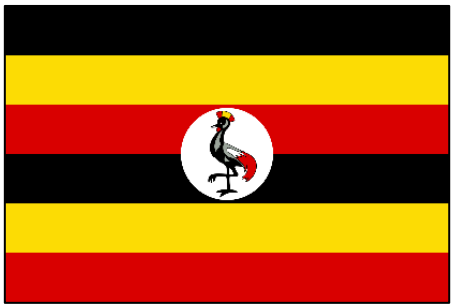
World Health Organization

WORLD ORGANISATION FOR ANIMAL HEALTH



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

25-27 September 2017

Kampala, Uganda

Organized by WHO, OIE, the Ministry of Health and the Ministry of Agriculture, Animal Industries and Fisheries of Uganda

Acknowledgments

The organizers of the meeting would like to express their gratitude to the authorities of Uganda for their support in the preparation and conduction of the event,

and more particularly to:

-Professor Anthony Mbonye, Ag Director General, Ministry of Health

-Doctor Juliet Sentumbwe, Director General, Ministry of Agriculture, Animal Industries and Fisheries

-and the One Health Platform for the coordination of the workshop organization.

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ABBREVIATIONS & ACRONYMS

AI	Avian Influenza
CCHF	Crimea-Congo Hemorrhagic Fever
DG	Directorate General
DVO	District Veterinary Officer
FAO	Food and Agriculture Organization of the United Nations
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
IT	Information technology
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MAAIF	Ministry of Agriculture, Animal Industries and Fisheries
MHP&R	Multi Hazard Preparedness and Response
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NOHP	National One Health Platform
OIE	World Organisation for Animal Health
OPM	Office of the Prime Minister
PH	Public Health
POE	Points of Entry
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
TOR	Terms of Reference
USAID	United States Agency for International Development
WHO	World Health Organization
ZDCO	Zoonotic Diseases Coordination Office

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 Uganda,

- a PVS Evaluation was conducted in 2007;
- a PVS Gap Analysis was conducted in 2011;
- a Joint External Evaluation (JEE) mission was conducted in 2017 and the country is currently preparing the National Action Plan for Health Security (NAPHS).

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 46 participants (Annex 2), with approximately one half from the Ministry of Health (MoH) and the other half from the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF), with representatives from both the Central and the District level attending the three-day discussions. Representatives of other relevant sectors (environment, media) and health development partners (USAID) 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 representatives from both Ministries, namely Dr Nantima Neolina (ACDC MAAIF), Dr Andrew Bakainaga (WHO/OIC) and Pr. Anthony Mbonye (Ag. Director General of Health Services, MoH) as well as representatives of international organizations, namely Dr Boukaré Bonkoungou (WHO) and Dr Alessandro Ripani (OIE).

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.

A presentation given by Dr Fred Monje (Senior Veterinary Inspector and One Health focal person at MAAIF) highlighted the many efforts conducted in Uganda to promote the One Health concept. It was stressed that the Congo basin is an area at high risk of emergence and spread of diseases for both animals and humans. Responding is not enough, Uganda needs to be better prepared, and intersectoral collaboration is key to reach a satisfying level of preparedness. Joint projects (such as the Support Program for Integrated National Action Plan for Avian and Human Influenza) and joint simulation exercises have already been conducted but the collaboration was really formalized in November 2016 when the National One Health Platform (NOHP) was launched. The NOHP has two operational levels: (1) One Health Technical Working Group (OH/TWG) and (2) Zoonotic Diseases Coordination Office (ZDCO).

A second documentary video provided participants with concrete worldwide examples where intersectoral collaboration proved to be efficient in addressing health issues at the human-animal interface. Discussing around real case experienced in multiple countries, it was agreed that many key technical areas could benefit from the One Health concept.

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 though 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 MAAIF) and from different levels (Central and District). Groups were provided with one of four case study scenarios (Table 1) based on diseases relevant to the Ugandan context (avian influenza H5N1, rabies, anthrax and CCHF).

Table 1: Scenarios used for the different case studies

Rabies – *A stray dog which was known to have bitten two cows and was behaving aggressively towards people. It was reported to have bitten some children in the same neighbourhood. It was shot dead by Police in the outskirts of Nkoma Village two days ago. The carcass of the dog was destroyed before the Veterinary authorities were able to take the head for confirmation of diagnosis.*
H5N1 – *Two persons were admitted at the Masaka hospital (somewhere in Uganda), with pneumonia. Laboratory testing by RT-PCR resulted positive for H5N1 subtype of avian influenza. One of the patients is a small-scale broiler farmer who sells his birds three times a week at the Bukakata local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and having bought four ducks.*
Anthrax – *At least 60 people who allegedly ate uninspected meat at Rhino camp in Arua have been screened for anthrax. The victims, among them school children, were rushed to level-3 health care center 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.*
CCHF – *Six butchery workers from the District of Nakaseke who had been involved in the routine slaughter of sheep died having developed acute hemorrhagic symptoms. Another person from the same butchery was admitted to hospital in Kiboga and was diagnosed as having contracted CCHF.*

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	H5N1	CCHF
Coordination at high Level				
Coordination at local Level				
Coordination at technical Level				
Legislation / Regulation				
Finance				
Communication w/ media				
Communication w/ stakeholders				
Field investigation				
Risk assessment				
Joint surveillance				
Laboratory				
Response				
Education and training				
Emergency funding				
Human resources				
Logistics				

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".

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 associated with the following capacities:

- Coordination at local level
- Communication with media
- Risk Assessment and Surveillance
- Response and Outbreak Investigation.

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 (Figure 3).

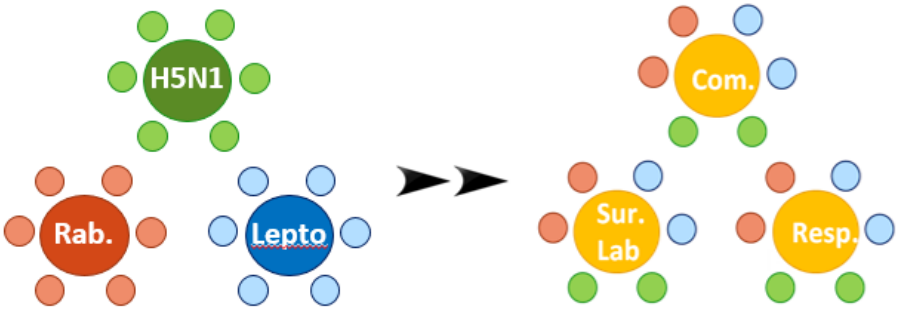


Figure 3: Generic graph describing the organization of working groups for Session 2 (left) and Session 4-5 (right).

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 (JEE, 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 Investigation and 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 JEE and in the PVS Evaluation 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 "Communication" identified three objectives and nine activities to improve the collaboration between the two sectors in this domain.

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 plenary exercise was organized to enable participants to contribute to the action points of all technical areas. Each objective and activities were projected and discussed one by one to be fine-tuned. Special care was given to ensure that the activities followed the SMART criteria (specific, measurable, achievable, realistic and time-bound). Once a consensus was reached on the specifics of an activity, it was positioned on one of three flip-charts representing a time-frame of short, medium or long terms.

The following paragraphs summarize the results of the four technical working groups, which are fully detailed in Output 1.

Technical area 1: Coordination at local level

Coordination at the high level was assessed as very satisfying, mainly because of the One Health Platform established recently. However, the success of this platform fails to cascade down to lower levels, where each sector keeps working mainly on its own. The development of One Health coordination mechanisms at district and sub-district levels (by nominating and training focal points in each sector) was seen as key to the improvement of this inter-sectoral coordination at the local level.

The strengthening of timely information sharing between the DVO and the district public health officers, through a communication platform (telephone or internet), frequent meetings and with the publication of regular bulletins on One Health activities will also improve the work at the animal-human interface at the field level.

In the event of an epidemic, the deployment of trained One Health response teams at the district level will allow to respond faster and better to zoonotic disease outbreaks.

Technical area 2: Risk assessment & Surveillance

The first objective to improve the collaboration between the two sectors in the domain of surveillance is the establishment of an integrated surveillance system. The first step will be to explore and map the currently existing surveillance systems of both sectors to understand how they can discuss together and what needs to be developed to achieve integration. Relevant stakeholders will then be trained to its use.

The difficulties to conduct surveillance at the points of entry (POE) were highlighted on several occasions. The development of a multisectoral surveillance strategy for POEs, combined with the deployment of trained POE officers from both sectors in all designated POEs will fill this important gap.

Finally, it was agreed that a multisectoral consultative workshop will be conducted to identify the gaps and needs of the currently existing surveillance systems in both sectors.

Technical area 3: Investigation & Response

Consensus was reached on the fact that a national multi hazard preparedness and response (MHP&R) plan critically needed. The drafting of the plan and related SOPs will be conducted by a consultant before a validation workshop is organized at the national level. Once validated, it will be tested via a simulation exercise that will include representatives from all relevant sectors and levels.

To further build human resource capacity for joint investigation and response, stakeholders from all relevant sectors will be identified and trained to form a multisectoral national rapid response team (NRRT) which will

be deployed and maintained throughout the year.

Lastly, advocacy meetings with parliamentary committee on disaster, Ministry of Finance and key development partners (including private sector) will be held to sensitize on the need to avail emergency funds for joint response activities in times of outbreaks.

Technical area 4: Communication

Stakeholder engagement for effective communication will be enhanced after a stakeholder analysis is conducted and after communication needs are identified. A One Health communication strategy and a costed plan for risk communication will then be developed, validated and disseminated via regional workshops.

Human resource capacity on risk communication will also be strengthened. A preliminary training needs assessment in both sectors will pave the way for the development of relevant training material on risk communication. A training of trainers, followed by cascade trainings will enhance the capacity of both sectors and improve their collaboration in the joint production and dissemination of communication messages.

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.

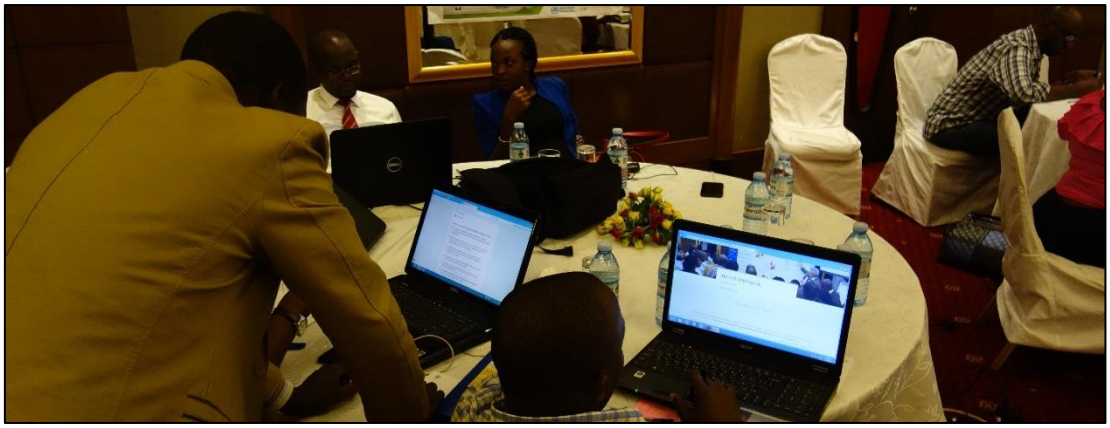


Figure 7: participants using their computers and mobile phones to vote for their priority objectives.

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. Objective 4 (Establishment of an integrated surveillance system) and Objective 1 (Development of One Health coordination mechanisms at the district and sub-district levels) stood out as the two main priorities. Full results can be found in Output 2.

As Uganda is currently drafting its National Action Plan for Health Security (NAPHS), a presentation was given, using a well advanced thematic area (namely Communication), on how the results obtained from the workshop could directly feed into the NAPHS and help ensure an appropriate follow-up of these activities.

Expected outcomes of Session 7:

- Harmonized, achievable and prioritized 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 NAPHS

CLOSING SESSION

The closing ceremony was initiated with statements from representatives of the OIE and WHO. A three-minute video of the workshop was projected, highlighting the different sessions and all the outputs produced during these three days. Representatives of the MoH (Dr Makumbi, Head of Public Emergency Operations Centre) and MAAIF (Dr Juliet Sentumbwe, Director General Animal Health) closed the meeting with enthusiastic speeches. They ensured joint engagement in addressing the gaps identified for collaboration at the human-animal interface.

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.

The three-minute video of the workshop can be viewed and downloaded at www.bit.ly/NBWUganda.

WORKSHOP OUTPUTS

OUTPUT 1: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

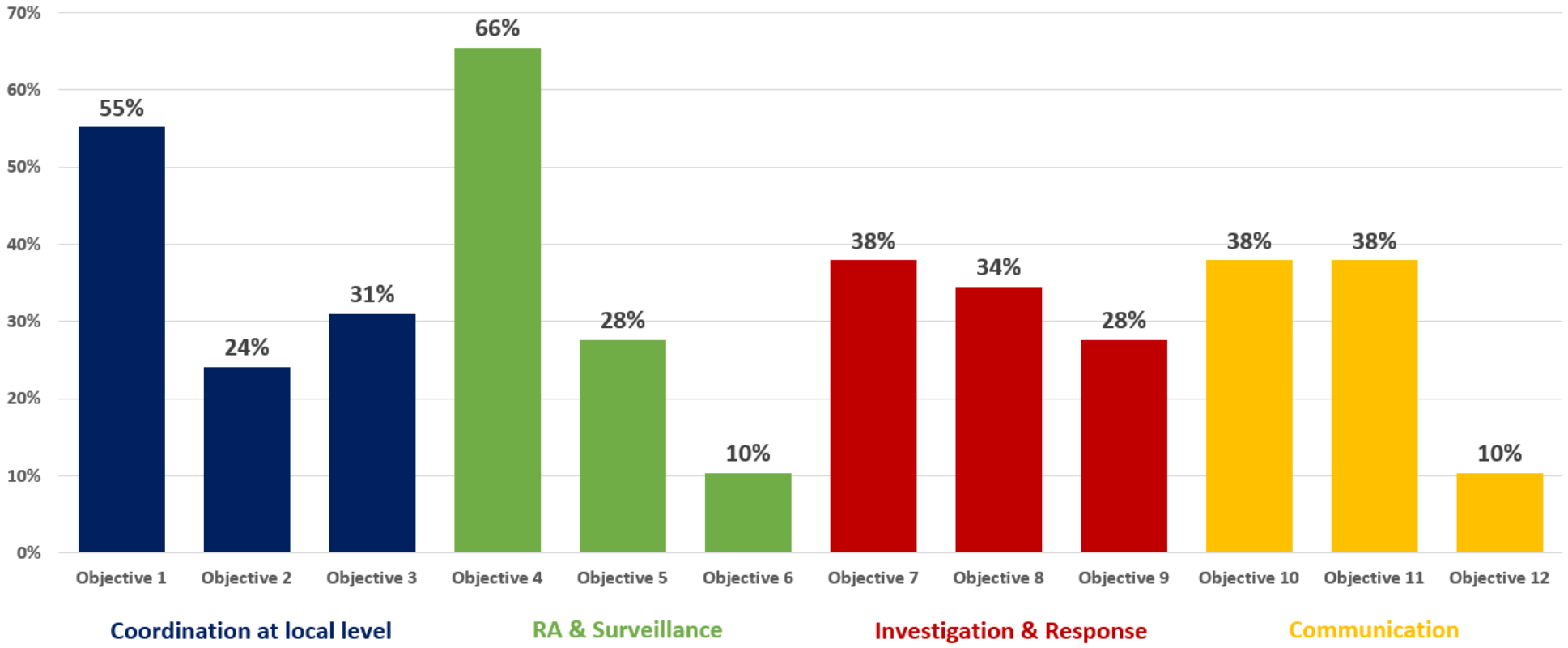
Action	Timeline	Responsibility
COORDINATION AT THE LOCAL LEVEL		
Objective 1: Develop One Health coordination mechanisms at district and sub-district levels		
Nominate and equip two focal persons from animal and public health per districts	Short term	-OHP -District Health and Veterinary Offices
Conduct a multisectoral workshop to develop SOPs for the district focal points	Short term	
Conduct regional trainings for district focal points	Short term	
Objective 2: Strengthen timely information sharing between DVO and district public health officers		
Develop a platform for timely information sharing between animal health and public health FPs through telephone or internet	Short term	-OHP
Hold monthly meetings for animal health, public health and environment experts, private and non-state actors and partners	Short term and continued	-District One Health focal points
Develop and disseminate quarterly reports/bulletins on one health activity at district level	Short term and continued	
Objective 3: Establish district One Health response teams		
Identify the stakeholders for district One Health response teams and define their roles and responsibilities (public and private)	Short term	-OHP
Conduct trainings for the identified One Health response team members (public and private)	Short term	
Deploy and equip the One Health response teams	Short term	

RISK ASSESSMENT & SURVEILLANCE		
Objective 4: Establish an integrated surveillance system		
Map the existing surveillance systems of the two sectors	Short term	-OHP
Develop the integrated surveillance system	Short term	
Develop operational guidelines for the integrated surveillance system	Short term	
Conduct trainings on the integrated surveillance system and on stakeholders' roles and responsibilities	Short term	
Objective 5: Enhance surveillance at points of entry (POE)		
Deploy and equip officers from both sectors in all designated POEs	Medium term	-PMO -OHP
Develop a multisectoral surveillance strategy for POEs	Medium term	
Conduct a national training for POE officers	Medium term	
Objective 6: Strengthen passive and active surveillance		
Conduct a multisectoral consultative workshop to identify the gaps of the current surveillance systems	Short term	-ZDCO
INVESTIGATION & RESPONSE		
Objective 7: Develop a national multi hazard preparedness and response plan that addresses IHR/PVS core capacities		
Develop a draft national multi hazard preparedness and response (MHP&R) plan with clear SOPs	Short term	-OPM -OHM
Conduct a workshop to review and approve the draft national MHP&R plan	Short term	
Conduct a simulation exercise to test the approved national MHP&R plan	Medium term	
Objective 8: Build human resource capacity for joint investigation and response to emergencies		
Identify stakeholders for the multi sectoral national rapid response team (NRRT)	Short term	-OHP
Train members of the multi sectoral national rapid response team	Short term	
Deploy and equip the multi sectoral national rapid response team	Short term	
Objective 9: Advocate for availability of emergency funds for response		
Convene two advocacy meetings with the parliamentary committee on disaster and Ministry of Finance for sensitization of the need to avail emergency funds for joint response	Short term	-OPM -OHP
Convene a stakeholder meeting for the key development partners (including private sector) to sensitize on the need to avail emergency funds for joint response	Short term	

COMMUNICATION		
Objective 10: Enhance stakeholder engagement for effective communication		
Conduct a stakeholder analysis and determine communication needs of all stakeholders	Short term	-OHP
Develop a one health communication strategy and a costed plan for communication	Short term	
Conduct a workshop to validate the communication strategy and the costed plan for communicate	Medium term	-ZDCO
Conduct regional workshops to disseminate the communication strategy	Medium term	
Objective 11: Strengthen intersectoral capacity on risk communication		
Conduct a training needs assessment for risk communication in both sectors	Short term	-Health Promotion and Education (MoH) -Education Division (MAAIF)
Develop training material on risk communication	Short term	
Conduct a training of trainers and cascade trainings on risk communication	Medium term	
Carry out an orientation of the media practitioners on one health communication and reporting	Short term	-Public Relations Office -Communications Division (MAAIF)
Objective 12: Strengthen institutional structures for improved communication		
Review current communication structures and practices in all relevant sectors and all level	Short term	-Communications Division of MAAIF and MoH
Facilitate and strengthen communication channels with livestock owners	Short term	-DVOs

OUTPUT 2: PRIORITIZATION RESULTS

All participants were asked to vote individually via a mobile application and to select which four of the 12 objectives they considered as of highest priority. Objective 4 (Establishment of an integrated surveillance system) and Objective 1 (Development of One Health coordination mechanisms at the district and sub-district levels) stood out as the two main priorities. The distribution of votes was relatively homogeneous amongst the other objectives, apart from Objectives 6 and 12 which obtained significantly lower scores with only 10% of voters counting them as a priority.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 26 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 (92%) and the format of the workshop (100%). 100% of respondents answered that they were "satisfied" or "highly satisfied" with the workshop in general.

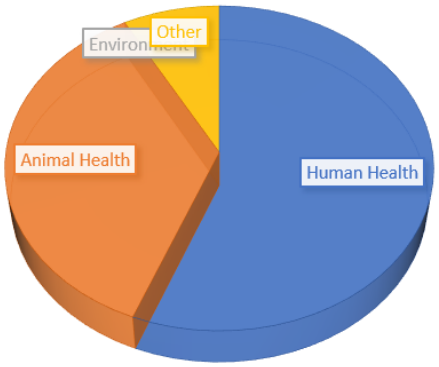


Figure 9: Answers to the question "which sector are you from?" (26 respondents)

Table 3: Results of the evaluation of the event by participants (26 respondents)

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
Overall assessment	**100%**	**3.3**
Content	92%	3.5
Structure / Format	100%	3.6
Facilitators	100%	3.6
Organization (venue, logistics, …)	88%	3.4

Would you recommend this workshop to other countries?	
Absolutely	85%
Probably	15%
Likely not	0%
No	0%

APPENDIX

ANNEX 1: WORKSHOP AGENDA

DAY 1 – 25 September 2017	
08:30 – 09.00	Registration of participants
09.00 – 10.00	**Opening Ceremony** • Representative of the Ministries - Public Health + Agriculture (20') • Regional Representative of WHO + OIE (20') • Introduction of participants (10') • Group Picture (10')
10.00 – 12.00	**Session 1: Workshop Objectives and National Perspectives** • MOVIE 1: Tripartite One Health collaboration and vision (15') Coffee break (20') • Veterinary Services and One Health – PPT (20') • Public Health Services and One Health – PPT (20') • Workshop approach and methodology – PPT (10') • MOVIE 2: Driving successful interactions - Movie (25')
Lunch (12:00-13:30)	
13.30 – 17.00	**Session 2: Navigating the road to One Health** • Presentation and organization of the working group exercise – PPT (15') • Case study - Working groups by disease (120') • Restitution (75')

DAY 2 – 26 September 2017	
09:00 – 9:15	Feedback from day 1
09.15 –12.00	**Session 3: Bridges along the road to One Health** • MOVIE 3: IHR Monitoring and Evaluation Framework (25') • MOVIE 4: PVS Pathway (25') • MOVIE 5: IHR-PVS Bridging (10') + Coffee break (15') • Mapping gaps on the IHR/PVS matrix (45') • Discussion – Plenary (30')
Lunch (12:00-13:00)	
13:00 - 15:00	**Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports** • 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 (90') + Coffee break (15')
15:00–17:15	**Session 5: Road planning** • Presentation and organization of the working group exercise (15') • Objectives and Activities (Working groups by technical topic) (120')

DAY 3 - 27 September 2017	
09:00 – 9:15	Feedback from day 2
9:15 - 12:15	**Session 6: Fine-tuning the roadmap** • Plenary discussion on the Roadmap (180') • Presentation of the prioritization vote (10') • Prioritization vote (60' – during lunchtime)
Lunch (12:15-13:30)	
13:30 - 15:30	**Session 7: Way forward** • Results of the prioritization vote (15') • Integrating the action points into the IHR-MEF process (30') • Next steps (75')
15:30 - 16:30	**Closing Session** • Evaluation of the workshop (20') • Closing ceremony (40')

ANNEX 2: LIST OF PARTICIPANTS

UGANDA

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