



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport



Joint JEE-PHEPA of the Netherlands (January 27-31 2025)

Prof. Menno de Jong, MD PhD
Director Center for Infectious
Disease Control / RIVM



Content

1. The joint JEE-PHEPA: why and how
2. Lessons learned from the joint process
3. Follow-up and action planning



1. Why a joint JEE-PHEPA assessment in NL?

- Preparations for a Joint External Evaluation (JEE) by WHO in 2020 postponed due to COVID-19
- In '23-'24 planning MoH finalizing JEE, including evaluation progress pandemic preparedness
- However: '24-'26 first cycle of EU SCBTH 'PHEPA' (Public Health Emergency Preparedness Assessment) by ECDC - **mandatory**
- Overlap in scope, goals and methods
- Request by the Netherlands: combined assessment





Joint JEE-PHEPA - 23 capacities



- › Commitment and good collaboration between WHO EURO and ECDC
- › One organisation lead per capacity (ECDC 'in depth' capacities first round)
- › Mission team (18 persons) composed of WHO, ECDC, European Commission and Member State experts
- › Resulting in 1 publicly available report with recommendations
- › MoH and RIVM – joint organising team



JEE-PHEPA process

- All elements of a JEE and PHEPA were kept, but combined, for example:
 - JEE self-assessment
 - PHEPA in-depth capacities
- MoH/RIVM: self assessment day (11/11/24 - whole day) -->
 - Assessment with expert/stakeholder
 - Self formulated recommendations,
 - Resulting in overarching themes and priority setting (focus!)
- Mission week:
 - Over 250 Dutch experts engaged and over 100 organisations
 - Tuesday morning: site visits
 - Friday afternoon: final presentation of all recommendations





Final joint report

- > The joint report by WHO and ECDC now published on the WHO website
- > Report has been shared with Dutch Parliament and involved stakeholders
- > The Netherlands has 9 months to address the recommendations in the report

Joint external evaluation of the
International Health Regulations (2005)
core capacities and the European
Centre for Disease Prevention and
Control public health emergency
preparedness assessment

the Netherlands

Mission report
27–31 January 2025





Scores and main findings for NL

Overall, relatively high scores: mostly 4

➤ Stronger areas:

- AMR
- Zoonotic disease
- Surveillance
- Laboratory systems
- Chemical & radiation

➤ Weaker areas:

- Biosafety & biosecurity
- Health emergency management (personnel and emergency logistics)
- Linking public health and security authorities
- Risk communication and community engagement



Important themes and priorities for NL

- › Implementation of the all-hazard approach
 - Across ministries
 - Within RIVM
- › Involvement of other sectors, particularly the security sector. MoH in the lead. Difficult to involve other sectors.
- › Data exchange:
 - Localized interpretation of GDPR can hinder data exchange
 - Reliance on voluntary reporting for data and samples
- › Biosecurity



2. Lessons learned from the joint process





Evaluation study into joint assessment



- RIVM WHO Collaboration Centre Infectious Disease Preparedness and IHR monitoring and evaluation, together with WHO EURO and ECDC
 - Goal: systematically evaluate the pilot initiative
 - Semi-structured interviews with key stakeholders + survey
 - Focusing on process, methodology, added value
- insights from the joint implementation in the Netherlands for future missions



WHO Collaborating Centre
for Infectious Disease Preparedness
and IHR monitoring and evaluation



Key lessons from the evaluation study

- > ++ Aligning global and regional commitments
- > ++ Collaborative process ECDC/WHO for recommendations
- > ++ Value of JEE self-assessment
- > ++ In-depth capacities of PHEPA
- > ++ Country experts (ao from NPHIs) in mission team
- > ++ Efficiency and reduced duplication

- > -- Legal status of recommendations
- > -- Resource intensive process
- > -- Difficulty involving all hazard stakeholders



Overall message

- If countries want to take a broader scope and 'dive deeper', combining the two assessments can be considered.
- If the country wants to take a smaller, less-resource intensive approach, conducting only the mandatory PHEPA might be sufficient

3. Follow-up and action planning in the Netherlands





Action planning in the Netherlands

- > Now Ministry of Health in the lead
- > 2nd kick-off for action planning 27/9
- > Challenges:
 - Staff turnover in MoH coordinating team
 - To define the 'All Hazard' approach: which hazards to include besides 'IHR/Infectious Disease/Chemical/Radiation'
 - Involving different sectors and ministries
 - Structure for addressing overarching recommendations





Concluding remarks:

NL: joint JEE-PHEPA valuable
- self-assessment → including stakeholders, recommendations (many..) and overarching themes

Evaluation JEE-PHEPA:
- value of country experts in mission team (to be extended in PHEPA team)
- needs more resources, but has broader scope

Action Planning phase:
- all hazard approach
- MoH turnover staff



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Thank you!

Questions:

National Coordination Centre for
Communicable Disease Control

Corien Swaan corien.swaan@rivm.nl

Anne de Fijter anne.de.fijter@rivm.nl