Participant Handbook

National IHR and PVS Pathway Bridging Workshop

The Road to One Health (Version 1.4)
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**ABBREVIATIONS & ACRONYMS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>IHR</td>
<td>International Health Regulations (2005)</td>
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<td>JEE</td>
<td>Joint External Evaluation</td>
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<td>MEF</td>
<td>Monitoring and Evaluation Framework</td>
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<td>NAPHS</td>
<td>National Action Plan for Health Security</td>
</tr>
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<td>OIE</td>
<td>World Organisation for Animal Health</td>
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<tr>
<td>PVS</td>
<td>Performance of Veterinary Services</td>
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<td>WHO</td>
<td>World Health Organization</td>
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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. Working in close collaboration with FAO, WHO and OIE have been active promoters and implementers of an intersectoral collaborative approach among institutions and systems to prevent, detect, and control diseases among animals and humans. They have developed various frameworks, tools and guidance material to strengthen capacities at the national, regional and global levels.

- WHO Member States adopted a legally binding instrument, the International Health Regulations (IHR, revised in 2005), for the prevention and control of events that may constitute a public health emergency of international concern. Through these regulations, States Parties 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 mainly 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 those standards, in particular on the quality of Veterinary Services. The OIE has developed the Performance of Veterinary Services (PVS) Pathway, which is composed of different tools to assist countries to objectively assess and address the main weaknesses of their Veterinary Services.
The use of WHO IHR monitoring tools and OIE PVS Pathway would result in a **detailed assessment of the existing forces and gaps**, with **better alignment of capacity building approach and strategies** at country level between the human and animal health sectors. The IHR-PVS National Bridging Workshops (NBW) enable countries to further explore possible overlapping areas addressed in the OIE and IHR capacity frameworks and develop, where relevant, appropriate bridges to facilitate coordination. A structured approach using user-friendly material, case studies and group exercises enables the identification of synergies, review of gaps and the definition of operational strategies to be used by policy makers for concerted corrective measures and strategic investments in national action plans for improved health security.

### OBJECTIVES OF IHR-PVS NATIONAL BRIDGING WORKSHOPS AND EXPECTED OUTCOMES

The main objective of the NBW is to provide an opportunity to human and animal health services of hosting countries to review their current collaboration gaps in key technical areas and to develop a joint road-map of corrective measures and strategic investments to improve the work at the animal-human interface in the prevention, detection and control of zoonotic diseases.

**Specific objectives of the workshop:**

- **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 action and synergistic approach;
- **Building Sustainable Networks:** Contribute to strengthen 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 a structured and agreed identification of needs and options for improvement.

**Expected outcomes of the workshop:**

- Increased awareness and understanding on the IHR-MEF and the OIE PVS Pathway, their differences and connections;
- Understanding of the contribution of the veterinary services in the implementation of the IHR (2005) and how the results of the PVS Pathway and IHR-MEF can be used to explore strategic planning;
- Diagnosis of current strengths and weaknesses in the collaboration between animal and human health services for key technical areas;
- Identification of practical next steps and activities for the development and implementation of joint national roadmap to strengthen collaboration and coordination.
OVERALL PROCESS

The workshop uses an interactive methodology and a structured approach with user-friendly material, case studies, group exercises, videos and facilitation techniques. The workshop is made of seven sessions that are structured in a step-by-step process from gap identification to action planning and validation of a joint roadmap for the improvement of the collaboration between the public health and animal health sectors.

Session 1 - Setting the scene: 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 (total duration: 1h40).

Session 2 - Identification of collaboration gaps: Participants are split in several working groups, each with a case study scenario. Participants discuss the management of zoonotic diseases, identify areas of convergence, evaluate the level of collaboration between the different sectors for key technical areas and identify the main gaps (total duration: 3h30).

Session 3 - IHR-PVS tools and their bridging: The tools from both sectors (IHR MEF, JEE, PVS) are presented. Joint areas and activities identified for each case study are mapped onto a giant matrix consisting of the indicators of the IHR MEF and of the PVS Pathway. This process enables participants to visualize the gaps identified in each essential capacity and to distinguish disease-specific vs systemic gaps. This will also help determine which technical areas the following sessions will focus on (total duration: 2h30).

Session 4 - Extraction of assessment results: Participants 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 and improved jointly (total duration: 2h00).

Session 5 - Joint road-planning: Results obtained from the case studies and from the assessment reports are used to develop a realistic and achievable road-map to improve the collaboration between the sectors (total duration: 2h30).

Session 6 - Finalization of the joint road-map: Through a world-café exercise followed by a plenary discussion, participants contribute to all technical areas to consolidate the joint-road map by making sure it is harmonized, concrete and achievable (total duration: 3h00).

Session 7 - Way forward: the last session draws the way forward by identifying the next steps and by linking the developed road-map with other mandated plans such as the National Action Plan for Health Security. 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 their level of One Health capacity.
The workshop uses a road analogy (The Road to One Health), and its process can be summarized with the following figure:
Objective: Session 1 sets the scene of the workshop 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.

MOVIE 1: TRIPARTITE ONE HEALTH COLLABORATION & VISION

This first documentary video introduces the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduces the workshop in the global and national context by providing information on the tripartite collaboration between WHO, OIE and FAO.
Anti-microbial-resistant bacteria

Food safety and food security

80% of agents with potential bioterrorist use are zoonotic pathogens

Human factors
- Increased population density
- Higher mobility
- Uncontrolled urbanization
- Demand for animal protein

Animal factors
- Intensive production systems
- Increased trade
- Periurban production
- Live animal markets

Environmental factors
- Deforestation
- Climate change
- Human encroachment
- Habitat fragmentation
- Biodiversity loss

Key principles of Manhattan
New York, September 29, 2004

- "We are in an era of "One World, One Health" and we must devise adaptive, forward-looking and multidisciplinary solutions to the challenges that undoubtedly lie ahead."

- "It is clear that no one discipline or sector of society has enough knowledge and resources to prevent the emergence or resurgence of diseases in today’s globalized world."

- "Only by breaking down the barriers among agencies, individuals, specialties and sectors can we unleash the innovation and expertise needed to meet the many serious challenges to the health of people, domestic animals, and wildlife and to the integrity of ecosystems."

One Health Joint Strategic Framework

Five strategic elements:

- Building robust public and animal health systems compliant with the WHO IHR (2005) and OIE international standards
- Improving national and international emergency response capabilities
- Focusing on developing economies for a global benefit
- Collaboration across sectors and disciplines
- Developing specific disease control programmes
The FAO-OIE-WHO Collaboration
Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interface
A Tripartite Concept Note

April 2010

• Prevention and control of emerging infectious diseases is a global public good
• Robust public and animal health systems based on good governance
• National capacity to implement human and animal health international standards

KEY MESSAGES

• The 2 sectors share a lot in terms of approaches, references, and strategic visions.
• These visions can be translated into legal / regulatory / operational frameworks that can be used to put intersectoral collaboration into practice at the country level.
• WHO and OIE are promoting the compliance to the IHR (2005) and the OIE Terrestrial and Aquatic Codes and support their Member Countries in assessing existing strengths and gaps at the animal-human interface, and in developing roadmaps aimed at improving intersectoral collaboration and operational capacities.
MOVIE 2: DRIVING SUCCESSFUL INTERACTIONS

This documentary provides participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface. The movie explains that, although there is almost always an inter-ministerial committee, this does not guaranty efficiency of operations at field level. Using the model developed for Rift Valley Fever, an example of a sub-committee framework to help bridge the two sectors at the technical level for all key technical domains is proposed.
Emergence, amplification and spread

RVF distribution and major outbreaks

Madagascar, 2008 – Inter-Ministerial Coordination Taskforce
Coordination mechanism for response

Inter-Ministerial Committee / Taskforce

Min. Agriculture

Min. Public Health

Coordination mechanism for response

Authorities in charge of ...

...human health

...animal health

...wildlife

...Other sectors (police, communication, finances...)

Communication

---

Madagascar, 2008 – Joint communication & Partnership with media
Coordination mechanism for response

Authorities in charge of ...

...human health
...animal health
...wildlife
...Other sectors
(police, communication, finances...)

Social mobilisation

Adrar, Mauritania, 2011 - Social mobilization

Coordination mechanism for response

Authorities in charge of ...

...human health
...animal health
...wildlife
...Other sectors
(police, communication, finances...)

Risk management
Promote practices that restrict transmission and source of infection

The social and cultural aspects are usually underestimated or neglected when they are key.

The support of medical anthropology is highly beneficial.

**Madagascar, 2008** - Protect population at risk

**Coordination mechanism for response**

Authorities in charge of ...

- Human health
- Animal health
- Wildlife
- Other sectors (police, communication, finances...)

**White Nile, Sudan, 2007** – Joint investigation
Coordination mechanism for response

Authorities in charge of...

...human health
...animal health
...wildlife

...Other sectors (police, communication, finances...)

Madagascar, 2008 - Active and passive surveillance

Prevalence IgG in Cattle

Prevalence IgM in Cattle

Madagascar, 2008 - Active and passive surveillance
Multidisciplinary strategy for controlling a RVF outbreak

Inter-ministerial Committee

Min. Agriculture
Min. Public Health

Com. Coordination and resources mobilization

Sub-com. Epidemic, Surveillance Laboratory
Sub-com. Logistic and Security
Sub-com. Media and Communication
Sub-com. Individual and Social Behaviors
**Expected outcomes of Session 1:**

- Intersectoral collaboration between animal and human health sectors happen, but mainly (only?) during outbreaks; with a better preparedness, much more could be done at the human-animal interface.
- The two sectors have common concern and challenges and conduct similar activities. Competencies exist and can be pooled. This need 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: THE ROAD TO ONE HEALTH – INTERACTIONS & GAPS

Objective: Discuss the management of zoonotic diseases, identify areas of convergence, evaluate the level of collaboration between the different sectors for key technical areas and identify the main gaps.

EXERCISE 1: CASE STUDIES & ASSESSMENT OF LEVELS OF COLLABORATION

Process

Using experience from previous outbreaks of zoonotic diseases, discuss on how you would have realistically managed these events, and evaluate 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 are represented by the color-coded technical area cards.

1. Identify a chairman, a rapporteur and a time-keeper for your group
2. Read the scenario and these instructions carefully
3. Discuss on past experiences in the management of similar situations
4. Evaluate, for all 15 technical areas, the current level of collaboration using the color-coded cards:
   - Very good level of collaboration: GREEN card
   - Some level of collaboration: ORANGE card
   - Insufficient level of collaboration: RED card
5. Put the selected cards on the road-lane arrow and link them to all actors involved using the marker pen
6. Fill the report-sheet for each technical card by ticking the chosen color and writing the one or two key points justifying this choice. These report sheets will be used by other groups in Session 5, therefore please make sure to write in a clear and intelligible manner.

Example of expected results

- An intersectoral committee with actors from both services exists and meets both regularly and on an ad-hoc basis when required. Coordination of the response to the outbreak is done jointly at the central level → Green card for 'Coordination at high level'.
- Communication messages are sometimes developed jointly by both sectors but communication plans are not aligned or shared → Orange card for 'Communication with media'.
- Each sector carries out its own surveillance and results are rarely shared → Red card for 'Surveillance'.
Answers to frequently asked questions or common mistakes

- The arrow does not necessarily represent a timeline;
- There is no required order for the cards. The location of the card on the arrow does not matter either, only its color and its link to involved actors is important;
- Only one color for each card should be selected;
- A red card does not necessarily mean that there is absolutely nothing in place, just like a green card does not necessarily mean that everything is absolutely perfect;
- The purpose of the scenario is only to set the context for the discussions, do not be too strict with the details and feel free to drift away from the storyline if needed;
- Examples at the back of the cards are only for guidance. They are not check-lists required to get a green card.

**Important:** It is essential to understand that you have to evaluate the level of **collaboration**, and not the level of capacity of each sector!

Material and documents

<table>
<thead>
<tr>
<th>Case study scenario</th>
<th>Deck of technical cards</th>
<th>Road-lane arrow poster</th>
<th>Black marker pen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="image1.png" alt="Deck of technical cards" /></td>
<td><img src="image2.png" alt="Road-lane arrow poster" /></td>
<td><img src="image3.png" alt="Black marker pen" /></td>
</tr>
<tr>
<td>Removable glue</td>
<td><img src="image4.png" alt="Removable glue" /></td>
<td><img src="image5.png" alt="Report sheet" /></td>
<td></td>
</tr>
</tbody>
</table>
Your results

Disease: ______________________

Level of collaboration (circle your group’s result):

- Coordination at high level: GREEN ORANGE RED
- Coordination at local level: GREEN ORANGE RED
- Coordination at technical level: GREEN ORANGE RED
- Legislation and regulation: GREEN ORANGE RED
- Finance: GREEN ORANGE RED
- Communication and media: GREEN ORANGE RED
- Communication with stakeholders: GREEN ORANGE RED
- Field investigation: GREEN ORANGE RED
- Risk assessment: GREEN ORANGE RED
- Joint surveillance: GREEN ORANGE RED
- Laboratory: GREEN ORANGE RED
- Response: GREEN ORANGE RED
- Education and training: GREEN ORANGE RED
- Emergency funding: GREEN ORANGE RED
- Human resources: GREEN ORANGE RED

Notes
PLENARY: RESTITUTION OF EXERCISE 1

Notes

Expected 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
- The main gaps in the collaboration are identified.
SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

**Objective:** Session 3 presents the tools from both sectors (IHR MEF, JEE, PVS) and uses an interactive approach to map the joint areas and activities identified for each case study onto a giant matrix consisting of the indicators of the IHR MEF and of the PVS Pathway.

This process will enable you to visualize the main gaps identified in each essential capacity and to distinguish disease-specific vs systemic gaps. This will also help identify which technical areas the following sessions should focus on.

**MOBILE 3: IHR MONITORING & EVALUATION FRAMEWORK**

This documentary video presents the International Health Regulations from the initial conception to the recent revisions. It introduces the Monitoring and Evaluation Framework with a special focus on the annual reporting of capacities and the Joint External Evaluation.

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**BRIDGING TOOLS ALONG THE ROAD**

**1- The IHR (2005)**

**IHR-PVS BRIDGING WORKSHOP**

**THE ROAD TO ONE HEALTH**

1980-2015: Main Public Health Emergencies of International Dimension
1980-2015: Main Public Health Emergencies of International Dimension

HIV/AIDS  Chernobyl  Plague  Ebola / Marburg  NvCJD

Nipah  Chemical events  SARS  Meningitis  Cholera

HPAI H5N1  H1N1 Pand.  MERS CoV  Ebola VD

Zoonotic or of animal origin – Human only – non infectious

In 2005, the 58th World Health Assembly adopted the revised International Health Regulations (IHR)

A legal commitment of 196 States Parties that have agreed to play by the same rules to secure international health.

Purpose of the IHR (2005)

"To prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade"

IHR (2005), article 2
Purpose of the IHR (2005)

“Each State Party shall develop, strengthen and maintain, as soon as possible (...), the capacity to detect, assess, notify and report events in accordance with these Regulations... and ... the capacity to respond promptly and effectively...”

IHR (2005), articles 5 and 13

IHR Monitoring and Evaluation Framework (MEF)

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<thead>
<tr>
<th>IHR-MEF</th>
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<tbody>
<tr>
<td>Self-Assessment &amp; Annual reporting</td>
<td>MANDATORY</td>
<td></td>
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<tr>
<td>External Evaluation (JEE)</td>
<td>REQUEST</td>
<td></td>
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<tr>
<td>After-Action Review</td>
<td>REQUEST</td>
<td></td>
</tr>
<tr>
<td>Simulation Exercises</td>
<td>REQUEST</td>
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</tbody>
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IHR Monitoring and Evaluation Framework (MEF)

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<tr>
<td>External Evaluation (JEE)</td>
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<td></td>
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<tr>
<td>After-Action Review</td>
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<tr>
<td>Simulation Exercises</td>
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</tbody>
</table>

Country does a self evaluation and sends the results to WHO every year
8 Core Capacities
1. National legislation, policy and financing
2. Coordination and NFP
3. Surveillance
4. Preparedness
5. Response
6. Risk Communications
7. Human Resource Capacity
8. Laboratory

9. Points of Entry

10. Specific Hazards
10.1. Zoonotic
10.2. Food safety
10.3. Chemical emergencies
10.4. Radiological emergencies
IHR MEF – Self assessment and annual reporting

www.who.int/gho/ihr/en/

IHR MEF – Joint External Evaluation

Self-Assessment & Annual reporting

External Evaluation (JEE)

After-Action Review

Simulation Exercises

IHR MEF – Joint External Evaluation

19 Technical areas
IHR MEF – Joint External Evaluation

**Process**

1. Country makes a request to WHO for a JEE
2. Country does a first self evaluation using the JEE tool
3. A JEE team of 10-12 international experts goes to the country for a one week mission
4. The JEE team reviews and discusses with national experts on all 19 technical areas
5. Priority actions are identified for each technical areas
6. All indicators are scored on a scale of 1-5 (consensus based)


IHR MEF – After Action Review

- After an outbreak
- Workshop in-country with all sectors involved in the response
- Objective is to analyse and build on the lessons learned from this event to improve levels of preparedness for future events
IHR MEF – Simulation Exercises

- Workshop in-country with all sectors involved in the response to outbreaks
- Fake outbreak scenario
- Testing of coordination mechanisms and contingency plans

Increase in capacities for IHR
MOBILE 4: PVS PATHWAY

After a quick refresher about the roles and mandate of the OIE, this video presents the PVS Pathway. It explains the different steps of the pathway, their purpose and scope, how they are conducted and what outputs are produced.
The OIE PVS Pathway

Assessment of Veterinary Services’ current performance

- Diagnosis
  - PVS Evaluation
  - PVS Gap Analysis

- Prescription

- Treatment
  - Capacity Building, Specific Activities, Projects and Programs
  - Veterinary Legislation
  - Public/Private Partnerships
  - PVS Pathway
  - Follow-Up Missions
  - Laboratories

Costed strategy to fill the gaps outlined in the Evaluation

Specific capacity building programs
The OIE PVS Pathway

Evaluation of progress made and remaining gaps

Step 1: PVS Evaluation

PVS Evaluation

- Performed jointly by national and OIE trained and certified external experts

- Robust methodology based on the systematic review of Critical Competencies (CC) covering all the veterinary domain

- A total of 47 CCs are discussed with national counterparts during a 2-3 weeks mission.
**PVS Evaluation**

4 fundamental components

- Component 1: Human, physical, financial resources
- Component 2: Technical capacity
- Component 3: Interaction with interested parties
- Component 4: Market access

47 critical competencies (CCs) in total

- CC III. 1: Communication
- CC III. 2: ...

**PVS Evaluation**

4 fundamental components

- Component 1: Human, physical, financial resources
- Component 2: Technical capacity
- Component 3: Interaction with interested parties
- Component 4: Market access

5 levels of advancement

- Level 1: Limited capacities
- Level 2
- Level 3
- Level 4
- Level 5: Consolidated capacities enabling full compliance with OIE standards

47 critical competencies (CCs) in total

- CC III. 1: Communication
- CC III. 2: ...

**Example of a CC Card**

<table>
<thead>
<tr>
<th>III-1 - Communication</th>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The capability of the VS to keep interested parties informed, in a transparent, effective and timely manner, of VS activities and programs, and of developments in animal health and food safety.</td>
<td>1. The VS have no mechanism in place to inform stakeholders of VS activities and programs.</td>
</tr>
<tr>
<td></td>
<td>2. The VS have informal communication mechanisms.</td>
</tr>
<tr>
<td></td>
<td>3. The VS maintain an official contact point for communications but it is not always up-to-date in providing information.</td>
</tr>
<tr>
<td></td>
<td>4. The VS contact point for communications provides up-to-date information, accessible via the Internet and other appropriate channels, on activities and programs.</td>
</tr>
<tr>
<td></td>
<td>5. The VS have a well-developed communication plan, and actively and regularly circulate information to stakeholders.</td>
</tr>
</tbody>
</table>
PVS Evaluation: final report

- The level of confidentiality of these reports is the decision of the countries.
- Countries can waive this confidentiality and make reports accessible to other organizations or even to the general public.
- Publicly available evaluation reports can be found on the OIE website.


International Health Regulations

Step 2: PVS Gap Analysis
Example of a CC Card

III-1 - Communication

The capability of the VS to keep interested parties informed, in a transparent, effective and timely manner, of VS activities and programs, and of developments in animal health and food safety.

Levels of advancement

1. The VS have no mechanism in place to inform stakeholders of VS activities and programs.

2. The VS have informal communication mechanisms.

3. The VS maintain an ongoing contact point for communications but it is not always up-to-date in providing information.

4. The VS contact point for communications provides up-to-date information, accessible via the Internet and other appropriate channels, on activities and programs.

5. The VS have a well-developed communication plan, and actively and regularly circulate information to stakeholders.

Example of a CC Card

3. Strategy (if relevant)

Create a full time position in the VS for communication

4. Tasks to implement (chronological)

Specific tasks

1. Recruit competent university degree on communication, with relevant physical resources

2. Secure sufficient budget for communication (estimated on the basis of posters, broadcasting, leaflets, etc.)

<table>
<thead>
<tr>
<th>Task/Task Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.2 Consultation</td>
<td>IT support</td>
</tr>
<tr>
<td>T.3.1, 2 Legislation</td>
<td></td>
</tr>
<tr>
<td>T.3. Continuing Education</td>
<td>Training on outbreak communication</td>
</tr>
</tbody>
</table>

5. Objectively verifiable indicators (OIE PVS or specific)

- Job description
- Communication materials
PVS Gap Analysis: final report

- Summary of priorities
- Indicative strategy and desired level of advancement for each CC
- Indicative costing

The level of confidentiality of these reports is the decision of the countries. Publicly available evaluation reports can be found on the OIE website.
**MOVIE 5: IHR-PVS BRIDGING**

This brief video helps participants to understand how the OIE and WHO tools can be bridged. It shows how the Technical Areas of the IHR MEF can intersect or overlap with the Critical Competencies of the PVS Pathway. It presents the IHR-PVS matrix which will be used in the next exercise.
### PVS Tool

<table>
<thead>
<tr>
<th>Critical Competency 1</th>
<th>Critical Competency 2</th>
<th>Critical Competency 3</th>
<th>Critical Competency 47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1</td>
<td>×</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 2</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Indicator 3</td>
<td></td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>Indicator 28</td>
<td></td>
<td></td>
<td>×</td>
</tr>
</tbody>
</table>

**Facilitates IHR (2005) reporting on national capacities**

**Strengthening of core functions needed at the human-animal interface**
WHO and OIE experts working on the matrix of IHR Core Capacities and PVS Critical Competencies during a national workshop.

<table>
<thead>
<tr>
<th>Event based surveillance is established.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response</strong></td>
</tr>
<tr>
<td>Public health emergency response mechanisms are established and functioning</td>
</tr>
<tr>
<td>Case management procedures are implemented for IHR relevant hazards</td>
</tr>
<tr>
<td>Infection prevention and control (IPC) is established at national and hospital levels.</td>
</tr>
<tr>
<td>A program for disinfection, decontamination and vector control is established</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>A multi-hazard National Public Health Emergency Preparedness and Response Plan is developed. And implemented</td>
</tr>
<tr>
<td>Priority public health risks and resources are mapped and utilized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanisms for effective risk communication during a public health emergency are established and functioning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HR capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources available to implement IHR core capacity requirements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating mechanism for laboratory services is established</td>
</tr>
</tbody>
</table>

| Laboratory services are available to test for priority health threats |
### Session 3

#### Physical and Financial Resources

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Stability of structure and sustainability of policies</td>
</tr>
<tr>
<td>1.6</td>
<td>Community capability within Veterinary Services</td>
</tr>
<tr>
<td>1.7</td>
<td>Physical resources</td>
</tr>
</tbody>
</table>

#### Technical Authority and Capability

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Management of resources and coordination</td>
</tr>
<tr>
<td>2.2</td>
<td>Veterinary service delivery</td>
</tr>
<tr>
<td>2.3</td>
<td>Veterinary health and disease surveillance and monitoring</td>
</tr>
</tbody>
</table>

#### Interaction with Stakeholders

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Collaboration with other government agencies</td>
</tr>
<tr>
<td>3.2</td>
<td>Communications</td>
</tr>
<tr>
<td>3.3</td>
<td>Coordination of laboratory services</td>
</tr>
</tbody>
</table>

---

**Laboratory**

Laboratory services are available to test for priority health threats.
# IHR-PVS MATRIX

## IHR-PVS PATHWAY

<table>
<thead>
<tr>
<th>Human, physical &amp; financial resources</th>
<th>Technical authority &amp; capability</th>
<th>Interaction with stakeholders</th>
<th>Access to market</th>
</tr>
</thead>
</table>

## JOINT EXTERNAL EVALUATION (JEE)

- Prevent
  - National Legislation, Policy & Financing
  - IHR Coordination, Communication & Advocacy
  - Antimicrobial Resistance (AMR)
  - Zoonotic Disease
  - Food Safety
  - Biosafety & Biosecurity
  - Immunization

- Detect
  - National Laboratory System
  - Surveillance
  - Reporting
  - Workforce Development / Human Resources

- Respond
  - Preparedness / Emergency Preparedness
  - Emergency Response Operations
  - Linking Public Health & Security Authorities
  - Medical Countermeasures & Personnel Deployment
  - Risk Communication

- Other
  - Points of Entry (PoE)
  - Chemical Events
  - Radiation Emergencies

## IHR-PVS PATHWAY Diagram

- National Legislation, Policy & Financing
- IHR Coordination, Communication & Advocacy
- Antimicrobial Resistance (AMR)
- Zoonotic Disease
- Food Safety
- Biosafety & Biosecurity
- Immunization
- National Laboratory System
- Surveillance
- Reporting
- Workforce Development / Human Resources
- Preparedness / Emergency Preparedness
- Emergency Response Operations
- Linking Public Health & Security Authorities
- Medical Countermeasures & Personnel Deployment
- Risk Communication
- Points of Entry (PoE)
- Chemical Events
- Radiation Emergencies
Comparison table JEE vs PVS Evaluation

<table>
<thead>
<tr>
<th></th>
<th>JEE (WHO)</th>
<th>PVS Evaluation (OIE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full name</strong></td>
<td>Joint External Evaluation</td>
<td>Performance of Veterinary Services Evaluation</td>
</tr>
<tr>
<td><strong>Framework</strong></td>
<td>The JEE is one of the 4 components of the IHR Monitoring and Evaluation Framework</td>
<td>The PVS Evaluation is the first step of the PVS Pathway</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>Assesses the capacities of the country to respond to public health threats and their compliance with IHR</td>
<td>Assesses the capacities of Veterinary Services and their compliance with OIE standards</td>
</tr>
<tr>
<td><strong>Obligation</strong></td>
<td>Voluntary process (request made by country)</td>
<td></td>
</tr>
<tr>
<td><strong>Assessors</strong></td>
<td>External experts + National counterparts</td>
<td></td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Self assessment + 5-day mission (1 day site visits) of external experts</td>
<td>2-3 week mission (many site visits) of external experts</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
<td>49 indicators (in 19 technical areas)</td>
<td>47 indicators named Critical Competencies (in 4 components)</td>
</tr>
<tr>
<td><strong>Scoring</strong></td>
<td>Each indicator is scored on a 1-5 scale</td>
<td></td>
</tr>
<tr>
<td><strong>Gaps identified</strong></td>
<td>Yes for each indicator</td>
<td></td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
<td>Yes for each indicator</td>
<td></td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>Report is made public</td>
<td>To be decided by the country</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td>Outcomes to feed into National Action Plan for Health Security</td>
<td>Outcomes to feed into PVS Gap Analysis</td>
</tr>
</tbody>
</table>
This is the page for Critical Competency II.3 on Risk analysis.

There are a total of 47 Critical Competencies in the PVS evaluation.

The score given was 3.

List of documents in appendix.

Summary of the findings for this Critical Competency.

Strengths identified.

Weaknesses identified.

Recommendations made by the experts for this Critical Competency.

There are no Risk Analysis unit and specifically dedicated staff although epidemiology staff at national and sometimes at provincial levels are conducting some risk assessments.

Two veterinarians at national level have received short course training on risk analysis but have not followed up with further development in this area. For instance, no further training has been done at the provincial level or worked with resources at the university.

Risk analyses were completed for the importation of pork from non-PRRS free countries and the importation of sable antelope from Zambia.

Risk analysis on AI management is currently implemented by an independent foreign consultancy on request of the Ostrich Business Chamber, which declared that the VS have been unable to provide such independent risk analysis for 7 years.

Risk analysis is lacking for most animal health programs, leading to the maintenance of unrealistic targets and strategies which are then not implemented (e.g. TB, brucellosis, anthrax, etc.).

The categorisation of different production systems is not based on multifactorial analysis, but only on historical socio-economic factors which only differentiate between so-called commercial, emerging, communal and the subsistence sectors. Such classification limits the ability to undertake risk analysis using well defined animal production systems to develop programme plans and survey designs.

Strengths:
- Clear understanding of risk analysis concept by some staff.
- Risk analysis is implemented for imports.

Weaknesses:
- No specific/designated staff or unit and defined methodology for risk analysis.
- AH programs/activities are not designed or based on risk analysis.
- Insufficient understanding of the different production systems when developing risk based animal health programs.

Recommendations:
- Develop a systematic approach to risk analysis with dedicated staff and unit at national level and expand training/skills to provincial level.
- Establish a comprehensive approach on typology (characterisation) of production systems based on a multifactorial analyse including species, breeds, numbers, feeding, land management, in-take and off-take, reproductions, inputs, self-consumption, marketing and sales, social background, workforce, education, etc.
This is the 6th Technical Area (TA) of the JEE. There are 19 TAs in total.

Introduction to the TA and its target

The assessment of the country’s capacities for this technical area starts here

Summary of the findings

---

**Biosafety and biosecurity**

**Introduction**

Research with infectious agents is critical for the development and availability of public health and medical tools that are needed to detect, diagnose, recognize, and respond to outbreaks of infectious disease of both natural and deliberate origin.

**Target**

A whole-of-government national biosafety and biosecurity system is in place, ensuring that especially dangerous pathogens are identified, tracked, secured, and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach are conducted to promote a shared culture of responsibility, reduce dual use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislations, laboratory licensing, and pathogen control measures are in place as appropriate.

**Viet Nam level of capabilities**

Viet Nam has made important progress in biosafety, as part of a broader plan for strengthening national capacity in public health laboratories. Progress has been made in developing a biosafety legislative framework and biosecurity training capacity in the regional institutes that would enable delivery of training to staff from provincial and district laboratories. Biosafety would be further strengthened by reviewing biosafety legislation and regulations against the international standards and investment in maintenance and certification of key biosecurity equipment such as biosecurity cabinets in all biosafety level 2 (BSL-2) laboratories. For this to happen, there is a need to build capacity in provincial health departments and preventive medicine laboratories to inspect and certify laboratories in the provinces.

**Recommendations for priority actions**

- Strengthen capacity of provincial health departments to certify and inspect diagnostic laboratories (BSL-1/2).
- Commit resources to maintain key biosecurity infrastructure, such as biosecurity cabinets, in a sustainable manner.
- Implement targeted biosecurity and biosafety management training throughout the country in a coordinated manner, to develop a large network of trainers and trained laboratory workers who can regularly access expertise, tools and manuals to support biosafety practices.

**Indicators and scores**

**P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities – Score 3**

**Strengths/best practices**

- The five-year plan for strengthening laboratory capacity in Viet Nam is a framework that recognizes the critical functions of the public health laboratory system and sets out clear objectives that contribute to the overall goal of strengthening laboratory capacity.
- Viet Nam is cognizant of the importance of developing biosecurity regulations, with awareness of requirements to establish systems and procedures to ensure containment of dangerous pathogens.

**Areas that need strengthening/challenges**

- Build capacity and resources to service and certify biosecurity cabinets to a national standard. This could be linked to a broader effort to develop capacity at provincial health departments to oversee relevant laboratories, including development of materials and training to strengthen assessment of BSL-1/2 laboratories.
- Promote regular internal audits and strengthen the assessment mechanism for certification of BSL-1/2 laboratories.

**P.6.2 Biosafety and biosecurity training and practices – Score 3**

**Strengths/best practices**

- Hubs of expertise in biosafety identified through four regional institutes that are responsible for conducting training of laboratory workers.
- Laboratory personnel, facilities, equipment and performance in national, regional and provincial laboratories were recently evaluated to enable targeted actions as part of a broader plan for strengthening national capacity in public health laboratories.

**Areas that need strengthening/challenges**

- Mechanisms to monitor and document the effectiveness of training on biosafety and biosecurity for laboratory workers are required.
- Targeted biosafety and biosafety management training in a coordinated manner is needed throughout the country to improve biosafety practices by developing a network of trainers and trained laboratory workers who can regularly access expertise, tools and manuals.

---

3-5 key recommendations for this TA

This is the first of the two indicators for this TA. It was given a score of 3. There are 48 indicators in total for the 19 TAs.

Strengths regarding the first indicator

Gaps and recommendations identified for the first indicator

This is the second indicator for this TA. It was given a score of 3.

Strengths regarding the second indicator

Gaps and recommendations identified for the second indicator
EXERCISE 2: MAPPING OF GAPS ON THE IHR-PVS MATRIX

The same groups as for the first exercise are kept.

Process

1. Gather the 15 technical area cards that you have selected in the first exercise;
2. Give the cards numbered 2, 3, 5, 8, 9, 13, 14, and 15 to the workshop facilitator;
3. Identify on your A1-size matrix poster where the seven remaining cards (1, 4, 6, 7, 10, 11, 12) fit-in by matching them to their corresponding indicators from the PVS (columns) and IHR (rows);
4. Position the seven cards of your group on the large matrix, using the repositionable glue stick.

PLENARY: DISCUSSION

A plenary analysis of the outcome is conducted in front of the matrix. Gap clusters are identified and discussed.

Notes

Expected 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 possible 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: EXTRACTION OF ASSESSMENT RESULTS**

**Objective:** 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 and improved jointly.

**EXERCISE 3: EXTRACTION OF ASSESSMENT RESULTS**

Groups are now organized by technical area.

Find a group for which you feel your expertise is relevant, but ensure that participants from your disease group are equally represented in the technical groups.

**Process**

1. Each group identifies a chairman, a rapporteur and a time-keeper;
2. Using the two indicator tables, identify the sections from the PVS Evaluation and the JEE which are relevant to your technical area;
3. Extract the main gaps (up to 12) reported in the assessment documents and write them on the Gap cards;
4. Extract the main recommendations (up to 12) and report them on the Recommendation cards;
5. Position the Gap and Recommendation cards on the flip-chart with removable glue and following this template:

   **Risk Communication**

<table>
<thead>
<tr>
<th>Animal Health</th>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings (gaps) PVS</td>
<td>Findings (gaps) IHR/JEE</td>
</tr>
<tr>
<td>Recommendations PVS</td>
<td>Recommendations IHR/JEE</td>
</tr>
</tbody>
</table>

   ![Diagram showing Risk Communication with categories for Animal Health and Public Health, Findings (gaps) PVS and IHR/JEE, Recommendations PVS and IHR/JEE.]
Answers to frequently asked questions or common mistakes

- Focus should be made on gaps/recommendations that are somewhat relevant to One Health. If a gap or recommendation is entirely specific to one sector it is not relevant.

- Groups should focus only on their technical area and avoid overlap with thematics addressed by other groups.

- Avoid the situation where veterinarians work on their report and public health service work on theirs. This is a good opportunity for each sector to know about the other sector and open their assessment reports. The group should go through all the tools together.

**Important:** There is no restitution of the working groups for this session because it is only a preliminary step for Session 5.

Material and documents

<table>
<thead>
<tr>
<th>Flip-chart</th>
<th>Gap cards</th>
<th>Recommendation cards</th>
<th>JEE report</th>
</tr>
</thead>
</table>

| PVS Evaluation report | Indicator tables | Fine point markers | Removable glue |

Expected outcomes of Session 4:

- Good understanding of the assessment reports for both sectors, their purpose and their structure.
- Main gaps relevant to each technical area have been extracted.
- Main recommendations from existing reports have been extracted.
- A common understanding of the effort needed starts to emerge.
SESSION 5: JOINT ROAD PLANNING

Objective: 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.

EXERCISE 4: IDENTIFICATION OF JOINT OBJECTIVES & ACTIVITIES

The same groups (per technical area) as for the previous exercise are kept.

Process

1. Read fully these instructions before starting, including the good/bad examples on page 53.

2. Identify realistic and achievable OBJECTIVES (max 3 if possible) that would strengthen the intersectoral collaboration and improve performance for your thematic area → Objective cards.

3. For each objective, identify concrete and achievable ACTIONS you will take to meet these objectives (max 3 activities per objective if possible) → Activity cards.

4. Once all activities have been identified, call the facilitators to validate them. Activities must fit the SMART criteria (Specific, Measurable, Achievable, Relevant and Time-bound). The activities need to be clearly understandable (What? How?) by just reading them, without requiring further information.

5. For each validated activity, participants must indicate a desired date of achievement, who is responsible and explain the process of implementation by filling the other boxes of the Activity cards. Position the cards on a flipchart using removable glue and the template shown on the next page.

6. For each activity, evaluate, using the colored stickers, the cost of implementation and the level of impact this would have in terms of improvement by following the following scale:

   ![Activity evaluation scale]

   Activities should not be defined only based on gaps identified in the assessment reports. Use all sources of information, including:
   
   - The gaps identified in the case-study exercise (using the session 2 report-sheet)
   - The gaps and recommendations found in the assessment reports (JEE, PVS, etc.)
   - The discussions held during the workshop so far
   - And most importantly, your personal experience!
Answers to frequently asked questions or common mistakes

- Activities need to be clear and accurate. Do not mistake objectives and activities. For example, "capacity building of communication staff" is not an activity, but "3-day training for 25 communication staff" is.

- "Enhance", "Improve", "Harmonize", "Standardize" → **Not an activity**
- "Create", "Conduct", "Produce", "Develop", "Prepare", "Draft" → **Activity**

- Results will determine the future road-map, please use good hand-writing and avoid using acronyms.

- Avoid setting ‘umbrella objectives’ which cover everything (example: the surveillance group should not have as an objective ‘improve cross-sectoral coordination for surveillance’ as this is their overall purpose).

- If your group struggles to identify the objectives after 20 minutes, it is suggested to use the reverse approach: first identify the needed activities and then regroup them under different objectives.

- Responsibility should be specific. “MoH and MoA” is not a satisfying answer for the box “Responsibility”.

- Caution: workshops are not the solution to every problem!

- Use existing resources and material nationally and internationally: avoid developing big things that already exist elsewhere (ex: assessment tools, training curricula, etc)

**Important:**

- It is essential to understand that you are **not** aiming at improving each sector, but that you are aiming to improve the **collaboration** between the two.
- Activities must be achievable: not “what you should do’ but “what you can and will do”.
- Make sure the activities are **SMART** (**Specific**, **Measurable**, **Achievable**, **Relevant** and **Time-bound**).

**Example of expected result**
Some bad examples

<table>
<thead>
<tr>
<th>Bad example</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td></td>
</tr>
<tr>
<td>Improve cross-sectoral coordination for surveillance</td>
<td><strong>Umbrella objective</strong>: this is too broad as this is the whole purpose of the group working on Surveillance</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct a training for staff</td>
<td><strong>Not specific.</strong> Training for what? For who? How many trainings? Which level (national? Regional?)? For How many trainees?</td>
</tr>
<tr>
<td>Develop a response plan</td>
<td><strong>Not specific.</strong> A plan for what exactly? Generic multi-hazard or disease specific? Which diseases? Which sectors?</td>
</tr>
<tr>
<td>Conduct a training of trainers at national level and run cascade trainings at the district level on risk communication</td>
<td><strong>Not realistic.</strong> If the country has 600 districts, this is most likely impossible. <strong>Not relevant.</strong> Does everyone really need training on risk communication?</td>
</tr>
<tr>
<td>Build capacity for joint response at field level</td>
<td><strong>Not specific.</strong> How will you build capacity? <strong>Not measurable.</strong> How can you measure implementation of this activity?</td>
</tr>
</tbody>
</table>

Some good examples of SMART activities

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up and institutionalize three joint technical area working groups (TAWG) at the national level for (1) surveillance activities, (2) risk communication, and (3) outbreak investigation and response</td>
</tr>
<tr>
<td>Set-up and institutionalize 9 joint rapid response teams (one at national level and one in each of the 8 regions)</td>
</tr>
<tr>
<td>Designate and institutionalize focal points for risk communication in each sector (1 at national level and 1 in each of the 8 regions)</td>
</tr>
<tr>
<td>Develop TORs and SOPs for information sharing between focal points in each sector</td>
</tr>
<tr>
<td>Develop an IT platform that links the data information systems of both sectors</td>
</tr>
<tr>
<td>Conduct a training needs analysis for outbreak investigation and response</td>
</tr>
<tr>
<td>Conduct a training of trainer at national level followed by a training in each region (8 total) on joint outbreak investigation for joint rapid response teams</td>
</tr>
<tr>
<td>Develop a joint multi-hazard response plan (with specific annexes for priority zoonotic diseases) involving both sectors</td>
</tr>
<tr>
<td>Conduct a joint-simulation exercise on a zoonotic disease every year to test contingency plans and procedures in place</td>
</tr>
<tr>
<td>Organize routine meetings of the joint technical area working groups every 6 weeks</td>
</tr>
<tr>
<td>Organize a joint risk assessment meeting every two months at the national level for priority zoonotic and food-borne diseases</td>
</tr>
<tr>
<td>Organize a consultative meeting with epidemiology and laboratory units from both sectors to harmonize processes and optimize shared logistics</td>
</tr>
</tbody>
</table>
Keep it mind:
- **Objective** = what do you want to reach?
- **Activity** = what exactly will you do?
- **Process** = how exactly will you do it?

**Check-list to validate an Objective:**
- Is my objective specific enough?
- Is my objective about improving collaboration and not just one sector’s capacity?
- Can my Minister understand my objective from just reading the card?

**Check-list to validate an Activity:**
- Is my activity very specific?
- Is my activity measureable?
- Is my activity achievable?
- Is my activity relevant?
- Is my activity time-bound?
- Can my Minister understand everything about my activity from just reading the card?
- Does my activity answer all relevant questions such as: how? For who? Why? How many? Which level? Etc.

**Material and documents**

<table>
<thead>
<tr>
<th>Flip-chart</th>
<th>Objective cards</th>
<th>Activity cards</th>
<th>JEE report</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Flip-chart" /></td>
<td><img src="image2.png" alt="Objective cards" /></td>
<td><img src="image3.png" alt="Activity cards" /></td>
<td><img src="image4.png" alt="JEE report" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PVS Evaluation report</th>
<th>Stickers</th>
<th>Fine point markers</th>
<th>Removable glue</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="PVS Evaluation report" /></td>
<td><img src="image6.png" alt="Stickers" /></td>
<td><img src="image7.png" alt="Fine point markers" /></td>
<td><img src="image8.png" alt="Removable glue" /></td>
</tr>
</tbody>
</table>

**Expected outcomes of Session 5:**

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

EXERCISE 5: FINE-TUNING OF THE ROAD-MAP

The same groups (per technical area) as for the previous exercise are kept.

Facilitators have gone through your objectives and activities and have left some post-it notes with comments to address to further fine-tune the road-map for your technical area.

EXERCISE 6: WORLD CAFÉ

The World Café exercise enables participants to contribute to the action points of all technical areas.

Notes
PLENARY: FINALIZATION OF THE JOINT ROAD MAP

The results are discussed in plenary and revised if necessary. Particular care should be given to make sure that the road-map is harmonized (no redundancy of activities across technical areas), concrete (clear and well-defined activities), and achievable (realistic activities only, no wishful thinking).

Notes

EXERCISE 7: PRIORITIZATION VOTE

This exercise enables to evaluate the level of priority of the different activities defined.

Process

Each participant is given 5 stickers and have to select the 5 objectives that they believe is of highest priority (voting for one objective means voting for all the activities it contains).

OR

If facilitators are using an online application voting system, you can access the vote by either scanning this QR code with a mobile phone OR by going to the following website: www.bit.ly/NBWVote using your computer or phone.

Expected outcomes of Session 6:

- Harmonized, concrete and achievable road-map
- Buy-in and ownership of all participants who feel that they contributed to all areas of the road-map.
- Prioritization of the activities.
**SESSION 7: WAY FORWARD**

**Objective:** The last session draws the way forward by identifying the next steps and by inscribing the developed road-map into other mandated plans such as the National Action Plan for Health Security. 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.

**Notes**

**Expected outcomes of Session 7:** Depends on the country needs and level of advancement in implementation of the IHR-MEF but options can include:

- Linkages with NAPHS.
- Identification of immediate and practical next steps.
- Identification of opportunities for other components of the IHR-MEF.
EVALUATION OF THE WORKSHOP

This questionnaire aims to collect your feedback and suggestions on the IHR-PVS National Bridging Workshop. The objective of WHO and OIE is to improve the quality of future events.

(Optional) Last name / first name: ..........................................................

Your sector: Human health □ Animal Health □ Environment □ Other □

Your level: National □ Regional □ Local/district □ Other □

Scale: 1 = Not satisfied at all  2 = Not really satisfied  3 = Satisfied  4 = Fully satisfied

<table>
<thead>
<tr>
<th>Satisfaction level</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall experience</td>
<td></td>
</tr>
<tr>
<td>Content (Quality, relevance, technical-level)</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Format (Method, material, activities)</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Facilitators (Communication skills, technical expertise)</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>Organization (Logistics, venue, assistance)</td>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

Scale: 1 = No impact at all  2 = Weak impact  3 = Significant impact  4 = Highest impact

<table>
<thead>
<tr>
<th>Impact</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Your technical knowledge on the subject matter</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>The work of your department/unit</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>The collaboration between AH and PH in your country</td>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

How would you rate the impact of this event on:

Would you recommend this workshop to other countries?

Not at all □ Likely not □ Probably □ Absolutely □
### Evaluation of the sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Content, Format and Usefulness of the session</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1:</td>
<td>Setting the scene</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 2:</td>
<td>Case studies and evaluation of collaboration</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 3:</td>
<td>IHR &amp; PVS tools, mapping of gaps on the IHR-PVS matrix and collective analysis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 4:</td>
<td>Compilation of gaps &amp; recommendations from existing reports</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 5:</td>
<td>Activities &amp; objectives</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 6:</td>
<td>Fine-tuning of the road-map, World café, Prioritization vote</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Session 7:</td>
<td>Way forward</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- In your view, what were the main strengths of this workshop?

- In your view, what were the main weaknesses of this workshop?

Thank you for taking the time to fill out this form. Please return it to one of the organisers.
Owner of this Handbook

Name:

Email: