



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

29-31 May 2018
Adama, Ethiopia



Organized by WHO, OIE, the Ministry of Health and the Ministry of Agriculture, Livestock and Natural Resources of Ethiopia

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ABBREVIATIONS & ACRONYMS

AAR	After Action Review
AH	Animal Health
AI	Avian Influenza
CME	Country Monitoring and Evaluation, WHO Health Emergency programme
EPHI	Ethiopian Public Health Institute
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MoALNR	Ministry of Agriculture, Livestock and Natural Resources
MoEFCC	Ministry of Environment, Forest and Climate Change
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NFP	National Focal Point
NOHSC	National One Health Steering Committee
OIE	World Organisation for Animal Health
PH	Public Health
PVS	Performance of Veterinary Services
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 collaboration. 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 Ethiopia,

- a PVS Evaluation was conducted in May 2011;
- a PVS Gap Analysis was conducted in September 2012;
- a Joint External Evaluation (JEE) mission was conducted in March 2016.

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 59 participants ([Annex 2](#)), with approximately one half from the MoH and the other half from the MoALNR with representatives from the Central, Regional and District levels attending the three-day discussions.

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.

Opening speeches were given by Dr Ismaila Kane (OIE Regional Office, Bamako, Mali), Dr Aggrey Kaijuka Bategereza (WHO Ethiopia Country Office), Dr Diyas Mashewa (MoALNR), Dr Yesmashewa Wegayehu (MoALNR) and Mr Aschalew Abayneh Workineh (MoH), who officially opened the workshop.

Participants were all given the opportunity to briefly introduce themselves and a group photograph was taken.

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

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

A documentary video initiated the first technical session with a description of 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, globally and at the regional level.

Dr Meseret Bekele (MoALNR) presented the "Veterinary Services and One Health". Focus was made on two general areas: an overview of the Veterinary Service and the review of key achievements regarding the One Health approach in Ethiopia. Dr Meseret first gave an overview of the PVS Evaluation and PVS Gap Analysis missions conducted in Ethiopia, and of the development of the National Animal Health strategic document which is designed for One Health concept implementation in the country (.i.e. reduction of the incidence of endemic zoonotic diseases, prevention and control of emerging and re-emerging zoonotic diseases, improvement of meat inspection and food safety, improvement of risk assessment and risk analysis, and strengthening collaboration with the MoH and all relevant stakeholders). Dr Bekele also outlined the structure of the Animal Health and Feed Regulatory Directorate and its different components, and the different collaborative activities accomplished including the establishment of the National One Health Steering Committee (NOHSC) and the elaboration of the National Action Plan for Health Security.

Dr Feyesa Regassa (MoH), acting IHR Focal Person, described the background, the structure, role, responsibilities and regulations of the Ethiopian Public Health Institute (EPHI). He emphasized on the growing risk of outbreaks at local and regional levels that pose serious health treats to Ethiopia. Dr Feyesa then covered the historical development of the One Health initiatives and the creation of the NOHSC and major activities. In Ethiopia, substantial progress has been made in implementing One Health approach and activities. However, effort is still needed to operationalize the One Health approach at the national and the local levels.

A documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface, focusing on several key technical areas such as surveillance, response operations, risk communication etc.

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 four working groups of mixed participants from both sectors (MoH and MoALNR) and from different levels (Central, Regional, District). Groups were provided with one of four case study scenarios (Table 1) based on diseases relevant to the Ethiopian context (avian influenza H5N1, rabies, anthrax and brucellosis) developed in collaboration with MoH and MoALNR representatives.

Table 1: Scenarios used for the different case studies

<p>Rabies (note: this case is entirely fictitious) - A stray dog which was known to have bitten two cows and was behaving aggressively towards people was reported to have bitten some children in the same neighbourhood. It was killed by the community in the Dawuro zone two days ago. The carcass of the dog was destroyed before the Veterinary authorities were able to take the head of the dog for confirmation of diagnosis.</p>
<p>Avian influenza H5N1 (note: this case is entirely fictitious) - Two persons were admitted at the Bishoftu Hospital, 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 (note: this case is entirely fictitious) - At least 60 people who allegedly ate uninspected meat in Jimma zone have been screened for anthrax. The victims, among them backyard slaughterers, were rushed to primary health care 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. Episodes of sudden death in cattle were also reported in the vicinity.</p>
<p>Brucellosis (note: this case is entirely fictitious) - Three goats all belonging to a small-holder dairy farmer in Sitti zone aborted. At the time of the first two abortions the farmer did not bother to report the problem to his local veterinary officer as his farm was too far away from the District Veterinary Office. In parallel, seven persons from the same village developed clinical signs such as headaches, fever and muscle cramps. Two of them were hospitalized and laboratory testing confirmed that they were infected by <i>Brucella melitensis</i>.</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 of avian influenza H5N1 are evaluating the level of collaboration between the two sectors for 16 key technical areas.

During an ensuing plenary session, each group presented and justified the results of their work. Output 1 summarizes the results from the four groups.

Each group also reported the major gaps identified on a report sheet to be used for road-planning (session 5).

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.
- Strengths and weaknesses in the intersectoral 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. Through an interactive approach, working groups were invited to plot their *technical area cards* onto the matrix by matching them to their corresponding indicators (Figure 2). A plenary analysis of the outcome showed clear gap clusters and illustrated that most gaps were not disease-specific but systemic.



Figure 2: Participants mapping the collaborative strengths and weaknesses 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 priorities:

- Coordination at local level
- Response and Field Investigation
- Surveillance and Laboratory
- Risk Communication

Note: 'Finance' and 'Legislation/Regulations' also came-up as some of the technical areas needing most improvement. However, participants agreed that the audience of this workshop would not be able to provide substantial improvements in those two domains. They remain nonetheless major gaps to impair the efficiency of the intersectoral collaboration in Ethiopia.

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 four priority technical areas.

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 (JEE, PVS Evaluation and PVS Gap Analysis) and extracted the main findings and recommendations relevant to their technical area (Figure 3).



Figure 3: Group working on ‘Surveillance and Laboratory’ and extracting results from PVS and JEE reports.

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, up to three joint objectives to improve their collaboration. For each objective, they filled *Activity Cards*, detailing the activities, their dates of expected implementation, the focal points responsible, and the implementation process (Figure 4).



Figure 4: The group on “Response and Field Investigation” is working on the identification of objectives and practical 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).

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

In-between Sessions 5 and 6, the team of external experts circulated through the different panels to discuss about the results at this stage. When there was a need for further clarification or for discussion on the objectives and activities identified by participants, post-it notes were left on the panels. At the beginning of Session 6, participants were given an hour and a half to address the comments made with the assistance of the external experts.

A World Café exercise was then 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 by noting down their suggestions or comments on post-it notes. At the end of the cycle, each group returned to their original board and addressed all changes or additions suggested by the other participants (Figure 5). Objectives and activities were fine-tuned accordingly.



Figure 5: World café exercise: the group on “Coordination at local level” is providing feedback to the panel of the “Risk Communication” group.

The final joint road-map is fully detailed in [Output 2](#).

Prioritization of Objectives

A total of 10 objectives were identified. To prioritize them, participants were given five stickers and asked to select the five objectives they considered as of highest priority.

Outcomes of Session 6:

- Harmonized, concrete and achievable joint road-map to improve the collaboration between the animal health and human health sectors in the prevention, detection and response to zoonotic disease outbreaks.
- Buy-in and ownership of all participants who contributed to all areas of the road-map.
- Prioritization of the objectives and activities.

SESSION 7: WAY FORWARD

Results of the prioritization vote were presented and discussed. 36 participants voted, results can be found in [Output 3](#).

Dr Musse Tadesse (MoH) presented Ethiopia's National Action Plan for Health Security and explained that the key components will be amended to include outputs from the workshop. Similarly, Ethiopia's One Health Strategic Plan was presented and Dr Musse explained how the activities defined during the workshop will help to enrich the strategy.

A plenary discussion on the way forward was held. Because of Ethiopia's Federal system, one of the key points of the discussion was the need to cascade down this type of workshop to the 11 regions. WHO and OIE confirmed that they would be interested in supporting this initiative by providing the method as well as all the necessary material to conduct such workshops. If a person from Ethiopia is identified to facilitate these workshops at the regional level, there is also the possibility of training him during future NBWs.

Outcomes of Session 7:

- Linkages between the joint road-map and Ethiopia's National Action Plan for Health Security.
- Linkages between the joint road-map and Ethiopia's One Health Strategic Plan.
- Decision to cascade down this workshop at the regional level.
- Discussion on the way forward.

CLOSING SESSION

The workshop ended with statements from MoH and MoALNR 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. WHO and OIE 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, and results from the working groups were copied on a USB memory stick distributed to all participants.

WORKSHOP OUTPUTS

OUTPUT 1: ASSESSMENT OF LEVELS OF COLLABORATION FOR 16 KEY TECHNICAL AREAS

Technical area (cards)	Rabies	Anthrax	H5N1	Brucellosis	Score
Coordination at local Level	Red	Red	Red	Red	8
Communication w/ media	Yellow	Red	Yellow	Red	6
Joint surveillance	Yellow	Red	Yellow	Red	6
Coordination at technical Level	Yellow	Yellow	Yellow	Red	5
Finance	Yellow	Yellow	Yellow	Red	5
Field investigation	Yellow	Red	Yellow	Yellow	5
Risk assessment	Red	Yellow	Yellow	Yellow	5
Laboratory	Yellow	Red	Yellow	Yellow	5
Response	Yellow	Yellow	Yellow	Red	5
Logistics	Yellow	Red	Yellow	Yellow	5
Legislation / Regulation	Yellow	Red	Green	Yellow	4
Education and training	Yellow	Yellow	Yellow	Yellow	4
Emergency funding	Yellow	Green	Yellow	Red	4
Communication w/ stakeholders	Yellow	Yellow	Green	Yellow	3
Human resources	Yellow	Yellow	Yellow	Green	3
Coordination at high Level	Green	Green	Yellow	Yellow	2

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”. The score uses a semi-quantitative scale (2 points for a red card, 1 for a yellow card and 0 for a green card). Technical areas marked in bold were selected and addressed in-depth throughout the rest of the workshop.

OUTPUT 2: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Activity	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Process
COORDINATION AT LOCAL LEVEL				
Objective 1: Establish One Health Coordination Mechanisms at Local Level				
1.1. Develop MoU among One Health stakeholders	September 2018	++	+++	-Adoption of existing One Health MoU (workshop) by One Health Stakeholders
1.2. Validation of MoU	September 2018	+	++	-Conduct workshop for Human Health, Animal Health, and Environment Sector officials (Steering Committee members and TWG)
1.3. Establish Local One Health Committees with representatives from relevant sectors (MoH, MOEFCC and MoALNR, etc)	September 2018	++	+++	-Designate focal persons from relevant stakeholders for each district (District health office head, environment office head, agriculture and livestock head) -Institutionalize One Health committees in each district
1.4. Develop ToRs, SOPs for Local One Health Committee	October 2018	+	++	-Organize consultative process for the development of ToRs and SOPs for Local OH Committee members
1.5. Develop information sharing mechanism and platform among Local One Health Sectors	December 2018	++	+++	-Contract consultancy or use local IT personal to develop Web platform for information sharing -Develop linkages of local web platform to National One Health websites including relevant websites of MoH, MoEFCC, and MoALNR including regional and international websites
1.6. Conduct regular Monitoring and Evaluation of Local One Health Committees	January 2019	++	+++	-Conduct review meetings to assess and review progress of the implementation of Local One Health activities on monthly and quarterly basis
SURVEILLANCE & LABORATORY				
Objective 2: Establish a functional linkage between the animal health and public health for joint surveillance				
2.1. Develop a MoU between MoH and MoALNR on procedures for joint surveillance	June 2019	++	+++	-Develop a regulatory umbrella which allows for: resource mapping, resource sharing, information and surveillance data sharing
2.2. Establish One Health Surveillance teams	September 2019	++	+++	-First at national level, then one in each region (total 12). -Team members: epidemiologists, laboratory staff, public health experts
2.3. Develop information sharing platform for trends in zoonotic and food-borne diseases	Sep 2020	++	++	See activity 1.5.

Objective 3: Improve technical capacity of human resources for joint surveillance				
3.1. Develop guidelines for joint surveillance of zoonotic diseases and AMR	May 2019	+	+++	-Contract a consultant to draft the guidelines -Share the guidelines with all sectors for revision and endorsement
3.2. Provide training to technical teams on surveillance procedures and laboratory techniques	Jan 2019	++	+++	-Provide training on One Health surveillance: epidemiology, necropsy, diagnostic technique, meat inspection, sampling, use of PPE, shipment, data analysis.
3.3. Conduct regular meetings to share data & challenges encountered	2020	+	+++	-Quarterly at national level and in all regions.
Objective 4: Equip and enhance capacity of existing laboratories				
4.1. Improve laboratory facility supply system in terms of equipment, chemicals, reagents	2019-2025	+++	+++	-Review current laboratory supply management system -Identify suppliers and items required -Implement online central procurement system
4.2. Implementation of laboratory quality management system	2025	++	++	-Develop SOPs for quality assurance -Provide training on quality assurance -Conduct pre-certification audit -Develop CAPA (corrective and preventive action plan)
4.3. Establish laboratory information management system from sample collection to the reporting of results	2025	+++	+++	
RESPONSE & INVESTIGATION				
Objective 5: Develop a framework for joint response				
5.1. Perform joint risk assessment for priority zoonotic diseases	Dec 2018	+++	+++	-Identify the risk assessment tool to be used -Identify risk assessment team -Conduct RA workshop -Validate RA results
5.2. Prepare multisectoral response plan (Multi-disease with disease-specific annexes for priority diseases)	May 2018	+++	++	-Prepare ToR -Hire a consultant -Send out to committee members
5.3. Prepare documents and guidelines related to the response plan (SOPs, ToRs, guidelines)	June 2019	++	++	

Objective 6: Setup teams for joint response and investigation				
6.1. Setup national and 11 regional teams for joint investigation and response	June Oct 2019	++	+++	-Identify team members from roster -Develop ToRs
6.2. Train joint teams on response plan and operations	Dec 2019	++	++	-Identify trainers -Prepare training materials -Perform TOT training at National level -Cascade trainings at Regional level
6.3. Conduct table top simulation exercise	Feb 2020	+	++	-Determine objectives and case scenario -Identify participants -Conduct the simulation exercise
Objective 7: Enhance joint response capacity through community participation				
7.1. Conduct stakeholder meetings to enhance community mobilization at district level	Feb 2020	+++	+++	-Identification of local stakeholders for community mobilization -Prepare materials for community mobilization -Conduct community mobilization workshops
RISK COMMUNICATION				
Objective 8: Establish a framework for One health risk communication				
8.1. Conduct a review of existing risk communication strategies nationally and internationally	September 2018	+	++	-Collect existing communication strategies and evidence -Review these strategies in line with One health approach
8.2. Draft a One Health risk communication strategy	November 2018	++	+++	-Conduct a workshop with experts from public health, animal health and partners -Draft the One Health risk communication strategy
8.3. Validate and endorse One health risk communication strategy	February 2018	+	+++	-Organize consultative workshop by inviting key actors of One health (national, regional and district level) -Incorporate feedback from the consultative workshop
8.4. Develop harmonized messages on priority zoonotic diseases	August 2018	+	+++	-Collect evidences on priority zoonotic diseases -Organize message harmonization workshop -Develop a message guide with core message on each zoonotic disease
Objective 9: Strengthen Human Resource Capacity on Risk Communication				
9.1. Assess and identify organizational and technical capacities on risk communication for One Health	March – May 2018	++	++	-Use existing capacity assessment tools -Organize meeting to conduct participatory assessment

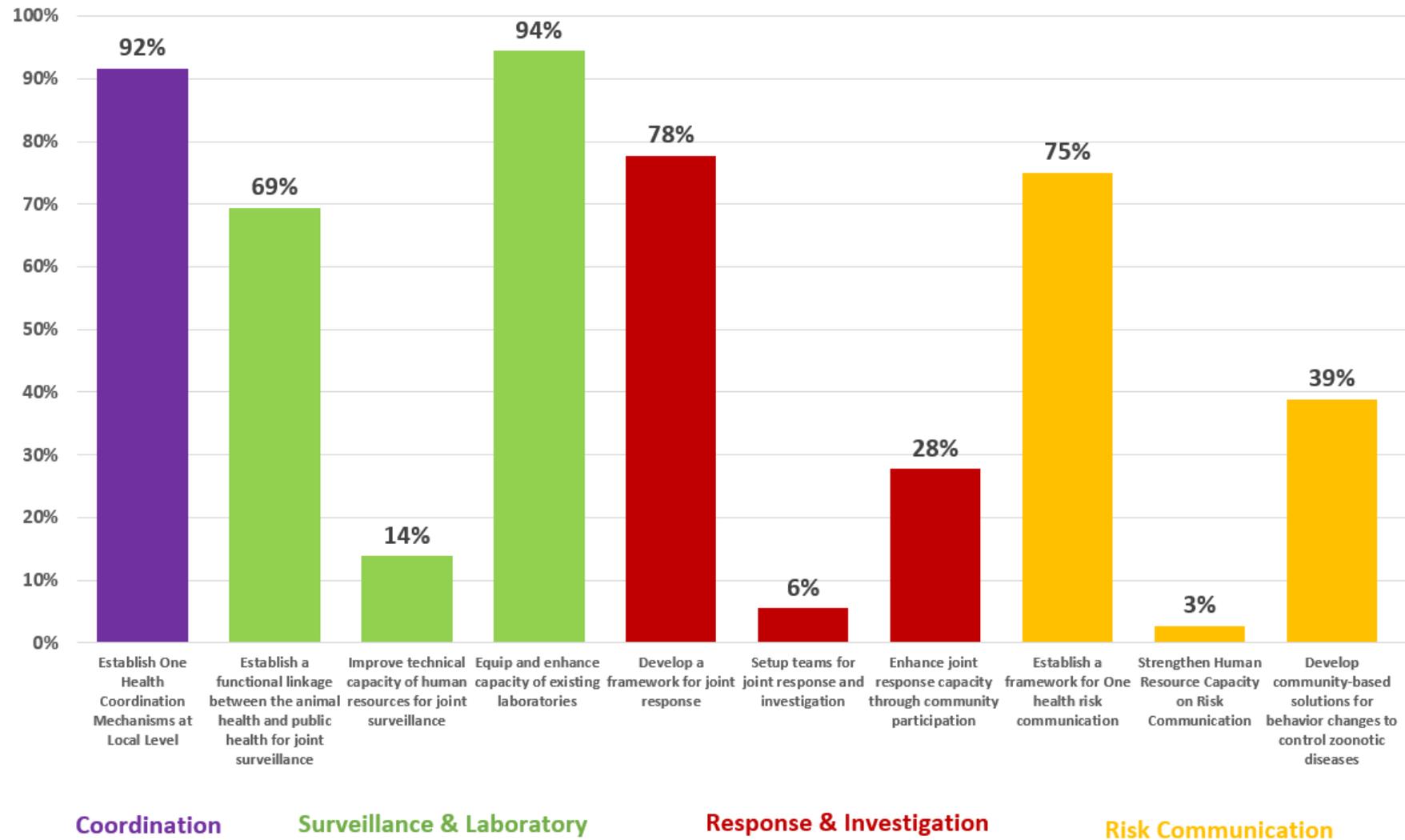
				-Analyse and define capacity gaps
9.2. Conduct advocacy workshop to address gaps identified by the capacity assessment	June 2018	++	+++	-Identify advocacy issues such as staffing, and budgeting for risk communication -Develop fact sheets -Conduct workshop by inviting the national and regional decision makers
9.3. Train members of community network, media, and frontline workers on risk communication	August-November 2018	+	+++	-Develop training package and materials -Conduct regional TOR -Roll out training for frontline workers -Two (2) sessions of training for regional and national community network members -Five (5) sessions on media training (1 national, 4 regional)
Objective 10: Develop community-based solutions for behaviour changes to control zoonotic diseases				
10.1. Conduct behaviour change campaign and selected zoonotic diseases	Oct 2018	++	+++	-Identify hot spot area on each zoonotic disease -Select appropriate medias on each message -Develop key message tailored to target audience -Conduct the campaign <ul style="list-style-type: none"> - Community level social mobilization - Market place campaign - School campaign - Media campaign

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

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

OUTPUT 3: PRIORITIZATION RESULTS

All participants were asked to select which five of the 10 objectives they considered as of highest priority. 36 participants contributed to the vote.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 41 participants in order to collect feedback on the relevance and utility of the workshop.

Tables 2-4: Results of the evaluation of the event by participants (41 respondents)

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
Overall assessment	98%	3,6
Content	98%	3,5
Structure / Format	100%	3,8
Facilitators	100%	3,7
Organization (venue, logistics, ...)	73%	2,9

Participants had to choose between 1=Highly unsatisfied – 2=Unsatisfied – 3=Satisfied – 4=Highly satisfied

Impact of the workshop on...	'Significant' or 'Major'	Average score (/4)
Your technical skills / knowledge	88%	3,1
The work of your unit/department	88%	3,3
The intersectoral collaboration in Ethiopia	65%	2,9

Participants had to choose between 1=No impact at all – 2=Minor impact – 3=Significant impact – 4=Major impact

Would you recommend this workshop to other countries?	
Absolutely	78%
Most likely	22%
Likely not	0%
No	0%

ANNEX 1: WORKSHOP AGENDA

DAY 1	
08:30 – 09.00	Registration of participants
09.00 – 10.00	<p>Opening Ceremony</p> <ul style="list-style-type: none"> • Representative of the MoH (10') • Representative of MoALNR (10') • Regional Representative OIE (10') • Country Representative WHO (10') • Introduction of participants (10') • Group Picture (10') + Coffee Break (30')
10.00 – 12.00	<p>Session 1: Workshop Objectives and National Perspectives</p> <p>The first session sets the scene by providing background information on the One Health concept and the subsequent tripartite OIE-WHO-FAO collaboration. It is followed by comprehensive presentations from both Ministries on the national public and animal health services. A second documentary provides concrete worldwide examples of fruitful intersectoral collaboration, showing how the two sectors share a lot in terms of approaches, references and strategic views.</p>
	<ul style="list-style-type: none"> • Workshop approach and methodology – PPT (10') • MOVIE 1: Tripartite One Health collaboration and vision (15') • Veterinary Services and One Health – PPT (20') • Public Health Services and One Health – PPT (20') • MOVIE 2: Driving successful interactions - Movie (25')
Lunch (12:00-13:30)	
13.30 – 17.00	<p>Session 2: Navigating the road to One Health</p> <p>Session 2 divides participants in working groups and provides an opportunity to work on the presented concepts. Each group will have central and provincial representatives from both sectors and will focus on a fictitious emergency scenario.</p> <p>Using diagrammatic arrows to represent the progression of the situation, groups will identify joint activities and areas of collaboration and assess their current functionality using one of three color-coded cards (green, orange, red).</p>
	<ul style="list-style-type: none"> • Presentation and organization of the working group exercise – PPT (15') • Case study - Working groups by disease (120') • Restitution (75')

DAY 2	
09:00 – 9:10	Feedback from day 1
09.10 – 12.00	<p><u>Session 3: Bridges along the road to One Health</u></p> <p>Session 3 presents the tools from both sectors (IHR MEF, JEE, PVS) and uses an interactive approach to map activities identified earlier onto a giant IHR-PVS matrix. This process will enable to visualize the main gaps, to distinguish disease-specific vs systemic gaps and to identify which technical areas the following sessions will focus on.</p> <ul style="list-style-type: none"> • MOVIE 3: IHR Monitoring and Evaluation Framework (25') • MOVIE 4: PVS Pathway (25') • MOVIE 5: IHR-PVS Bridging (10') • Mapping gaps on the IHR/PVS matrix (45') + Coffee break (20') • Discussion – Plenary (30')
12:00 - 13:00	<p><u>Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports</u></p> <p>Participants will be divided into working groups by technical topic (surveillance, communication, coordination, etc) and will explore the improvement plans already proposed in the respective assessments (IHR annual reporting, JEE, PVS Evaluation, etc.), extract relevant sections and identify what can be synergized or improved jointly.</p> <ul style="list-style-type: none"> • Presentation and organization of the working group exercise (15') • Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (45')
Lunch (13:00-14:00)	
14:00 - 15:00	<p><u>Session 4 (continued)</u></p> <ul style="list-style-type: none"> • Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (continued, 60')
15:00– 17:15	<p><u>Session 5: Road planning</u></p> <p>Participants will use the results obtained from the case studies and from the assessment reports to develop a realistic and achievable road-map to improve the collaboration between the sectors.</p> <ul style="list-style-type: none"> • Presentation and organization of the working group exercise (15') • Objectives and Activities (Working groups by technical topic) (120')

DAY 3	
09:00 – 9:10	Feedback from day 2
9:10 - 12:15	<p><u>Session 6: Fine-tuning the roadmap</u></p> <p>The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint-road map by making sure it is harmonized, concrete and achievable.</p>
	<ul style="list-style-type: none"> • Fine-tuning objectives and activities (90') <p>Coffee break (15')</p> <ul style="list-style-type: none"> • World Café (90')
Lunch (12:15-13:30)	
13:30 - 15:30	<p><u>Session 7: Way forward</u></p> <p>In the last session, representatives from the key Ministries take over the leadership and facilitation of the workshop to discuss with participant about the next steps and how the established roadmap will be implemented.</p> <p>Linkages with other mandated plans such as the National Action Plan for Health Security are discussed. This is also where any need from the country can be addressed. This will depend greatly on the current status of the country in terms of IHR-MEF and on the level of One Health capacity.</p>
	<ul style="list-style-type: none"> • Prioritization vote (30') • Integrating the outcomes in the NAPHS (20') • Integrating the outcomes in the One Health Strategic Plan (20') • Discussion on the way forward (20')
15:30 - 16:30	<p><u>Closing Session</u></p> <ul style="list-style-type: none"> • Evaluation of the workshop (20') • Closing ceremony (40')

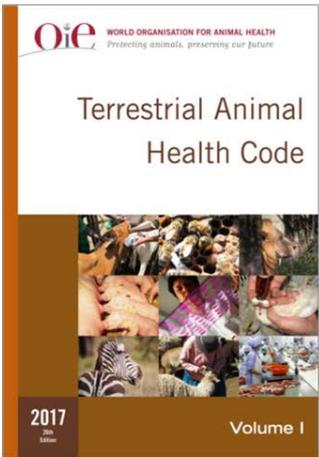
ANNEX 2: LIST OF PARTICIPANTS

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