



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

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5-7 December 2018

Tirana, Albania



Organized by Ministry of Health and Social Protection, Ministry of Agriculture and Rural Development of Republic of Albania, WHO and OIE

## **Acknowledgments**

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## ABBREVIATIONS & ACRONYMS

AI	Avian Influenza
DG	Directorate General
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
MARD	Ministry of Agriculture and Rural Development
MHSP	Ministry of Health and Social Protection
MoU	Memorandum of Understanding
OIE	World Organisation for Animal Health
PH	Public Health
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedure
TOR	Terms of Reference
VS	Veterinary Service
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 cross-sectoral 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 Albania,

- a Follow-up PVS Evaluation was conducted in 2014;
- a Joint External Evaluation of the Republic of Albania of IHR core capacities was conducted in September 2016.

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## 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](#).

## REPORT ON THE SESSIONS

From 5th to 7th December 2018, the National Bridging Workshop (NBW) on the International Health Regulations (IHR) and the OIE Performance of Veterinary Services (PVS) Pathway for Albania was held in Tirana. The Workshop was hosted at the kind invitation of the Government of Albania, with organizational support from the WHO Country Office in Albania. The Workshop was attended by 63 participants from Ministry of Health and Social Protection (MHSP) and Ministry of Agriculture and Rural Development (MARD), as well as representatives of World Health Organization (WHO), World Organization for Animal Health (OIE), United Nations Food and Agriculture Organization (FAO), United Nations International Children's Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), Robert Koch Institute (Germany), and Delegation of European Union to Albania.

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

Greetings to the participants were given by Dr Albana Fico (Director of the Institute of Public Health, MHSP), Dr Elida Mici (Director of European Integration, MHSP), Dr Ermira Greçi (Vice Minister, MARD) Dr John Stratton (OIE PVS Secretary, OIE HQ), Mr Arben Kipi (Assistant FAO Representative in Albania), and Dr Nazira Poolatovna Artykova (WHO Representative in the Republic of Albania). It was emphasized that One Health is important element of the global health agenda, and related that One Health remained a high priority for the Government of Albania and the international community. It was stressed that linking three elements; veterinary services, food safety and human health as part of One Health is of great importance. Acknowledging the significance of bridging these One Health pillars, Ministries work on updating the legislation, including veterinary and food safety, to better align with the EU requirements. It was also highlighted that cooperation between the sectors is imperative, and there is a need for specific strategies and workplans to ensure such a collaboration. The participants were encouraged to work hard to achieve concrete steps to operationalize One Health at national level by development of the roadmap to build the sustainable bridge between the sectors of human and animal health, and food safety.

### 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 representatives of the MHSP and MARD briefly presented achievements and main areas for improvement in terms of One Health implementation in their structures and updates on the cooperation of the sectors of Human and Animal Health and Food Safety.

The representative of MARD, Dr Ali Lilo (Head of Epidemiology, Directorate of Regulations and Licensing) presented particularly the work that had been undertaken to update the Veterinary Law enforced in 2011. The Law covered Veterinary Services and its scope included animal health, protection of public health and

animal welfare. The Veterinary Services structure within MARD is incorporated within a Directorate on Regulation and Licensing, and a Directorate on Compliance. The former included food safety, plant protection, and a Vet Services aspect including the epidemiology team. Both representatives of MHSP and MARD highlighted importance of the exchange of information between Animal and Public Health. The RUTA information management database for animal diseases, developed based on the EU system, was presented. The software potentially enables cross sectoral reporting of zoonotic diseases, however further work is needed to ensure electronic links between the sectors. A PVS Gap Analysis could be considered as the next stage of the PVS Pathway to progress planning for the improvement of Veterinary Services in Albania, including it's intersectoral coordination with public health partners.

The representative of MHSP, Dr Silva Bino (Head of the Control of Infectious Diseases Department, Institute of Public Health), presented results of JEE and highlighted strengths and weaknesses of the present Public Health system in Albania. Despite existing achievements in the intersectoral collaboration and common response plans, more cooperation would be beneficial and particularly within the field of the antimicrobial resistance; in the field of planning (to elaborate joint general plan on zoonoses, rapid response teams, update ToRs); education; and the quality assurance and accreditation of the laboratories; work should also be revived on committees on zoonoses (avian influenza). A National Action Plan for Health Security is currently under development following on from priority action identified during the JEE and other EU assessments.

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

A second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface.

### Outcomes of Session 1:

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

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

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

Participants were divided into five working groups of mixed participants from both sectors and from different levels (Central, Provincial, District). Groups were provided with a case study scenario (Table 1) based on diseases relevant to the local context (West Nile Fever, Avian Influenza, Anthrax, Tuberculosis, Brucellosis) developed in collaboration with national representatives.

*Table 1: Scenarios used for the different case studies*

### **West Nile Fever** (disclaimer: this case is entirely fictitious)

23 people were hospitalized last week at the local hospital of Lezha with symptoms of fever, severe headache and muscle tremor. All were found to be seropositive for WNF virus. After this was broadcasted at the national prime-time news, the general public became very concerned. Veterinary Services shared the recent seroprevalence data from a study on WNF in Lezha. It was reported that 5 out of 12 horses

located near this city were found seropositive for WNF. Furthermore, epidemiological investigation suspected WNFV spillover from the resting places of wild migratory birds located near Lezha.

**Avian Flu (H5N1)** (disclaimer: this case is entirely fictitious)

Two persons were admitted at the Tirana University Hospital with pneumonia. Laboratory testing by RT-PCR was positive for avian influenza H5N1. One of the patients is a semi-commercial broiler producer who sells his birds three times a week at the local unofficial live bird market in outskirts of Tirana. The other patient reported having visited the same market 7 days prior to disease onset and bought four ducks.

**Anthrax** (disclaimer: this case is entirely fictitious)

At least 30 people in Gjirokastra ate meat from a slaughtered agonizing animal. Seven of these developed symptoms consistent with cutaneous and gastrointestinal anthrax infection and presented to primary healthcare center. The farmer was unaware and denied selling meat from the agonizing cattle. Veterinary services have started an investigation.

**Tuberculosis** (disclaimer: this case is entirely fictitious)

During a routine skin test, one cow from a small farm in Durres reacted positively. The cow was sent to a slaughterhouse where one lymph nodule was found to have TB lesions. Later, laboratory confirmed Mycobacterium tuberculosis. Furthermore, Durres epidemiologists found 6 months prior an animal worker who was working with this cow had been hospitalized with an acute extrapulmonary TB.

**Brucellosis** (disclaimer: this case is entirely fictitious)

In the last month, 1 of 3 cows belonging to a small-holder dairy farmer in Korca aborted. The farmer did not report this abortion to the private veterinary practitioner (PVP). A second and third abortion occurred in the last week and the farmer immediately notified the PVP of the 3 abortions. The PVP quickly went to the farm and suspecting brucellosis, she took blood samples from the three animals and sent them to the regional food safety lab, where they were found be positive for Brucellosis.

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, 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: Restitution of the working group session on case study scenarios to evaluate the level of collaboration between the sectors for 15 key technical areas for 5 different priority zoonotic diseases*

During an ensuing plenary session, each group presented and justified the results of their work. [Output 1](#) summarizes the results from the five disease groups.

### 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 ([Output 1](#)).
- 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: Mapping of the strengths and gaps of the current trans-sectoral collaboration by positioning the selected technical area cards on the IHR-PVS matrix. The main gaps (clusters) identified were discussed and it was agreed that the rest of the workshop would focus on the following capacities:*

- Priority technical area 1: Risk assessment, surveillance, and laboratory
- Priority technical area 2: Response, field investigation, and emergency funding
- Priority technical area 3: Coordination at high, local, and technical levels
- Priority technical area 4: Communication

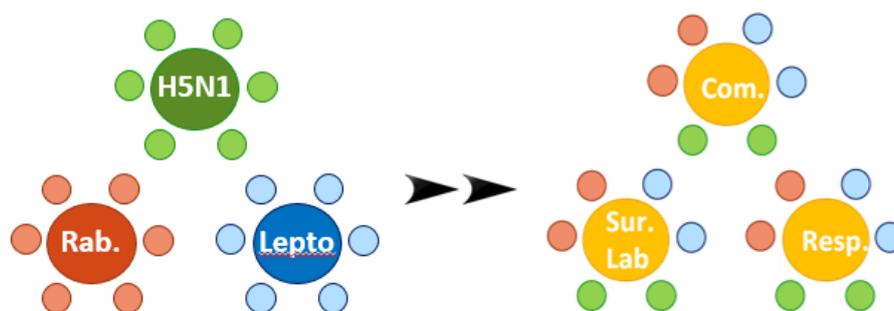
‘Education and training’ came-up as one of the technical areas needing the most improvement, therefore it was agreed that all four groups would also address that theme in their respective areas. ‘Finance’ and ‘Legislation’ were also identified as ones needed a lot of improvement in collaboration. However, participants agreed that the audience of this workshop would not be able to provide substantial improvements in those domains. They remain nonetheless among the major gaps which impede effective intersectoral collaboration.

### Outcomes of Session 3:

- Understanding that tools are available to explore operational capacities in each of the sectors.
- Understanding the contribution of the veterinary sector to the IHR.
- Understanding 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 2-3 (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 (Interdepartmental Internal Evaluation (IIE), PVS Follow-up) and extracted the main findings and recommendations relevant to their technical area (Figure 4).



*Figure 4: Participants extracting results from the PVS and IIE 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

Based on the results of the previous sessions (case study exercises, extraction from reports) and their own experience, participants were asked to brainstorm on the identification of joint activities to improve their collaboration (Figure 5).



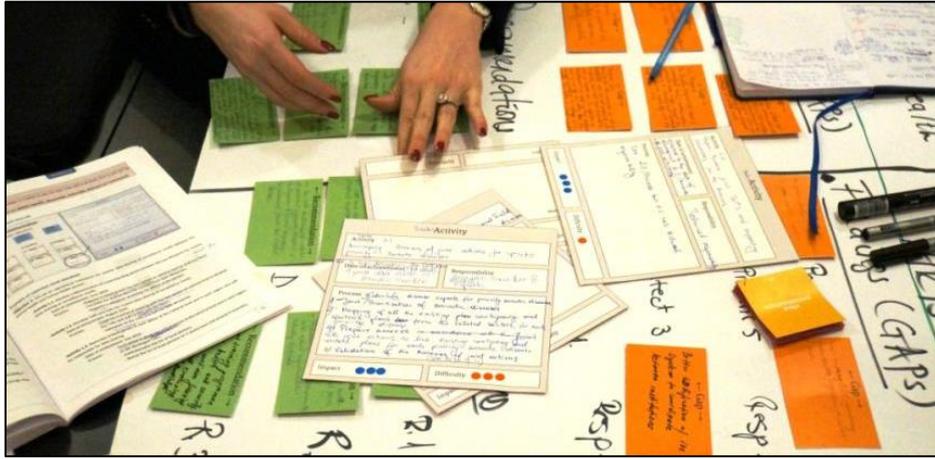
*Figure 5: The group working on “Response, field investigation, and emergency funding” identified 8 activities to improve the collaboration between the two sectors in these domains.*

#### Outcomes of Session 5:

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

### SESSION 6: FINE-TUNING THE ROAD-MAP

Using the same groups as the previous session, participants were asked to provide additional details on the activities by filling an Activity card for each one. The required information included the expected date of achievement, an assignment of responsibility and a detailed process of implementation. The difficulty of implementation and the expected impact of each activity were also evaluated using red and blue stickers and a semi-quantitative scale (1 to 3) (Figure 6).



*Figure 6: Participants prepare Activity cards filled with the detailed information.*

Activities that were linked were then regrouped under specific objectives.

A World Café exercise was organized to enable participants to contribute to the action points of all technical areas (Figure 7). 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. Rotating groups had the possibility of leaving post-it notes on the objectives and activities of other groups when they felt that an amendment or a clarification was necessary.

At the end of the cycle, each group returned to their original board and the rapporteur summarized the feedback received. Groups were given 20 minutes to address changes or additions suggested by the other participants. Objectives and activities were fine-tuned accordingly, and a final plenary session was conducted to discuss the outstanding points.



*Figure 7: World café exercise: the group on “Communication” is providing feedback to the rapporteur of the group on “Coordination”.*

Overall, the five groups identified a total of 10 key objectives and 27 activities. The detailed results are presented in [Output 2](#).

### **Prioritization of Objectives**

To prioritize the objectives identified by the technical working groups, participants were invited to vote for three objectives they considered as of the highest priority using white stickers (Figure 8).

Forty-seven (47) participants participated in the vote. Each group got one objective with high number of votes. This prioritization showed that all topics selected in the previous exercise were crucial to strengthen intersectoral collaboration. However, improvement of strategic planning for response, field investigation and emergency funding of priority zoonotic diseases was selected as of the highest priority for the country. Full results of the vote can be found in [Output 3](#).



*Figure 8: Participants used white stickers to vote for their priority objectives.*

#### Outcomes of Session 6:

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

#### SESSION 7: WAY FORWARD

The discussion of Session 7 was led by the Director of the Institute of Public Health, who highlighted the importance of a One-Health approach in improving the health preparedness and that concrete actions are needed at a national level, as well as at local level. The timing of the National Bridging Workshop was particularly useful because the Republic of Albania had recently launched a multisectoral planning process to address priority actions from recent IHR monitoring activities, including the Joint External Evaluation. The inclusion of activities emerging from the National Bridging Workshop in this broader planning work was agreed as a means to ensure follow up and accountability for commitments made.

A representative of the Ministry of Agriculture and Rural Development of the Republic of Albania also emphasized the importance of cooperation with the health and environmental sectors on the One Health concept, as the health and well-being of human and animals, including wild animals, are inseparable. The National Bridging Workshop conducted in the Republic of Albania encouraged this approach and represents a good step forward to improved mutual and shared capacity.

Both medical and veterinary medicine universities participating in the NBW expressed their interest in contributing to the development of human resource capacity in the areas of One Health and joint actions for the management of the zoonotic disease. This work is predicated however on the development of operational documents such as guidelines and SOPs outlining the roles and responsibilities of each sector.

#### **Outcomes of Session 7:**

- Understanding of how the outputs of the workshop can feed into other existing plans.
- Way forward is presented and discussed.
- Ownership of the workshop results by the country.

## **CLOSING SESSION**

Summarizing the workshop, participants thanked WHO and OIE for the opportunity to work together and constructive work to improve the communication and coordination between the Human and Animal Health, and Food Safety sectors. Participants emphasized the importance of bringing together specialists from these sectors to better cooperate on zoonoses and food safety enabling Albania to improve the disease management. They underlined the need to keep the momentum for better communication and coordination between Ministry of Health and Social Protection and Ministry of Agriculture and Rural Development, to develop a concrete collaborative roadmap including all levels to better control zoonoses and other emergencies in the country. Participants stressed that the concept of One Health should be operational and the National Bridging Workshop is a milestone enabling its real implementation in the field. It was also emphasized that the One Health concept should be applied on the regional scale and the workshop is the excellent instrument to trigger implementation of One Health approach in the neighboring countries and it should be replicated in the whole Balkan region. Participants expressed their willingness to continue collaboration on both the professional and individual levels.

The Workshop has been closed by the representatives of both MHSP and MARD, Dr Albana Fico (Director of the Institute of Public Health, MHSP), Dr Ali Lilo (Head of Epidemiology, Directorate of Regulations and Licensing, MARD), and Dr Silva Bino (Head of the Control of Infectious Diseases Department, Institute of Public Health, MHSP) who thanked participants and organizers and highlighted the necessity of bridging the both sectors and strengthening this collaboration.

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

# WORKSHOP OUTPUTS

## OUTPUT 1: ASSESSMENT OF LEVELS OF COLLABORATION FOR 15 KEY TECHNICAL AREAS

Technical area (cards)	Tuberculosis	Anthrax	H5N1	Brucellosis	WNF	Score
Finance	Red	Red	Red	Red	Red	10
<b>Emergency funding</b>	Red	Red	Red	Red	Red	10
<b>Response</b>	Yellow	Yellow	Red	Red	Red	8
<b>Coordination at high Level</b>	Red	Red	Yellow	Green	Red	7
<b>Risk assessment</b>	Yellow	Red	Red	Yellow	Yellow	7
<b>Coordination at technical Level</b>	Yellow	Yellow	Green	Red	Red	6
Legislation / Regulation	Yellow	Yellow	Yellow	Yellow	Red	6
<b>Communication w/ media</b>	Yellow	Yellow	Yellow	Yellow	Red	6
<b>Communication w/ stakeholders</b>	Yellow	Green	Red	Yellow	Red	6
<b>Field investigation</b>	Yellow	Yellow	Red	Yellow	Yellow	6
<b>Laboratory</b>	Red	Yellow	Yellow	Red	Green	6
<b>Education and training</b>	Yellow	Yellow	Yellow	Yellow	Red	6
<b>Coordination at local Level</b>	Green	Yellow	Yellow	Yellow	Red	5
<b>Joint surveillance</b>	Yellow	Yellow	Red	Green	Yellow	5
Human resources	Yellow	Yellow	Yellow	Yellow	Green	4

*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

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Process
<b>COORDINATION AT HIGH, TECHNICAL, AND LOCAL LEVELS</b>					
<b>Objective 1: Establish high level national mandate for One Health collaboration</b>					
<b>1.1 Sign Memorandum of Understanding on mutual collaboration</b>	February 2019	+	+++	Legal and Technical Departments of MHSP, MARD, and Ministry of Environment	<ol style="list-style-type: none"> <li>1) Agree to draft MoU at high level</li> <li>2) Set up a working group</li> <li>3) Draft MoU including Animal and Human Health inputs</li> <li>4) Conduct consultations in each sector</li> <li>5) Approve the MoU by all involved parties</li> <li>6) Commence MoU</li> </ol>
<b>1.2 Establish a National Multisectoral Committee on Zoonoses (NMCZ) according to the MoU provisions</b>	April 2019	+	+++	MHSP, MARD, and Ministry of Environment	<ol style="list-style-type: none"> <li>1) Establish a working group</li> <li>2) Develop ToR for NMCZ</li> <li>3) Develop a working plan of the NMCZ</li> <li>4) Approve establishment of NMCZ for coordination on zoonotic diseases of common interest in line with ToR</li> </ol>
<b>Objective 2: Enhancing formal One Health coordination authority structures and frameworks</b>					
<b>2.1 Review legislation relevant to One Health and control of zoonoses</b>	December 2019	++	+++	Technical and legal experts from different sectors	<ol style="list-style-type: none"> <li>1) NMCZ to establish a working group of technical and legal experts from different sectors</li> <li>2) Develop ToRs</li> <li>3) Report to NMCZ periodically</li> <li>4) Final report and recommendations are to be approved by NMCZ</li> </ol>
<b>2.2 Establish joint technical sub-committees for priority zoonoses to develop strategic joint response plan and/or update contingency/control plans</b>	October 2019	++	+++	National Multisectoral Committee on Zoonoses (NMCZ)	<p>- NMCZ to establish technical sub-committees for specific zoonoses of common interest:</p> <ul style="list-style-type: none"> <li>• Brucellosis</li> <li>• Anthrax</li> <li>• Tuberculosis</li> <li>• Rabies</li> <li>• Avian Flu</li> <li>• West Nile Fever</li> <li>• Leishmaniasis</li> </ul>

					<ul style="list-style-type: none"> <li>- Appoint epidemiologists, laboratory, and other relevant specialists in each group</li> <li>- Each sub-committee to develop ToRs</li> <li>- Final reports and recommendations are to be approved by NMCZ</li> </ul>
<b>2.3 Appoint focal points for intersectoral coordination at national and regional levels</b>	June 2019	++	+++	NMCZ	<ul style="list-style-type: none"> <li>- Nominate focal points at national and regional levels</li> <li>- Develop ToRs / job description</li> <li>- Focal points become the secretaries of NMCZ</li> <li>- Develop SOPs for focal points</li> <li>- Train focal points</li> </ul>
<b>RISK ASSESSMENT, JOINT SURVEILLANCE &amp; LABORATORY</b>					
<b>Objective 3: Harmonize protocols and sharing of information for joint risk assessment surveillance and laboratory diagnostics of priority zoonotic diseases</b>					
<b>3.1 Develop integrated electronic system for routine sharing of data related to priority zoonoses</b>	May 2019 – September 2020	+++	+++	MHSP, MARD, Institute of Public Health (IPH), Food Safety and Veterinary Institute (FSVI), Medical and Veterinary Faculties	<ol style="list-style-type: none"> <li>1) Establish working group (8-10 persons)</li> <li>2) Identify the type of information and ways of sharing</li> <li>3) Conduct IT tender</li> <li>4) Develop and test the electronic system</li> <li>5) Implementation</li> </ol>
<b>3.2 Establish national library of SOPs</b>	December 2019	++	+	IPH, FSVI, FSA	<ol style="list-style-type: none"> <li>1) SOPs for sample collection, transportation, storage, diagnostic methods, biosafety and biosecurity, waste management, etc.</li> <li>2) Establish working group (8 persons)</li> <li>3) Prepare materials and adopt into Albanian</li> <li>4) Develop/adapt SOPs</li> <li>5) Invite external expert from reference institution for evaluation and consultations</li> <li>6) Test and update SOPs at national and local levels</li> <li>7) Print and distribute SOPs at all sectors involved</li> </ol>
<b>3.3 Develop guidelines for joint surveillance</b>	March 2019	++	+++	IPH, MARD, FSVI, FSA	<ol style="list-style-type: none"> <li>1) Establish working group of 12 people</li> <li>2) Translate and adapt existing documents from WHO, OIE, ECDC</li> <li>3) Conduct meetings with Albanian and international experts</li> <li>4) Develop the guidelines</li> </ol>

					<ul style="list-style-type: none"> <li>5) Test guidelines with all actors involved</li> <li>6) Conduct gap analysis and update the guidelines</li> <li>7) Get approvals from MARD and MHSP</li> <li>8) Publish guidelines electronically and print hard copies for each involved party</li> </ul>
<b>3.4 Develop guidelines for joint risk assessment of zoonotic diseases</b>	September 2019	++	+++	IPH, MARD, FSVI, FSA	<ul style="list-style-type: none"> <li>1) Establish a working group of 12 people</li> <li>2) Translate and adapt existing documents from WHO, OIE, ECDC</li> <li>3) Conduct meetings with Albanian and international experts</li> <li>4) Develop the guidelines</li> <li>5) Test guidelines with all actors involved</li> <li>6) Conduct gap analysis and update the guidelines</li> <li>7) Get approvals from MARD and MHSP</li> <li>8) Publish guidelines electronically and print hard copies for each involved party</li> </ul>
<b>Objective 4: Share resources to optimize collective capacity for risk assessment, surveillance and laboratory diagnostics of targeted zoonoses</b>					
<b>4.1 Develop capacity of the National Reference Laboratories for zoonoses, considering sharing of human, physical and financial resources</b>	March 2019	++	+++	Zoonotic Committee, IPH & FSVI	<ul style="list-style-type: none"> <li>1) Review capacities from both sides involving international expertise</li> <li>2) Identify resources that could be shared</li> <li>3) Reinforce with necessary equipment and materials</li> <li>4) Human resource capacity building: <ul style="list-style-type: none"> <li>- trainings</li> <li>- exchange of scientific knowledge</li> <li>- study tours</li> </ul> </li> </ul>
<b>4.2 Conduct joint vector surveillance and pathogen screening to enable joint risk assessment and early detection of vector-borne diseases (VBD)</b>	February – November 2019	+++	++	IPH, FSVI, University Faculties	<ul style="list-style-type: none"> <li>- Identify priority VBDs</li> <li>- Conduct epi and spatial analyses to identify number of samples and sampling locations</li> <li>- Conduct field work to collect vectors (ticks, flies, mosquitos) and animal samples</li> <li>- Detect infectious agents in vectors and animal/human hosts</li> </ul>

**Objective 5: Operationalize and test the joint risk assessment, surveillance and laboratory framework targeting zoonoses**

<p><b>5.1 Organize cascade trainings on joint surveillance and joint risk assessment at the national and local levels</b></p>	<p>March - June 2020</p>	<p>++</p>	<p>++</p>	<p>IPH, FSVI</p>	<ul style="list-style-type: none"> <li>- Establish working group (10 persons) including experts from both institutions and international experts</li> <li>- Develop training materials and training plan</li> <li>- Conduct training for trainers at the national level</li> <li>- Trained trainers to conduct replica trainings at the local level</li> </ul>
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**RESPONSE, FIELD INVESTIGATION AND EMERGENCY FUNDING**

**Objective 6: Improve strategic planning for response, field investigation, and emergency funding on priority zoonotic diseases**

<p><b>6.1 Develop a strategic joint response plan for zoonotic diseases</b></p>	<p>Six months after establishment of NMCZ (November 2019)</p>	<p>+</p>	<p>+++</p>	<p>NMCZ</p>	<ul style="list-style-type: none"> <li>- Organize a multisectoral technical meeting at national level to define legal background</li> <li>- Identify focal persons from each sector responsible for drafting the plan</li> <li>- Define ToRs for focal points and experts</li> <li>- Map existing supporting documents (strategic plans, continuous plans, etc.)</li> <li>- Draft a strategic plan</li> <li>- Discuss the draft strategic plan with of all the stakeholders</li> <li>- Finalize the plan</li> <li>- Seek approval by the Government</li> </ul>
<p><b>6.2 Develop new and update existing contingency and control plans of priority zoonotic diseases (within the framework of strategic joint response plan, as Annexes)</b></p>	<p>One year after establishment of NMCZ (April 2020)</p>	<p>++</p>	<p>+++</p>	<p>Technical sub-committees of NMCZ</p>	<ul style="list-style-type: none"> <li>- Prioritize zoonotic disease (jointly)</li> <li>- Map all existing contingency/control plans from all sectors for each priority zoonosis</li> <li>- Nominate disease technical experts for each priority zoonosis to the respective technical sub-committees of NMCZ (Activity 2.2)</li> <li>- Develop or update existing contingency/control plans which will include joint actions</li> </ul>

					- Structure developed/updated contingency/control plans as Annexes to the strategic joint response plan
<b>6.3 Develop joint SOPs and other documents supporting developed/updated contingency/control plans</b>	One year after establishment of NMCZ (April 2020)	+	+++	Technical sub-committees of NMCZ	- Map all existing SOPs/guidelines/recommendations from all sectors for each priority zoonosis - Nominate disease technical experts responsible for development of SOPs - Develop SOPs
<b>6.4 Conduct joint After Action Reviews for real events caused by priority zoonoses</b>	3 months after event, when relevant	++	+	National and regional technical staff from MHSP and MARD	- Identify experts from both sectors involved in the event - Request WHO for support - Conduct AAR
<b>6.5 Review emergency funding arrangements considering joint mechanisms</b>		+++	+++	NMCZ, MARD, MHSP	- Organize a meeting of experts (finance, MHSP, MARD, technical) - Estimate costs related to response and field investigation - Define the modality and mechanisms to activate joint emergency funds
<b>Objective 7: Enhance human resource capacities for joint response and field investigation of priority zoonotic diseases</b>					
<b>7.1 Develop a joint education module for Master program and post-graduate specialists and conduct trainings on response and field investigation of endemic and emerging zoonotic diseases</b>	Two years after establishment of NMCZ (April 2021)	+++	+++	NMCZ, IPH, FSVI, FSA, Universities	- Establish working group of experts from different sectors and universities - Develop a curriculum and update it regularly - Get accreditation from statutory bodies and define the related credits - Develop a training plan for specialists - Engage lecturers and trainers - Conduct trainings for specialists - Include the module into the Master programs
<b>7.2 Develop the joint training program to exercise contingency/control plans and SOPs developed under activities 6.2-6.3</b>	1.5 years after establishment of NMCZ (November 2020)	+++	+++	NMCZ, IPH, FSVI	- Establish a working group to develop the joint training program/plan - Develop the training program including exercises with increased complexity for each contingency/control plan: <ul style="list-style-type: none"> <li>• table top exercises</li> <li>• drills</li> <li>• functional exercises</li> </ul>

					<ul style="list-style-type: none"> <li>• full scale simulation exercises</li> <li>- Identify focal points for exercise program</li> <li>- Involve international experts to help in organization exercises</li> </ul>
<b>7.3 Conduct joint exercises</b>	Two years after establishment of NMCZ (April 2021)	+++	+++	NMCZ, IPH, FSVI	<ul style="list-style-type: none"> <li>- Conduct joint exercises on each contingency/control plans for priority zoonoses</li> <li>- Develop content (scenarios, injects, etc.) for each exercise</li> <li>- Prepare the budget and identify number of participants for each exercise</li> <li>- Identify participants for each exercise incl. epidemiologists, laboratory specialists, etc.</li> <li>- Involve international experts to help in delivery of exercises</li> <li>- Revise respective joint strategy response plan, contingency/control plans and related SOPs</li> </ul>

## COMMUNICATION

### Objective 8: Improve operational capacities for joint One Health risk communication for the management of zoonotic diseases

<b>8.1 Develop a joint risk communication cascade training</b>	30 November 2020	++	+++	Agricultural University of Tirana (Faculty of Veterinary Medicine), IPH, University of Tirana (Department of Media and Communications)	<ol style="list-style-type: none"> <li>1) Establish a group of experts to coordinate development of the training program involving national and international experts</li> <li>2) Prepare didactic materials for trainers and participants</li> <li>3) Establish legal procedures to recognize training by Ministry of Education</li> <li>4) Develop criteria for candidate acceptance</li> </ol>
<b>8.2 Deliver a joint risk communication cascade training</b>	February 2021	++	+++	Agricultural University of Tirana (Faculty of Veterinary Medicine), IPH, University of Tirana (Department of Media and Communications)	<ol style="list-style-type: none"> <li>1) Identify course coordinator</li> <li>2) Identify trainers</li> <li>3) Establish a web workspace</li> <li>4) Selection of modules</li> <li>5) Establish the course timeline</li> <li>6) Course accreditation</li> <li>7) Deliver the course</li> </ol>

<b>8.3 Develop "One Health Risk Communication" guidelines and SOPs</b>	December 2019	++	++	MHSP + Agencies; MARD + Agencies; Department of Media and Communication	<ol style="list-style-type: none"> <li>1) Establish a group of national experts, involve international experts</li> <li>2) Working group to meet monthly</li> <li>3) Prepare the concept of guidelines</li> <li>4) Develop the guidelines</li> <li>5) Approve by both Ministries</li> <li>6) Distribute the guidelines</li> </ol>
<b>8.4 Conduct a table-top exercise to test capacities on risk communication</b>	March 2021	++	+++	Faculty of Veterinary Medicine, IPH, National Food Authority, Department of Media and Communication	<ol style="list-style-type: none"> <li>1) Identify TTX coordinator(s)</li> <li>2) Develop content of TTX</li> <li>3) Identify participants and trainers</li> <li>4) Calculate budget</li> <li>5) Deliver TTX</li> <li>6) Evaluate risk communication capacities</li> </ol>
<b>Objective 9: Enhance strategic planning for joint risk communication for management of zoonotic diseases</b>					
<b>9.1 Develop a multi-hazard One Health joint risk communication strategy</b>	November 2019	++	+++	MHSP + Agencies; MARD + Agencies; Prime Minister Office	<ol style="list-style-type: none"> <li>1) Establish a joint working group</li> <li>2) Mobilize international expert</li> <li>3) Draft a joint RC strategy</li> <li>4) Share the draft strategy with different stakeholders and reach the consensus</li> <li>5) Approve the joint RC strategy at Prime Minister level</li> <li>6) Launch the strategy with all stakeholders</li> <li>7) Include the strategy in the curricula of Universities for zoonotic diseases</li> </ol>
<b>9.2 Develop the joint action plan for the multi-hazard One Health joint risk communication strategy</b>	January 2020	++	+++	MHSP + Agencies; MARD + Agencies; Ministry of Finance	<ol style="list-style-type: none"> <li>1) Establish a joint working group involving: <ul style="list-style-type: none"> <li>• experts who were engaged with development of strategy</li> <li>• international experts</li> <li>• financial experts</li> </ul> </li> <li>2) Draft a joint action plan</li> <li>3) Share the joint action plan with different stakeholders and reach the consensus</li> <li>4) Approve the joint action plan at Ministry of Finance and Prime Minister Office</li> <li>5) Share the joint action plan with all stakeholders</li> </ol>

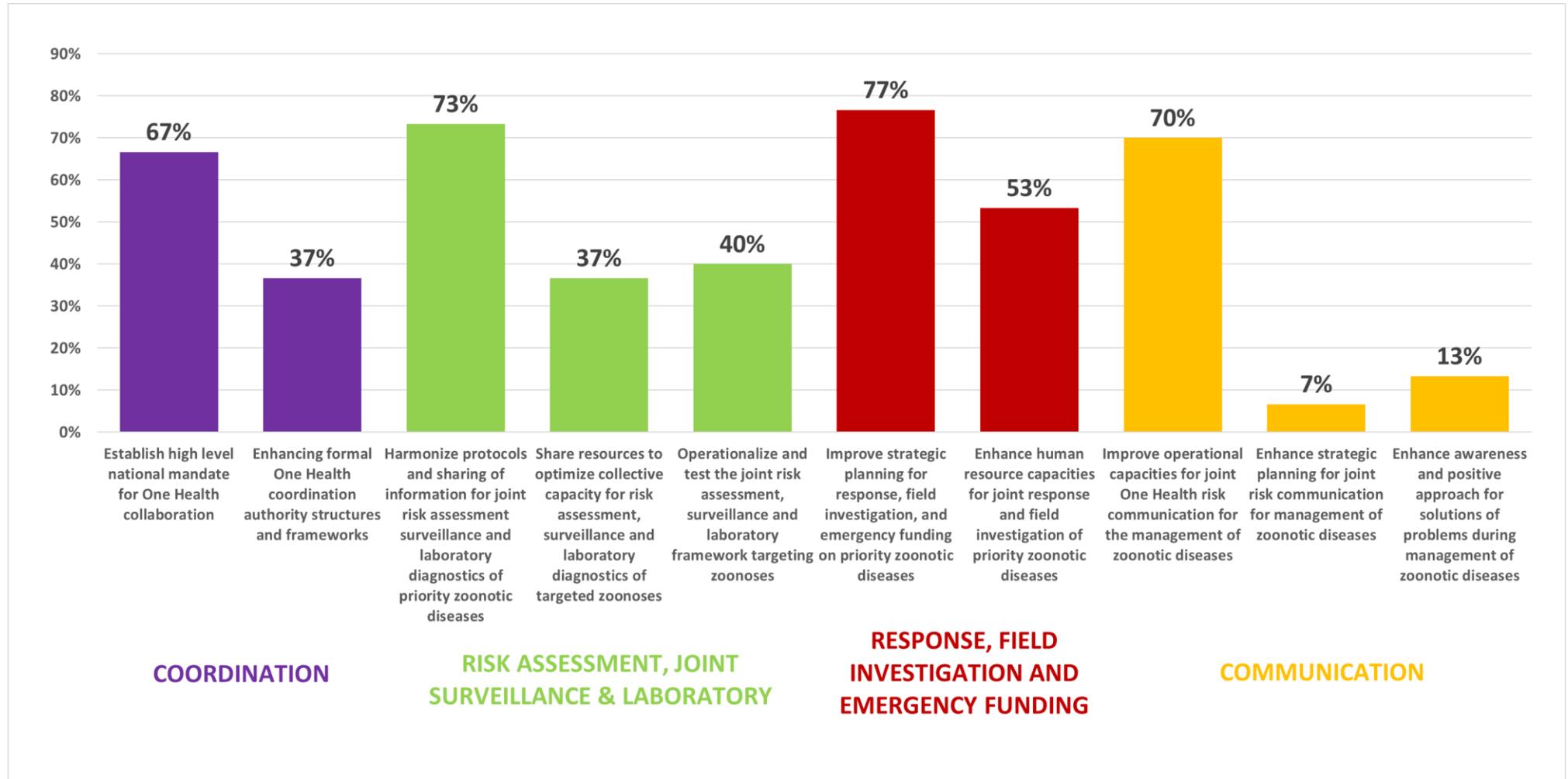
Objective 10: Enhance awareness and positive approach for solutions of problems during management of zoonotic diseases					
<b>10.1 Establish joint advocacy group to increase capacities for staff, infrastructure, and budget</b>	May 2019	+	++	Department of Veterinary Public Health, IPH, Department of Public Health	1) Identify group members 2) Develop ToR for the group 3) Group to meet regularly 4) Develop annual agenda 5) Identify key decision makers to meet them 6) Use social media for advocacy

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

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

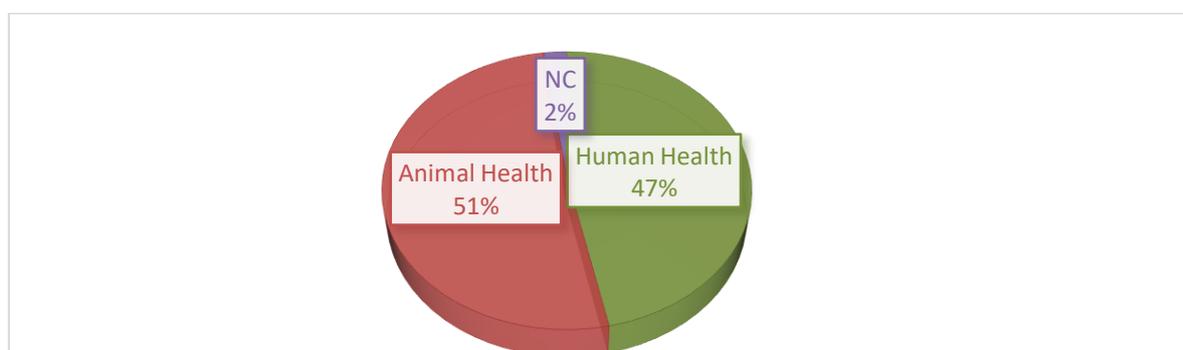
## OUTPUT 3: PRIORITIZATION RESULTS

All participants were asked to vote individually via sticking white stickers onto the objective cards to select which of the three identified objectives they considered as of the highest priority. Each group got one objective with high number of votes. This prioritization showed that all topics selected in the previous exercise were crucial to strengthen intersectoral collaboration. However, improvement of strategic planning for response, field investigation and emergency funding of priority zoonotic diseases was selected as of the highest priority for the country.



## WORKSHOP EVALUATION

An evaluation questionnaire was completed by 52 participants (Figure 9) in order to collect feedback on the relevance and utility of the workshop. Overall, the participants valued the workshop as very good and worth for recommendation for other countries. All workshop components such as the content, format, facilitation, and organization gained very high scores.



*Figure 9: Answers to the question "which sector are you from?" (52 respondents)*

*Tables 2-5: Results of the evaluation of the event by participants (52 respondents)*

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
<b>Overall assessment</b>	98%	3.6
Content	98%	3.7
Structure / Format	98%	3.8
Facilitators	98%	3.8
Organization (venue, logistics, ...)	98%	3.8

*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	100%	3.6
The work of your unit/department	96%	3.6
The intersectoral collaboration in Kazakhstan	83%	3.2

*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
3.7	3.8	3.6	3.6	3.8	3.6	3.7

Would you recommend this workshop to other countries?	
Absolutely	84%
Probably	11%
Likely not	2%
No	0%

ANNEX 1: WORKSHOP AGENDA

**NATIONAL IHR-PVS BRIDGING WORKSHOP**

**5-7 December 2018, Rogner Hotel**

DAY 1	
08:30 – 09.00	Registration of participants
09.00 – 10.00	<p><b>Opening Ceremony</b></p> <ul style="list-style-type: none"> <li>• Chairperson: Albana Fico, IPH</li> <li>• Elida Mici, Ministry of Health and Social Protection (5’)</li> <li>• Ermira Greçi, Ministry of Agriculture and Rural Development (5’)</li> <li>• John Stratton, OIE (5’)</li> <li>• Arben Kipi, FAO (5’)</li> <li>• Nazira Artykova, WHO ALB (5’)</li> <li>• Introduction of participants (10’)</li> <li>• Group Picture (5’)</li> </ul> <p>Coffee break (20’)</p>
10.00 – 12.00	<p><b>Session 1: Workshop Objectives and National Perspectives</b></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"> <li>• Workshop approach and methodology – PPT (10’)</li> <li>• MOVIE 1: Tripartite One Health collaboration and vision (15’)</li> <li>• Veterinary Services and One Health – PPT (20’)</li> <li>• Public Health Services and One Health – PPT (20’)</li> <li>• MOVIE 2: Driving successful interactions - Movie (25’)</li> </ul>
<b>Lunch (12:00-13:30)</b>	
13.30 – 17.00	<p><b>Session 2: Navigating the road to One Health</b></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"> <li>• Presentation and organization of the working group exercise – PPT (15’)</li> <li>• Case study - Working groups by disease (120’)</li> </ul>

	<ul style="list-style-type: none"> <li>• Restitution (75')</li> </ul>
<p><b>Expected outcomes of Sessions 1 and 2:</b></p> <ul style="list-style-type: none"> <li>• <i>Understanding of the concept of One Health, its history, its frameworks and its benefits.</i></li> <li>• <i>Understanding that a lot of areas for discussion and possible improvements do exist and can be operational - not only conceptual.</i></li> <li>• <i>Level of collaboration between the two sectors for 16 key technical areas is assessed.</i></li> <li>• <i>Collaboration gaps identified for each disease.</i></li> </ul>	
<b>17.00 – 18.30</b>	<b>Facilitators and moderators only:</b> Briefing Session 3-4-5 and compilation of results from Session 2

DAY 2	
08:30 – 08:40	Feedback from day 1
08.40 –11.20	<p><b><u>Session 3: Bridges along the road to One Health</u></b></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.</p> <p>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"> <li>• MOVIE 3: IHR Monitoring and Evaluation Framework (25')</li> <li>• MOVIE 4: PVS Pathway (25')</li> <li>• MOVIE 5: IHR-PVS Bridging (10')</li> <li>• Mapping gaps on the IHR/PVS matrix (50') + <b>Coffee break (20')</b></li> <li>• Discussion – Plenary (30')</li> </ul>
<p><b>Expected outcomes of Session 3:</b></p> <ul style="list-style-type: none"> <li>• <i>Understanding that tools are available to explore capacities in each of the sectors.</i></li> <li>• <i>Understanding of the contribution of the veterinary sector to the IHR.</i></li> <li>• <i>Understanding of the bridges between the IHR MEF and the PVS Pathway.</i></li> <li>• <i>Identification of the technical areas to focus on during the next sessions.</i></li> </ul>	
11:20 - 12:40	<p><b><u>Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports</u></b></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"> <li>• Presentation and organization of the working group exercise (20')</li> <li>• Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (60')</li> </ul>
<b>Lunch (13:00-14:00)</b>	
14:00 - 14:30	<p><b><u>Session 4 (continued)</u></b></p> <ul style="list-style-type: none"> <li>• Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (continued, 30')</li> </ul>
<p><b>Expected outcomes of Session 4:</b></p> <ul style="list-style-type: none"> <li>• <i>Good understanding of the assessment reports, their purpose and their structure.</i></li> <li>• <i>Main gaps and recommendations from existing reports have been extracted.</i></li> <li>• <i>A common understanding of the effort needed starts to emerge.</i></li> </ul>	
14:30–17:30	<p><b><u>Session 5: Road planning</u></b></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"> <li>• Presentation and organization of the working group exercise (15')</li> <li>• Brainstorm on joint Activities (Working groups by technical topic) (150')</li> </ul>
<p><b>Expected outcomes of Session 5:</b></p>	

<ul style="list-style-type: none"> <li>• <i>Clear and achievable objectives and activities are identified to improve inter-sectoral collaboration between the two sectors for all technical areas selected.</i></li> <li>• <i>Timeline, focal points, needed support and indicators have been identified for each activity.</i></li> <li>• <i>The impact and the difficulty of implementation of proposed activities have been estimated.</i></li> </ul>	
17.30 – 19.00	<b>Facilitators only:</b> Compilation of results from Session 5 (drafting of the road-map) and preparation of Session 6
<b>DAY 3</b>	
08:30 - 12:30	<p><b><u>Session 6: Fine-tuning the roadmap</u></b></p> <p>The objective of Session 6 is to go deeper in the details of the activities, 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"> <li>• Fine-tuning of the activities (110')</li> <li>• Regrouping activities under specific objectives (15')</li> </ul> <p><b>Coffee break (20')</b></p> <ul style="list-style-type: none"> <li>• World Café (70')</li> <li>• Presentation of the prioritization vote (10')</li> <li>• Prioritization vote (15')</li> </ul>
<p><b>Expected outcomes of Session 6:</b></p> <ul style="list-style-type: none"> <li>• <i>Harmonized, concrete and achievable road-map.</i></li> <li>• <i>Buy-in and ownership of all participants who contributed to all areas of the road-map.</i></li> <li>• <i>Prioritization of the activities.</i></li> </ul>	
12:30 - 13:30	<p><b><u>Session 7: Way forward</u></b></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"> <li>• Integrating the action points into the IHR-MEF process (30')</li> <li>• Next steps (30') (lead by Ministry representatives)</li> </ul>
<p><b>Expected outcomes of Session 7:</b></p> <ul style="list-style-type: none"> <li>• <i>Linkages with NAPHS.</i></li> <li>• <i>Identification of immediate and practical next steps.</i></li> <li>• <i>Identification of opportunities for other components of the IHR-MEF.</i></li> </ul>	
13:30 - 14:00	<p><b><u>Closing Session</u></b></p> <ul style="list-style-type: none"> <li>• Evaluation of the workshop (10')</li> <li>• Closing ceremony (20')</li> </ul>
<b>Lunch (14:00-15:00)</b>	

Note: a 4-minute video explaining the different steps of the process can be viewed at the following link: [www.bit.ly/NBWMethod](http://www.bit.ly/NBWMethod)

# APPENDIX

## ANNEX 2: LIST OF PARTICIPANTS

### NATIONAL IHR-PVS BRIDGING WORKSHOP

5 December 2018, Rogner Hotel, Tirana, ALBANIA

No	Name	Institution	District	Email	Phone
1	JANI MAVROMATI	Fakulteti i Mjekësisë Veterinare	Tirana	j.mavromati@ktu.edu.al	0692063696
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