



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

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Freetown, Sierra Leone



Organized by WHO, OIE, the Ministry of Health and Sanitation, the Ministry of Agriculture and Forestry of Sierra Leone

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ABBREVIATIONS & ACRONYMS

AAR	After Action Review
AH	Animal Health
AI	Avian Influenza
CDC	Centers for Disease Control and Prevention (USA)
CCM	Chemicals Control and Management
CME	Country Monitoring and Evaluation, WHO Health Emergency programme
EPA	Environmental Protection Agency
EOC	Emergency Operating Center
FP	Focal Point
GHSA	Global Health Security Agenda
HQ	Headquarters
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MAFFS	Ministry of Agriculture Forestry and Food Security
MEF	Monitoring and Evaluation Framework
MoHS	Ministry of Health and Sanitation
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NFP	National Focal Point
NOHSC	National One Health Steering Committee
OH	One Health
OIE	World Organisation for Animal Health
PH	Public Health
PVS	Performance of Veterinary Services
REDISSE	Regional Disease Surveillance Systems Enhancement
SOP	Standard Operating Procedures
ToR	Terms of Reference
USAID	United States Agency for International Development
WAHO	West African Health Organisation
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 Sierra Leone:

- a PVS Evaluation was conducted in March 2010;
- a PVS Gap Analysis was conducted in March-April 2012;
- a Joint External Evaluation (JEE) mission was conducted in October-November 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 76 participants ([Annex 2](#)), with approximately one half from the MoHS and the other half from the MAFFS with representatives from the Central, Regional and District level 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 Brigitte Gleason, Medical Officer, Surveillance Focal Person, CDC Sierra Leone; Dorothy Peprah Advisor, Global Health Security Agenda, USAID Sierra Leone; Dr Ismaila Kane (OIE Regional Office, Bamako, Mali), Mr Alexander Chimbaru, Officer In Charge ((OIC) WHO Sierra Leone Country Office), Mr Alie D. Jalloh, Assistant Deputy Director Chemicals Control and Management (EPA); Dr Amadou Tidjane Jalloh, Deputy Director Animal Health, Livestock and Veterinary Services Division, (MAFFS) and Rev. Dr. Thomas T. Samba, Director of the Directorate of Health Security and Emergencies, (MoHS), who officially opened the workshop.

After a group photograph, participants were all given the opportunity to briefly introduce themselves.

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 (OH) 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.

Mr Melvin Conteh (MoHS) presented the «Public Health, Veterinary, Plant & Environmental Health Services and One Health initiatives" on behalf of the MAF, EPA & MOHS and the One Health Secretariat (OHS). The presentation covered the following key areas: an overview of One Health initiatives in Sierra Leone, the establishment of National One Health platform, review of the structure of the National One Health platform, major achievements and perspectives.

Despite the weak surveillance systems in both human and animal sectors, particularly for effective prevention, detection, and control of emerging and re-emerging infectious diseases (EIDs), Sierra Leone has made substantial progress to implement a functional and effective One Health platform. There have been many recent joint activities such as: drafting of One Health country strategic plan, launch of One Health platform, quarterly One Health coordination meetings, and development of One Health Planning for Performance, development of National Action Plan for Health Security, establishment of National One Health Secretariat (NOHS) etc. In Sierra Leone, the major international organizations such as WHO, FAO, OIE, USAID, CDC, and World Bank have provided financial and technical support for the implementation of One Health related activities. The main lessons learnt in relation to collaboration for implementing and operationalising One Health approach in Sierra Leone were illustrated in the presentation. Although that regular meetings in relation to One Health activities take place between MAFFS, MoHS and EPA, the presentation highlighted the need for an effective collaboration. In addition to the presentation prepared by the three ministries (MAFFS, MoHS and EPA), the FAO in collaboration with the University of Sierra Leone provided an overview of the outbreaks of Rift valley fever (RVF) in Sierra Leone. Results of recent epidemiological studies highlighted the crucial need for strengthening the veterinary health system tackle zoonotic diseases such as RVF. Clearly, achieving the expected outcomes of OH initiatives in Sierra Leone requires extensive collaboration, allowing partners and stakeholders to collectively build a network and system for health and welfare of humans, animal, plants and ecosystem.

The second 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 five working groups of mixed participants from three sectors (MAFFS, MoHS and EPA) and from different levels (Central, Regional, District). Groups were provided with one of five case study scenarios (Table 1) based on diseases relevant to the Sierra Leone context (avian influenza H5N1, anthrax, Ebola, Lassa, and rabies) developed in collaboration with MAFFS, MoHS and EPA representatives during the pre-meeting session at the Emergency Operating Center (EOC) in Freetown.

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 Moyamba district 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 Waterloo 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 Moriba village 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>Lassa (note: this case is entirely fictitious) - Two persons were admitted at the Kenema Government Hospital with haemorrhagic symptoms. These persons originated from a rural area in Kenema where a wave of abortion and mortality of young animals has been reported in small ruminants and cattle during the last 3 weeks. The population is used to experience malaria during the rains, but these new symptoms generate panic.</p>
<p>Ebola (disclaimer: this case is entirely fictitious). Children from Maforki were admitted to Mahera Hospital with bleeding symptoms. These children have captured bats in the hollow of a fallen tree in a forest near the village. Following the appearance of the first signs of the disease, about ten people were contaminated and died later, in the village. Samples taken from patients were sent to Freetown and then to a reference laboratory, the presence of Ebola Virus Disease were confirmed.</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 15 key technical areas: Coordination at high Level, Coordination at local Level, Coordination at technical Level, Legislation/Regulation, Finance, Communication with media, Communication with stakeholders, Field investigation, Risk assessment, Joint surveillance, Laboratory, Response, Education and training, Emergency funding, and Human resources. The status of the level of collaboration was 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 have evaluated the level of collaboration between the two sectors for 15 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 five 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 15 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 was focused on the following priorities:

- Coordination
- Laboratory
- Response
- Surveillance
- Communication/Risk Communication

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.

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).

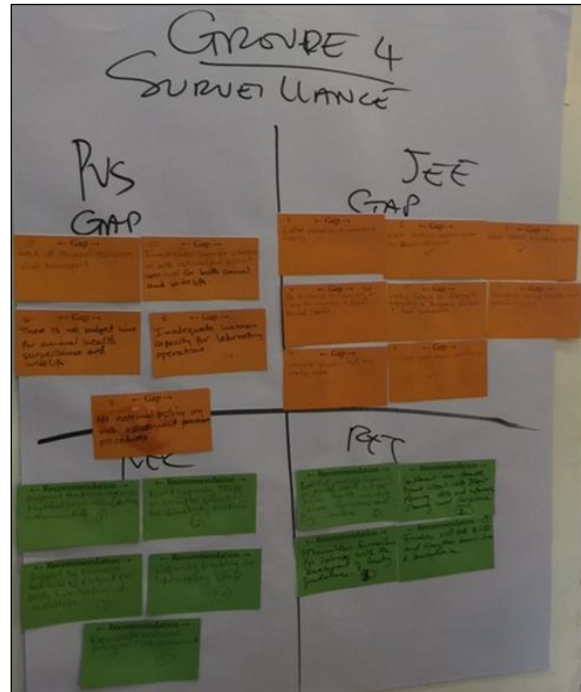


Figure 3: Group working on 'Surveillance' extracted weaknesses and recommendations from PVS and JEE reports.

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, difficulty of implementation and the expected impact, the focal points responsible, and the implementation process (Figure 4).

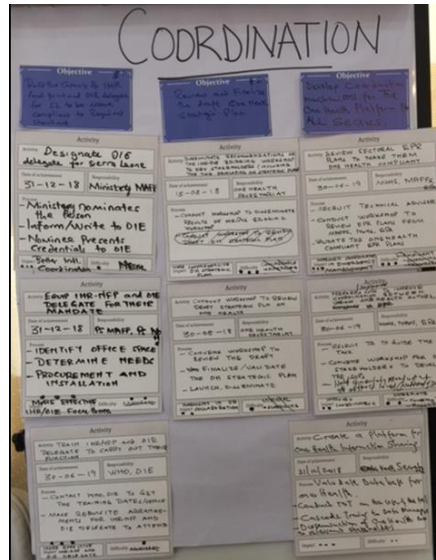


Figure 4: The group on “Coordination” identified three objectives and practical activities to improve the collaboration between the human and animal health sectors in this domain.

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 “Laboratory” is providing feedback to the panel of the “Surveillance” group.

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

Prioritization of Objectives

A total of 13 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. 44 participants voted, results can be found in [Output 3](#).

Mr Alie D. Jalloh, Assistant Deputy Director Chemicals Control and Management (EPA) presented the way forward to use the results of the bridging workshop to reviewing and finalize the draft of One Health Strategic Plan and to implement the NAPHS especially for the management of zoonosis.

A plenary discussion on the way forward was held. It was generally agreed that the outputs of the workshop should be used to strengthen the implementation of One Health approach and activities. However, there was consensus that there is a need to accurately monitor and measure collaboration to assist improving the operationalization of One Health approach.

Outcomes of Session 7:

- Linkages between the joint road-map and Sierra Leone's National Action Plan for Health Security.
- Linkages between the joint road-map and Sierra Leone's One Health Strategic Plan.
- Development of a tool to monitor collaboration to assist improving One Health approach
- Discussion on the way forward.

CLOSING SESSION

The workshop ended with statements from the Director of the Directorate of Health Security and Emergencies, on behalf of all the participants and both the MoHS and MoAL 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 15 KEY TECHNICAL AREAS

Technical area (cards)	Rabies	Anthrax	H5N1	Ebola	Lassa fever	Score
Coordination at high Level	Yellow	Yellow	Yellow	Yellow	Yellow	5
Coordination at local Level	Red	Green	Red	Red	Yellow	7
Coordination at technical Level	Yellow	Yellow	Red	Green	Yellow	5
Legislation / Regulation	Green	Yellow	Yellow	Green	Red	4
Finance	Yellow	Yellow	Green	Yellow	Red	5
Communication w/ media	Yellow	Yellow	Yellow	Green	Yellow	4
Communication w/ stakeholders	Yellow	Yellow	Green	Green	Yellow	3
Field investigation	Yellow	Green	Green	Yellow	Yellow	3
Risk assessment	Red	Yellow	Red	Yellow	Yellow	7
Joint surveillance	Red	Yellow	Yellow	Yellow	Yellow	6
Laboratory	Yellow	Red	Red	Yellow	Yellow	7
Response	Yellow	Green	Red	Yellow	Yellow	4
Education and training	Green	Yellow	Red	Yellow	Red	6
Emergency funding	Red	Red	Red	Red	Red	10
Human resources	Yellow	Green	Yellow	Red	Yellow	5

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

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

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

Activities	Date	Cost	Impact	Responsible	Process
COORDINATION					
Objective 1: Build the capacity of IHR focal point and OIE delegate for SL to be more compliant to required standards					
1.1. Designate OIE delegate for SL	31.12.18		+++	MAFF	<ul style="list-style-type: none"> Ministry nominates the person Inform the OIE Nominee presents credentials to OIE
1.2. Equip IHR-NFP and OIE Delegate for their mandate	31.12.18		+++	PS MAFF, PS MOHS	<ul style="list-style-type: none"> Identify office space Determine needs Procurement and installation
1.3. Train IHR-NFP and OIE Delegate to carry out their function	30.06.19		+++	WHO, OIE	<ul style="list-style-type: none"> Contact WHO, OIE to get the training dates and venue Make requisite arrangements for IHR-NFP and OIE Delegate to attend relevant international meetings
Objective 2: Review and finalise the draft One Health Strategy Plan					
2.1. Disseminate recommendations of the IHR-PVS Bridging Workshop to key stakeholders (including the TWG for OH Strategic Plan)	15.08.18			OH Secretariat	<ul style="list-style-type: none"> Conduct workshop to disseminate results of IHR-PVS Bridging Workshop
2.2. Conduct workshop to review draft Strategic Plan on One health	30.08.18		++	OH Secretariat	<ul style="list-style-type: none"> Convene Workshop to review the draft Finalise/validate the OH Strategic Plan Launch, disseminate
Objective 3: Develop coordination mechanisms for the One Health Platform for all sectors					
3.1. Review Sectoral EPR Plans to make them OH compliant	30.06.19		+++	MOHS, MAFF	<ul style="list-style-type: none"> Recruit Technical advisor Conduct Workshop to review EPR plans from MAFF, MOHS, EPA Validate the OH compliance of EPR plans
3.2. Prepare & implement SOPs to improve coordination between various OH actors	30.06.19		++	MOHS, MAFF, EPA	<ul style="list-style-type: none"> Recruit TA to guide the task Convene Workshop for OH stakeholders to develop the SOPs Hold quarterly meetings at district level

3.3. Create a platform for OH Information sharing	31.12.18		+++	OH Secretariat	<ul style="list-style-type: none"> • Validate database for OH • Conduct ToT on the use of the tool • Cascade training to Data Managers • Dissemination of OH data to relevant stakeholders
LABORATORY					
Objective 4: Strengthen human resource & logistical capacity for lab services in the context of OH at national & regional level					
4.1. Conduct lab needs assessment, cold chain equipment, reagents & consumables across all sectors in the 4 regions of SL	02.19		+++	MOH, MAFF, EPA, Partners	<ul style="list-style-type: none"> • Develop needs assessment tools (15 pax for 5 days) • Identify assessors (10 pax in 14 districts) • Field visit to collect data (4 teams of 5 pax for 5 days) • Collate and analyse data (7 days) • Report to a joint meeting to all OH stakeholders
4.2. Strengthen human resource capacity on human, animal & environmental labs	08.20		+++	MOHS, MAFF, EPA, Partners	<ul style="list-style-type: none"> • Assessment of the current status • Joint hiring of lab staff • Develop a curriculum for training • Joint training of lab staff
4.3. Procure equipment, reagents and consumables for lab services in the country on OH in the 4 regions	02.19		+++	Directorate for labs, MOHS, MAFF, EPA, partners	<ul style="list-style-type: none"> • Assess available reagents, equipment and consumables for all sectors (4 teams of 4 pax to 4 regions) • Create a harmonized pro-forma invoice / concept note • Mobilize funds, all sectors involved • Costing: hire a local consultant and 20 pax • Prioritize so that the most important ones are procured first – “accountability at all levels”
Objective 5: Establish collaboration, coordination and information sharing mechanism among lab services in the context of OH in the four regions of SL					
5.1. Develop SOPs for collaboration & information sharing among the 4 regional labs in OH context	11.19		+++	MOHS, MAFF, EPA, Partners	<ul style="list-style-type: none"> • Meeting for stakeholders from MAFF, MOHS, EPA (5 pax from each sector, 2 days) • Workshop: drafting & harmonizing of available SOPs; include all sectors (5 days, 50 pax, at national level) • Review and validate draft (45 pax, 3 days in the provinces) • Team of technical lab senior staff to adopt and report to the higher level

5.2. Hold quarterly coordination meeting among the 4 regional labs in the context of OH	08.19		+++	MOHS, MAFF, EPA, Partners	<ul style="list-style-type: none"> Nomination of chairperson for the coordination (rotational) by stakeholders Rotational quarterly meetings (35 pax, 3 days)
5.3. Develop data base for lab services in the 4 regions in OH context	08.19		+++	MOHS, MAFF, EPA, Partners	<ul style="list-style-type: none"> Meeting with stakeholders to assess status of electronic reporting system (30 pax, 4 days) Develop a unified reporting template (30 pax, 4 days) Training of data officer from all 4 regions (24 pax, 1 week)
Objective 6: Develop mechanism and capacity for biosafety and biosecurity in the context of OH in SL					
6.1. Conduct a comprehensive nationwide needs assessment on Biosafety and Biosecurity in OH context	08.19		+++	MOHS, MAFF, EPA, partners, Point of Entry	<ul style="list-style-type: none"> Meeting to brainstorm (5 pax each for all sectors in the OH platform, 1 day) Form 4 teams for all 4 regions (16 pax) for 1 week Develop a questionnaire (4 pax, 3 day) Administer questionnaire in different districts Collate data and report to next level up
6.2. Harmonise existing guidelines on lab biosafety & biosecurity to include human, animal, environment & plant health	07.19		+++	MOHS, MAFF, EPA, partners, Point of Entry	<ul style="list-style-type: none"> Meeting to review existing biosecurity & biosafety policy and guidelines (20 pax, 3 days) Develop BS & BS policy and guidelines under the OH concept (60 pax, 7 days) Review and validate (50 pax, 5 days) Dissemination (print 500 copies each)
6.3. Finalise the enactment of biosafety and biosecurity policy	06.19		+++	MOHS, MAFF, EPA, partners, ONS, Point of Entry	<ul style="list-style-type: none"> Meeting to constitute a team of stakeholders to follow up Hold a meeting to establish the progress and determine way forward Hold advocacy meetings with stakeholders and decision makers For all three: 30 pax for 3 days
RESPONSE					
Objective 7: Develop implementation framework for the country OH strategic plan					
7.1. Organise consultative workshop	2 March 2019		+++	SL One Health Platform	<ul style="list-style-type: none"> Identification of stakeholders

7.2. Organize and conduct two workshops on implementation framework	First quarter 2019		+++	SL One Health Platform	<ul style="list-style-type: none"> Develop a Concept Note
7.3 Recruit consultant to develop a CN for the implementation framework	October 2018		+	SL One Health Platform Secretariat	<ul style="list-style-type: none"> Develop TOR
Objective 8: Establish Sierra Leone joint response unit					
8.1. Organize a meeting for all lines ministries to create a joint response unit	First quarter 2019		+++	SL One Health Platform Secretariat	<ul style="list-style-type: none"> Dissemination of SOP Define roles and responsibilities Carry out activity Evaluate effectiveness of simulation exercises
8.2. Organize a joint simulation exercises for a public health event diseases outbreaks and chemical hazard	Third quarter 2019		++	SL One Health Platform Secretariat	
SURVEILLANCE					
Objective 9: Harmonize the surveillance system for zoonotic diseases on One Health					
9.1. Develop and implement an integrated OH surveillance system for data management, sharing and IT Platform	August 2019		+++	MAF MOHS EPA	<ul style="list-style-type: none"> Stakeholder consultative meeting Develop SOP and Plan Validation of SOP Implementation Plan Technical assistance for IT support Technical assistance for data information exchange platform and IT harmonization program and data management
9.2. Develop and implement an SOP for joint surveillance activities including field investigation, response and feedback	May 2019		+++	MOH MAF EPA	<ul style="list-style-type: none"> Stakeholders consultation on developed SOP Implementation through training Monitor and evaluate implementation Review
Objective 10: Enhance the capacity for data collection, analyse and reporting on One Health at all levels					
10.1. Conduct five days TOT on reporting and outbreak investigation for surveillance personnel within the One Health at all levels	Third quarter 2019		++	MAF MOH EPA	<ul style="list-style-type: none"> Develop training manual Cascade Training
10.2. Conduct two days training on data analysis for One Health at regional level and follow up with ongoing training and mentorship	First quarter 2019		+++	MOH MAF EPA	<ul style="list-style-type: none"> Conduct baseline assessment and gaps analysis Develop training manual/material Provide data management tools

COMMUNICATION/RISK COMMUNICATION

Objective 11: To develop a five-year costed budget plan for risk communication / communication 2019-2023 within the One Health Platform (OHP)

11.1. Hire a consultant on risk communication to supervise budget development	1 st October 2018				<ul style="list-style-type: none"> Advertise and interview Recruit consultant
11.2. Organise a three (3) day workshop to develop a five (5) year budget plan for risk communication in the OHP	19 th September 2018			One Health Secretariat Lead One Health Secretariat Lead	<ul style="list-style-type: none"> Identify stakeholders for the workshop between 60-70 people, supported by a consultant. Roll-out the workshop for three (3) days (3rd -5th Sept 2018) First draft produced will be distributed widely with stakeholders for review Validation of draft in a One-day workshop Submit final draft 5 years budget plan
11.3. Organise a meeting to validate the draft budget plan on risk communication	17 th -19 th October 2018			One Health Secretariat Lead	<ul style="list-style-type: none"> Invite Risk Communication stakeholders A one day workshop/meeting will be organized to validate the draft 5 years costed budget plan Submission of final draft done on 19th September 2018 The consultant supervises the process

Objective 12: To establish a system for collection and sharing of information across One Health sectors

12.1. To organize a meeting to harmonise reporting tools of all OH sectors to identify areas relevant to One Health	24 ^{ht} -29 th September 2018			One Health Secretariat Lead	<ul style="list-style-type: none"> Form an eight-men Committee (2 per sector) especially the information/communication lead Committee meets for one week (24-29 September 2018) to harmonise reporting tools
12.2. To organize training for personnel in OH platform to pull relevant information from each sector reports and compile for sharing to One Health	04 th October 2018			Information/communications Lead at One Health Secretariat	<ul style="list-style-type: none"> Invite M&E offices to a One-day meeting Tran them on the harmonised reporting tools or information needed on One Health Timely submission One Health reports
12.3. Hold regular meetings to review and discuss compiled information for OH, and share the information across sectors and partners, at national and district level					

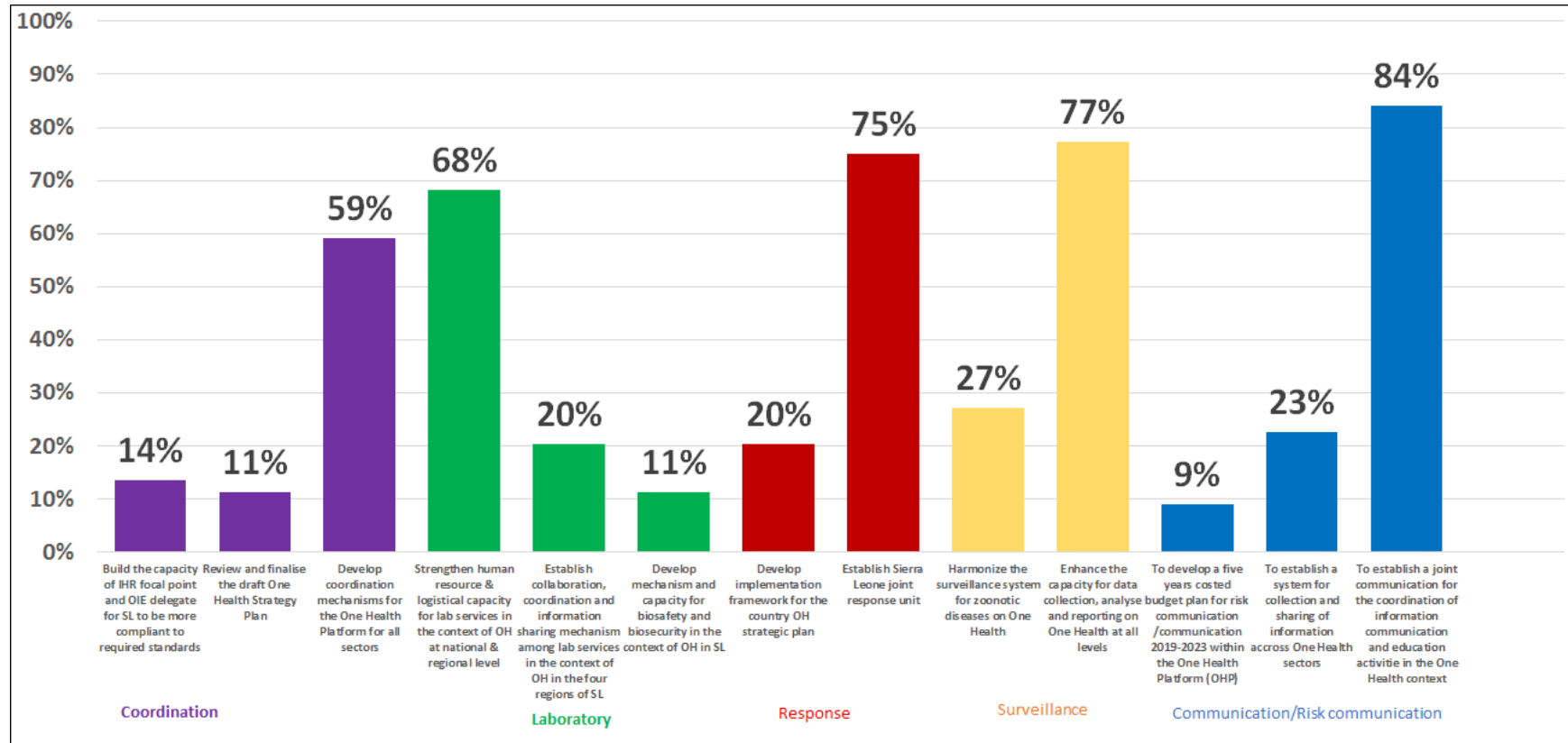
Objective 13: To establish a joint communication for the coordination of information communication and education activities in the One Health context

13.1. Identify communication focal person (s) in each sector, and form communication OH committee at national and district level	November 2018	++	++	MAF, MOH, EPA, One Health Secretariat Lead	<ul style="list-style-type: none"> Letter s to the respective institutions inviting them to a meeting to discuss Convey a meeting to discuss the status of the various communication strategies in the various sectors
13.2. Regular One Health communication committee led meetings with partners to share updates and information, develop communication materials, and coordinate communication activities at national and district level	Weekly			MOH, EPA, and MAF	
13.3. Develop joint OH communication response operational plan at national and district level, approve and test					
13.4. Establish feedback loop mechanism for engaging and listening to communities, to guide/inform common activities, and sharing messages back to communities					

NB: Participants have made progress to identify the key objectives and their corresponding activities to be achieved in order to improve the collaboration between public health and veterinary sectors, little emphasis was made to document the level of difficulty and or impact of each activity..

OUTPUT 3: PRIORITIZATION RESULTS

All participants were asked to select which five of the 15 objectives they considered as of highest priority. 44 participants contributed to the vote.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 25 participants in order to collect feedback on the relevance and utility of the workshop.

Tables 2-5: Results of the evaluation of the event by participants (25 respondents)

Workshop evaluation	Satisfied' or 'Fully satisfied'	Average rating (/4)
Overall assessment	83%	3.1
Content	88%	3.1
Structure / format	88%	3.2
Facilitators	88%	3.1
Organization (venue, logistics...)	75%	3.0

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	92%	3.0
The work of your unit/department	88%	3.3
The intersectoral collaboration in Sierra Leone	72%	2.8

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

Average score for each session (/4)						
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
3.2	3.0	3.2	3.1	3.4	3.2	3.1

Would you recommend this workshop to other countries?	
Absolutely	44%
Most likely	40%
Likely not	0%
No	0%
Not completed	16%

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 MoHS (5') • Representative of MAFFS (5') • Representative of EPA (5') • Country Representative WHO (5') • Regional Representative OIE (5') • Representative of USAID (5') • Representative of CDC (5') • Introduction of participants (5') • Group Picture (5') + Coffee Break (15')
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>Session 6: Fine-tuning the roadmap</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') Coffee break (15') • World Café (90')
Lunch (12:15-13:30)	
13:30 - 15:30	<p>Session 7: Way forward</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>Closing Session</p> <ul style="list-style-type: none"> • Evaluation of the workshop (20') • Closing ceremony (40')

ANNEX 2: LIST OF PARTICIPANTS

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