



National Bridging Workshop on the International Health Regulations (IHR) and the OIE Performance of Veterinary Services (PVS) Pathway

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Organized by WHO, OIE, the Ministry of Health and the Ministry of Agriculture of Indonesia

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and more particularly to

- DG diseases control and prevention MoH RI
- DG of Livestock and animal health, MoA
- Assistant Deputy Coordinating Ministry of Human Development and Culture
- Director Vector Borne and Zoonosis Diseases Control MoH RI
- Bali provincial health Officer

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ABBREVIATIONS & ACRONYMS

AI	Avian Influenza
BNPB	Indonesian National Board for Disaster Management
DG	Directorate General
DG-LAHS	Directorate General for Livestock and Animal Health Services
DG-PDC	Directorate General for Prevention and Disease Control
FAO	Food and Agriculture Organization of the United Nations
FELTP	Field Epidemiology and Laboratory Training Program
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
IDSR	Integrated Disease Surveillance & Response
IT	Information technology
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MHDCA	Coordinating Ministry for Human Development and Cultural Affairs
MoA	Ministry of Agriculture
MoEF	Ministry of Environment and Forestry
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAP	National Action Plan
OIE	World Organisation for Animal Health
P2PTVZ	Directorate for Prevention and Control of Vector-Borne and Zoonotic Diseases
PH	Public Health
PVS	Performance of Veterinary Services
RAP	Regional Representation for Asia and the Pacific
SEARO	WHO Regional Office for South-East Asia
SOP	Standard Operating Procedures
TOR	Terms of Reference
WHO	World Health Organization

INTRODUCTION

BACKGROUND

The World Health Organization (WHO) and the World Organisation for Animal Health (OIE) are the two main international organizations responsible for proposing references and guidance for the public health and animal health sectors respectively. WHO and OIE have been active promoters and implementers of an intersectoral collaborative approach between institutions and systems to prevent, detect, and control diseases among animals and humans. They have developed various frameworks, tools and guidance materials to strengthen capacities at the national, regional and global levels.

- WHO Member States adopted a legally binding instrument, the International Health Regulations (IHR, 2005), for the prevention and control of events that may constitute a public health emergency of international concern. Through these regulations, countries are required to develop, strengthen and maintain minimum national core public health capacities to detect, assess, notify and respond to public health threats and as such, should implement plans of action to develop and ensure that the core capacities required by the IHR are present and functioning throughout their territories. Various assessment and monitoring tools have been developed by WHO such as the IHR Monitoring and Evaluation Framework (MEF), which includes *inter alia* the Annual Reporting Questionnaire for Monitoring Progress and the Joint External Evaluation (JEE) Tool.
- The OIE is the intergovernmental organization responsible for developing standards, guidelines and recommendations for animal health and zoonoses; these are laid down in the OIE Terrestrial and Aquatic Animal Codes and Manuals. In order to achieve the sustainable improvement of national Veterinary Services' compliance with these standards, in particular on the quality of Veterinary Services, the OIE has developed the Performance of Veterinary Services (PVS) Pathway, which is composed of a range of tools to assist countries to objectively assess and address the main weaknesses of their Veterinary Services.



These support tools shift away from externally driven, short-term, emergency response type 'vertical' approaches addressing only specific diseases, and contribute to a more sustainable, long term 'horizontal' strengthening of public and animal health systems. The WHO IHR MEF and the OIE PVS Pathway approaches enable countries to determine strengths and weaknesses in their respective functions and activities, and promote prioritization and pathways for improvement. Furthermore, they engage countries in a routine monitoring and follow up mechanism on their overall level of performance and help to determine their needs for compliance with internationally adopted references and standards.

The use of the WHO IHR monitoring tools and OIE PVS Pathway results in a detailed assessment of existing weaknesses and gaps, with the better alignment of a capacity building approach and strategies at country level between the human and animal health sectors. The two organizations have developed a workshop format (the IHR-PVS National Bridging Workshops) that enables countries to further explore possible overlapping areas addressed in their PVS and IHR capacity frameworks and develop, where relevant, appropriate bridges to facilitate coordination. A structured approach using user-friendly materials enables the identification of synergies, reviews gaps and defines the operational strategies to be used by policy makers for concerted corrective measures and strategic investments in national action plans for improved health security.

In Indonesia,

- a PVS Evaluation was conducted in 2007;
- a PVS Gap Analysis was conducted in 2011;
- a Joint External Evaluation (JEE) mission is planned for November 2017 and the country is currently conducting the preparatory self-assessment exercise.

OBJECTIVES OF THE WORKSHOP AND EXPECTED OUTCOMES

The main objective of the IHR-PVS Pathway National Bridging Workshop (IHR-PVS NBW) is to provide an opportunity to the human and animal health services of hosting countries to build on the reviews of performance, gaps and discussions for improvement conducted in their respective sectors, and to explore options for improved coordination between the sectors, to jointly strengthen their preparedness for, and control of, the spread of zoonotic diseases.

The IHR-PVS NBWs focus on the following strategic objectives:

- **Brainstorming:** discuss the outcomes of IHR and PVS Pathway country assessments and identify ways to use the outputs;
- **Advancing One Health:** improve dialogue, coordination and collaboration between animal and human health sectors to strategically plan areas for joint actions and a synergistic approach;
- **Building Sustainable Networks:** contribute to strengthening the inter-sectoral collaboration through improved understanding of respective roles and mandates;
- **Strategic planning:** inform planning and investments (incl. the National Action Plan for Health Security) based on the structured and agreed identification of needs and options for improvement

Expected **outcomes** of the workshop include:

1. Increased awareness and understanding on the IHR (2005) and the role of WHO, the mandate of the OIE, the IHRMEF and the OIE PVS Pathway, their differences and connections.
2. Understanding of the contribution of the veterinary services in the implementation of the IHR (2005) and how the results of the PVS Pathway and IHRMEF can be used to explore strategic planning and capacity building needs.
3. A diagnosis of current strengths and weaknesses of the collaboration between the animal health and public health services.
4. Identification of practical next steps and activities for the development and implementation of joint national roadmap to strengthen collaboration and coordination.

The agenda of the Workshop is available at [Annex 1](#). It was attended by 94 participants ([Annex 2](#)), with approximately one half from the Ministry of Health and the other half from the Ministry of Agriculture with representatives from the Central, Provincial and District level attending the three-day discussions. Representatives of the environmental sector, legal sector, media and health development partners were also present.

REPORT ON THE SESSIONS

The workshop used an interactive methodology and a structured approach with user-friendly material, case studies, videos and facilitation tools. All participants received a *Participant Handbook* which comprised of all necessary information such as the objectives of the workshop, instructions for working groups, expected outcomes of each session etc. Sessions were structured in a step-by-step process as follows:

OPENING SESSION

The opening ceremony was attended by high level national representatives from both Ministries, Director General Livestock and animal health MoA RI, head of Bali provincial health Officer, and Assistant Deputy Coordinating Ministry of Human Development and Culture as well as representatives of international organizations, namely Dr Gongal (WHO SEARO) and Dr Tshering (OIE RAP).

It was highlighted that the flow of tourists and the amount of imports/exports brought significant income to Indonesia but also increased the risk of introduction and spread of diseases. Five of them have been identified as priority zoonosis in Indonesia: influenza, rabies, leptospirosis, anthrax and plague.

After a prayer in the name of Allah and a group photograph, participants were all given the opportunity to briefly introduce themselves.

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

A documentary video introduced the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduced the workshop in the global and national context by providing high level background information on the collaboration between WHO, OIE and FAO.

The workshop approach and methodology were explained and the participant handbook was presented.

The Director of P2PTVZ (Directorate for Prevention and Control of Vector-Borne and Zoonotic Diseases) presented an overview on the epidemiological situation of the main zoonotic diseases whether endemic (influenza, leptospirosis and rabies) or re-emerging (anthrax and plague). As Indonesia is preparing for a Joint External Evaluation (JEE) to be conducted in November 2017, the country has already worked on their self-evaluation. Results of this self-evaluation for the technical area on Zoonotic Diseases were therefore presented and discussed.

A second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface. It was followed by presentations by the MoH on IHR implementation in Indonesia and by the MoA on the PVS assessment missions that have been conducted (PVS Evaluation in 2007 and PVS Gap Analysis in 2011).

Outcomes of Session 1:

At the end of the session, the audience agreed that:

- Intersectoral collaboration between animal and human health sectors happens, but mainly during outbreaks; with a better preparedness, much more could be done at the human-animal interface.
- The two sectors have common concerns and challenges and conduct similar activities. Competencies exist and can be pooled. This needs to be organized through a collaborative approach;
- WHO, OIE and FAO are active promoters of One Health and can provide technical assistance to countries to help enhance inter-sectoral collaboration at the central, local and technical levels.

SESSION 2: NAVIGATING THE ROAD TO ONE HEALTH – COLLABORATION GAPS

Participants were divided into five working groups of mixed participants from both sectors (MoH and MoA) and from different levels (Central, Provincial, District). Groups were provided with one of five case study scenarios (Table 1) based on diseases relevant to the Indonesian context (avian influenza H5N1, avian influenza H7N9, rabies, anthrax and leptospirosis) developed in collaboration with MoH and MoA representatives.

Table 1: Scenarios used for the different case studies

<p>Rabies – A stray dog which was known to have bitten two beef cattle and was behaving aggressively towards people was reported to have bitten some children in the same neighbourhood. It was shot dead by Police in the outskirts of Entikong sub-district two days ago. The carcass of the dog was consumed before the Veterinary authorities were able to take the head of the dog for confirmation of diagnosis.</p>
<p>H7N9 – Two persons were admitted at the RSUD Tangerang Hospital, South Tangerang district, with pneumonia. Laboratory testing by RT-PCR resulted positive for H7N9 subtype of avian influenza. One of the patients is a semi-commercial broiler producer who sells his birds three times a week at the local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and having bought four quails. The authorities have heard about illegal trading of quails from China.</p>
<p>H5N1 – Two persons were admitted at the RSUD Tangerang Hospital, South Tangerang district, with pneumonia. Laboratory testing by RT-PCR resulted positive for H5N1 subtype of avian influenza. One of the patients is a semi-commercial broiler producer who sells his birds three times a week at the local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and having bought four quails.</p>
<p>Anthrax – At least 60 people who allegedly ate uninspected meat at Dungaliyo in Gorontalo have been screened for anthrax. The victims, among them school children, were rushed to primary health care center/Puskesmas after they developed symptoms associated with anthrax and cutaneous lesions. The man who sold the uninspected meat disappeared after learning that his neighbours had fallen sick.</p>
<p>Leptospirosis – The Health Department has identified a cluster of three cases of leptospirosis in the area of Gunung Kidul during flood season. One person has died and two others have suffered serious illness as a result of the bacterial disease. All three cases were reported within a 1-block radius—in the suburbs of Wonosari, one of the poorest neighbourhoods in the region. Cattle are very much present in the area.</p>

Using experience from previous outbreaks of zoonotic diseases, the groups discussed how they would have realistically managed these events, and evaluated the level of collaboration between the veterinary and the public health services for 16 key technical areas: coordination, investigation, surveillance, communication, etc. These activities/areas of collaboration were represented by color-coded *technical area cards*: green for “good collaboration”, yellow for “some collaboration”, and red for “collaboration needing improvement” (Figure 1).



Figure 1: Participants working on a case study scenario and evaluating the level of collaboration between the sectors for 16 key technical areas.

During an ensuing plenary session, each group presented and justified the results of their work. Table 2 summarizes the results from the five groups.

Table 2: Summary of results obtained from Session 2:

Technical area (cards)	Rabies	Anthrax	Leptospirosis	H5N1	H7N9
Coordination at high Level	Green	Green	Green	Green	Green
Coordination at local Level	Yellow	Yellow	Yellow	Yellow	Yellow
Coordination at technical Level	Yellow	Green	Yellow	Yellow	Yellow
Legislation / Regulation	Yellow	Yellow	Yellow	Yellow	Yellow
Finance	Red	Yellow	Red	Yellow	Yellow
Communication w/ media	Yellow	Yellow	Yellow	Yellow	Green
Communication w/ stakeholders	Yellow	Yellow	Yellow	Yellow	Yellow
Field investigation	Yellow	Green	Yellow	Yellow	Green
Risk assessment	Red	Yellow	Yellow	Green	Yellow
Joint surveillance	Red	Yellow	Yellow	Yellow	Green
Laboratory	Yellow	Yellow	Yellow	Green	Yellow
Response	Yellow	Yellow	Yellow	Yellow	Yellow
Education and training	Yellow	Yellow	Red	Green	Yellow
Emergency funding	Yellow	Yellow	Yellow	Yellow	Yellow
Human resources	Red	Red	Yellow	Yellow	Green
Logistics	Red	Yellow	Red	Yellow	Green

For each disease, the performance of the collaboration between the human health and the animal health sectors is color-coded: green for "good collaboration", yellow for "some collaboration", and red for "collaboration needing improvement".

Session 2 was closed by a presentation from the Bali Provincial Animal Health Office on lessons learned from Bali on their rabies control programme.

Outcomes of Session 2:

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

SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

Documentary videos introduced the international legal frameworks followed by human health (IHR 2005) and animal health (OIE standards) as well as the tools available to assess the country's capacities: the annual reporting and JEE tools for public health services and OIE PVS Pathway for veterinary services. The differences and connections between these tools were explained. A large matrix (IHR-PVS matrix), cross-connecting the indicators of the IHR MEF (in rows) and the indicators of the PVS Evaluation (in columns) was set-up and introduced to the participants (Figure 2).

Through an interactive approach, working groups were invited to plot their *technical area cards* onto the matrix by matching them to their corresponding indicators. A plenary analysis of the outcome showed clear gap clusters and illustrated that most gaps were not disease-specific but systemic.



Figure 2: Participants conducting collective mapping of the gaps by positioning their technical area cards on the IHR-PVS matrix.

The main gaps (clusters) identified were discussed and it was agreed that the rest of the workshop would focus on the following capacities:

- Coordination
- Human resources and Education
- Risk Assessment and Surveillance
- Response
- Communication

Note: 'Finance' also came-up as one of the technical areas needing most improvement (two red and three yellow). However, participants agreed that the audience of this workshop would not be able to provide substantial improvements in that domain. It remains nonetheless one of the major gaps to impair the efficiency of the intersectoral collaboration in Indonesia.

Outcomes of Session 3:

- Understanding that tools are available to explore operational capacities in each of the sectors.
- Understanding of the contribution of the veterinary sector to the IHR.
- Understanding of the bridges between the IHR MEF and the PVS Pathway. Reviewing together the results of capacities assessment may help in identifying synergies and optimize collaboration.
- Understanding that most gaps identified are not disease-specific but systemic.
- Identification of the technical areas to focus on during the next sessions.

SESSION 4: CROSSROADS – PVS PATHWAY AND IHR MEF REPORTS

New working groups with representation from all previous groups were organized for each of the five priority technical areas (Figure 3).

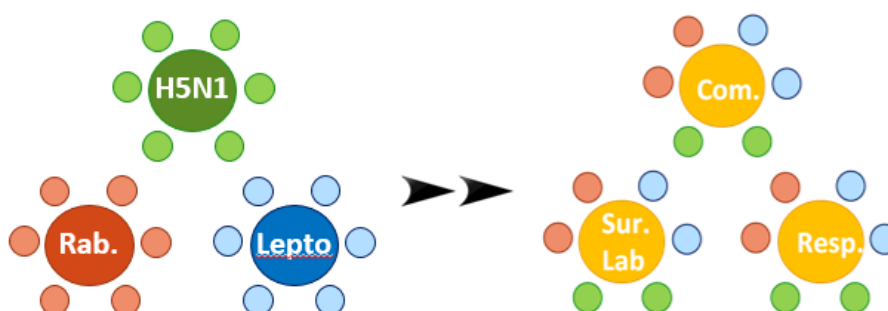


Figure 3: Generic graph describing the organization of working groups for Session 2 (left) and Session 4-5 (right).

The matrix was used to link the identified gaps to their relevant indicators in the IHR MEF and in the PVS Pathway. Each working group then opened the assessment reports (annual reporting, JEE self-evaluation, PVS Evaluation, PVS Gap Analysis) and extracted the main findings and recommendations relevant to their technical area (Figure 4).



Figure 4: Results obtained for the technical group focusing on Response. The reporting panel is split into two columns (public health and animal health), orange and green post-its summarize respectively the gaps and the recommendations described in the assessment reports or identified from case study discussions.

Expected outcomes of Session 4:

- Good understanding of the assessment reports for both 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.

SESSION 5: ROAD PLANNING

Using the same working groups as for the previous session, participants were asked to identify, for each technical area, three joint objectives to improve their collaboration. For each objective, they filled *Action Cards*, detailing the activities, their dates of expected implementation, the focal points responsible, the required support as well as measurable indicators (Figure 5).



Figure 5: The group working on “Human resources and education” identified two objectives and five activities to improve the collaboration between the two sectors in this domain.

The difficulty of implementation and the expected impact of each activity were evaluated using red and blue stickers respectively and a semi-quantitative scale (1 to 3).

Expected outcomes of Session 5:

- Clear and achievable objectives and activities are identified to improve inter-sectoral collaboration between the two sectors for all technical areas selected.
- For each activity, a desired completion date, focal points, required support and measurable indicators have been identified.
- The impact and the difficulty of implementation of all proposed activities have been estimated.

SESSION 6: FINE-TUNING THE ROAD-MAP

A World Café exercise was organized to enable participants to contribute to the action points of all technical areas. Each group nominated a rapporteur whose duty was to summarize the results of their work to the other groups. Each group rotated between the different boards to contribute and provide feedback on all technical areas. At the end of the cycle, each group returned to their original board and the rapporteur summarized the feedback and changes or additions suggested by the other participants (Figure 6). Objectives and activities were fine-tuned accordingly.



Figure 6: World café exercise: the group on “communication” is providing feedback to the rapporteur working on “Response”.

The following paragraphs summarize the results of the five technical working groups, which are fully detailed in [Output 1](#).

Technical area 1: Coordination

Coordination at the central level was assessed as being very functional by all five working groups. However, all participants agreed that coordination at the local and technical levels needed strengthening. One of the main gaps is the lack of regulations and guidelines to coordinate the management of zoonotic disease outbreaks on the field. The main objective was therefore to develop a legal/regulatory basis for intersectoral and central/local government coordination for the management of these outbreaks. Guidelines have already been drafted and pilot implementation has been conducted, the need is now mainly to develop a Ministerial Decree and to deliver awareness and training in the provinces on how to follow the guidelines.

Technical area 2: Human resources and Education

The road-map to improve the intersectoral collaboration in terms of human resources and education has two main objectives:

- to develop and conduct joint trainings on laboratory and epidemiology for both the human and animal health sector, and
- to develop and implement a One Health curriculum in medicine and veterinary medicine faculties.

Technical area 3: Risk assessment and Surveillance

The first step will be to identify the priority zoonotic diseases in Indonesia via a coordination meeting and focal group discussions.

The need to develop an information system for zoonotic disease and to implement systematic sharing of surveillance data between the two sectors was clearly highlighted. This will require the harmonization of the information systems used by the different ministries, the development of SOPs for systematic data sharing and the delivery of trainings in provinces on the use of this information system, on data management and on data analysis.

Lastly, both sectors agreed that it was critical to improve the laboratory capacity for the diagnosis of zoonotic diseases by delivering joint trainings to laboratory personnel from both sectors.

Technical area 4: Response

The strengthening of the animal health and public health collaboration in the response to zoonotic disease outbreaks had three main cornerstones:

- The delivery of leadership training (for at least one veterinarian and one medical doctor for each of the 34 provinces) to improve coordination between the sectors in times of outbreaks,
- The availability of emergency funds, through the commitment of central and local governments to having emergency funds for the response to zoonotic disease outbreaks, and
- The delivery of training at province level for joint field investigation and response to outbreaks, covering all relevant topics (biosecurity, depopulation, tracing forward and backwards, case management etc.).

Technical area 5: Communication

The development of an integrated national communication system and mechanism was a clear priority. This will require to develop a communication system with appropriate guidelines, and to test and evaluate its implementation in three pilot locations prior to large-scale implementation.

To improve the technical capacity of communication personnel, a training of trainers will be organized at national level and will be followed by the delivery of trainings in each province for the four relevant sectors (health, animal health, wild life and information).

Routine stakeholder meetings will also be organized on a 3-months basis.

Prioritization of Objectives

A total of 12 objectives were identified. To prioritize them, an online application was used. Participants were asked to connect from their own device (Figure 7) or to use computers set-up by facilitators to identify which five objectives they considered as highest priority. 51 participants voted, results can be found in [Output 2](#).



Figure 7: participants using their mobile phones to vote for their priority objectives.

Expected outcomes of Session 6:

- Buy-in and ownership of all participants who contributed to all areas of the road-map.
- Prioritization of the activities.

SESSION 7: WAY FORWARD

Results of the prioritization vote were presented and discussed.

To further challenge and fine-tune the proposed activities, a role-play trial was organized with a panel made up of five colleagues role-playing international organizations and donors (Figure 8). Groups presented each of their activities one by one and the panel's role was to challenge the proposed activity and make sure that it met the SMART criteria (Specific, Measurable, Achievable, Realistic, Time-bound) and that it was harmonized with the rest of the road-plan. Once corrections were made, the participant was invited to fix the activity card on one of three boards representing different timelines (3-6 months / 12 months / 24 months). All proposed activities were therefore discussed in plenary, fine-tuned, and assigned to a time-frame which constituted the final road-map (Output 3).



Figure 8: role-play panel where activities proposed by participants are challenged one last time for final fine-tuning

As Indonesia is preparing for a JEE, a documentary movie was shown to present the JEE tool, its structure, its objective and its process. A final presentation was given to explain how the outputs of the IHR-PVS National Bridging Workshop will be able to feed into the JEE process and complement the self-evaluation already conducted by Indonesia.

Expected outcomes of Session 7:

- Harmonized, concrete and achievable road-map to improve the collaboration between the animal health and human health sectors in the prevention, detection and response to zoonotic disease outbreaks
- Understanding of how the outputs of the workshop can feed into the JEE and the IHR MEF process

CLOSING SESSION

The workshop ended with statements from MoH and MoA indicating that both sectors took ownership of the outcomes of the workshop. They also ensured joint engagement in addressing the gaps identified for collaboration at the human-animal interface. The WHO, the OIE and the FAO reiterated their full commitment to support the country in improving this collaboration.

All the material used during the workshop, including movies, presentations, documents of references, results from the working groups and pictures were copied on a memory stick distributed to all participants.

WORKSHOP OUTPUTS

OUTPUT 1: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Indicators
COORDINATION					
Objective 1: Develop legal basis for intersectoral and central/local government coordination for the management of zoonosis					
1.1. Formalize legal regulation for guidelines to coordinate the management of zoonosis outbreaks with disaster status	3-6 months	++	+++	HDC, BNPB, Kemendagri, Kemenkes, Kementan, K LHK, etc.	-Regulation formalized -Guidelines developed
1.2. Conduct a training of trainers and deliver trainings to apply guidelines to coordinate management of zoonosis outbreaks	12 months	+++	+++	MoA, MoH, KLHK, Home Affair, BNPB. Focal point: Coordinating MHDCA	-Number of provinces that participate in training of trainers -Number of districts/cities that carry out trainings
1.3. Apply guidelines, monitor and evaluate implementation of regulation and guidelines to identify gaps and corrective actions	12 months and cont.	+++	+++	MoA, MoH, KLHK, MHA Focal point: Coordinating MHDCA	-Guidelines are implemented -Management of outbreaks is coordinated and effective
HUMAN RESOURCES & EDUCATION					
Objective 2: Develop and conduct joint training on laboratory and epidemiology for human and animal health					
2.1. Organize a cross sectoral decision-maker meeting to discuss joint training on laboratory and epidemiology for human and animal health	3-6 months	+	+++	Coordinating MHDCA	-Number of participants -Meeting outputs (recommendations, timeline)
2.2. Conduct a workshop to develop joint training modules on laboratory and epidemiology for human and animal health	12 months	+	+++	Coordinating MHDCA, MoH, MoA, MoEF	-Training modules developed
2.3. Deliver joint trainings on laboratory and epidemiology for human and animal health	12 months and cont.	+	+++	Coordinating MHDCA, MoH, MoA, MoEF	-Number of trainings conducted -Number of participants trained
Objective 3: One Health curriculum in faculty of Medicine and Veterinary Medicine					
3.1. Organize a decision maker meeting to discuss implementation of One Health curriculum in medical and veterinary school	3-6 months	++	+++	Coordinating MHDCA	-Meeting outputs (recommendations, timeline)
3.2. Conduct a workshop to prepare workplan to develop One Health curriculum	12-24 months	+++	+++	Coordinating MHDCA, MoH, MoA, MoEF, MoRTHE	-Developed work plan

RISK ASSESSMENT & SURVEILLANCE

Objective 4: Coordination and collaboration to identify priority zoonotic disease in Indonesia

4.1. Conduct a coordination meeting between MoH, MoA and PMK	12 months	++	+++	MoH (organizer)	-Number of participants -Meeting outputs
4.2. Organize a focal group discussion (FGD) with 100 participants from relevant institutions (KLHK, Menko PMK, BNPB)	12 months	+++	+++	MoA (organizer)	-Number of participants -FGD outputs & recommendations

Objective 5: Develop information system for zoonosis and implement systematic sharing of surveillance data

5.1. Harmonize information systems among MoA, MoH and KLKH	12 months	+++	+++	Coordinating MHDCA	-Integrated information system is established and running
5.2. Develop joint SOPs for data sharing	12 months	++	+++	Coordinating MHDCA	-SOPs for data sharing are developed
5.3. Deliver trainings for the use of System Information (SIZE), data management and data analysis	12 months	++	+++	Organizer: Coordinating MHDCA Participants : MoA, MoH, KLKH	-Number of training conducted -Number of staff trained

Objective 6: Improve laboratory capacity for diagnosis of zoonotic diseases

6.1. Conduct a joint training to improve (i) skills of human resources, (ii) laboratory facilities, (iii) standardized laboratory methods, for 80 persons	12 months	++	+++	MoH, MoA	-Number of participants trained
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RESPONSE

Objective 7: Improve coordination for zoonotic disease emergency response

7.1. Develop guidelines for response to zoonosis emergencies	3-6 months	+	+++	DG-LAH, DG-PDC	-Guidelines developed
7.2. Test and evaluate implementation of guidelines for zoonosis control in 3 pilot locations	12 months	++	+++	DG-LAH, DG-PDC	-Report of pilot testing -Corrective measures identified
7.3. Conduct a leadership training on response to zoonosis outbreaks for 1 veterinarian and 1 medical doctor for each province (68 total)	12 months	+	+++	DG-LAH, DG-PDC	-Number of participants trained

Objective 8: Ensure availability of emergency funds and infrastructure for zoonotic disease prevention and control

8.1. Develop regulations that bind central and local government to have emergency funds for zoonosis outbreaks	12 months	++	+++	DG-LAH, DG-PDC	Regulation for emergency funding for zoonosis outbreaks is in place
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Objective 9: Improve capacity for outbreak containment at the source

9.1. Deliver a training for joint field investigation and response to zoonosis outbreaks (biosecurity, depopulation, investigation, case management...)	12 months	+	+++	DG-LAH, DG-PDC	-Number of participants trained
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COMMUNICATION

Objective 10: Develop integrated national communication system and mechanism

10.1. Conduct a workshop to develop integrated national communication system and mechanism and develop a memorandum of understanding among related Ministries (3 days)	3-6 months	+	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo	-Workshop report -Memorandum of Understanding
10.2. Develop guidelines for integrated national communication system and mechanism	3-6 months	++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo	-Draft of guidelines produced -Finalized guidelines
10.3. Test and evaluate implementation in 3 pilot locations (Bengkalis, Boyolali and Ketapang)	12 months	+++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo	-Activity report

Objective 11: Build commitment and participation of stakeholders

11.1. Conduct an advocacy workshop to build commitment and participation of stakeholders (2 days)	3-6 months	++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo, Bangkalis, Ketapang	-Workshop report -Number of participants
11.2. Conduct routine meetings every 3 months for national communication between stakeholders	12 months and continued	++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo, Bangkalis, Ketapang	-Meeting reports -Number of participants in each meeting -Press/media releases

Objective 12: Build human resource capacity in national communication

12.1. Conduct a national training (training of trainers) on integrated national communication system and mechanism (4 days)	12 months	++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo	-Final report -Number of trained participants
12.2. Deliver trainings for local governments on communication system and mechanism (3 days) for four sectors (health, animal health, wild life and information)	12 months	+++	+++	Coordinating MHDCA, Kemenkes P2P, Kementan, KLHK, BNPB, Kemdagri, Kemkominfo	-Number of trainings conducted -Number of participants trained

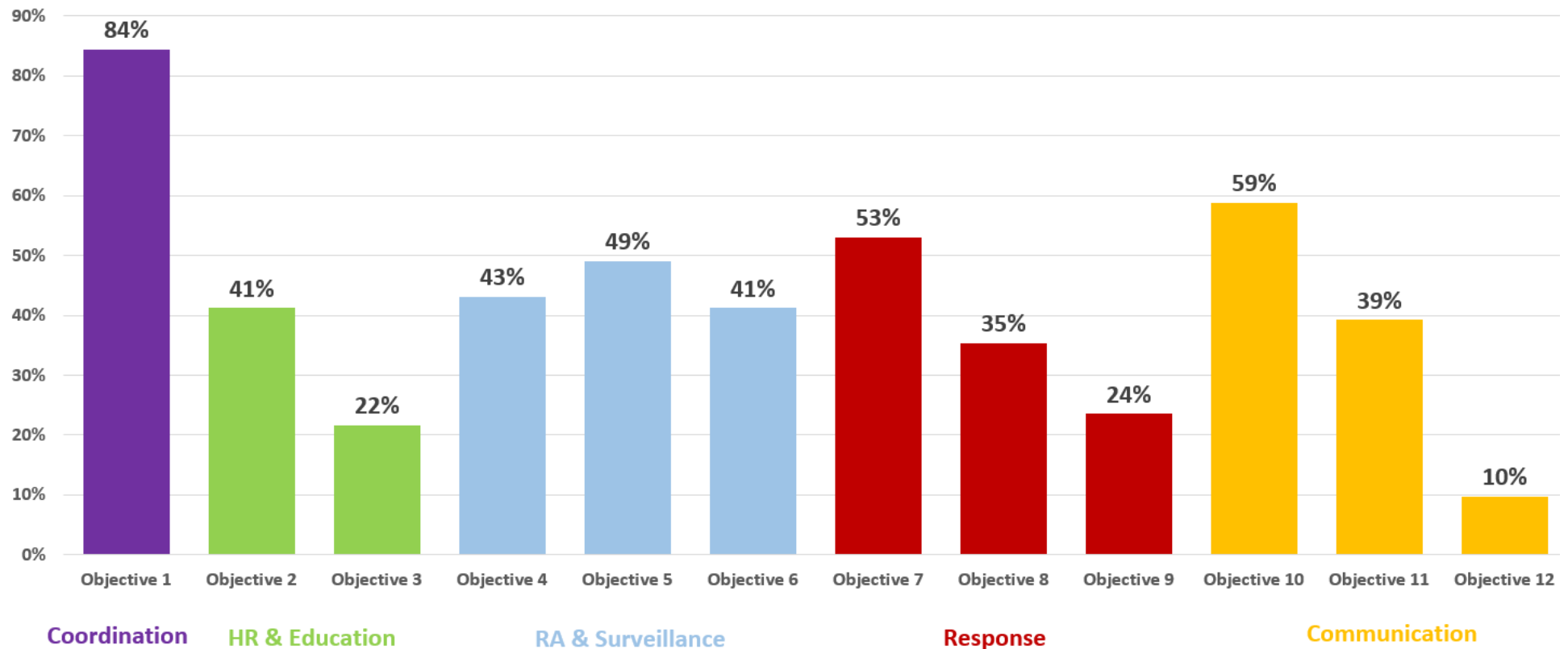
Difficulty of implementation: Low +, Moderate ++, Very difficult +++

Impact: Low impact +, Moderate impact ++, High impact +++

Abbreviations: **KLHK:** Ministry of Environment and Forestry / **Kemenkes P2P:** DG Diseases Control and Prevention MoH / **Kemdagri:** Ministry of internal affair / **Kementan:** Ministry of Agriculture / **BNPB:** National Disaster Agency / **HDC or MHDCA:** Human Development and Culture / **Kemkominfo:** Ministry of Communication and information / **MoEF:** Ministry of Finance / **Bengkalis and Ketapang:** District for one health pilot implementation / **DG-LAH:** Director General Livestock and Animal Health.

OUTPUT 2: PRIORITIZATION RESULTS

All participants were asked to vote individually via a mobile application and to select which five of the 12 objectives they considered as of highest priority. 51 participants participated in the vote. 84% of them considered Objective 1 (Coordination) as a top priority. Other high priority objectives were Objective 10 (Communication - 59%), Objective 7 (Response - 53%) and Objective 5 (RA & Surveillance - 49%).



OUTPUT 3: ONE HEALTH ROAD-MAP

	6 months	12 months	...and continued >>>	Priority rank
Coordination	Formalize legal regulation for guidelines to coordinate the management of zoonosis outbreaks with disaster status			1
		Training of trainers and trainings to apply guidelines for the management of zoonosis outbreaks		1
		Apply guidelines, monitor and evaluate implementation of regulation and guidelines to identify gaps and corrective actions		1
Human Resources & Education	Cross sectoral decision-maker meeting to discuss joint training on laboratory and epidemiology for human and animal health			6
		Workshop to develop training modules on laboratory and epidemiology for human and animal health		6
		Deliver joint trainings on laboratory and epidemiology for human and animal health		6
	Decision maker meeting to discuss implementation of One Health curriculum in medical and veterinary school			11
		Workshop to prepare workplan to develop One Health curriculum		11
Risk Assessment & Surveillance		Coordination meeting between MoH, MoA and PMK		5
		Focal group discussion with 100 participants from relevant institutions (KLHK, Menko PMK, BNPB)		5
		Harmonize information systems among MoA, MoH and KLKH		4
		Develop joint SOPs for data sharing		4
		Deliver trainings for the use of System Information (SIZE) , data management and data analysis		4
		Conduct a joint training to improve (i) skills of human resources, (ii) laboratory facilities , (iii) standardized laboratory methods , for 80 persons		6

	6 months	12 monthsand continued >>>	Priority rank
Response	Develop guidelines for response to zoonosis emergencies			3
	Test and evaluate implementation of guidelines for zoonosis			3
	Conduct a leadership training on response to zoonosis outbreaks			3
	Develop regulations that bind central and local government to have emergency funds for zoonosis outbreaks			9
	Deliver a training for joint field investigation and response to zoonosis outbreaks (biosecurity, depopulation, investigation, case management...)			10
	Communication	Conduct a workshop to develop integrated national communication system and mechanism and a MoU among related Ministries		
Develop guidelines for integrated national communication system and mechanism				2
		Test and evaluate implementation in 3 pilot locations (Bengkalis, Boyolali and Ketapang)		2
Conduct an advocacy workshop to build commitment and participation of stakeholders				8
		Conduct routine meetings every 3 months for national communication between stakeholders		8
Conduct a national training (training of trainers) on integrated national communication system and mechanism			12	
Deliver trainings for local governments on communication system and mechanism for four sectors (health, animal health, wild life and information)			12	

WORKSHOP EVALUATION

An evaluation questionnaire was completed by 54 participants (Figure 9) in order to collect feedback on the relevance and utility of the workshop. The vast majority of nationals rated the workshop highly, being for the most part “fully satisfied”, or otherwise “satisfied” with both the content (94%) and the format of the workshop (96%). In addition, when asked about the level of impact of the workshop, 93% and 94% of participants answered ‘high impact’ or ‘very high impact’ in regards to their technical knowledge and in regards to improving the collaboration between animal health and human health in Indonesia (Table 3).

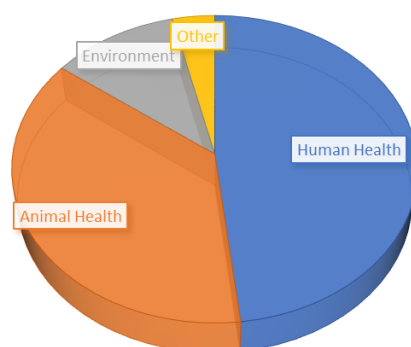


Figure 9: Answers to the question “which sector are you from?” (54 respondents)

Table 3: Results of the evaluation of the event by participants (54 respondents)

Overall assessment	'Satisfied' or 'Fully satisfied'
Content	94%
Structure / Format	96%
Organization (venue, logistics, ...)	78%
Impact of the event on...	'High' or 'Very High impact'
... your technical knowledge	93%
... the work of your unit	94%
... the collaboration of animal and public health in Indonesia	94%

When asked what were the **main strengths** of the workshop (open question), the most frequent answers were the material and method (61% of evaluations) and the skills of the experts and facilitators (29%).

When asked to name the **main weaknesses** of the workshop (open question), common answers were the insufficient amount of time allocated for the workshop (68%) and the lack of translation devices or the quality of the translation (32%).

Extracts from the comments of participants:

"Well thought-out format with a strong emphasis on interactions among stakeholders. One of the best inter-disciplinary workshop I have ever attended"

"A great method for self-assessment and for road-mapping the way forward"

"Material and method were excellent. The sessions are very well articulated [...] and the process is very well thought out"

APPENDIX

ANNEX 1: WORKSHOP AGENDA

DAY 1 – 21 August 2017		
12.00 – 14.00	Registration	
14.00 – 16.00	<u>Opening Session</u> <ul style="list-style-type: none"> - Indonesia Raya anthem - Organizer Report - Welcoming remark - Remark from WHO - Remark from OIE - Remark and Opening of National IHR-PVS bridging workshop - Group Photo 	MC : Ibu Rohani <ul style="list-style-type: none"> - Direktur P2PTVZ - Head of Bali Province - WHO - OIE - DG Live Stock and Animal Health MoA
16.00 – 16.15	<i>Coffee break</i>	
16.15 – 17.50	<u>Session 1: Workshop Objectives and National Perspectives</u> <ul style="list-style-type: none"> • <i>Movie 1</i>: Tripartite One Health collaboration and vision (10') • Workshop approach and methodology (10') • IHR JEE Self-assessment for Zoonosis Action Package and PHEIC potential zoonosis diseases (50') • <i>Movie 2</i>: Driving successful interactions - (20') 	Moderator : drh Azhar <ul style="list-style-type: none"> - WHO/OIE - WHO/OIE - Dir. P2PTVZ MoH - WHO/OIE

DAY 2 – 22 August 2017		
08.00 – 08.10	Review of Day 1	
08.10 – 10.10	<u>Continuation of Session 1 : Workshop Objectives and National Perspectives</u> <ul style="list-style-type: none"> - IHR Implementation (2005) in Indonesia (45') - PVS implementation and evaluation report in Indonesia (45') Lesson learned from Bali on rabies control programme (30') 	Moderator : dr Sinurtina <ul style="list-style-type: none"> - Dir. Surveillance and Health Quarantine MoH - Dir. Animal Health MoA - Bali Provincial animal health Office
10.10 – 10.25	<i>Coffee Break</i>	
10.25 – 12.10	<u>Session 2: Navigating the road to One Health</u> <ul style="list-style-type: none"> • Presentation and organization of the working group exercise (15') • Case study - Working groups by disease (90') 	Moderator : drh Pebi PurwoSuseno WHO/OIE
12.10 – 13.00	<i>Lunch</i>	
13.00 – 13.45	Presentation of Group Discussion (45')	Moderator : drh Pebi PurwoSuseno WHO/OIE

13.45 – 16.10	<p><u>Session 3: Bridges along the road to One Health</u></p> <ul style="list-style-type: none"> • Movie 3: Tools for human health (20') • Movie 4: Tools for animal health (20') • Movie 5: Bridging the tools (10') • Mapping gaps on the IHR/PVS matrix (60') • Discussion – Plenary (35') 	<p>Moderator : drh Pujiatmoko</p> <p>WHO/OIE</p>
16.10 – 16.25	<i>Coffee Break</i>	
16.25 – 17.55	<p><u>Session 4: Crossroads - IHR MEF and PVS Pathway reports</u></p> <ul style="list-style-type: none"> - Presentation and organization of the working group exercise (10') - Extract main results from the PVS Pathway (PVS Evaluation and PVS Gap Analysis) and IHR reports (annual self-evaluation), in relation to gaps identified on the matrix and review what has been proposed in the NAPHS (80') 	<p>Moderator : dr Syamsu Alam</p> <p>WHO/OIE</p>

DAY 3 – 23 August 2017		
08.00 – 08.10	Review of day 2	
08.10 – 10.10	<p><u>Session 5: Vision and strategic actions</u></p> <ul style="list-style-type: none"> • Presentation and organization of the working group exercise (15') • Objectives and Activities (Working groups by technical topic) (105') 	<p>Moderator : dr Lily Banonah</p> <p>WHO/OIE</p>
10.10 – 10.25	<i>Coffee Break</i>	
10.25 – 13.00	<p><u>Session 6: Roadmap - Reaching consensus</u></p> <ul style="list-style-type: none"> • World Café and finalization (80') • Plenary discussion on the Roadmap (60') • Presentation of the prioritization tool (15') 	<p>Moderator : drh Azhar</p> <p>WHO/OIE</p>
13.00 – 14.00	<i>Lunch</i> (collective assessment of priority levels)	
14.00 – 15.45	<p><u>Session 7: Way forward</u></p> <ul style="list-style-type: none"> • Results of prioritization vote (10') • Movie 6 : Joint External Evaluation (10') • Next steps (integrating the action points into the IHR-MEF process) (30') • Possible contributions of international partners –DAWR / FAO (30') • Evaluation of the workshop (15') 	<p>Moderator : drh Endang Burni</p> <p>WHO/OIE</p>
15.45 – 16.00	<i>Coffee Break</i>	
16.00 – 17.00	Closing Ceremony	DG DC & EH MoH

ANNEX 2: LIST OF PARTICIPANTS

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