

## SHORT COMMUNICATION

# Joint External Evaluation of Finland: enhancing health security through a comprehensive whole-of-government approach

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## ABSTRACT

Finland underwent a joint external evaluation (JEE) in March 2017 conducted by 12 experts from the World Health Organization (one team lead and one expert), other international organizations (two experts) and other countries (one team lead and seven experts). Finland was the fifth country in the World Health Organization European Region to undergo a JEE and the 35th globally. Altogether, 67 countries had been evaluated by February 2018. The Finnish JEE was coordinated and hosted by a five-member multisectoral team of contacts

under the authority of the Security Committee, a coordinating body that assists the Finnish Government and its ministries in issues related to comprehensive security. Recommendations of the JEE are being implemented by the team of contacts: they have already been integrated into the comprehensive document, Security strategy for society and will be integrated into other relevant policies, strategies, action plans and, most importantly, new legislation currently under revision.

**Keywords:** JOINT EXTERNAL EVALUATION (JEE), INTERNATIONAL HEALTH REGULATIONS IHR (2005), HEALTH SECURITY, ONE HEALTH

## BACKGROUND

The need to strengthen the national capacity for health risks is an integral part of the 2030 Agenda for Sustainable Development and is linked to major global processes (1). The need for countries to have the capability to prevent, detect and respond to all hazards, regardless of cause, is underlined by the International Health Regulations (IHR) (2005) (2), the Performance of Veterinary Services of the World Organization for Animal Health (3), the commitments made through the Sendai Framework for Disaster Risk Reduction (4), and the Biological and Toxin Weapons Convention (5).

Most emerging epidemics are zoonoses, that is, infectious diseases of animal origin (6). Furthermore, antimicrobial resistance is of increasing concern for both human and animal health.

The lack of effective antimicrobial agents to treat sick animals is damaging to food production and to livelihoods in the farming, animal husbandry and food industries. We clearly need to tackle the current threats to health security by adopting a holistic, multisectoral One Health approach, with high-level commitment to secure its implementation (7). Strengthening essential public health functions and IHR (2005) core capacities are integral parts of these broader efforts to strengthen health systems.

Implementation of the technical framework that supports IHR (2005) monitoring and evaluation provides a foundation for a concrete plan of collective efforts to increase preparedness (8). The four components of the framework are: (i) the self-assessment annual reporting tool; (ii) a voluntary joint external evaluation (JEE) of the IHR (2005) core capacities; (iii) simulation exercises; and (iv) an after action review.

The JEE should lead to the development of a national action plan for health security (NAPHS). The United Republic of Tanzania was the first country to undergo a JEE in February 2016 (9). Since then, the country (with its official One Health policy) has been a global forerunner in developing a NAPHS (10). According to the World Health Organization Strategic Partnership Portal, national planning has currently been completed in 19 countries (11). Finland was the 35th country globally to undergo a JEE and the second country in the World Health Organization European Region (after Kyrgyzstan) to finalize a strategy for developing a NAPHS. Previous reports have described the JEE process (12, 13). This report outlines the approach of Finland in coordinating the JEE nationally and developing a NAPHS.

## SELF-EVALUATION

In Finland, the JEE was preceded by comprehensive self-evaluation that started in November 2016. A large group of authorities and experts ( $n = 200\text{--}300$ ) from different fields undertook the self-evaluation over approximately four months. During this period, 19 groups of experts from different authorities developed the narratives and tentative priority actions and proposed scores for each of the technical areas of the JEE. This was facilitated by extensive communication, information exchange and collaboration between different governmental sectors and institutions both within and between teams.

Instead of appointing a single point of contact, Finland nominated a five-member team of contacts to coordinate the JEE and correspond with the World Health Organization and external team leads, facilitators and experts. The team of contacts comprised members from government sectors representing agriculture, civil protection, defence and health.

## JOINT EXTERNAL EVALUATION

The JEE was performed during the week of 27–31 March 2017. First, in accordance with World Health Organization guidelines, results of self-evaluation using the JEE tool were presented to the international external evaluation group (14, 15). After a week of interactive sessions with Finnish experts and on-site excursions with the external team and host country representatives, the international expert team recommended specific measures for the Finnish authorities to use for sustaining and further strengthening health security. Thus, the JEE was carried out as a peer-to-peer review. The agenda for the JEE is shown in Table 1.

## FINDINGS OF THE JOINT EXTERNAL EVALUATION

The JEE team acknowledged Finland's strong public health capacity, along with the potential to share its knowledge and skills to support other countries in capacity-building for implementing IHR (2005) to promote global health security. However, the team underlined the need to maintain the national capacity for health security. It recommended the following high-level actions.

- Ensure that plans, policies, strategies, regulations and legislation continue to support the implementation of IHR (2005), One Health policy and the comprehensive security approach with adequate provision of resources in each technical area and investment to maintain operations and functions in public, animal and environmental health.
- In the absence of major, real events there is a risk of complacency; thus, it is necessary to continue advocacy on investing in IHR (2005) capacity.
- Complement high levels of collaboration with multisectoral partners with a clear chain of command and decision-making structures.

A total of 66 priority actions were identified in the final report (16). Table 2 shows the scores for the 19 technical areas based on the self-evaluation and JEE. Only minor adjustments to the self-evaluation scores were made following the JEE, demonstrating the robustness of both the evaluation process and tool. Of the 52 self-evaluation scores, only three were lowered by a single point and four were raised by a single point during the JEE. For one indicator (D.4.3. Workforce strategy), the self-evaluation score of 2 was increased by two points to a JEE score of 4. The self-evaluation teams had failed to reach a consensus on two scores (P.2.1 and D.4.2) and had included separate scores for humans and animals for two indicators in the Antimicrobial resistance capacity. However, all final scores were agreed by the external team and country representatives: modifications to scores were mainly based on differing interpretations of the definition for each indicator. Indeed, the first version of the JEE tool (15) used in this evaluation has recently undergone revision (17).

The report for Finland was finalized within 10 weeks of the JEE mission (16). It was reviewed for possible factual errors in Finland before being submitted by the JEE team and its leadership to the World Health Organization for publication. The report has been available online since 15 June 2017.

## REVIEW AND IMPLEMENTATION OF PRIORITY ACTIONS IN FINLAND

The JEE is part of an iterative process to identify and fill gaps in national and global health security. As all countries are different, the process needs to be adapted to each country's national circumstances. Some countries have developed a separate NAPHS. In Finland, the JEE recommendations have been carefully studied for developing the NAPHS. The recommendations have been integrated into the comprehensive document, Security strategy for society (English version not available) (18), and are gradually being incorporated into other relevant policies, strategies, action plans and, most importantly, new legislation that is currently under revision.

## DISCUSSION AND CONCLUSIONS

The Finnish experience of hosting the JEE and using the acquired information provides an example and useful information for countries developing their capacities to prevent, detect and respond to health security threats with a whole-of-society approach. In Finland, many intersectoral structures, such as the 2003 Strategy for securing the functions vital to society (18), existed prior to the Security strategy for society 2017 (19). Nevertheless, an early decision to share responsibility for managing the JEE between several authorities through the team of contacts was a critical element in creating a sense of ownership beyond the health sector. High-level government commitment, especially for developing the NAPHS, came from engaging the national Security Committee as the guardian of the process. As the NAPHS is embedded in the Security strategy for society 2017, it thus represents whole-of-government and whole-of-society commitment. Each branch of government is responsible for integrating the actions into its legislation and operations, while a steering group for health security will ensure follow-up through regular reports to the national Security Committee. As the elements of health security are highly interlinked in the actions by different authorities, ensuring that they are comprehensive, coherent and mutually supportive is of great importance. Financing for the range of new measures will be integrated into the normal budgetary processes of the government. We believe that this model will support a sustainable, comprehensive approach to effective and efficient preparedness through improving the capacities for prevention, detection and response to all hazards.

The JEE is a country-driven process that begins with a request to be evaluated, which stems from a willingness to better understand the level of preparedness and a desire to improve the national health system (20). A key element of the JEE process is that it is not an inspection: the peer-to-peer approach and dialogue between the external team and the national authorities promote positive engagement and a sense of ownership for the national authorities. A country's scores are not directly comparable with those of other countries, but are more relevant to measuring its own development over time. The transparency of the JEE process is unprecedented and should be highly valued.

The JEE process is important for all countries, regardless of their level of development and implementation of the IHR (2005) capacities. First and foremost, building and maintaining national capacities for health security requires a national, whole-of-government commitment. However, as many countries need assistance in capacity-building, developing costed NAPHS is an important part of the process. Finland led the establishment of the JEE Alliance (21), a platform to promote JEEs and national planning for preparedness capacity-building.

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**TABLE 1. AGENDA FOR THE EXTERNAL EVALUATION WEEK**

Day 1. Monday. House of the Estates/National Institute for Health and Welfare	
09:30–10:00	<i>Coffee</i>
10:00–10:30	Opening and introductions
10:30–11:00	Objectives for the week Overview of the IHR and JEE
11:00–11:30	Overview of the health system in Finland
11:30–12:00	<i>Transportation to the National Institute for Health and Welfare</i>
12:00–12:45	<i>Lunch</i>
12:45–13:00	Welcome remarks by Director General
13:00–14:00	Technical area discussion • National legislation, policy and financing
14:00–15:00	Technical area discussion • IHR coordination communication, and advocacy
15:00–15:30	<i>Coffee/tea break</i>
15:30–17:00	Technical area discussion • Antimicrobial resistance
17:00–18:30	Technical area discussion • Zoonotic disease
18:30	Close of day 1
Day 2. Tuesday: National Institute for Health and Welfare	
08:30–11:30	Site visits Team 1: laboratories (HUSLAB, clinical laboratory services) Team 2: emergency operations (Helsinki City Rescue Department) Team 3: primary health care services (Vantaa)
09:00–10:00	Technical area discussion • Food safety
10:00–11:00	Technical area discussion • Immunization
11:00–11:30	<i>Coffee/tea break</i>
11:30–12:30	Technical area discussion • Workforce development
12:30–13:30	<i>Lunch, time for informal working groups (if needed)</i>
13:30–15:00	Technical area discussion • Biosafety and biosecurity
15:00–16:30	Technical area discussion • Real-time surveillance
16:30–17:00	Close of day 2

Day 3. Wednesday: National Institute for Health and Welfare	
08:30–13:30	Site visits Team 1: laboratories (Finnish Food Safety Authority Evira) Team 2: points of entry (Helsinki airport, Port of Helsinki)
09:00–10:30	Technical area discussion • Risk communication
10:30–11:00	<b>Coffee/tea break</b>
11:00–12:30	Technical area discussion • Preparedness
12:30–13:30	<b>Lunch, time for informal working groups (if needed)</b>
13:30–15:00	Technical area discussion • Points of entry
15:00–16:30	Technical area discussion • National laboratory system
16:30–17:00	Close of day 3
19:00–21:30	Dinner at the Government Banquet Hall
Day 4. Thursday: National Institute for Health and Welfare	
08:30–11:30	Site visits Team 1: laboratories (National Institute for Health and Welfare) Team 2: hospital visit (Helsinki University Hospital) Team 3: Radiation and Nuclear Safety Authority
09:00–10:15	Technical area discussion • Linking public health and security authorities
10:15–10:45	<b>Coffee/tea break</b>
10:45–12:00	Technical area discussion • Medical countermeasures and personnel deployment
12:00–13:30	<b>Lunch, time for informal working groups (if needed)</b>
13:30–14:30	Technical area discussions • Reporting
14:30–15:30	Technical area discussions • Emergency response operations
15:30–16:30	Technical area discussion • Chemical events
16:30–17:30	Technical area discussion • Radiation emergencies
17:30–18:00	Close of day 4

Day 5. Friday: House of the Estates	
09:00–10:00	Preview of the eight site visits (5 minute debriefing for each)
10:00–11:30	Time for external team meeting (optional), National Institute for Health and Welfare
11:30–12:15	Lunch at the National Institute for Health and Welfare (external team) <i>Transportation to the House of Estates</i>
13:00–15:30	Debriefing for high-level government officials and local stakeholders Summary of JEE Evaluation Findings and Closing Remarks
15:30–16:00	Summary of the JEE findings Remarks by the high-level representative of the Finnish Government Close of the week

**TABLE 2. SELF-EVALUATION AND EXTERNAL EVALUATION SCORES**

Capacity	Indicators	Score	
		Self-evaluation	External evaluation
National legislation, policy and financing	P.1.1. Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR	4	4
	P.1.2. The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)	5	5
IHR coordination, communication and advocacy	P.2.1. A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	4–5 <sup>a</sup>	4
Antimicrobial resistance	P.3.1. Antimicrobial resistance detection	4 (human sector) 4 (animal sector)	4
	P.3.2. Surveillance of infections caused by antimicrobial-resistant pathogens	5 (human sector) 3 (animal sector)	4
	P.3.3. Health-care-associated infection prevention and control programmes	3 (human sector) 3 (animal sector)	3
	P.3.4. Antimicrobial stewardship activities	3 (human sector) 4 (animal sector)	4
Zoonotic disease	P.4.1. Surveillance systems in place for priority zoonotic diseases/pathogens	5	5
	P.4.2. Veterinary or animal health workforce: human/animal	4	4
	P.4.3. Mechanisms for responding to zoonoses and potential zoonoses are established and functional	3	3
Food safety	P.5.1. Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	5	5



TABLE 2. SELF-EVALUATION AND EXTERNAL EVALUATION SCORES

Capacity	Indicators	Score	
		Self-evaluation	External evaluation
Biosafety and biosecurity	P.6.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	2	3
	P.6.2. Biosafety and biosecurity training and practices	3	3
Immunization	P.7.1. Vaccine coverage (measles) as part of national programme	4	4
	P.7.2. National vaccine access and delivery	5	5
National laboratory system	D.1.1. Laboratory testing for detection of priority diseases	5	5
	D.1.2. Specimen referral and transport system	5	5
	D.1.3. Effective modern point of care and laboratory based diagnostics	5	5
	D.1.4. Laboratory quality system	5	5
Real-time surveillance	D.2.1. Indicator and event based surveillance systems	4	4
	D.2.2. Interoperable, interconnected, electronic real-time reporting system	4	4
	D.2.3. Analysis of surveillance data	5	4
	D.2.4. Syndromic surveillance systems	4	4
Reporting	D.3.1. System for efficient reporting to WHO, FAO and OIE	4	4
	D.3.2. Reporting network and protocols in country client reporting to WHO, FAO and OIE	4	4
Workforce development	D.4.1. Human resources are available to implement IHR core capacity requirements	3	4
	D.4.2. Field Epidemiology Training Program or other applied epidemiology training program in place	3–4 <sup>a</sup>	4
	D.4.3. Workforce strategy	2	4
Preparedness	R.1.1. Multihazard national public health emergency preparedness and response plan is developed and implemented	5	5
	R.1.2. Priority public health risks and resources are mapped and utilized	5	5
Emergency response operations	R.2.1. Capacity to activate emergency operations	4	4
	R.2.2. Emergency operations centre operating procedures and plans	4	4
	R.2.3. Emergency operations programme	5	5
	R.2.4. Case management procedures are implemented for IHR relevant hazards	5	5
Linking public health and security authorities	R.3.1. Public health and security authorities, (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event	5	5
Medical countermeasures and personnel deployment	R.4.1. System is in place for sending and receiving medical countermeasures during a public health emergency	5	5
	R.4.2. System is in place for sending and receiving health personnel during a public health emergency	5	5



**TABLE 2. SELF-EVALUATION AND EXTERNAL EVALUATION SCORES**

Capacity	Indicators	Score	
		Self-evaluation	External evaluation
Risk communication	R.5.1. Risk communication systems (plans, mechanisms, etc.)	4	4
	R.5.2. Internal and partner communication and coordination	4	4
	R.5.3. Public communication	4	4
	R.5.4. Communication engagement with affected communities	3	3
	R.5.5. Dynamic listening and rumour management	4	4
Points of entry	PoE.1. Routine capacities are established at points of entry	4	4
	PoE.2. Effective public health response at points of entry	4	4
Chemical events	CE.1. Mechanisms are established and functioning for detecting and responding to chemical events or emergencies	5	4
	CE.2. Enabling environment is in place for management of chemical events	4	4
Radiation emergencies	RE.1. Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies	5	5
	RE.2. Enabling environment is in place for management of radiation emergencies	5	5

<sup>a</sup> The technical area self-assessment team failed to agree on the score.

FAO: Food and Agricultural Organization of the United Nations; OIE: World Organization for Animal Health.