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

02-05 February 2021

Sir Dawda Kairaba Jawara Conference Centre, Banjul, The Gambia

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Acknowledgments

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ABBREVIATIONS & ACRONYMS

AAR	After Action Review
AH	Animal Health
AI	Avian Influenza
AMR	Antimicrobial Resistance
US CDC	United States Centre for Disease Control and Prevention
CME	Country Monitoring and Evaluation, WHO Health Emergency programme
DEVCO	Directorate General for International Cooperation and Development
ECOWAS	Economic Community of West African States
EDC	Epidemiology and Disease Control Unit
EOC	Emergency Operating Centre
FAO	Food and Agriculture Organization of the United Nations
FP	Focal Point
GHSA	Global Health Security Agenda
HQ	Headquarters
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MOADLVS	Ministry of Agriculture, Department of Livestock and Veterinary Services
MEF	Monitoring and Evaluation Framework
MOH	Ministry of Health
MOU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NFP	National Focal Point
OH	One Health
OIE	World Organisation for Animal Health
PH	Public Health
PVS	Performance of Veterinary Services
REDISSE	Regional Disease Surveillance Systems Enhancement
SOP	Standard Operating Procedures
ToR	Terms of Reference
TZG	Tripartite Guide to Addressing Zoonotic Diseases
TWG	Technical Working Group
USAID	United States Agency for International Development
WAHO	West African Health Organisation
WASH	Water Sanitation and Hygiene
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 standards 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. The two organizations 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 prevent, detect, assess, notify and respond to public health threats. As such, Member States, 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 within 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 on the quality of Veterinary Services, the OIE has developed the Performance of Veterinary Services (PVS) Pathway. The PVS is composed of a range of tools to assist countries to objectively assess and address the main weaknesses of their Veterinary Services.

These support tools shift away from externally driven, short-term, emergency response type 'vertical' approaches addressing only specific diseases, and contribute to a more sustainable, long term 'horizontal' strengthening of public and animal health systems. The WHO IHR MEF and the OIE PVS Pathway approaches enable countries to determine strengths and weaknesses in their respective functions and activities and promote prioritization and pathways for improvement. Furthermore, they engage countries in a routine monitoring and follow up mechanism on their overall level of performance and help to determine their needs for compliance with internationally adopted references and standards.

The use of the WHO IHR monitoring tools and OIE PVS Pathway results in a detailed assessment of existing weaknesses and gaps, with the better alignment of a capacity building approach and strategies at country level between the human and animal health sectors. The two organizations have developed a workshop format (the IHR-PVS National Bridging Workshops) that enables countries to further explore possible overlapping areas addressed in their PVS and IHR capacity frameworks and develop, where relevant, appropriate bridges to facilitate coordination. A structured approach with 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. The following evaluation missions have been implemented in The Gambia;

1. PVS Evaluation Mission was conducted on October 6-15, 2009
2. PVS Gap Analysis mission was conducted on May 29 to June 8, 2012
3. The Joint External Evaluation (JEE) mission was conducted on September 24-29, 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. The workshop also provides an opportunity to explore options for improved coordination between the sectors, to jointly strengthen their preparedness for, zoonotic diseases and other one health events.

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 (including 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 79 participants from various sectors and institutions available at Annex2.

REPORT ON THE SESSIONS

The National Bridging Workshop (NBW) on the International Health Regulations (IHR) and the OIE Performance of Veterinary Services (PVS) Pathway was held in Banjul at the Sir Dawda Kairaba Conference Hall on 2nd to 5th February 2021. The workshop was attended by 79 national experts from the Ministry of Health, Ministry of Agriculture and Livestock and Veterinary Services, Department of Food Safety and Quality Authority, and other sectors; with representatives from the central, regional and district levels. The workshop was also attended by representatives of the World Health Organization (WHO), World Organisation for Animal Health (OIE) and the West African Health Organization (WAHO) and non-governmental organizations (NGO).

The workshop used an interactive methodology and a structured approach with user-friendly materials, 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

Prior to the official opening remarks of the workshop, a video demonstrating the need of taking One Health approach to understand how human get infected with Nipah virus excreted in the saliva and/or urine of infected bats in Bangladesh. Following this short video, and National Anthem and prayer, Dr. Sharmila LAREEF-JAH from the WHO country office made a brief presentation to outline the epidemiological situation of the ongoing COVID-19 pandemic in The Gambia. The purpose of this presentation was to brief participants about the importance of adhering to the recommended measures of preventions and mitigation of the spread of SARS-CoV-2 during and after the workshop.

Upon arrival of the officials, Mr. Abdoulie Camara (EDC Unit) PHEU) welcomed the participants and introduced Mr. Mamadou Bah, the Master of Ceremony for the official opening of the NBW. Mr. Mamadou Bah, Executive Director of Food Safety and Quality Authority (FSQA) welcomed the participants and representatives of the high table, prior to highlighting the importance of this workshop in gathering national experts from various sectors to operationalize the One Health approach in The Gambia.

Following the National Anthem and prayer, Mr. Mamadou Bah invited Dr. Abdou Ceesay, Director General of the Department of Livestock and Veterinary Services of the Ministry of Agriculture, who read the opening remarks on behalf of Dr. Monique Eloit, the Director General of the World Organisation for Animal Health (formerly known as the Office International des Epizooties (OIE)). Dr. Ceesay reminded the workshop participants about the OIE's role in safeguarding global health security including animal and public health, wildlife, and international trade.

Dr. Desta Alamerew Tiruneh, the WHO Country Representative welcomed the meeting and noted that the WHO remains committed to bridging the gap between animal and human health sectors and to address effectively emerging and endemic zoonotic pathogens as well as other health events arising at the human-animal-environmental interface.

Honourable Minister of Agriculture Dr. Amie Fabureh reminded participants that about 60% of known human

infectious diseases are zoonotic, 75% of emerging infectious diseases of humans have an animal origin, and to date about 80% of agents with potential bioterrorist used are zoonotic pathogens. In her opening remarks Dr. Fabureh emphasized on the importance of collaboration for advancing the implementation One Health approach, thus the need for ministries and all stakeholders to join forces to operationalize the One Health approach in the Gambia.

Honourable Minister of Health Dr. Amadou Lamin Samateh, welcomed the participants and praised the support provided by WHO and all technical and financial partners. He stated that this meeting will set the groundwork leading to the establishment of the National One Health platform. He highlighted the importance of strong intersectoral collaboration, coordination, and communication to addressing complex health issues at human-animal-environment interface, thus the need of One Health platform. He noted that this IHR-PVS National Bridging Workshop brought multiple sectors and disciplines together to develop a joint roadmap and support the establishment of the National One Health platform. He encouraged sectors to work together with the available financial and human resources to advance One Health approach. Then, he concluded by declaring the workshop opened. During the coffee break and group photo, Dr. Tiruneh, WHO Representative provided both Ministers with copies of the WHO-OIE-FAO Tripartite Guide: "*Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries*" (figure 1).

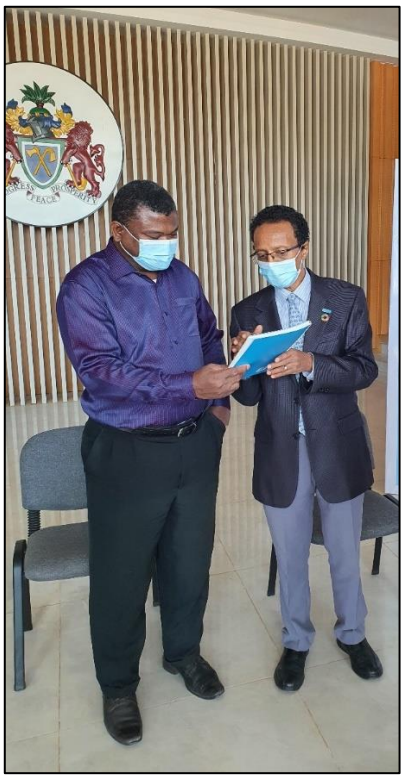


Figure 1 Minister for Health Dr. Amadou Lamin Samateh receiving a copy of the bridging workshop tool from WHO Representative Dr. Tiruneh

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

Following introduction of participants, the first session begun with a documentary video describing the One Health Concept, and the development of the One Health approach at a global level. The video also highlighted the Tripartite FAO-OIE-WHO collaborative efforts for sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interface.

This first documentary video was followed by a presentation from the Department of Livestock Services of the Ministry of Agriculture. In his presentation, Dr. Essa Jarra outlined the structure and roles of the Veterinary Services and the PVS evaluation missions in The Gambia. He also highlighted several examples of successful collaborative activities and challenges to be addressed for a sustainable operationalization of One Health approach in The Gambia.

The second presentation, made by Mr. Abdoulie L. J. Camara, focused on the National One Health Coordination Mechanism. Mr. Camara presented the proposed structure, membership, and the governance of the National One Health platform. Despite the lack of an established National One Health platform, The Gambia made a tangible progress to adopting One Health approach including trainings on One Health, joint development of National Action Plan for Health Security (NAPHS) and joint outbreak investigation of Rift Valley fever. However, in his presentation, Mr. Camara outlined a set of key recommendations including the need for advocacy on One Health at the highest political level, development of policies and strategic plan, standard operating procedures (SOPs) and guideline, capacity building and establishment and launch of a national One Health platform.

The third presentation was given by Dr. Buba Manjang, the Director of Public Health Services. His presentation outlined the vision and mission of the Ministry of Health, guiding principles, organizational structure, and programs. In addition, the presentation highlighted the key recent activities, and implementation lessons learnt at the human-animal-environment interface. The need for improved collaboration between human, animal, environmental health sectors and other sectors was highlighted in all the three presentations.

In summary, there is a weak collaboration between animal, human and environmental health sectors, also there are no SOPs and guidelines to be implemented for improved collaboration to address public health issues at the human-animal-environmental interface.

The second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface, focusing on few key technical areas.

The workshop approach and methodology were then presented, and participants were advised to refer to the handbook before, during and after each session.

Outcomes of Session 1:

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

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

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

Participants were divided into five working groups with participants from different sectors and levels of the health system structure (Central, Regional and District/Local). Each group was provided with one of five case study scenarios (Table 1) based on diseases relevant to the national context (rabies, Rift Valley fever, brucellosis, anthrax, and avian influenza) developed in collaboration with national representatives.

Table 1: Scenarios used for the different case studies

Rabies *(note: this case is entirely fictitious)* *A stray dog which was known to have bitten two cows and was behaving aggressively towards people was reported to have also bitten some children in the same neighbourhood. It was killed by the community in Sandou District two days later. The carcass of the dog cannot be located to facilitate Veterinary investigation. However, one of the children bitten by the dog is currently admitted at Mansakonko Community Hospital with neurological symptoms.*
Rift valley fever *(note: this case is entirely fictitious)* *Two persons were admitted at Turntable Hospital, Bijilo, with headache, fever, muscle aches and jaundice. Laboratory testing by RT-PCR were positive for Rift valley Fever virus. One of the patients is a commercial farmer who is regularly involved in the transboundary trade of livestock between The Gambia and Senegal. The other patients reported having visited the same rural market.*
Brucellosis *(note: this case is entirely fictitious)* – *Three goats all belonging to a small ruminant farmer in Upper Niumi 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 have 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.*
Anthrax *(note: this case is entirely fictitious)* *At least 60 people who allegedly ate uninspected meat in Chamen village have been screened for anthrax. The victims, among them backyard slaughterers, were rushed to primary healthcare centre after they developed symptoms associated with anthrax and cutaneous lesions. The man who sold the uninspected meat disappeared after learning that his neighbours had fallen sick. Episodes of sudden death in cattle were also reported in the vicinity.*
Avian Influenza *(disclaimer: this case is entirely fictitious)* *Two persons were admitted at the Farafenni General Hospital, Farafenni, with pneumonia. Laboratory testing by RT-PCR resulted positive for H5N1 subtype of avian influenza. One of the patients is a commercial broiler producer who sells his birds three times a week at the local live bird market. 58,000 of the 100, 000 birds in the poultry farm had died of the Avian Influenza H5N1. The other patient reported having visited the same market 7 days prior to disease onset and having bought four quails.*

Using experience from previous outbreaks of zoonotic diseases, the groups discussed how they would have realistically managed these events, and evaluated the level of collaboration between the Veterinary and the Public Health Services for 15 key technical areas: coordination at high level, coordination at local level, coordination at technical level, legislation/regulation, finance, communication with media, communication with stakeholders, field investigation, risk assessment, joint surveillance, laboratory, response, education and training, emergency funding, and human resources. 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).

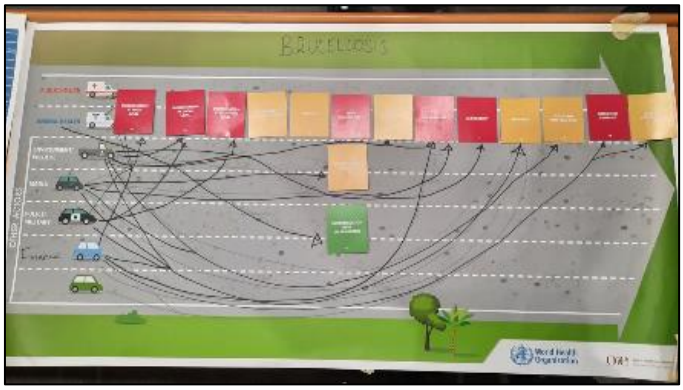
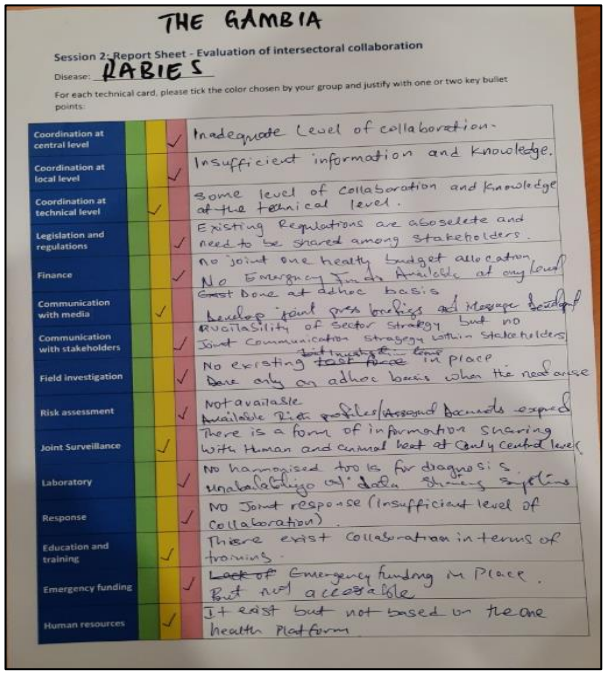


Figure 2a: Participants working on brucellosis case study scenario and evaluating the level of collaboration between the sectors for 15 technical areas.



THE GAMBIA

Session 2: Report Sheet - Evaluation of intersectoral collaboration

Disease: RABIES

For each technical card, please tick the color chosen by your group and justify with one or two key bullet points:

Coordination at central level			✓	Inadequate level of collaboration.
Coordination at local level			✓	Insufficient information and knowledge.
Coordination at technical level		✓		some level of collaboration and knowledge at the technical level.
Legislation and regulations			✓	Existing Regulations are obsolete and need to be shared among stakeholders.
Finance			✓	no joint one healty budget allocation. No Emergency funds Available at any level. Done at adhoc basis
Communication with media		✓		Develop joint press briefings and message board.
Communication with stakeholders			✓	Vucitability of Sector strategy but no Joint Communication strategy within stakeholders
Field investigation			✓	No existing ~~task force~~ in place Done only on adhoc basis when the need arise
Risk assessment			✓	Not available Available Risk profiles/Assigned Documents expired
Joint Surveillance		✓		There is a form of information sharing with Human and animal heat at early central level
Laboratory			✓	No harmonised tools for diagnosis. Unavailability of data sharing systems
Response			✓	NO Joint response (insufficient level of collaboration)
Education and training		✓		There exist collaboration in terms of training
Emergency funding			✓	~~Lack of~~ Emergency funding in Place. But not accessible
Human resources		✓		It exist but not based on the one health Platform

Figure 2b: Participant used the report sheet to justify the choice of the colour coding while assessing the level of collaboration between the relevant sectors for 15 key technical areas from one of the rabies case study scenario.

During an ensuing plenary session, each group presented and justified the results of their work. Output 1 summarizes the updated results from the five groups with the contributions of all the participants.
Each group also amended the report sheet to be used for road-planning accordingly (session 5).

Outcomes of Session 2:

- Areas of collaboration are identified, and joint activities discussed.
- Level of collaboration between the two sectors for 15 key technical areas is assessed.
- Strengths and weaknesses in the intersectoral collaboration are identified.

SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

Documentary videos introduced the international legal frameworks in the human health (IHR 2005) and animal health sectors (OIE standards) as well as the tools available to assess the country's capacities. These are the annual reporting and JEE tools for public health services and OIE PVS Pathway for Veterinary Services.

The differences and connections between these tools were explained. A large matrix (IHR-PVS matrix), cross-connecting the indicators of the IHR MEF (in rows) and the indicators of the PVS Evaluation (in columns) was set-up and introduced to the participants. Through an interactive approach, two representatives of working groups were invited to plot their *technical area cards* onto the matrix by matching them to their corresponding indicators (Figure 2). A plenary analysis of the outcomes showed clear gap clusters and illustrated that most gaps were not disease-specific but systemic.

Figure 3 Participants positioning (mapping) the selected technical areas cards on the IHR-PVS matrix.

The main gaps (clusters of coloured cards) identified were discussed and it was agreed that the rest of the workshop would focus on the following priorities technical areas:

- Coordination
- Laboratory
- Response and Risk Assessment
- Surveillance and field investigation
- Communication

Although, the finance and legislation were also proposed as technical areas needing improvement, it was recommended not to include these as there are limited joint activities for improvement.

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.

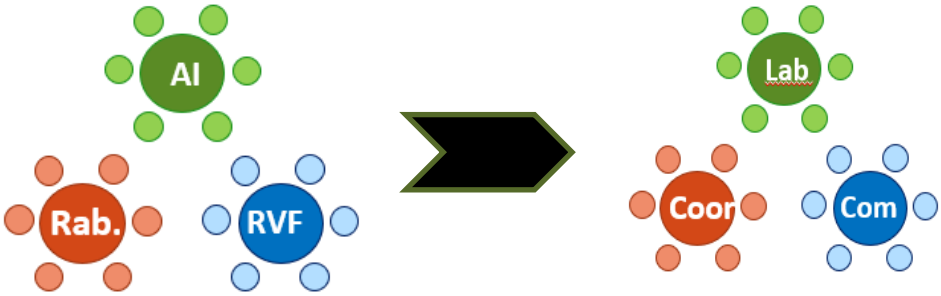


Figure 4: Describing the organization of working groups for Session 2-3 (left) and Session 4-5 (right)

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 Evaluation and PVS Gap Analysis) and extracted the main findings and recommendations relevant to their technical area (Figure 4).

Figure 5: Participants use the assessments of Public and Animal Health sectors to identify gaps and recommendations.

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 identified three to six joint activities detailing the dates of expected implementation, difficulty of implementation and the expected impact, the focal points responsible, and the implementation process (Figure 5). Based on the results of the previous session and their own experience, participants developed joint activities to improve intersectoral collaboration.

Figure 6: The group working to identify joint objectives and practical activities to improve the collaboration between the human and animal health sectors.

The difficulty (relating to the cost) 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 were identified to improve intersectoral collaboration between the two sectors for all technical areas selected.
- For each activity, a desired completion date, focal points, required support and measurable indicators have been identified.
- The impact and the difficulty of implementation of all proposed activities have been estimated.

SESSION 6: FINE-TUNING THE ROAD-MAP

A World Café exercise was organised in a form of a plenary session, during which inputs were gathered form all participants to improve the joint objectives and activities developed for each selected technical area. Each objective and corresponding activities were projected and discussed one by one. Each group was requested to carefully review the activities and objectives developed by the other groups, by making sure that the activities are specific, measurable, achievable, realistic and time-bounded (SMART). The rapporteur from each group read through the objective and activities, cost, impact, and processes that were identified by the group. The note takers for each group noted down all the feedback including suggestions, additions, amendments made by other group members (Figure 5).

At the completion of the plenary session, each group was given 45 minutes to address suggestions and feedbacks received. Objectives and activities were fine-tuned accordingly, and a final plenary session was conducted to prioritise objectives that needed to be addressed in short and medium terms.

Figure 7: Facilitator moderating the discussion to allow the note takers to writing down the suggestions and comments made to improve the objectives and activities presented by the group working on the technical area "Coordination".

The validated final joint roadmap is fully detailed in Output 2.

Prioritization of Objectives

A total of 15 objectives were identified. To prioritize them, participants were requested to use their own devices (computer or smartphone) and complete the online survey questionnaire designed using the Google-Form. A total of 79 participants voted. The results suggested that all the objectives and activities developed were priority. Full results of the vote can be found in Output 3.

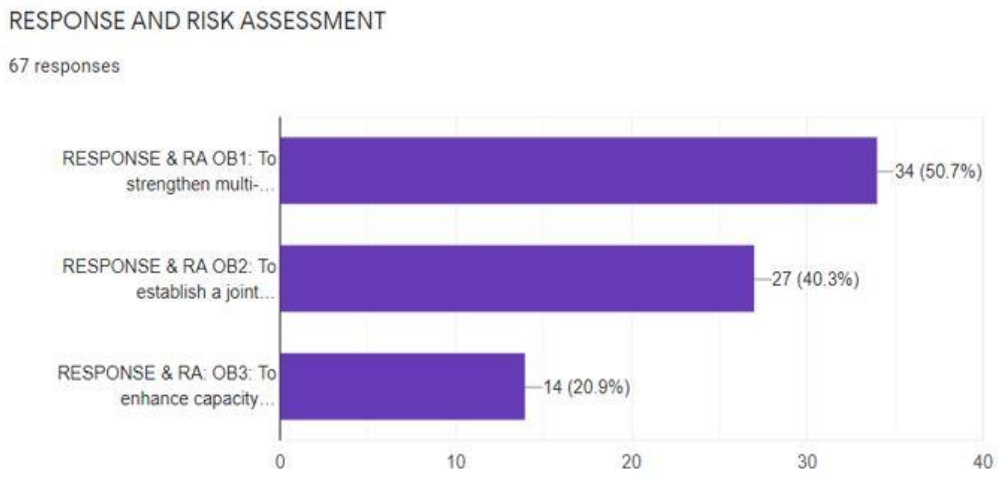


Figure 8: Prioritization of the three Objectives provided by participants to improve collaboration between animal and human health sectors in the technical area "Response and Risk Assessment"

Outcomes of Session 6:

- Harmonized, concrete and achievable joint roadmap to improve the collaboration between the animal, environmental, 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 roadmap.
- Prioritization of the objectives and activities.

SESSION 7: WAY FORWARD

The five priority objectives were:

- To establish a functional and sustainable multisectoral collaboration mechanism on One Health
- To enhance the diagnostic capacity of laboratories on zoonotic diseases and events
- To strengthen the coordination of surveillance for human, animal, and environmental health (one-Health) surveillance system at all levels
- To initiate a risk communication strategic plan among stakeholders
- To strengthen multi-sectoral coordination mechanism in responding to zoonotic disease outbreaks

The interactive nature of the workshop engaged participants in constructive discussions on various challenges relating to the proposed current national One health platform. Several issues and concerns including reflection on the composition of the proposed One Health platform were highlighted by participants. Based on the discussions and the results of the assessment of the level of multisectoral collaboration to manage zoonotic diseases at the human-animal-environment interface, it was recommended to continue advocacy for the establishment of the national One Health platform.

Outcomes of Session 7:

- Understanding how the outputs of the National IHR-PVS Bridging Workshop can feed into the existing and/or ongoing plans including the National Action Plan for Health Security.
- Identification of opportunities to improve collaboration in the other remaining technical areas.
- Discussion on the way forward.

CLOSING SESSION AND THE LAUNCH OF THE ESTABLISHEMENT OF THE NATIONAL ONE HEALTH PLATFORM

Four presentations were given by international experts in implementing One Health initiatives.
The first presentation was given virtually by Dr. Kaylee Marie Myhre Errecaborde from the WHO Head Quarter (HQ). In her presentation, Dr. Errecaborde described the Tripartite Guide to Addressing Zoonotic Diseases (TZG), the different seven key technical areas, and the three tripartite operational tools (OTs) under development. The presentation also outlined the 10-step process for establishing or strengthening a One Health mechanism in countries.

Dr. Mathew Muturi Kung'u and Dr. Chongo Innocencio Salvador, presented the One Health coordination mechanisms in Kenya and Mozambique, respectively. Their presentations covered the establishment, structure and activities of the national One Health platform. Both presenters emphasized the need of high-level political will, commitment and engagement from all relevant sectors.

The last presentation was given by Dr. Virgil Kuassi Lokossou representing the West African Health Organization (WAHO). Dr Lokossou highlighted the regional framework for One Health and the different activities and initiatives supported by the REDISSE project to support all member States of the Economic Community of West African States (ECOWAS).

Considering the results obtained from the interactive sessions, experiences from other countries, and the recommended process for establishing or strengthening the One Health mechanism in countries, participants agreed that there is a need to establish an operational national One Health platform.

Participants thanked the WHO, the OIE and WAHO and other technical and financial partners for their continuous support to the Gambia. They recognized the value of the interactive methodology and proved to be successful. The WHO, OIE and WAHO stressed the need for collaboration to strengthen and operationalize the One Health approach in The Gambia. The three organizations have expressed their continuous support to strengthen the integration and coordination of the animal, human, environment and other sectors for the prevention, detection and response to infectious disease threats, including zoonoses and emerging antimicrobial resistance (AMR) in The Gambia.

The tripartite WHO-OIE-FAO guidance documents, and all the material and presentations, movies, results were shared with all participants, observers and facilitators. The short and/or medium-term activities developed on the roadmap will be implemented jointly. The meeting closed with few remarks provided by Mr Abdoulie Camara (EDC Unit) and Dr. Buba Manjang (Directorate of Public Health Services, MoH) highlighting the need of effective collaboration to implement the joint roadmap.

Summarizing the workshop, the participants thanked the WHO, the OIE, FAO, and WAHO and all partners for the opportunity of well collaborative work to improve the communication and coordination between the Human and Animal Health, and Food Safety sectors etc. They recognized the methodology proved to be successful. The WHO country office emphasized the relevance and importance of the results of this workshop in terms of establishing and operationalizing national One Health platform and finalization of the NAPHS, with support from all stakeholders.

The link to all the material used during the workshop, including movies, presentations, documents, references, results from the working groups and pictures was shared with all participants.

WORKSHOP OUTPUTS

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

Technical area (cards)	Card No	Rabies	Avian Influenza	Brucellosis	Rift Valley Fever	Anthrax	Score
Coordination at high Level	1	2	1	2	2	2	9
Coordination at local Level	2	2	1	2	2	1	8
Coordination at technical Level	3	2	1	2	1	2	8
Legislation / Regulation	4	1	2	2	2	2	9
Finance	5	1	2	1	2	2	8
Communication w/ media	6	1	1	2	1	1	6
Communication w/ stakeholders	7	1	1	2	1	2	7
Field investigation	8	2	0	2	1	2	7
Risk assessment	9	2	1	2	2	2	9
Joint surveillance	10	2	1	2	1	2	8
Laboratory	11	1	1	2	1	2	7
Response	12	1	0	1	1	1	4
Education and training	13	1	1	1	1	2	6
Emergency funding	14	2	2	2	2	1	9
Human resources	15	1	1	1	1	1	5

For each disease, the performance of the collaboration between the human health and the animal health sectors is color-coded: green for "good collaboration", yellow for "some collaboration", and red for "collaboration needing improvement". The score uses a semi-quantitative scale (2 points for a red card, 1 for a yellow card and 0 for a green card). Technical areas marked in bold were selected and addressed in-depth throughout the rest of the workshop.

OUTPUT 2: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREA

Difficulty of implementation in relation to cost: *Low +, Moderate ++, Very high costs +++*
Impact: *Low impact +, Moderate impact ++, High impact +++*

Activities	Date	Cost	Impact	Responsible	Process
COORDINATION					
Objective 1: To establish a functional and sustainable multisectoral collaboration mechanism on One Health.					
1.1. Stakeholder mapping and analyses	Q2 2021	++	+++	MoH, MoA	• Identification & consultation with stakeholders, multisectoral meetings
1.2. Setting up a One Health platform with specific TORs	Q2 2021	+++	+++	MoH, MoA, MoE,	• Multisectoral meetings, information dissemination, develop, review & validate TORs
1.3. Develop annual workplans for One Health platform	Q2 2021	+	++	MoH, MoA, MoE	• Multisectoral meetings, circulate for review, then validate.
1.4. Develop and sign MoUs with clear TORs with other stakeholders	Q2 2021	+	++	MoH, MoA, MoE	• Multisectoral meetings, circulate for review, then validate.
Objective 2: To consolidate and enhance One Health information and data sharing among stakeholders at national and regional levels.					
2.1. Create a One Health National secretariat	Q3 2021	+++	+++	MoH, MoA, MoE	• Institutionalise secretariat, designate multisectoral focal person
2.2. Conduct quarterly secretariat focal point meetings and biannual One Health national meetings	Quarterly	+	+++	OH secretariat	• Notify stakeholders, hold meetings, provide feedback
2.3. Capacity building of focal points	Q3 2021	+++	+++	OH secretariat, MoH	• Prepare curriculum, identify resource persons, training
2.4. Develop guideline/protocols for stakeholder engagement on One Health.	Q3 2021	+	+++	OH secretariat, MoH	• Multisectoral meetings, circulate for review, then validate.
Objective 3: To advocate and mobilise resources for One Health at all levels					
3.1. Conduct advocacy activities at decision-making level for One health.	Q2 2021	+	+++	MoH, MoA, MoE, FSQA	• Engage and sensitize on the benefits of OH
3.2. Create budget lines for One Health activities at National and Sectoral levels	Q3 2021	+	+++	MoH, MoA, MoE, FSQA	• Engage during budget consultations/bilateral
3.3. Design donor-driven proposals on One Health activities	Q3 2021	+	+++	MoH, MoA, MoE	• Develop multisectoral proposals on One Health for partners' funding

LABORATORY					
Objective 1: To enhance the diagnostic capacity of laboratories on zoonotic diseases and events					
1.1. Develop guidelines for zoonotic diseases laboratory diagnosis	Q3 2021	++	+++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Establish a multi sectorial task force of lab experts • 5-day meeting to develop draft guidelines • Conduct a one-day validation meeting
1.2. Develop laboratory Standard Operating Procedures for priority zoonotic diseases	Q3 2021	+	+++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Use the same task force to develop the SOPs • 5-day meeting to develop the draft SOP • Conduct a one-day validation meeting
1.3. Develop Quality Assurance plan	Q4 2021	++	+++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Identify a technical assistant from WHO • Develop TOR for TA • Consultative meeting with relevant stakeholders • TA shares draft with relevant stakeholders • Two days validation meeting
1.4. Procurement of Laboratory equipment, reagents and consumables for diagnosis of zoonotic diseases	Q4 2021	+++	+++	DNPHL, DLS, FSQA, NDMA, MoFEA, Procurement unit of MoH and MoA	• Create a national list with technical specification of reagents, consumables and equipment for diagnosis of zoonotic diseases. • Quantification of these items • Procurement • Sign a contract for maintenance and calibration of equipment
1.5. Conduct training of laboratory personnel on the use of the Guidelines and Standard Operating Procedures for animal and human health sector	Q3 2021	++	+++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Identify the resource persons • Preparation of training documents • 5-days Training of Trainers • Step down training in all 7 health regions
1.6. Upgrade existing laboratory facilities to meet accreditation standards for the diagnosis of zoonotic diseases	Q4	+++	+++	Office of the Vice President, Ministry of Health, Ministry of Agriculture, Ministry of Finance and Economic Affairs, Ministry of Works and Infrastructure, NEA	• Asses the existing facilities • Prepare recommendations and share with stakeholders and partners • Resource mobilization • Implementation of recommendations • Proficiency testing • Request for accreditation
Objective 2: To strengthen bio risk management in human and animal health laboratories					
2.1. Organise a joint laboratory risk assessment every quarter on biosecurity and biosafety	Quarterly starting from Q2 2021	+++	++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Establish risk assessment team • Develop TOR • Develop annual implementation plan • Prepare an inventory of laboratory facilities
2.2. Develop a laboratory risk assessment plan for zoonotic diseases	Q3	++	++	DNPHL, DPHS, DLS, FSQA,	• Identify a Consultant • Consultative meeting with relevant stakeholders

				NDMA, NEA, WALIC, NARI	• Consultant shares draft with relevant stakeholders • Two days validation meeting
2.3. Develop a joint laboratory multi hazard response plan on zoonotic disease for both sectors	Q2	++	++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Establish a multi sectorial task force of lab experts • 5-day meeting to develop draft plan • Conduct a one-day validation meeting
2.4. Train laboratory personnel on biosecurity and biosafety from both sectors	Q4	++	+++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Identify the resource persons • Preparation of training documents • Training of laboratory personnel
Objective 3: To strengthen laboratory collaboration and coordination between human and animal health sectors					
3.1. Identify laboratory focal points from both sectors	Q1	+	+++	DNPHL, DLS, FSQA, WALIC, NARI,	• Designate focal persons • Provide TOR for these focal persons
3.2. Develop a Laboratory Information management System for information sharing between the two sectors	Q3	+++	++	DNPHL, DPI, DPHS, DLS, FSQA, NDMA, WALIC, NARI	• Identify IT expert • Demo provided • System developed • Personnel responsible for system identified • Personnel trained and TOR prepared
3.3. Conduct joint quarterly laboratory investigations and surveillance on zoonotic diseases	Quarterly	+	++	DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Set up a committee with representatives from both sectors • Outcome shared with relevant stakeholders
3.4. Organise bi-annual consultative meeting with epidemiology and laboratory units from both sectors to harmonise processes and optimize shared logistics	Twice a year	+	+++	DHS, DNPHL, DPHS, DLS, FSQA, NDMA, NEA, WALIC, NARI	• Set up committee • Meeting minutes and feedback communicated to all relevant stakeholders
RESPONSE AND RISK ASSESSMENT					
Objective 1: To strengthen multi-sectoral coordination mechanism in responding to zoonotic disease outbreaks					
1.1. Designate focal points at all levels for response to outbreaks	Q1 2021	+	+++	Heads of institutions	• Joint written letter to heads of institutions by MOH & MOA
1.2. Produce a joint emergency multi-hazard preparedness and respond plan by December 2021	Q1-Q4 2021	++	+++	One Health platform c/o and Risk Assessment Response technical committee (to be formed)	• monthly meetings • Review of existing documents • Validation of plan • Printing and distribution of plan
1.3. Establish a multi sectoral policy group for resource mobilization on one Health	Q1 2021	+	+++		• Develop TORs • Identify the stakeholders • Launching of the group
1.4. Build multi-sectoral capacity at all levels in responding to disease outbreaks	Annual	+++	+++		• Provision of human resources -identification and training of RRTs, -resources materials • Provision of financial resources

					-budget allocation, -resources mobilization • Provision of material/Infrastructure resources -Identifying needs -Pooling of resources
Objective 2: To establish a joint risk assessment framework on zoonotic disease outbreaks					
2.1. Develop a joint risk assessment policy	Q2-Q4 2021	++	++	One Health platform c/o and Risk Assessment Response technical committee (to be formed)	• Develop TOR • Hire a consultant • Validation of policy
2.2. Conduct joint training on risk assessment for one health actors	Q3-Q4 2021	+	+++		• Identify trainers & trainees, resources materials • Defining thematic areas
2.3. Conduct joint risk assessments on key emerging and re-emerging zoonosis and/or food safety issues	Annual	++	+++		• Develop TOR • Identify TWG • Identify the hazard(s) and data sources • Characterization of hazard(s) • Conduct exposure assessment • Risk characterization & mgt options • Risk communication & community engagement
2.4. Establish data sharing platform accessible by all	Q4 2021	+++	+++		• Develop a TOR • Hire a consultant • Test the platform • Validate and launch the platform • Training on use and maintenance of platform
Objective 3: To enhance capacity on response using the one health approach					
3.1. Develop Standards Operating Procedures on zoonotic disease response	Q2 2021	+	++	One Health platform c/o and Risk Assessment Response technical committee (to be formed)	• Develop a TOR • Hire a national consultant/Taskforce
3.2. Conduct joint training on the SOPs for Risk Assessment, data management & Response to outbreaks	Annual	+	++		• Identification of trainers & RRTs • Conduct TOT • Conduct step down training • Training evaluation
3.3. Conduct periodic joint simulation exercise at all levels	Periodic	++	+++		• Develop the scenario • Test the scenario • Conduct after action review of responses
SURVEILLANCE AND FIELD INVESTIGATION					
Objective 1: Strengthen the capacity of one health stakeholders on surveillance					
1.1. Training of One-Health Stakeholders on FELTP frontline, intermediates, and advance levels by 2023	Q2 2022	+ ++	+++	One Health platform	• Identify resource persons • Develop ToR for resources persons • Scheduling training date and identify the training venue • Prepare budget for the training
1.2. Training of non-technical stakeholders on One-Health community-based surveillance	Q3 2021	+++	+++	One Health platform	• Identify resource persons • Develop ToR for resources persons • Scheduling training date and identify the training venue

					• Prepare budget for the training
1.3. Develop & train One-Health Stakeholders on surveillance, SOPs and Guidelines	Q3 2023	+++	+++	One Health platform	• Identify resource person to develop the SOPs & guidelines • Schedule training date and identify the venue • Prepare budget for the training
Objective 2. Strengthen the coordination of surveillance for human, animal and environmental health (one-Health) surveillance system at all level					
2.1. Establish surveillance One-Health focal points at all levels	Q2 2021	+	+++	One Health platform	• Institutions to identify and nominate focal point for their representation • Conduct inception meeting for focal points on ToR • Develop join action plan with budget line for the implementation
2.2 Harmonize surveillance structure at all levels for the implementation of one-health platform	Q4 2021	+	+++	One Health platform	• Mapping of structures at all level across all sectors • Carry out structural analysis • Prepare procedural structure for effective harmonization
Objective 3. Strengthen the capacity of data utilization sharing on One-Health event					
3.1. Create a One-Health data platform	Q2 2021	++	+++	One Health platform	• Create a budget line for consultancy services • Identification of a consultant • Develop ToR for the consultant • Conduct quarterly feedback meeting on OH platform at all levels
3.2. Digitization of data collection, management and sharing system for one health	Q1 2022	+++	+++	One Health platform	• Assessment of the existing structure • Create a budget line for consultancy services • Identification of a consultant • Develop ToR for the consultant
3.3. Conduct joint field investigation on zoonotic diseases	Ongoing	+++	+++	One Health platform	• Develop alert system • Creation of communication platform for mobilization of focal points • Mobilization of resources • Conduct quarterly simulation exercise by one health field officers at all levels • Conduct quarterly progress and feed meeting
COMMUNICATION					
Objective 1: Initiate a risk communication strategic plan among stakeholders					
1.1. Conduct stakeholder analysis/mapping at all levels (national, regional and community level)	Q2 2021	++	+++	DLS, MOH	• Hiring a consultant • To create a stakeholder working group
1.2. Organise quarterly meetings of stakeholders	Q2	+	+++	DLS, MOH	• Develop ToR and send Invitation letters to partners/follow-up. • Develop an agenda and share reports

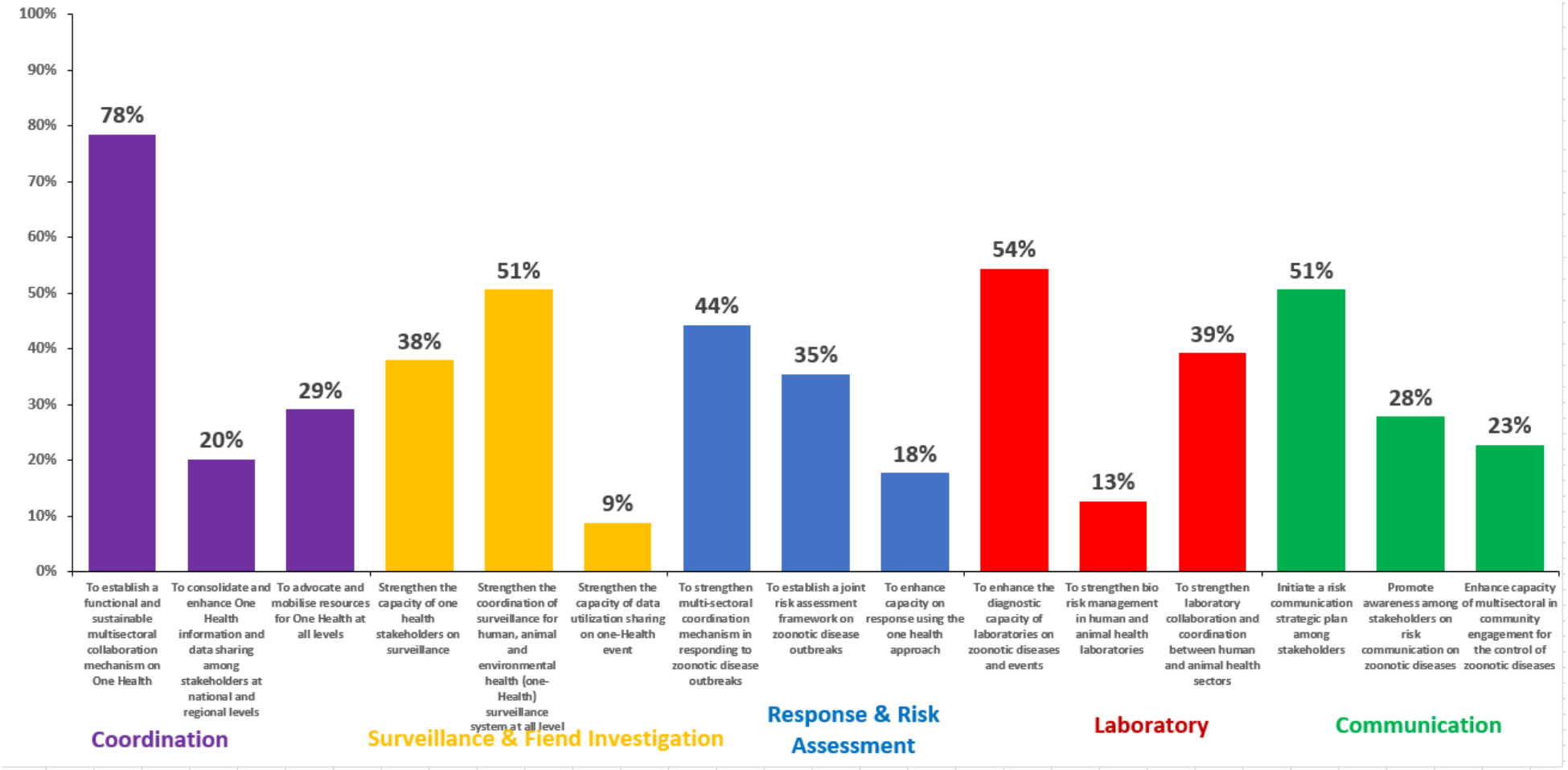
1.3. Conduct joint evaluation and monitoring on risk communication activities	Quarterly	+++	+++	DLS, MOH	• Development of a ToR for the team.
Objective 2: Promote awareness among stakeholders on risk communication on zoonotic diseases					
2.1. Develop joint Social and Behavioural Change Communication (SBCC) materials for the detection, prevention and control of zoonotic diseases	Q2	+++	+++	DLS, MOH, NDMA, FSQA	• Hire a consultant to develop SBCC Manuals • Conduct stakeholder workshop for validation
2.2. Identify and train multisectoral Focal Points to train community structures on SBCC every 6 months	Q2	+++	+++	DLS, MOH	• Conduct a training need assessment. • To conduct a TOT at central level • Conduct stepdown training at community level
2.3. Conduct regular outreach forums on risk communication	Quarterly	+	+++	DLS, MOH, FSQA,	• Conduct planning meetings with community leaders and stakeholders to discuss implementation arrangements (set meeting dates, venue) • Conduct focus group discussions at community level • share outcomes with stakeholders
Objective 3: Enhance capacity of multisectoral in community engagement for the control of zoonotic diseases					
3.1. Training of 20 Multidisciplinary Facilitating Team (MDFTs) annually in each region on the control of zoonotic diseases.	Q2, Q3	++	+++	DLS, MOH	• Identify and invite participants • Identify venue • Invite resource person • Conduct training • Report writing and sharing with stakeholders
3.2. Sensitization of 20 communities on the control of zoonotic diseases	Quarterly	++	+++	DLS, MOH	• Develop a sensitization plan • Identify targeted communities • Identify resource persons
3.3. Setting up and training sanitary defence committees to monitor and report the outbreaks of zoonotic diseases at all levels (district, regional and central)	Q2	+++	+++	DLS, MOH MOF	• Identify participants at all levels • Develop tor and service agreement for the committees

NB: Participants have identified the key objectives and their corresponding activities to be conducted, in order to improve the collaboration between public health, veterinary, environmental and other sectors.

Acronyms: OH, One Health with representative from various sectors (Focal points (MOH), DLS, DPWM, NDAMA, NEA, Forestry, FSQA, Fisheries, GRCs, DCD, Plant Protection Service, etc.)

OUTPUT 3: PRIORITIZATION RESULTS

All participants were asked to select which five of the 15 objectives they considered as of highest priority. Total of 79 participants contributed to the vote.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 68 participants (Figure 8) in order to collect feedback on the relevance and utility of the workshop. National experts rated the workshop highly, being for the most part "fully satisfied or satisfied". Over 90% of respondents answered that they were "satisfied" or "fully satisfied" with the content, the structure, the facilitation and the organization of the workshop (Tables 2-5).

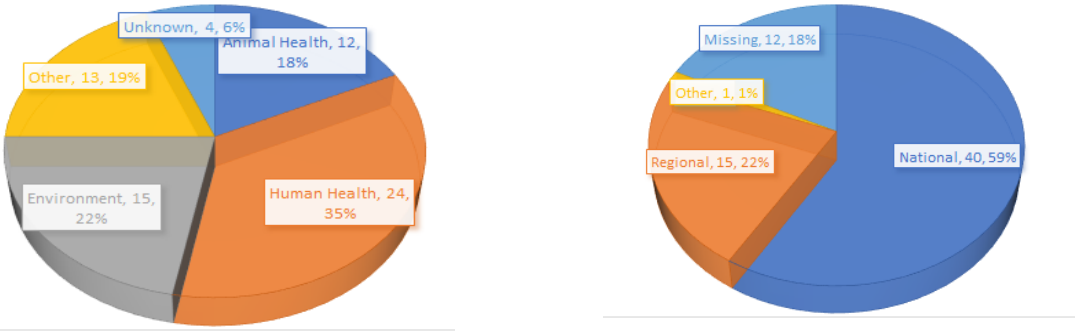


Figure 8: Answers to the questions "which sector are you from" and "which level; of the health structure are you from?"

Tables 2-5: Results of the evaluation of the event by participants (68 respondents)

Workshop evaluation	Satisfied' or 'Fully satisfied'	Average rating (/4)
Overall assessment	100%	3.4
Content	99%	3.5
Structure / format	100%	3.5
Facilitators	100%	3.6
Organization (venue, logistics…)	90%	3.2

Participants had to choose between 1=Highly unsatisfied – 2=Unsatisfied – 3=Satisfied – 4=Highly satisfied

Impact on	High' or 'Very High' impact	Average rating (/4)
Your technical knowledge	100%	3.4
The work of your unit	97%	3.4
AH-PH collaboration in country	85%	3.1

Participants had to select 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
3.3	3.4	3.4	3.5	3.5	3.5	3.4

Would you recommend this workshop to other countries?	
Absolutely	82%
Probably	6%
Likely not	0%
No	0%
Unknown (missing)	12%

APPENDIX

ANNEX 1: WORKSHOP AGENDA

DAY 1 -	
08:30 – 09.00	Registration of participants (registration continued until 09:30)
09:30-09:45	Brief video on Nipa Virus Bangladesh to highlight the importance of multisectoral approach to emerging zoonotic diseases. An overview of the role of veterinary medicine in public health (since the creation of first veterinary school)
09.45 – 10.45	**Opening Ceremony** • Muslim Prayers (2'), Christian Prayers (2') • Presentation on COVID Preventive Measures (10') • Introduction of the Master of Ceremony • Welcome remarks by the Executive Director of Food Safety and Quality Authority (MC for the Event) • Statement by OIE Representative, Director-General of the Livestock and Veterinary Services of the Ministry of Agriculture • Statement by WHO Country Representative • Statement by Minster of Agriculture • Statement by Minister of Health and Official Opening of Workshop • Group Picture (10') • Introduction of participants (10)
10.45– 14.00	**Session 1: Workshop Objectives and National Perspectives** Session 1 sets the scene of the workshop by providing background information on the One Health concept and the subsequent OIE-WHO collaboration. • **MOVIE 1: Tripartite One Health collaboration and vision (10')** Coffee break (20') • Veterinary services, organisational structure and joint activities – PPT (15') • Ministry of Health, organisational structure (15' this was postponed to day 2) • EDC Unit, MOH: Establishment of National One Health platform in The Gambia – PPT (15') • Workshop approach and methodology – PPT (10') • **MOVIE 2: Driving successful interactions - Movie (20')** •
Lunch (14:00-15:30)	
15.30 – 17.30	**Session 2: Navigating the road to One Health (Working Groups)** Session 2 Each group of participants will have central and provincial representatives from both sectors and will focus on a fictitious disease scenario, relevant to the country's context. • Presentation and organization of the working group exercise – PPT (15') • Case study - Working groups by disease (90') •
Expected outcomes of Sessions 1 and 2: • *Understanding of the concept of One Health, its history, its frameworks and its benefits* • *Understanding that a lot of areas for discussion and possible improvements do exist and can be operational - not only conceptual*	

• *Collaboration gaps identified for each disease*	
DAY 2	
09:30 – 11:20	Feedback from day 1, Finalization of and Restitution of Case Studies from Day 1 (75')
11.20 –14.00	**Session 3: Bridges along the road to One Health** 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 magnetic matrix consisting of the indicators of the IHR MEF and of the PVS Pathway.
	• **MOVIE 3: Tools for human health (15')** • Presentation on IHR/JEE results (15') • **MOVIE 4: Tools for animal health (15')** • Presentation on PVS results (15') • **MOVIE 5: Bridging the tools (10')** • Mapping gaps on the IHR/PVS matrix + Coffee break (60') • Discussion – Plenary (20')
Expected outcomes of Sessions 3: • *Understanding that frameworks exist, they position the work at the human-animal interface in a strategic / politic agenda and have a real potential to facilitate engagement in the discussion* • *Understanding that assessment tools exist and can be beneficially used* • *Understanding that most of the gaps identified are not disease-specific, but systemic* • *Identification of technical areas that most require an improvement in intersectoral collaboration*	
Lunch (14:00-15:30)	
15:30 - 16:30	**Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports (Working groups)** The use of the IHR/PVS matrix helps to make a link between the identified gaps and the corresponding IHR MEF and PVS Pathway indicators.
	• Presentation and organization of the working group exercise (15') • Extract main results from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix and review what has been proposed in the NAPHS (90')
Expected outcomes of Sessions 5: • The existing strategies discussed in the IHR action plans and in the PVS pathway are shared and discussed • A common understanding of the effort needed starts to emerge • Understanding that there is a political momentum, and this should be used as an opportunity to build synergies and fill identified gaps	
16:30–17:00	**Session 5: Vision and strategic actions (Working groups)** Participants will be divided into working groups by technical topic (surveillance, investigation, communication, coordination, etc) and work together on addressing the gaps previously identified. The aim is to use the results obtained from the case studies in Session 2
	• Presentation and organization of the working group exercise (15') • Objectives and Activities (Working groups by technical topic) (120')

DAY 3	
09:30 – 14:00	Feedback from day 2 **Session 5: Vision and strategic actions (Working groups continued)** • Objectives and Activities (Working groups by technical topic) (120')
Lunch (14:00-15:00)	
	Session 6: Fine-tuning the roadmaps The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint-road map by making sure it is harmonized, concrete and achievable.
15:30 - 16:30	• Collective assessment of priority and feasibility levels (10') • Prioritization of actions points (10') • Next steps (integrating the action points into the IHR-MEF process) (20') • Possible contributions of international partners • …
	•
15:00 - 16:30	**Closing Session 7** • Presentation of the final roadmap (20') • Presentation of countries' experiences: Mozambique, and Kenya • Presentation of the Multisectoral Coordination Mechanism (MCM) • Presentation of Sub-regional activities and One Health initiatives (WAHO) • Evaluation of the workshop (20') • Closing ceremony (45') • Way forward

ANNEX 2: LIST OF PARTICIPANTS: VENUE: PARTICIPANTS LIST FOR THE IHR-PVS NATIONAL BRIDGING WORKSHOP (NBW) 2-5 FEBRUARY 2021 SIR DAWDA KAIRABA JAWARA OIC CONFERENCE CENTER(PLEASE INSERT THE SCANNED AND SIGNED LIST OF PARTICPANTS)

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