NOTABLE CHANGES IN JEE 3rd Edition



P1. Legal Instruments

Assess existence of legal and accountability frameworks. New indicator *“P1.2 Gender equity and equality in health emergencies”*.



D1. National Laboratory System

Refocus on testing modalities, specimen transport, surge, and laboratory quality.



P3. IHR Coordination, National IHR Focal Point Functions and Advocacy

Incorporation of D3. Reporting. New indicator *“P3.3 Strategic planning for IHR, preparedness, or health security”*.



D2. Surveillance

Inclusion of surge surveillance and information management. New indicator *“D2.2 Event verification and investigation”*.



P4. Antimicrobial Resistance

Inclusion of Tripartite AMR Self-Assessment Survey language. New indicator *“P4.3 Prevention of MDRO”*. Optimal use of antimicrobial medicines split into human and animal health indicators.



D3. Human Resources

Focus on training workforce for essential public health functions. New indicator *“D3.4 Workforce surge during a public health event”*.



P5. Zoonotic Disease

Defined capacities rather than priority diseases. New indicator *“P5.3 Sanitary animal production practices”*.



R5. Risk Communications

Five indicators merged into three to better align with the SPAR and improve clarity.



P8. Immunization

New indicator *“Mass vaccination campaign for VPDs”*.



PoE. Points of Entry and Border Health

Focus on overall border health strategies. New indicator *“PoE.3 Risk-based approach to international travel-related measures”*.