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

16-18 October 2017
Dar es Salaam, United Republic of Tanzania

Organized by Prime Minister's Office, WHO and OIE

Acknowledgments

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ABBREVIATIONS & ACRONYMS

AFRO	World Health Organization Regional Office for Africa
AI	Avian Influenza
DG	Directorate General
DTRA	United States of America's Defense Threat Reduction Agency
FAO	Food and Agriculture Organization of the United Nations
FELTP	Field Epidemiology and Laboratory Training Program
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
IT	Information technology
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MoHCDGEC	Ministry of Health, Community Development, Gender, Elder and Children
MoLF	Ministry of Livestock and Fisheries
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
OIE	World Organisation for Animal Health
PH	Public Health
PMO	Prime Minister's Office
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
TOR	Terms of Reference
USAID	United States Agency for International Development
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.

HUMAN HEALTH   ANIMAL HEALTH

International Legal Framework — IHR (2005) | OIE Standards

Assessment tools for country capacities — Annual reporting tool + JEE tool | PVS Pathway

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 Tanzania,
- a PVS Follow-up was conducted in 2016;
- Joint External Evaluation (JEE) missions were conducted in 2016 (mainland) and 2017 (Zanzibar);
- The NAPHS was launched in 2017.

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 77 participants from MOHCDGEC, MOLF and PMO with representatives from the Central, Provincial and District level attending the three-day discussions. Representatives of the environmental sector, legal sector, media and health development partners (DTRA, CDC, USAID, University of Minnesota) were also present.

REPORT ON THE SESSIONS

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

OPENING SESSION

The opening ceremony was attended by high level national representatives from both Ministries, with Dr Emmanuel Swai (National Epidemiologist, MOLF) and Dr Janneth Mghamba (Assistant Director, MoHCDGEC) delivering the first opening words. They were followed by representatives of international organizations, namely Dr Ritha Njau (Officer in charge, WHO Tanzania) and Dr Moetapele Letshwenyo (OIE Sub-regional Office for Southern Africa) and donors, namely Jean Richards (DTRA). The workshop was then officially opened by Brigadier General Mbazi Msuya (Director of Disaster Management Department, PMO).

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.

A presentation was given by Dr Swai (National Epidemiologist, MOLF) on the veterinary services of Tanzania, the coordination with WHO, OIE and FAO as well as the PVS missions that have been conducted in the country since 2007 The most important outbreaks in recent years were also presented. Dr George Cosmas presented on behalf of the MoHCDGEC, the structure of the public health services and their linkages with the IHR. Dr Jubilate Bernard (One Health Coordination Desk) presented the rationale behind the One Health Concept and explained that anthrax, rabies, avian influenza, brucellosis, rift valley fever and human trypanosomiasis were identified as prioritized zoonotic diseases in the United Republic of Tanzania.

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 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 five working groups of mixed participants from both sectors (MoHCDGEC) and MoLF) and from different levels (Central, Provincial, District). Groups were provided with one of five case study scenarios (Table 1) based on diseases relevant to the Tanzanian context (avian influenza H5N1, rabies, anthrax, brucellosis, rift valley fever and brucellosis) developed in collaboration with MoHCDGEC and MoLF representatives.

Table 1: Scenarios used for the different case studies

Rabies – *A stray dog which was known to have bitten two cows, 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 Mtakuja 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 Kigoma hospital, 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 Ujiji local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and having bought four ducks.*   *Massive death of wild birds was reported in the same area.*
Anthrax – *At least 60 people from Selela who ate uninspected meat from a cow that died, have suddenly fallen sick and 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 owner of the animal disappeared after learning that his neighbours had fallen sick.*
Brucellosis – *Three goats all belonging to a small-holder dairy farmer in Muembe village aborted. At the time of the first two abortions the farmer did not bother to report the problem to his local veterinary officer as his farm was too far away from the District Veterinary Office. In parallel, seven persons from the same village developed clinical signs such as headaches, fever and muscle cramps. Two of them were hospitalized and laboratory testing confirmed that they were infected by Brucella melitensis.*
Rift Valley Fever – *Two persons were admitted at the hospital of Dodoma, with hemorrhagic symptoms. These persons originated from a rural area in which a widely wave of abortion and mortality of young animals has been reported in small ruminants and cattle during the last 3 weeks. The population is used to experience malaria during the rains, but these new symptoms generate panic.*

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. <u>Output 1</u> 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 16 key technical areas is assessed (<u>Output 1</u>).
- 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 (<u>IHR 2005</u>) and animal health (<u>OIE standards</u>) 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.
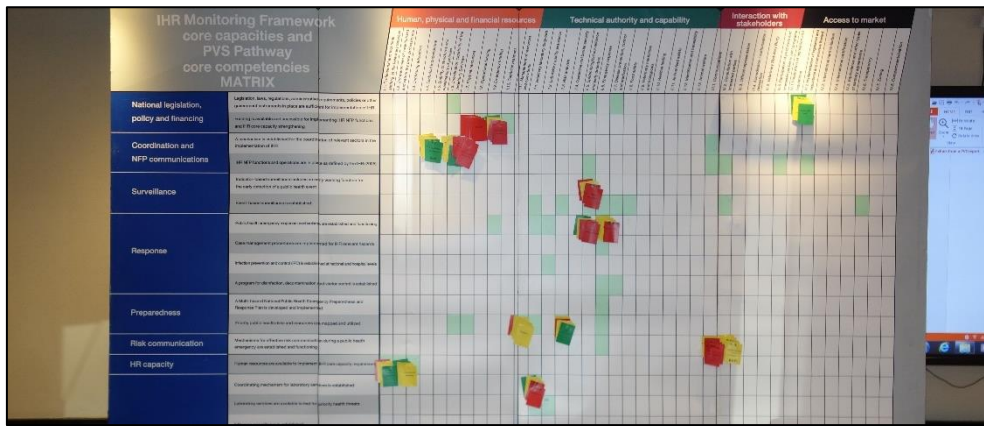
Figure 2: Mapping of the gaps by positioning the selected technical area cards on the IHR-PVS matrix.

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

- Coordination at the local level
- Communication with media
- Joint surveillance and laboratory diagnosis
- Joint investigation and field laboratory work (sample collection, packaging, shipment)
- Response

Note: 'Finance' came-up as one of the technical areas needing most improvement (5/5 red cards). However, participants agreed that the audience of this workshop would not be able to provide substantial improvements in that domain. It remains nonetheless one of the major gaps to impair the efficiency of the intersectoral collaboration in the United Republic of Tanzania.

Outcomes of Session 3:

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

SESSION 4: CROSSROADS – PVS PATHWAY AND IHR MEF REPORTS

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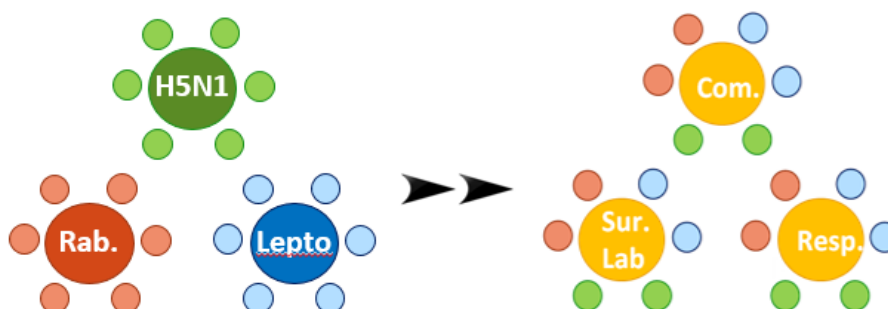

Figure 3: Generic graph describing the organization of working groups for Session 2-3 (left) and Session 4-5 (right).

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 (JEE, PVS Follow-up) and extracted the main findings and recommendations relevant to their technical area (Figure 4).

Figure 4: Participants from the group working on 'Surveillance and laboratory' extracting results from the PVS Follow-up and the JEE reports.

Outcomes of Session 4:

- Good understanding of the assessment reports for both sectors, their purpose and their structure.
- Main gaps relevant to each technical area have been extracted.
- Main recommendations from existing reports have been extracted.
- A common understanding of the effort needed starts to emerge.

SESSION 5: ROAD PLANNING

Using the same working groups as for the previous session, participants were asked to identify, for each technical area, 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 with media" identified three objectives and nine activities to improve the collaboration between the two sectors in this domain.

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

Outcomes of Session 5:

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

SESSION 6: FINE-TUNING THE ROAD-MAP

Working groups from the previous session were given more time to finalize their objectives and activities. A World Café exercise was then organized to enable participants to contribute to the action points of all technical areas (Figure 6). 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 6: World café exercise: the group on "Communication with media" is providing feedback to the rapporteur of the group on "Response".

Overall, the five groups identified a total of 15 key objectives and 49 activities. The detailed results are presented in Output 2.

Prioritization of Objectives

To prioritize the 15 objectives identified by the technical working groups, 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 (and their constituting activities) they considered as of highest priority.

55 participants participated in the vote. Objective 10 (Response – 69%), Objective 1 (Coordination at local level - 60%), Objective 12 (Response - 55%) and Objective 14 (Communication - 51%) stood out as top priorities. The objective with the least score, Objective 3, is considered a top priority by 13% of participants, showing that all objectives identified in the workshop are important and none should be neglected. Full results of the vote can be found in Output 3.

Figure 7: participants using their computers and mobile devices 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

Results of the prioritization vote were presented and discussed.

At this point, the focal points from Tanzania, namely Dr Janeth Mghamba and Dr Jubilate Bernard took the leadership of the workshop. They presented the existing One Health Strategy and the National Action Plan for Health Security (NAPHS) and explained how the outputs of the IHR-PVS National Bridging Workshop will help enrich these plans.

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

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

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

A three-minute movie of the workshop was shown and is available at the following link: www.bit.ly/NBWTanzania.

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

Technical area (cards)	Rabies	Anthrax	H5N1	Brucellosis	RVF	Score
Coordination at local Level	red	red	red	red	red	10
Finance	red	red	red	red	red	10
Communication w/ media	red	red	yellow	red	red	9
Emergency funding	red	red	red	red	yellow	9
Joint surveillance	red	red	yellow	red	yellow	8
Field investigation	yellow	red	green	red	red	7
Laboratory	red	yellow	green	yellow	red	6
Response	red	yellow	yellow	yellow	yellow	6
Logistics	yellow	yellow	red	yellow	yellow	6
Communication w/ stakeholders	yellow	yellow	yellow	yellow	yellow	5
Risk assessment	red	green	yellow	yellow	yellow	5
Human resources	yellow	yellow	red	yellow	green	5
Coordination at technical Level	green	yellow	yellow	yellow	yellow	4
Coordination at high Level	green	yellow	yellow	yellow	green	3
Legislation / Regulation	yellow	green	yellow	green	yellow	3
Education and training	yellow	green	yellow	green	yellow	3

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.

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Indicators
COORDINATION AT LOCAL LEVEL					
Objective 1: Advocate for One Health approach to all relevant stakeholders at local level					
Map One Health stakeholders	3 months	**++**	**+++**	PMO, DMD and PORALG	*No of stakeholders identified
Conduct sensitization sessions at community level to create awareness and educate different stakeholders about One Health	3 months	**++**	**++**	PO-RDLG	*No of sensitizations conducted *No / type of targeted groups reached
Conduct regular scheduled meetings with identified stakeholders	On-going	**++**	**+++**	PMO, DMD & PORALG (Leaders at local levels)	*No of meetings conducted and targeted audience
Objective 2: Capacity building for One Health local implementation (Formal structure and committees)					
Develop SOPs & guidelines for intersectoral coordination at the local level	One year	**++**	**+++**	PO-RALG-DVO/Health Environment	*SOPs and guidelines produced
Orient & train local actors on the SOPs & guidelines	On-going	**+**	**++**	PMO, DMD, PO-RALG-DVO/Health/Environment	*No of training sessions *No of committees trained
Objective 3: Monitoring & evaluation of One Health activities					
Mentoring, coaching and supervision of OH key players	On-going	**+**	**++**	PO-RALG DVO/Health/Environment	*No of staff mentored *No of supervision visits
Conduct after-action review meetings after each zoonotic disease outbreak	After events	**+**	**++**	PO-RALG, PMO-DMD	*No of after-action review meetings
JOINT SURVEILLANCE AND ASSOCIATED LABORATORY ACTIVITIES					
Objective 1: Improve human resource capacity to conduct joint surveillance:					
Map existing key personnel and their role in surveillance activities	December 2017	**+**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife (PMO supervision)	*List of key personnel for all relevant sectors
Conduct a training needs assessment for personnel involved in surveillance activities in all relevant sectors	January 2018	**+**	**++**	MOHCDGEC, MoLF, MoE, Wildlife	*Report on training need assessment
Develop training material for personnel involved in surveillance activities in all relevant sectors	March 2018	**++**	**++**	MOHCDGEC, MoLF, MoE, Wildlife	*Training material developed
Conduct training to personnel involved in surveillance activities in all	March 2018	**++**	**+++**	MOHCDGEC, MoLF, MoE,	*No of personnel trained

relevant sectors on identified gaps				Wildlife	*Reports
Procure lab equipment, reagents, consumables and other supplies to personnel involved in joint surveillance activities	June 2018	**+++**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife (PMO supervision)	*Laboratory equipment & reagents in place

Objective 2: Harmonize/standardize Laboratory SOPs for sample collection, transportation, storage, testing and sharing

Map existing human & animal health laboratory capacities	December 2017	**+**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife	*Report indicating laboratory capacities in both sectors
Harmonize the existing SOPs / guidelines for sample testing, shipment to referral labs, and sharing	March 2018	**+**	**++**	MOHCDGEC, MoLF, MoE, Wildlife	*SOPs / guidelines in place and harmonized
Orient and disseminate the harmonized SOPs and guideline (on-the-job training)	June 2018	**++**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife	*No of personnel trained

Objective 3: Strengthen data collection, analysis, interpretation, reporting & sharing

Develop and validate harmonized tools (forms, database and procedures) for data collection, analysis, interpretation and sharing	June 2018	**++**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife	*Tools in place
Procure hardware and software for data collection, analysis, reporting and sharing	July 2018	**++**	**+++**	MOHCDGEC, MoLF, MoE, Wildlife	*Hardware and software data collection in place
Train data-collectors on validated tools	September 2018	**++**	**+++**	MOHCDGEC, MoLF, MoE,	*No of data-collectors trained
Conduct regular supportive supervision and mentorship	March 2018	**++**	**++**	MOHCDGEC, MoLF, MoE, Wildlife	*Reports *No of supervision visits

JOINT INVESTIGATION AND ASSOCIATED LABORATORY ACTIVITIES

Objective 1: Enhance intersectoral collaboration in conducting joint field investigations:

Develop a MoU on information sharing between public health and animal health	June 2018	**+**	**+++**	MOHCDGEC, TVLA, MOLF, SUA	*MoU developed and signed
Develop guidelines and SOPs for joint field investigations	July 2018	**+**	**+++**	MOHCDGEC, MOLF, PMO, MONRT, PORALG, LGA	*Guidelines and SOPs developed for joint field investigations
Distribute guidelines and SOPs for joint field investigations at all levels.	August 2018	**++**	**++**	MOHCDGEC, MOLF, Partners	*Printed guidelines and SOPs, guidelines available at all levels
Conduct a 3-day training of trainers and 3-day cascade trainings at all levels on guidelines and SOPs for joint field investigations	October 2018	**+++**	**++**	MOHCDGEC, MOLF, PORALG, PMO, LGA	*No of trained personnel

Objective 2: Improve sample collection, storage and transportation capacity for joint field investigation

Establish a mechanism for sample transportation to the laboratories (creation of hubs, equipment, transport)	October 2018	**+++**	**+++**	MOHCDGEC, MOLF, partners	*No of regions with established hubs

Conduct a mapping of laboratories with the capacity to test various pathogens	October 2018	+	++	MOHCDGEC, MOLF, MONRT, PMO, PORALG	*Laboratory mapping available
Develop harmonized SOPs for sample collection, storage, and transportation during joint field investigation	October 2018	+	++	MOHCDGEC, MOLF, MONRT, PMO, PORALG	*SOPs developed
Train field staff at regional and district levels on SOPs for sample collection, storage and transportation during joint field investigation	October 2018	++	+++	MOHCDGEC, MOLF, PORALG, PMO-DMT	*No of trained personnel *% of acceptance of samples

Objective 3: Set-up and train joint field investigation teams at all levels

Conduct a mapping of human resources available for joint field investigations at all levels	April 2018	+	+	MOLF, MOHCDGEC, MONRT, PORALG	*No of identified individuals and their localities
Train district and regional staff on joint field investigations through frontline course (review training materials, develop curriculum, develop training plan)	June 2020	+++	+++	MOHCDGEC, MOLF, MONRT, PORALG, PMO, Partners	*No of trained personnel, *No of districts covered
Conduct sensitization meetings with LGAs for the allocation of funds for joint field investigations	June 2018	++	+++	MOHCDGEC, MOLF, PORALG, PMO, MOF	*No of sensitization meetings conducted

RESPONSE AND EMERGENCY FUNDING

Objective 1: Strengthen multisectoral and multidisciplinary capacity for joint emergency response at all levels

Conduct a capacity needs assessment (human, material) for emergency response at all levels in all relevant sectors	June 2018	+	++	MOHCDGEC, MOLF	*Report of needs assessment
Develop a mechanism for stockpiling of emergency supplies at zonal and regional levels in high risk areas	December 2018	+++	+++	MOF, MOHCDGEC, MOLF	*No of high risk regions with stockpile of emergency supplies
Identify staff to work in public health emergency operations centre (PHEOC) (communications, logistics & technical operations)	December 2018	+	++	MOHCDGEC, MOLF, MNRT	*No of disciplines appointed to work in PHEOC
Conduct a training to multidisciplinary rapid response teams in all regions and districts	2018 (regions) 2019 (districts)	+	++	MOHCDGEC, MOLF	*No of regions with trained multidisciplinary RRTs

Objective 2: Ensure adherence to chain of command in emergency response at all levels

|					
Conduct orientation workshop on chain of command in emergency response to rapid response teams in all regions and districts	2018 (regions) 2019 (districts)	+++	+++	MOHCDGEC, MOLF	*No of RRTs formed *No of RRTs oriented
Conduct advocacy sessions to high level leaders/executives on emergency response chain of command at all levels	June 2018	+	+++	PMO-DMD	*No of advocacy sessions
Conduct orientation on chain of command in emergency response to veterinary, medical and wildlife officers at all levels	June 2018	++	+++	PMO, MNR, MOHCDGEC	*No of orientation sessions conducted
Conduct multisectoral simulation exercises at least once a year	December 2018	++	+++	MOHCDGEC, MOLF, PMO	*No of multisectoral simulation

					exercises conducted per year
Objective 3: Ensure timely availability of emergency funds at all levels					
Conduct advocacy/sensitization meeting with ministry of finance on needs to avail emergency funds	June 2018	++	+++	PMO, MOF, MOHCDGEC, MOLF, MNRT	*No of ministries/LGAs with emergency fund available
Conduct supportive supervision visits to regions on emergency fund availability and their incorporation into council plans	June 2019	+	+++	MOHCDGEC, MOLF, MNRT, PORALG	*No of council plans with emergency funds incorporated
COMMUNICATION WITH MEDIA					
Objective 1: Strengthen human resources capacities in multisectoral risk communication					
Conduct a training needs assessment on risk communication	April 2108	+	+	PMO	*Mapping of available expertise / gap on risk communication
Develop multi-sectoral risk communication training materials	June 2108	+	+++	PMO, One Health Coordination desk (OHC)	*Training material developed
Recruit additional risk communication experts for PHEOC	February 2018	+++	+	MOHCDGEC	*No of people recruited *No risk communication messages
Conduct Trainings of Trainers on risk communication and cascade at sub-national levels for communication experts in relevant sectors	October 2018	++	+++	PMO / OHC unit + respective line ministries	*No of trainings and trainees at all levels
Objective 2: Foster multi-sectoral risk communication at national and sub-national levels					
Develop a comprehensive joint risk communication strategy and plan	December 2018	++	+++	PMO/OHC unit + respective line ministries	*Plan developed and validated
Develop and disseminate standard disease specific risk communication toolkits (talking points, guidelines, templates)	October 2018	+	++	PMO /OHC unit + respective line ministries	*No of disease specific toolkit *No of templates available
Develop and disseminate joint risk communication messages (before, during and after outbreaks)	Ongoing	+++	+++	Respective line ministries	*No and type of messages *No of people reached
Objective 3: Improve media monitoring and management					
Develop a rumor/news monitoring and management system (focal points in relevant sectors with a joint One Health portal)	December 2018	++	++	Line ministries, communities, districts	*No of focal points identified *No of rumors tracked, followed up and managed
Hold regular joint media briefs & updates	January 2018	+	+++	PMO OHC Unit & line ministries	*No of media briefs & updates *No of media groups engaged on OH topics

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 a mobile application and to select which five of the 15 objectives they considered as of highest priority.

55 participants participated in the vote. Objective 10 (Response – 69%), Objective 1 (Coordination at local level - 60%), Objective 12 (Response - 55%) and Objective 14 (Communication - 51%) stood out as top priorities. The objective with the least score, Objective 3, is considered a top priority by 13% of participants, showing that all objectives identified in the workshop are important and none should be neglected.
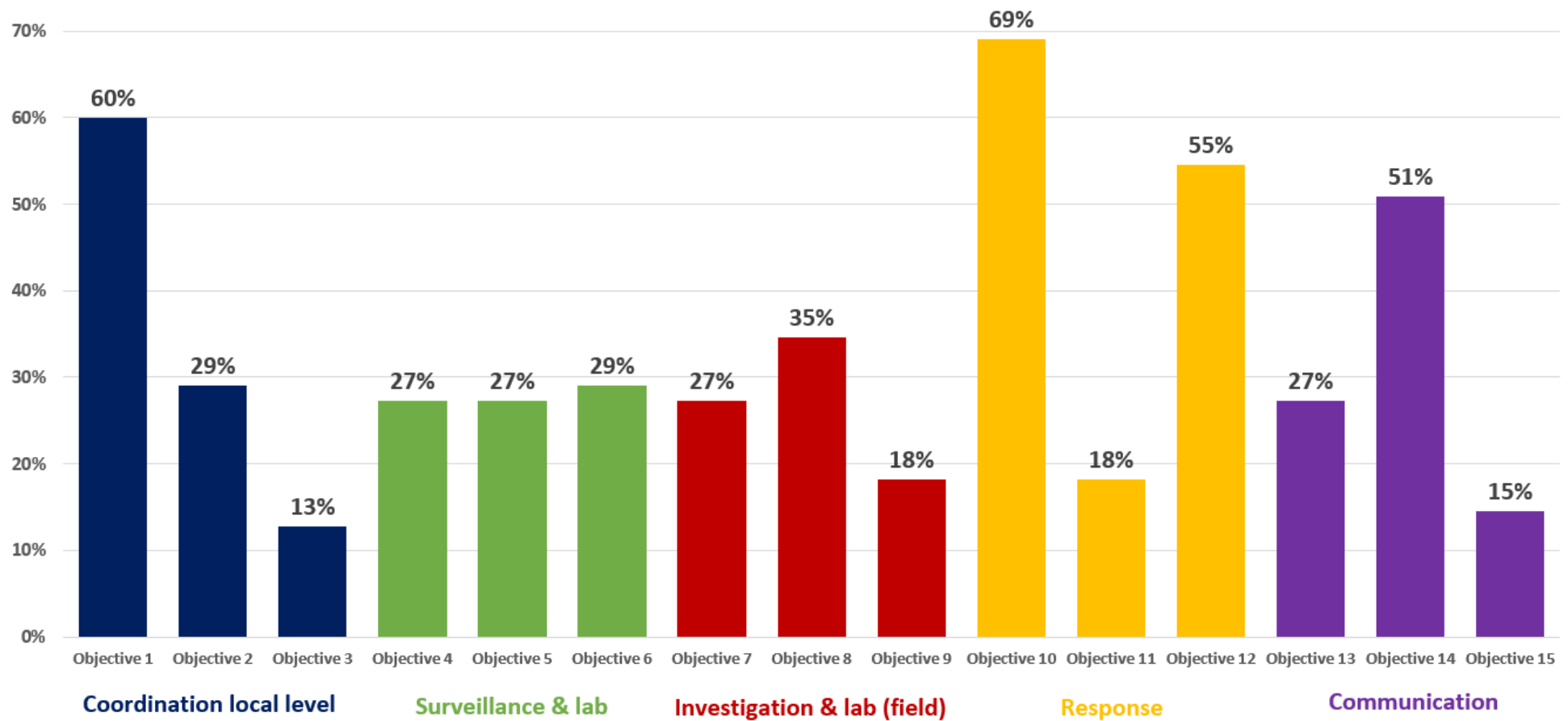
WORKSHOP EVALUATION

An evaluation questionnaire was completed by 37 participants (Figure 8) in order to collect feedback on the relevance and utility of the workshop. Participants rated the workshop highly, being for the most part "highly satisfied" (68%), or otherwise "satisfied" (32%). 100% of respondents answered that they were "satisfied" or "highly satisfied" with the content, the structure, the facilitation and the organization of the workshop (Tables 2-5).
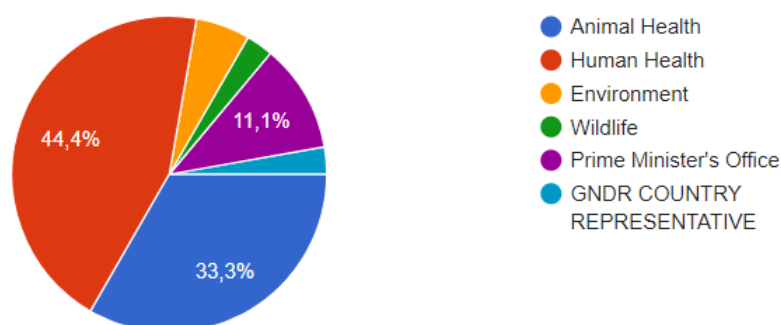

Figure 8: Answers to the question "which sector are you from?" (37 respondents)

Tables 2-5: Results of the evaluation of the event by participants (37 respondents)

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
Overall assessment	**100%**	**3.7**
Content	100%	3.6
Structure / Format	100%	3.8
Facilitators	100%	3.9
Organization (venue, logistics, …)	100%	3.7

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%	3.5
The work of your unit/department	100%	3.6
The intersectoral collaboration in Tanzania	97%	3.4

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
3.5	3.5	3.6	3.6	3.5	3.7	3.5

Would you recommend this workshop to other countries?	
Absolutely	95%
Probably	5%
Likely not	0%
No	0%

APPENDIX

DAY 1	
08:30 – 09.00	Registration of participants
09:00 – 09:10	**Administrative announcement** Mr. Yusuf Mwemtsi – Budget and Finance Officer – WHO Tanzania
09:10 – 09:30	Introductions and perspectives of participants – Ice breaker - All
09:30 – 10.00	**Opening Ceremony** • Remarks: Representative from the Ministries of Agriculture, Livestock and Fisheries • Remarks: Representative from the Ministry of Health Community Development, Gender, Elders and Children • Remarks: Representative from the Ministry of Environment • Remarks: Officer In-Charge WHO Opening Remarks: Prime Minister Officer *(GOH)*
10.00 – 10:10	Group Photo – All
10.10 – 10.30	Tea break – All
10.30 – 12.10	**Session 1: Workshop Objectives and National Perspectives** • MOVIE 1: Tripartite One Health collaboration and vision (15') • Veterinary Services and One Health – PPT (15') • Public Health Services and One Health – PPT (15') • One Health Coordination Desk PMO – PPT (15') • Workshop approach and methodology – PPT (15') • MOVIE 2: Driving successful interactions - Movie (25')
Lunch (12:10-13:30)	
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
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
09:00 – 9:15	Feedback from day 2
9:15 - 12:15	**Session 6: Fine-tuning the roadmap**
	• Fine-tuning of activities (60')
	• World Café (90')
	Coffee break (15')
	• Plenary discussion on the Roadmap (60')
	• Presentation of the prioritization vote tool (10')
	• Prioritization vote (60' – during lunchtime)
Lunch (12:15-13:30)	
13:30 - 15:30	**Session 7: Way forward – Lead by One Health Coordination Desk (PMO)**
	• Results of the prioritization vote (15')
	• Next steps and way forward for Tanzania (60')
15:30 - 16:30	**Closing Session**
	• Movie of the workshop (10')
	• Evaluation of the workshop (20')
	• Closing ceremony (40')