



Food and Agriculture
Organization of the
United Nations



World Health
Organization



World Organisation
for Animal Health

Participant Handbook

National Bridging Workshop

Capitalizing on IHR and PVS



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ABBREVIATIONS & ACRONYMS

| | |
|--------|---|
| FAO | Food and Agriculture Organization of the United Nations |
| HAE | Human-Animal-Environment (Interface) |
| IHR | International Health Regulations (2005) |
| JEE | Joint External Evaluation |
| MEF | Monitoring and Evaluation Framework |
| MoA | Ministry of Agriculture |
| MoE | Ministry of Environment |
| MoH | Ministry of Health |
| NAP | National Action Plan |
| OH JPA | One Health Joint Plan of Action |
| PVS | Performance of Veterinary Services |
| Q&A | Questions & Answers |
| SOP | Standard Operating Procedures |
| SPAR | State Parties Annual Reporting |
| TOR | Terms of References |
| UNEP | United Nations Environmental Program |
| WHO | World Health Organization |
| WOAH | World Organisation for Animal Health |

INTRODUCTION

BACKGROUND

The intricate relationship between human and animal health is undeniable. Many emerging and endemic diseases affecting humans originate from animals, whether transmitted directly, through food, or via the environment. Leading international bodies such as the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Environment Programme (UNEP), play pivotal roles in offering guidance and references for managing zoonotic diseases and other health risks at the human-animal-environment (HAE) interface.

In 2014, WHO and WOAH collaborated to establish the IHR-PVS National Bridging Workshop (NBW), aiming to unite stakeholders across human, animal, and environmental health sectors. After three pilots, the process was revised in 2017 to include the development of a joint and operational roadmap between the sectors and the NBWs were rolled-out globally. In 2020, FAO joined the NBW Program and the three organizations initiated a second phase, focusing on monitoring the implementation of the NBW Roadmap, providing in-country support (both technical and financial), and ensuring the follow-up of NBWs. After the three organizations called on the United Nations Environment Programme (UNEP) to join the Tripartite in 2022, reaffirming the importance of the environmental dimension of the One Health collaboration, the now so-called Quadripartite partnership has welcomed UNEP as a collaborator in the preparation and conduct of NBWs. Elements of the NBW process and material were adapted to better include the environmental considerations.

This three-day workshop fosters mutual understanding among sectors, facilitating discussions on collaboration, its strengths and weaknesses, and the formulation of a joint, consensual roadmap. This roadmap serves to operationalize multisectoral collaboration, empowering the sectors to prevent, detect and control health threats at the HAE interface more effectively through a 'One Health' approach.

A 5-minute video explaining the concept of NBWs is available at www.bit.ly/NBWVideo.

As of December 2024, NBWs have been successfully implemented in 58 countries.

NBW OBJECTIVES

Specific objectives include:

- To provide an opportunity for national human health, animal health and environmental health services to meet and discuss specifically on their coordinated work and collaboration.
- To increase awareness and understanding on capacity assessment tools used by the different sectors (ex: SPAR/JEE, PVS), how they can be connected and used to explore joint strategic planning.
- To evaluate the current collaboration between the three sectors in 16 key technical areas.
- To plan for operational activities to strengthen One Health collaboration.

NBW OUTPUTS

In addition to the NBW Report which summarizes all the discussions and working exercises of the workshop, the NBW provides two key outputs:

- A **One Health assessment** of the **strengths** and **weaknesses** of the collaboration between the three sectors for **16** key technical areas.
- An **NBW Roadmap**: a consensual, operational roadmap developed jointly by the three sectors to strengthen their collaboration and operationalize the One Health approach.

The workshop uses a road analogy (The Road to One Health), and its process can be summarized with the following figure:



OVERALL PROCESS

The 3-day workshop uses a structured methodology and an interactive and participatory approach with user-friendly material, case studies, group exercises, videos and gamification techniques. The workshop is made of seven sessions that are structured in a step-by-step process from gap identification to action planning and ultimately validation of a joint roadmap for the improvement of the collaboration between the One Health sectors.

Session 1 – One Health Concept & National Perspectives: This initial session lays the foundation by introducing the One Health definition, concept and the collaborative efforts of the Quadripartite organizations. Following this, in-depth presentations from each national sector provide a comprehensive understanding. A supplementary documentary showcases successful intersectoral collaborations worldwide, highlighting shared approaches, references, and strategic visions (total duration: **1h40**).

Session 2 – Identification of collaboration gaps: Participants are divided into working groups; each assigned a hypothetical scenario of a zoonotic or food-borne disease outbreak, or an emerging health risk from the environment. They engage in discussions on response strategies and assess the level of collaboration across the three sectors for 16 key technical areas (total duration: **3h30**).

Session 3 – Bridging the assessment tools: Assessment tools used by the different sectors (ex: SPAR/JEE, PVS) are presented. Joint areas and activities identified for each case study are mapped onto a giant matrix consisting of the indicators of WHO's IHR MEF and WOA's PVS Pathway. This process enables participants to visualize the gaps identified in each essential capacity and to distinguish disease-specific versus systemic gaps (total duration: **2h30**).

Session 4 – Extraction of assessment results: Participants are divided into technical area working groups and receive the key findings and recommendations from the assessment reports conducted in their country (JEE, PVS Evaluation, etc.). The findings and recommendations are shared and discussed and participants identify how they can be synergized and addressed jointly in the future (total duration: **1h15**).

Session 5 – Collaborative Road Planning: Results obtained from the case studies, the various discussions and the assessment reports are used to brainstorm activities and develop a realistic and achievable Roadmap to improve the collaboration between the sectors (total duration: **3h00**).

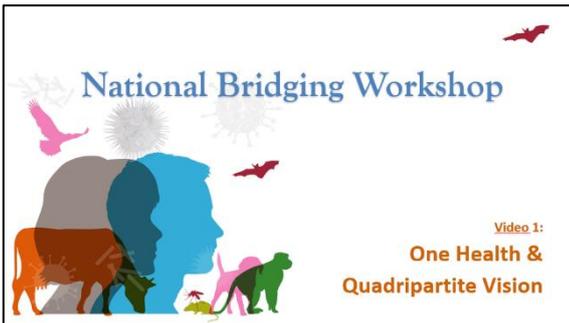
Session 6 – Finalization of the Joint Roadmap: Activities are further fine-tuned, and, through a world-café exercise, participants contribute to all technical areas to consolidate the NBW Roadmap by making sure it is harmonized, operational and achievable (total duration: **3h30**).

Session 7 – Way forward: The concluding session outlines next steps, linking the developed NBW Roadmap with mandated plans such as the National Action Plan for Health Security or the One Health Joint Plan of Action. Participants also address any country-specific needs, contingent upon the country's current status regarding IHR-MEF, PVS Pathway and One Health capacity (total duration: variable **1h00-2h00**).



Objective: This initial session lays the foundation by introducing the One Health concept and the collaborative efforts of the Quadripartite organizations. Following this, in-depth presentations from each national sector provide a comprehensive understanding. A supplementary documentary showcases successful intersectoral collaborations worldwide, highlighting shared approaches, references, and strategic visions.

VIDEO-QUIZ 1 – ONE HEALTH & QUADRIPARTITE VISION



This first documentary video introduces the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduces the workshop in the global and national context by providing information on the Quadripartite collaboration.

This video contains a live quiz game. If the NBW Facilitator has chosen to project a Kahoot, you will be able to join the quiz with your mobile device, you may follow the facilitator’s instructions and ignore the below table.

If the Kahoot system is not being used, write your answers in the table below when prompted by the video. At the end of the video, count how many correct answers you have and compare your score with others!

| Questions | Your answer | Correct answer |
|---|-------------|----------------|
| Quiz Question 1 | | |
| Quiz Question 2 | | |
| Quiz Question 3 | | |
| Quiz Question 4 | | |
| Quiz Question 5 | | |
| Quiz Question 6 | | |
| Quiz Question 7 | | |
| Total score (1 point per correct answer) | | |

What is One Health?

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.

It recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent.

The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change, and contributing to sustainable development.

Why One Health?

60% Of infectious human diseases originated in animals

75% Of recent emerging infectious diseases are zoonotic

Biggest epidemics of the last decades...
...all are zoonotic!

Human factors

- Population density
- Higher mobility
- Uncontrolled urbanization
- Demand for animal protein
- ...

Animal factors

- Intensive production systems
- Increased trade
- Periurban production
- Live animal markets
- ...

Environmental factors

- Deforestation
- Climate change
- Human encroachment
- Habitat fragmentation
- Biodiversity loss
- ...

Endemic zoonotic diseases

The issue is not limited to emerging disease of course. Endemic zoonotic diseases are a more insidious and chronic threat:

- 2.5 billion cases of illness
- 2.7 million deaths per year¹

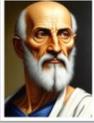
Bioterrorism agents

- 5/6 Category A bioterrorism agents are zoonotic (excluding smallpox which has been eradicated)
- 80% of Category B and C agents are zoonotic

It's not only about diseases...

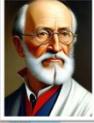
- Anti-microbial Resistant (AMR) bacteria
- Food safety and food security
- Health of ecosystems

History of One Health



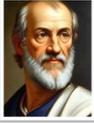
Hippocrates (460 BC – 357 BC)

- First notion of OH
- Interdependence of public health and the environment



R. Virchow (1821 – 1902)

- 'Zoonosis'
- « Between animal and human medicines there are no dividing lines »



Aristotle (384 BC – 322 BC)

- Concept of comparative medicine across species
- People and other mammals



C. Schwabe (1827 – 2006)

- Veterinary Medicine and Human Health
- Called for integration of sectors
- 'One Medicine'



Timeline of zoonotic diseases:

- 2002: SARS
- 2004: HPAI H5N1
- 2009: H1N1 Pdm
- 2012: MERS CoV
- 2014: Ebola
- 2015: Zika
- 2019: Covid-19
- 2022: Mpox



Quadrupartite Vision

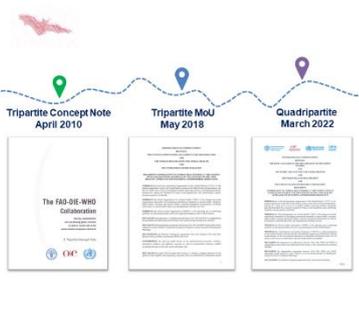


Shared vision and principles

- Improve national and international surveillance and emergency response capabilities
- Build robust public and animal health systems, based on good governance
- Compliant with international standards (IHR, Terrestrial Animal Health Code, etc).







Timeline of milestones:

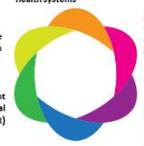
- Tripartite Concept Note April 2010
- Tripartite MoU May 2018
- Quadrupartite March 2022



One Health Joint Plan of Action

- Launched by the Quadrupartite in 2022
- Results-oriented approach
- Based on the theory of change
- Operationalization of the Quadrupartite collaboration



- Action Track 3:** Enhancing One Health capacities to strengthen health systems
- Action Track 4:** Strengthening the assessment, management and communication of food safety risks
- Action Track 5:** Curbing the silent pandemic of Antimicrobial Resistance (AMR)

Thank you for your attention

“I, who am so little of a physician, so little of a veterinarian... science is one. It is only man, due to the weakness of his intelligence, who establishes categories within it”

Louis Pasteur

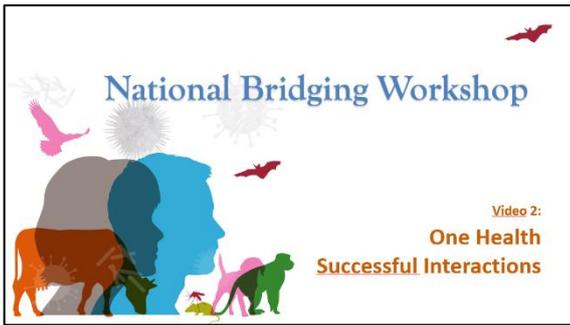



Three presentations are given back-to-back by representatives of each sector to highlight:

- their mandate and vision,
- their structure and organigram,
- their coordination mechanisms with other sectors and examples of existing joint activities.

Notes

VIDEO-QUIZ 2: ONE HEALTH – AREAS OF COLLABORATION

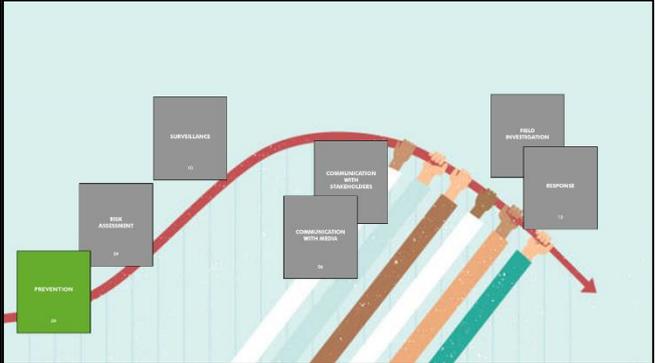
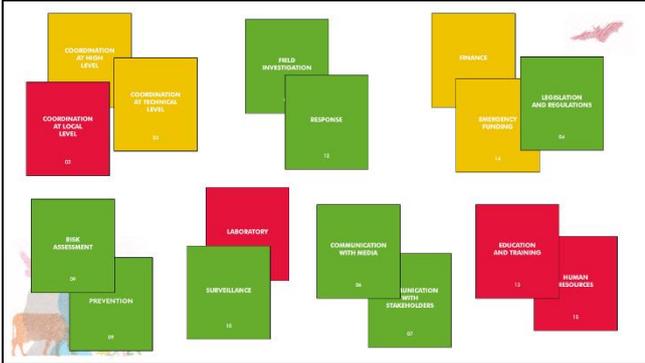


This video provides participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal-environment interface across various technical areas.

This video contains a live quiz game. If the NBW Facilitator has chosen to project a Kahoot, you will be able to join the quiz with your mobile device, you may follow the facilitator’s instructions and ignore the below table.

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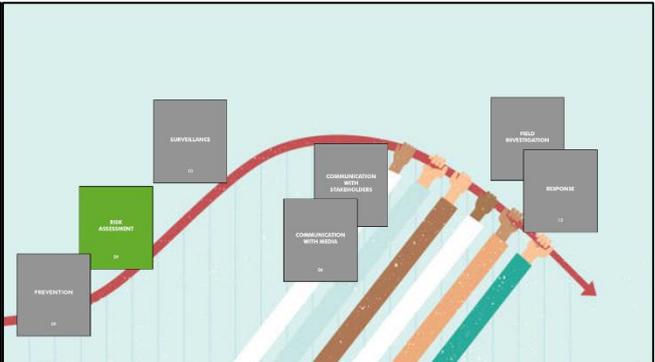
| Questions | Your answer | Correct answer |
|---|-------------|----------------|
| Quiz Question 1 | | |
| Quiz Question 2 | | |
| Quiz Question 3 | | |
| Quiz Question 4 | | |
| Quiz Question 5 | | |
| Total score (1 point per correct answer) | | |



Prevention

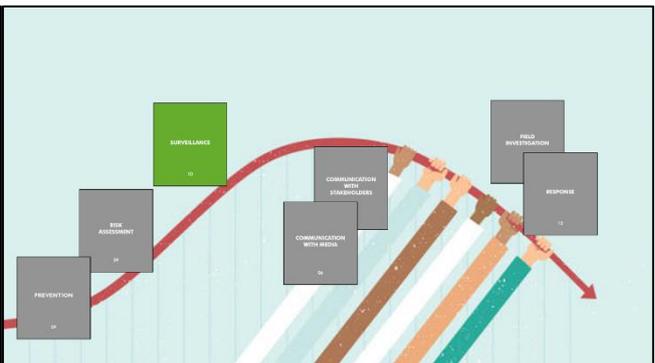
Lyme diseases - United States of America

- Invasive alien plant species (Japanese barberry) fosters microclimates favorable for ticks (vectors) and rodents (hosts)
- Contributes to emergence of Lyme disease
- Joint prevention by eradication (and cultivation ban) of Japanese barberry and restoration of native plants



Risk Assessment

- Vietnam / H7N9 Avian Influenza
- Joint risk assessment every 2-3 weeks
 - Human – Animal – Environment/Wildlife
 - Share data
 - Assess risk together
 - Identify joint measures
 - Target surveillance

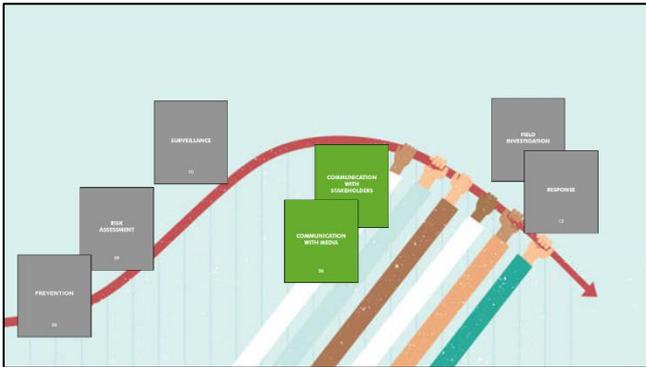


Surveillance

- Madagascar - Rift Valley Fever
- Map of human cases
- What conclusion can you make from this surveillance data?

Surveillance

- Animal health data tells a very different story!
- Human health data biased by location of main hospitals
- 4500 cattle sampled
- Virus is very spread out and prevalence is high in rural areas

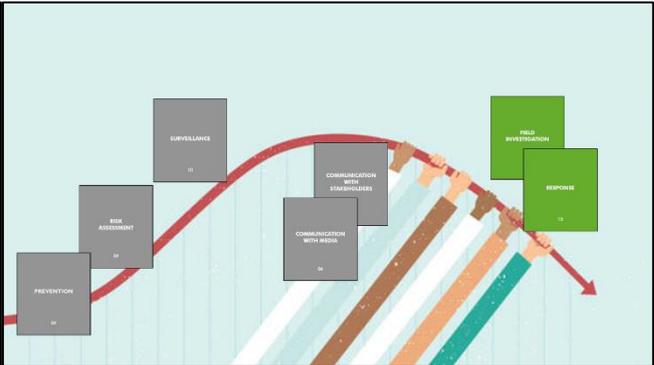


Risk Communication (Media)

- Madagascar / Rift Valley Fever
- Joint Press conference
- Communication teams worked together
- Harmonized messages

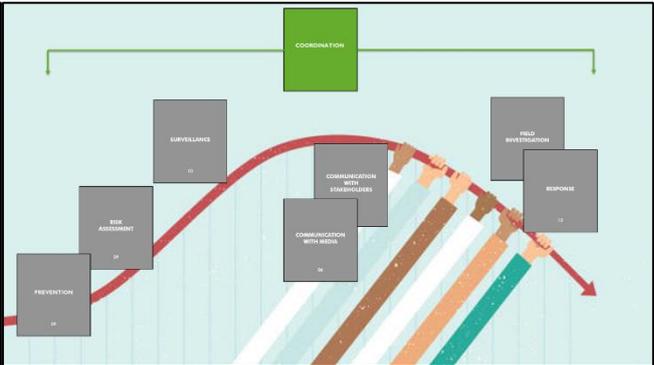
Risk Communication (Stakeholders)

- Joint communication material targeted at specific stakeholders
- Raise awareness
- Mitigation measures



Field Investigation & Response

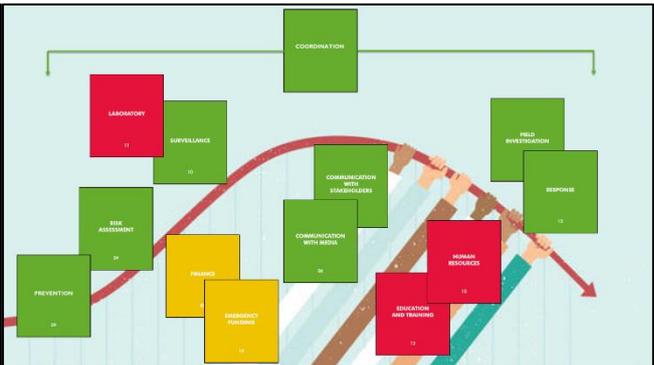
- Rabies cases identified in Bovines in Northern Belize (2024)
- Joint Response team
- Joint field investigation to trace cases and exposures
- Rabies vaccination of exposed humans and animals



Coordination (Central / Technical / Local)

Bhutan

- Objective: ensure institutional mechanisms, technical coordination and policy framework for One Health
- Each committee comprises experts from all relevant sectors
- Specific terms of reference, meetings and procedures





Objective: Discuss the joint management of outbreaks and evaluate the level of collaboration between the sectors for 16 key technical areas.

EXERCISE 1: SCENARIOS & ASSESSING THE COLLABORATION

Process

Participants are divided into working groups based on their expertise and roles and each group is tasked with a different health threat scenario at the HAE interface.

1. Identify a chairperson as well as a rapporteur who will fill the report sheet and present the results.
2. Read the scenario out loud to your group.
3. Using experience from previous situations, discuss how you would have realistically managed these events, and evaluate the current level of collaboration between the sectors for the 16 technical areas using the color-coded cards:
 - Very good level of collaboration: **GREEN** card
 - Some level of collaboration: **ORANGE** card
 - Insufficient level of collaboration: **RED** card
4. Put the selected cards on the road-lane arrow and link them to all actors involved using the marker pen.
5. Fill out the report-sheet for each technical card by ticking the chosen color and writing **the one or two key points** justifying this choice. These report sheets will be used by other groups in Session 5, therefore, please make sure to write in a clear and intelligible manner.

Example of expected results

-An intersectoral committee with actors from all three sectors exists and meets both regularly and on an ad-hoc basis when required. Coordination of the response to the outbreak is done jointly at the central level → **Green card** for '**Coordination at high level**'.

-Communication messages are sometimes developed jointly by all three sectors but communication plans are not aligned or shared → **Orange card** for '**Communication with media**'.

-Each sector carries out its own surveillance and results are rarely shared → **Red card** for '**Surveillance**'.



Answers to frequently asked questions or common mistakes

- The arrow does not necessarily represent a timeline.
- There is no required order for the cards. The location of the card on the arrow does not matter either, only its colour and its link to the involved actors are important.
- Only one color for each card should be selected.
- A red card does not necessarily mean that there is absolutely nothing in place, just like a green card does not necessarily mean that everything is perfect.
- The purpose of the scenario is only to set the context for the discussions, so do not be too strict with the details and feel free to drift away from the storyline if needed.
- Examples at the back of the cards are only for guidance. They are not checklists required to get a green card.

Important: It is essential to understand that you must evaluate the level of **collaboration**, and not the level of capacity of each sector!

Material and documents

Case study scenario



Blue-tack

Pack of technical cards



Report sheet

Road-lane arrow poster



Black marker pen





Your results

Scenario: _____

Level of collaboration (circle your group's result):

| | | | |
|----------------------------------|-------|--------|-----|
| Coordination at high level: | GREEN | ORANGE | RED |
| Coordination at local level: | GREEN | ORANGE | RED |
| Coordination at technical level: | GREEN | ORANGE | RED |
| Legislation and regulation: | GREEN | ORANGE | RED |
| Finance: | GREEN | ORANGE | RED |
| Communication and media: | GREEN | ORANGE | RED |
| Communication with stakeholders: | GREEN | ORANGE | RED |
| Field investigation: | GREEN | ORANGE | RED |
| Risk assessment: | GREEN | ORANGE | RED |
| Joint surveillance: | GREEN | ORANGE | RED |
| Laboratory: | GREEN | ORANGE | RED |
| Response: | GREEN | ORANGE | RED |
| Education and training: | GREEN | ORANGE | RED |
| Emergency funding: | GREEN | ORANGE | RED |
| Human resources: | GREEN | ORANGE | RED |
| Prevention: | GREEN | ORANGE | RED |

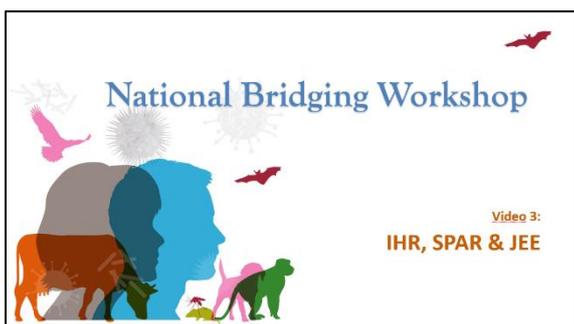
Expected outcomes of Session 2:

- Areas of collaboration are identified, and joint activities are discussed.
- The level of collaboration between the sectors for 16 key technical areas is assessed.
- The main gaps in the collaboration are identified.



Objective: Assessment tools used by the different sectors (ex: SPAR, JEE, PVS) are presented. Joint areas and activities identified for each case study are mapped onto a giant matrix consisting of the indicators of WHO’s IHR MEF and WOAHA’s PVS Pathway. This process enables participants to visualize the gaps identified in each essential capacity and to distinguish disease-specific versus systemic gaps.

VIDEO-QUIZ 3: IHR, SPAR & JEE



This documentary video presents the IHR from its initial conception to the recent revisions. It introduces the Monitoring and Evaluation Framework with a special focus on the SPAR and the JEE.

It is followed by a Q&A session.

This video contains a live quiz game. If the NBW Facilitator has chosen to project a Kahoot, you will be able to join the quiz with your mobile device, you may follow the facilitator’s instructions and ignore the below table.

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| Quiz Question 2 | | |
| Quiz Question 3 | | |
| Quiz Question 4 | | |
| Quiz Question 5 | | |
| Total score (1 point per correct answer) | | |

International Health Regulations (IHR)

IHR

Purpose of the IHR (2005)

"To prevent, prepare for, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risk and which avoid unnecessary interference with international traffic and trade"

[IHR\(2005\), article 2](#)

IHR

"Each State Party shall develop, strengthen and maintain (...) the core capacities to **prevent, detect, assess, notify** and report events in accordance with these Regulations"

[IHR \(2005\), articles 5 and 13](#)

PHEICs

- Public Health Event of International Concern
- Formal declaration by the Director of WHO
- Extraordinary event posing a public health risk through international spread of diseases
- Requires a coordinated international response
- Ex: Covid-19 pandemic

30 January 2020 - WHO declares a PHEIC for SARS-CoV-2

Monitoring & Evaluation Framework (IHR MEF)

IHR MEF

Self-Assessment & Annual Reporting Tool (SPAR)

Joint External Evaluation (JEE)

After Action Review

Simulation Exercises

SPAR

- Self-assessment
- Support mandatory annual reporting
- Exists in a web-based platform (e-SPAR)

SPAR

- C1. Policy, legal and normative Instruments to implement IHR
- C2. IHR Coordination, National IHR Focal Point functions and advocacy
- C3. Financing
- C4. Laboratory
- C5. Surveillance
- C6. Human resources
- C7. Health emergency management
- C8. Health services provision
- C9. Infection prevention and control (IPC)
- C10. Risk communication and community engagement (RCCE)
- C11. Points of entry (PoEs) and border health
- C12. Zoonotic diseases
- C13. Food safety
- C14. Chemical events
- C15. Radiation emergencies

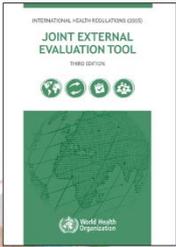
SPAR

| Level | Indicator | Status |
|---------|---|--------|
| Level 1 | C12.1. One Health ¹ collaborative efforts across sectors or activities to address zoonoses | ✓ |
| Level 1 | The animal, human, and environment health sectors have jointly mapped existing and areas of collaboration and agreed on prioritized zoonoses for coordinated prevention and control activities | ✓ |
| Level 2 | The animal, human and environment health sectors collaborate regularly and coordinate their activities ² at national level to prevent, detect assess/investigate and respond to one or more prioritized zoonoses ³ . Their ability to detect new or emerging zoonotic diseases has been demonstrated in some occasions | ✓ |
| Level 2 | The animal, human and environment health sectors collaborate regularly and coordinate their activities at national and intermediate level to prevent, detect assess/investigate and to respond to prioritized zoonoses, and have appropriate procedures to jointly react in case of emergency, including in case of new or emerging zoonotic diseases | ✗ |
| Level 3 | One Health multisectoral capacities to prevent, detect, assess/investigate and respond to zoonotic events (endemic and emergent) are exercised (as applicable, reviewed, evaluated, updated on a regular basis and improvements are implemented accordingly) | ✗ |

SPAR

Results are publicly available:
www.extranet.who.int/e-spar

JEE

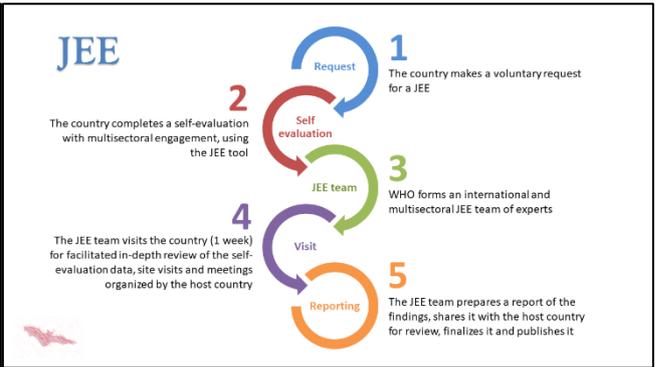


Purpose

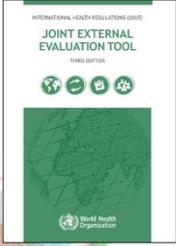
Measure country status and progress in developing capacities

Features

- Voluntary country participation
- Multisectoral approach
- Transparency and openness of data
- Public release of reports

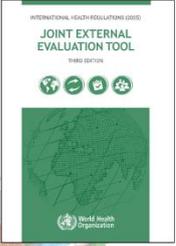


JEE



| Priority | Indicators |
|--|--------------------|
| P1. LEGAL INSTRUMENTS | 7 → 2 INDICATORS |
| P2. FINANCING | 12 → 2 INDICATORS |
| P3. SHE CONSULTATION NATIONAL INFECTIOUS POINT FUNCTIONS AND ADVOCACY | 16 → 3 INDICATORS |
| P4. ANTIMICROBIAL RESISTANCE | 24 → 5 INDICATORS |
| P5. ZOOONOTIC DISEASE | 34 → 5 INDICATORS |
| P6. FOOD SAFETY | 40 → 2 INDICATORS |
| P7. BIODIVERSITY AND BIOSECURITY | 44 → 2 INDICATORS |
| P8. RADIATION | 51 → 3 INDICATORS |
| DETECT | 55 |
| D1. NATIONAL LABORATORY SYSTEM | 55 → 4 INDICATORS |
| D2. SURVEILLANCE | 62 → 3 INDICATORS |
| D3. HUMAN RESOURCES | 67 → 4 INDICATORS |
| RESPOND | 74 |
| R1. HEALTH EMERGENCY MANAGEMENT | 74 → 9 INDICATORS |
| R2. LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES | 85 → 1 INDICATORS |
| R3. HEALTH SERVICES PROVISION | 88 → 3 INDICATORS |
| R4. INFECTION PREVENTION AND CONTROL | 92 → 3 INDICATORS |
| R5. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT | 97 → 3 INDICATORS |
| PREPAREDNESS FOR PUBLIC HEALTH AND BIODIVERSITY | 104 |
| PE1. POINTS OF ENTRY AND BORDER HEALTH | 104 → 3 INDICATORS |
| CE. CHEMICAL EVENTS | 110 → 2 INDICATORS |
| RE. RADIATION EMERGENCIES | 115 → 2 INDICATORS |

JEE



P5. ZOOONOTIC DISEASE

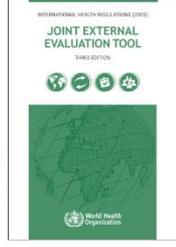
| Level | Choice (one level) |
|----------------|--------------------|
| Level 1 | ✓ |
| Level 2 | ✓ |
| Level 3 | ✓ |
| Level 4 | ✗ |
| Level 5 | ✗ |

Assessing IHR capacities



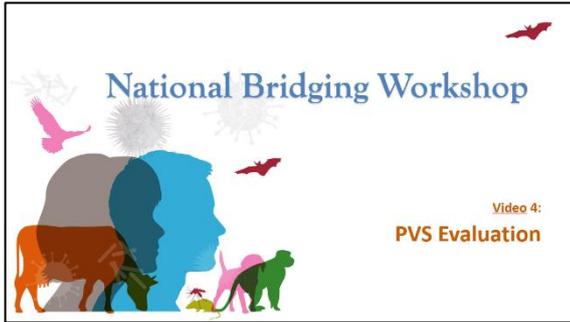
- Self-assessment
- Annual Reporting
- Exists in web-based platform

- Voluntary basis
- Self & External Evaluation
- Every 5 years (recommended)




Notes:

VIDEO-QUIZ 4: PVS PATHWAY



After a quick refresher about the roles and mandate of WOAHA, this video presents the PVS Pathway, focusing on the PVS Evaluation, the tool to assess the capacities of veterinary services in countries.

It is followed by a Q&A session.

This video contains a live quiz game. If the NBW Facilitator has chosen to project a Kahoot, you will be able to join the quiz with your mobile device, you may follow the facilitator's instructions and ignore the below table.

If the Kahoot system is not being used, write your answers in the table below when prompted by the video. At the end of the video, count how many correct answers you have and compare your score with others!

| Questions | Your answer | Correct answer |
|---|-------------|----------------|
| Quiz Question 1 | | |
| Quiz Question 2 | | |
| Quiz Question 3 | | |
| Quiz Question 4 | | |
| Total score (1 point per correct answer) | | |

The World Organisation for Animal Health (WOAH)

WOAH
The global authority on animal health.

The WOAH Standards

The WOAH Standards

Standards to improve animal health and welfare and veterinary public health

Tools for the Good Governance of Veterinary Services

Section 3 of the Code
Quality of Veterinary Services

The PVS Pathway

Performance of Veterinary Services (PVS) Pathway

PVS Evaluation

4 Fundamental Components

5 Levels of Advancement

PVS Evaluation

For each Critical Competency:

- Level of advancement/ Scoring 1-5
- Findings
- Strengths
- Weaknesses
- Recommendations

| Code | Competency | Level of advancement |
|------|---|----------------------|
| 1-01 | Human, physical and financial resources | 1 |
| 1-02 | Professional and technical staff of the veterinary services | 1 |
| 1-03 | Competency and education of veterinarians and veterinary para-professionals | 1 |
| 1-04 | Continuing education | 1 |
| 1-05 | Technical independence | 1 |
| 1-06 | Planning, sustainability and management of policies and programmes | 1 |
| 1-07 | Coordination capability of the veterinary services | 1 |
| 1-08 | Physical resources and capital investment | 1 |
| 1-09 | Structural changes | 1 |
| 1-10 | Emergency funding | 1 |
| 2-01 | Technical authority and capability | 1 |
| 2-02 | Veterinary laboratory diagnosis | 1 |
| 2-03 | Risk analysis and epidemiology | 1 |
| 2-04 | Quarantine and border security | 1 |
| 2-05 | Surveillance and early detection | 1 |
| 2-06 | Emergency preparedness and response | 1 |
| 2-07 | Disease prevention, control and eradication | 1 |
| 2-08 | Animal production food safety | 1 |
| 2-09 | Veterinary medicines and biologicals | 1 |
| 2-10 | Antimicrobial resistance and antimicrobials | 1 |
| 2-11 | Residue testing, monitoring and management | 1 |
| 2-12 | Animal feed safety | 1 |
| 2-13 | Identifying, feasibility and recognition of animal welfare | 1 |
| 3-01 | Access to markets | 1 |
| 3-02 | Veterinary legislation | 1 |
| 3-03 | International harmonisation | 1 |
| 3-04 | International certification | 1 |
| 3-05 | Equivalence and other types of sanitary agreements | 1 |
| 3-06 | Transparency | 1 |
| 3-07 | Zoonoses | 1 |
| 3-08 | Compartmentalisation | 1 |

PVS Evaluation

I-6. COORDINATION CAPABILITY OF THE VETERINARY SERVICES

DEFINITION

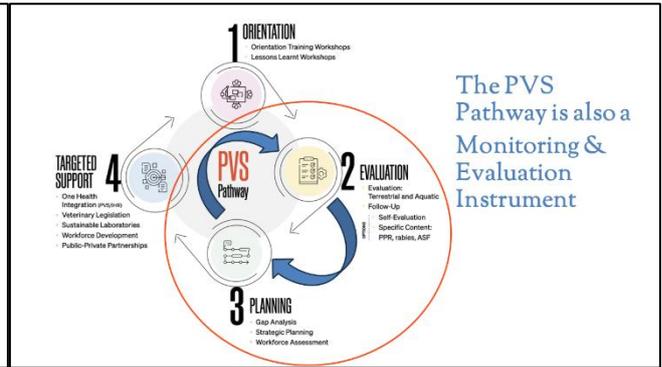
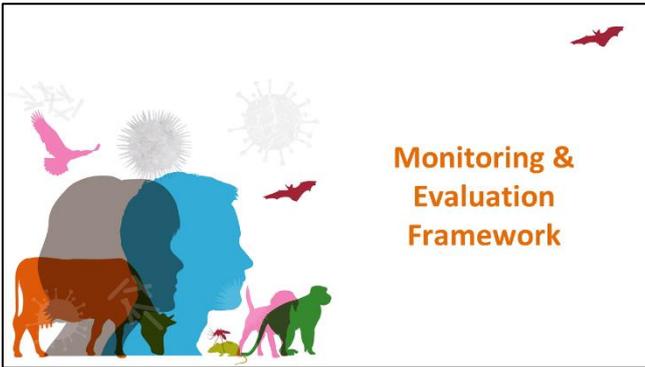
B. External coordination (including the One Health approach)

The capability of the Veterinary Authority to coordinate its resources and activities at all levels with other government authorities with responsibilities within the veterinary domain, in order to implement all national activities relevant to the WOAH Codes, especially those not under the direct line authority of the Chief Veterinary Officer (or equivalent).

Relevant authorities include other ministries and Competent Authorities, such as government partners in public health (e.g. zooneses, food safety, drug regulation and anti-microbial resistance), environment (e.g. wildlife health), customs and border police (e.g. border security), defence/intelligence (e.g. bio-threats), or municipalities/local councils (e.g. local slaughterhouses, dog control).

LEVELS OF ADVANCEMENT

1. There is no external coordination with other government authorities.
2. There are informal external coordination mechanisms for some activities at national level, but the procedures are not clear and/or external coordination occurs irregularly.
3. There are formal external coordination mechanisms with clearly described procedures or agreements (e.g. Memoranda of Understanding) for some activities and/or sectors at the national level.
4. There are formal external coordination mechanisms with clearly described procedures or agreements at the national level for most activities (such as for One Health), and these are uniformly implemented throughout the country, including at sub-provincial level.
5. There are external coordination mechanisms for all activities, from national to field, and these are periodically reviewed and updated to re-clarify roles and optimise efficiency.



What's new? PVS Pathway Information System

<https://pvs.waah.org/>

Digital transformation of the PVS Pathway

143 countries, 8770 clinical consultations, 28443 consultations

Improving Veterinary Service Performance through enhanced evidence data and insights

Engagement in the PVS Pathway unlocks insights

The block contains a QR code, a URL, and several small images and text snippets related to the digital transformation of the PVS Pathway, including statistics and a focus on improving service performance.



Notes:

VIDEO-QUIZ 5: ENVIRONMENT SECTOR – FRAMEWORKS & TOOLS



This video presents the existing frameworks and tools in the environment sector.

It is followed by a Q&A session.

This video contains a live quiz game. If the NBW Facilitator has chosen to project a Kahoot, you will be able to join the quiz with your mobile device, you may follow the facilitator's instructions and ignore the below table.

If the Kahoot system is not being used, write your answers in the table below when prompted by the video. At the end of the video, count how many correct answers you have and compare your score with others!

| Questions | Your answer | Correct answer |
|---|-------------|----------------|
| Quiz Question 1 | | |
| Quiz Question 2 | | |
| Quiz Question 3 | | |
| Quiz Question 4 | | |
| Quiz Question 5 | | |
| Total score (1 point per correct answer) | | |

Notes:

EXERCISE 2: MAPPING OF GAPS ON THE IHR-PVS MATRIX

After the videos, the NBW Facilitators explain how the WOA and WHO tools can be bridged. With the help of the large matrix, it is shown how the Technical Areas of the IHR MEF can intersect or be cross-referenced with the Critical Competencies of the PVS Pathway Evaluation.

The same groups as for the first exercise are kept.

Process

1. Gather the 16 technical area cards that you have selected in the first exercise.
2. Identify the nine cards that are not marked with a small asterisk (*) in the upper right corner, and give them to the workshop facilitator (cards number **2, 3, 5, 8, 9, 13, 14, 15** and **16**).
3. Identify on your A1-size matrix poster where the seven remaining cards (**1, 4, 6, 7, 10, 11, 12**) fit-in by matching them to their corresponding indicators from the PVS (columns) and IHR (rows).
4. Position the seven cards of your group on the large matrix, using the blue-tack.

PLENARY: DISCUSSION

A plenary analysis of the outcome is conducted in front of the matrix. Gap clusters are identified and discussed.

At this stage, participants will be split into **4* TAWG** (Technical Area Working Groups).

TAWG 1 – Coordination (central/local/technical level), Legislation and Finance

TAWG 2 – Surveillance, Laboratory and Risk Assessment

TAWG 3 – Field Investigation and Emergency Response

TAWG 4 – Prevention and Risk Communication (media and stakeholders)

Cross-cutting thematic areas such as Human Resources and Education & Training should be considered in all groups.

*In the case of NBWs with a very large number of participants, the number of groups may be extended to 5, in which case follow the guidance from the NBW Facilitators.

Expected outcomes of Session 3:

- Understanding that tools are available to explore operational capacities in each of the sectors.
- Understanding of the bridges between the IHR MEF and the PVS Pathway.
- Understanding that most gaps identified are not disease-specific but systemic.
- Identification of the technical areas to focus on during the next sessions.



Objective: Explore the improvement plans already proposed in the respective assessments conducted in your country (SPAR/JEE, PVS Evaluation, Environment assessment, etc.), extract relevant sections and identify what can be synergized and improved jointly.

EXERCISE 3: EXTRACTION OF ASSESSMENT RESULTS

Groups are now organized by technical area. Find a group for which you feel your expertise is relevant but ensure that participants from all three sectors are equally represented in the technical groups.

Process

1. The NBW Facilitators will distribute a pre-extraction of the main findings (or gaps) and recommendations from the latest reports (PVS Evaluation, SPAR/JEE Reports, or other assessments) which are relevant to the technical area assigned to your group. Printed copies of the full PVS and JEE Reports will also be distributed for your reference.
2. Extract the main gaps (up to 12) from the assessment documents and write them on the **Gap cards**.
3. Extract the main recommendations (up to 12) and report them on the **Recommendation cards**.
4. Position the **Gap** and **Recommendation** cards on the flip-chart with **blue-tack**, and following this template:



Answers to frequently asked questions or common mistakes

-Focus should be made on gaps/recommendations that are **relevant to One Health**. If a gap or recommendation is entirely specific to one sector it is not relevant.

-Groups should focus only on their technical area and **avoid overlap** with thematics addressed by other groups.

-Avoid the situation where veterinarians work on their report and public health service work on theirs. This is a good opportunity for each sector to know about the other sector and open their assessment reports.

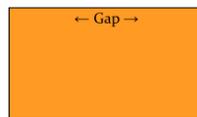
Note: There is no restitution of the working groups for this session because it is only a preliminary step for Session 5.

Material

Flipchart



Gap cards



Recommendation cards



Fine point markers



Assessment extracts
(SPAR/JEE, PVS, environment)



Blue-tack



Expected outcomes of Session 4:

- Good understanding of the assessment reports for human and animal health sectors, their purpose and their structure.
- Main gaps relevant to each technical area have been extracted.
- Main recommendations from existing reports have been extracted.
- A common understanding of the effort needed starts to emerge.



Objective: Results obtained from the scenario exercise, the various discussions and the assessment reports are used to brainstorm activities and develop a realistic and achievable NBW Roadmap to improve the collaboration between the sectors.

EXERCISE 4: IDENTIFICATION OF JOINT ACTIVITIES

Process

1. Read fully these instructions before starting, including the good/bad examples on the next page.
2. Identify **realistic** and **achievable** JOINT ACTIVITIES (minimum 5, maximum 10) that would strengthen the inter-sectoral collaboration and improve performance for your thematic area.
3. Activities must fit the **SMART** criteria (**Specific, Measurable, Achievable, Relevant** and **Time-bound**). The activities need to be clearly understandable (What? How?) by just reading them, without requiring further information.
4. Write the activities on the flipchart and discuss them with the **NBW Facilitator**.
5. Fine-tune the activities according to the outcomes of the discussion.



Activities should not be identified only based on gaps identified in the assessment reports. Use all sources of information, including:

- The gaps identified in the case-study exercise (using the session 2 report-sheet)
- The gaps and recommendations found in the assessment reports (JEE, PVS, etc.)
- The discussions held during the workshop so far
- And most importantly, your **personal experience!**

Answers to frequently asked questions or common mistakes

-Activities need to be clear and actionable. For example, "capacity building of communication staff" is not an activity, but "5-day training on risk-communication for 2 risk-communication focal points in each sector" is.



"Enhance", "Improve", "Harmonize", "Standardize" → **Not an activity**

"Create", "Conduct", "Produce", "Develop", "Prepare", "Draft" → **Activity**

- Activities should be clear enough for someone outside the group to understand precisely what will be done and how it will be accomplished, without the need for any further explanation.

-Use existing resources and material nationally and internationally: avoid developing big things that already exist elsewhere (ex: assessment tools, training curricula, etc)

-The back of the technical cards relevant to each group could contain some examples of activities.

Important:

- It is about **One Health!** You are **not** aiming at improving each sector, you are aiming to improve the **collaboration** between the three sectors.
- Activities should be achievable: it is better to plan for little steps and to do them, than to plan for big leaps and to stand still!
- Make sure the activities are **SMART (Specific, Measurable, Achievable, Relevant and Time-bound)**.

Some bad examples

| Bad example | Reason |
|--|---|
| Conduct a training for staff | Not specific. Training for what? For who? How many trainings? Which level (national? Regional?)? For How many trainees? |
| Develop a response plan | Not specific. A plan for what exactly? Generic multi-hazard or disease specific? Which diseases? Which sectors? |
| Conduct a training of trainers at national level and run cascade trainings at the district level on risk communication | Not realistic. If the country has 600 districts, this is most likely impossible. Not relevant. Does everyone really need training on risk communication? |
| Build capacity for joint response at field level | Not specific. How will you build capacity? Not measurable. How can you measure the implementation of this activity? |

Some good examples of SMART activities

| |
|--|
| Set-up and institutionalize three joint technical area working groups (TAWG) at the national level for (1) surveillance activities, (2) risk communication, and (3) outbreak investigation and response. |
| Set-up and institutionalize 9 joint rapid response teams (one at national level and one in each of the 8 regions). |
| Designate and institutionalize focal points for risk communication in each sector (1 at national level and 1 in each of the 8 regions). |
| Develop TORs and SOPs for information sharing between national-level focal points in each sector. |
| Develop an IT platform that links the data information systems of all three sectors. |
| Conduct a training of trainers at national level followed by a training in each region (8 total) on joint outbreak investigation for joint rapid response teams. |
| Develop a joint multi-hazard response plan (with specific annexes for priority zoonotic diseases) involving all three sectors. |
| Conduct a joint-simulation exercise on a zoonotic disease every year to test contingency plans and procedures in place. |
| Organize routine meetings of the joint technical area working groups every 6 weeks. |
| Organize a joint risk assessment meeting every two months at the national level for priority zoonotic and food-borne diseases. |
| Organize a consultative meeting with epidemiology and laboratory units from all three sectors to harmonize processes and optimize shared logistics. |

Material

Flipchart



Session 2 results



Session 4 results

| Risk Communication | | | |
|----------------------------|--|--------------------------------|--|
| Animal Health | | Public Health | |
| Findings (gaps) PVS | | Findings (gaps) IHR/JEE | |
| | | | |
| Recommendations PVS | | Recommendations IHR/JEE | |
| | | | |

Fine point markers



Technical card(s) relevant to your technical group



Expected outcome of Session 5:

- Clear and achievable activities are identified to improve inter-sectoral collaboration between the three sectors for all technical areas selected.



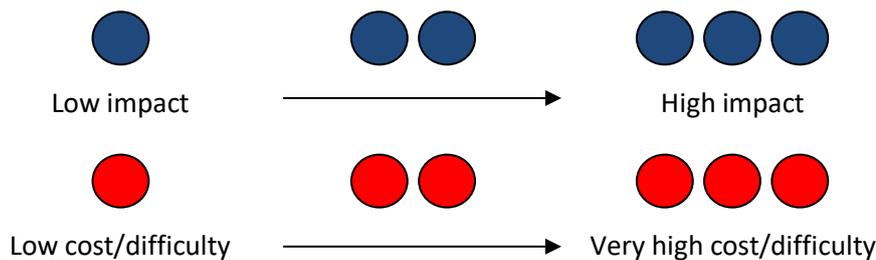
Objective: To have all participants contribute to all technical areas and to consolidate the NBW Roadmap by making sure it is harmonized, concrete and achievable.

EXERCISE 5: FINE-TUNING OF THE JOINT ROADMAP

The same technical area working groups as for the previous exercise are kept.

Process

1. For **each** activity, fill up an **Activity card** indicating a desired date of achievement, who is responsible and explaining the **detailed** process of implementation.
2. For each activity, evaluate, using the coloured stickers, the cost/difficulty of implementation and the level of impact this would have in terms of improvement by following the following scale:



3. Discuss with the facilitators to group the activities together under 1-to-3 specific objectives. Write the objectives on the **Objective cards**.
4. Position the cards on a flipchart using blue-tack and the template shown on the next page.

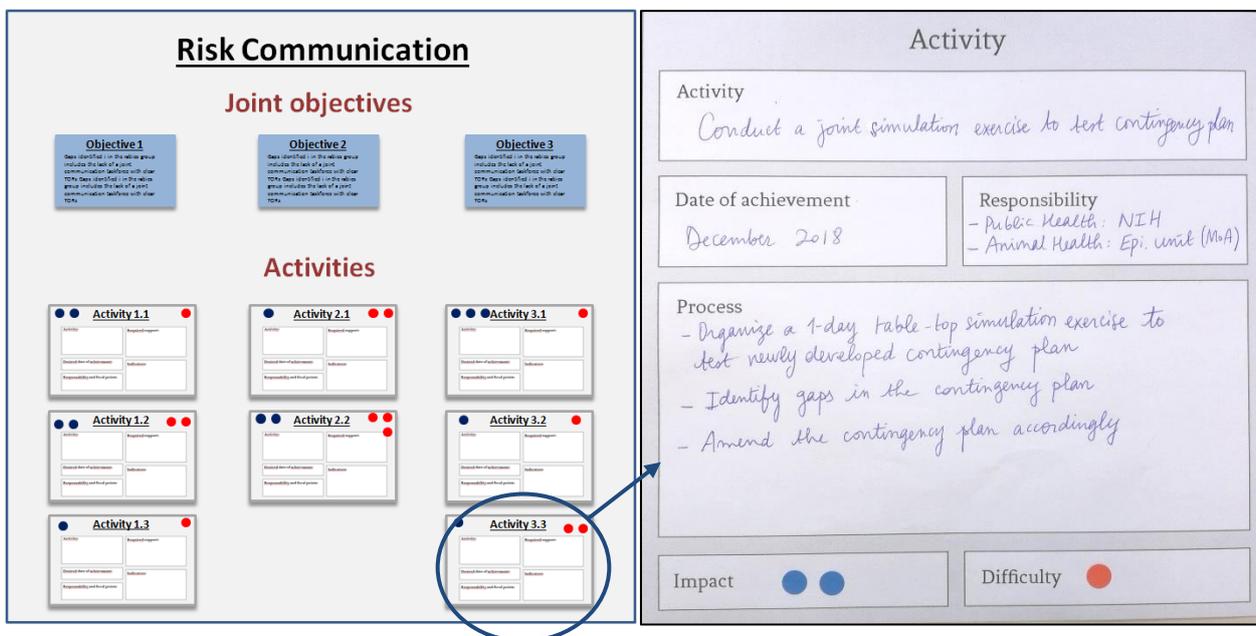
Answers to frequently asked questions or common mistakes

- Results will determine the future NBW Roadmap; please use good handwriting and avoid using acronyms.
- The cards must be sufficiently complete and clear, so that someone who is not in the workshop (for example, your Minister of Finances) can understand precisely what you will undertake, why, and how you will implement it, by just reading the card. No further explanation should be required.
- Responsibility should be specific. “MoH and MoA” is not a satisfying answer for the box “Responsibility”.
- Use existing resources and material nationally and internationally: avoid developing big things that already exist elsewhere (ex: assessment tools, training curricula, etc.).

Important:

- Activities should be achievable: it is better to plan for little steps and to do them, than to plan for big leaps and to stand still!
- Make sure the activities are **SMART (Specific, Measurable, Achievable, Relevant and Time-bound)**.

Example of expected result (overall)



Example of expected result (detailed)

Objective 1: Set-up an operational framework for routine data-sharing of surveillance results between the animal health and human health sectors.

-Activity 1.1. Develop a Memorandum of Understanding (MoU) between the three Ministries for routine data-sharing of surveillance results.

Date of achievement: June 2019.

Process:
-Organize a meeting with the three sectors at national level to draft the MoU.
-Circulate the drafted MoU for revision from all three Ministries.
-Organize a validation workshop for official endorsement.

-Activity 1.2. Develop ToRs and SoPs for routine data sharing of surveillance results.

Date of achievement: August 2019.

Process:
-Organize a technical meeting with the three sectors at national level to develop the ToRs and SoPs in line with the MoU.
-Validation of the ToRs and SoPs by all three Ministries.

-Activity 1.3. Nominate a focal person in each sector at the national level and in each region who will be responsible for data-sharing.

Date of achievement: July 2019.

Process:
-Each sector to designate a focal person at the national level and in each region, as per developed ToRs.
-Institutionalize the list of focal persons.
-Revise the list of focal persons on a yearly basis and amend if necessary.

Keep in mind:

- Objective** = what do you want to reach?
- Activity** = what exactly will you do?
- Process** = how exactly will you do it?

Checklist to validate an Activity:

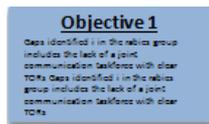
- Is my activity very specific?
- Is my activity measurable?
- Is my activity achievable?
- Is my activity relevant?
- Is my activity time-bound?
- Can my Minister understand everything about my activity from just reading the card?
- Does my activity answer all relevant questions such as: How? For who? Why? How many? Which level? etc.

Material and documents

Flipchart



Objective cards



Activity cards

| Activity | |
|---------------------|----------------|
| Activity | |
| Date of achievement | Responsibility |
| Process | |
| Impact | Difficulty |

Fine point markers



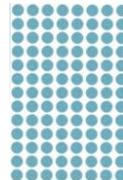
Blue-tack



Red stickers (x30)



Blue stickers (x30)



EXERCISE 6: WORLD CAFÉ

The World Café exercise enables participants to contribute to the action points of all technical areas. Each group will rotate through the other groups to make comments or ask for further information by leaving post-it notes. World café Instructions will be given by the facilitators.

Notes

EXERCISE 7: PRIORITIZATION VOTE

This exercise enables to evaluate the level of priority of the different activities defined.

Process

Each participant is given 5 stickers and must select the 5 objectives that they believe are of the highest priority (voting for one objective means voting for all the activities it contains).

Expected outcomes of Session 6:

- Harmonized, concrete and achievable Roadmap.
- Buy-in and ownership of all participants who feel that they contributed to all areas of the Roadmap.
- Prioritization of the activities.

SESSION 7: WAY FORWARD



Objective: the last session draws the way forward by identifying the next steps and by inscribing the developed Roadmap into other mandated plans, such as the National Action Plan for Health Security or the One Health Joint Plan of Action. This is also where any need from the country can be addressed. This will depend greatly on the status of the country in terms of IHR-MEF and on the level of One Health capacity.

Notes

Expected outcomes of Session 7: Depends on the country needs and level of advancement in the different frameworks but options can include:

- Linkages with NAPHS or other mandated plans.
- Identification of immediate and practical next steps.
- Identification of opportunities for other components of the IHR-MEF or other One Health tools.

