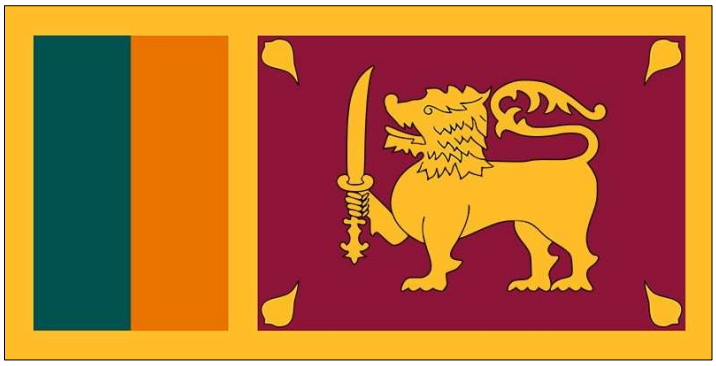
Food and Agriculture Organization of the United Nations

World Health Organization

World Organisation for Animal Health
Founded as OIE



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

21-23 February 2023

Colombo, Sri Lanka

Organized by MoH, DAPH, WHO, WOAH and FAO

Acknowledgements

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ABBREVIATIONS & ACRONYMS

ADG	Additional Director General
AI	Avian Influenza
AMC	Anti-microbial Consumption
AMR	Anti-microbial Resistance
AMU	Anti-microbial Use
AST	Anti-microbial Sensitivity Test
DAPH	Department of Animal Production & Health
DDG	Deputy Director General
DG	Director General
DGHS	Director General of Health Services
FAO	Food and Agriculture Organization of the United Nations
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MoH	Ministry of Health
MOH	Medical Officer of Health
MoU	Memorandum of Understanding
NBW	National Bridging Workshop
NSCOH	National Steering Committee on One Health
NSP	National Strategic Plan
PH	Public Health
PHEIC	Public Health Emergency of International Concern
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
TOR	Terms of Reference
TWG	Technical Working Group
VIO	Veterinary Investigation Officer
WHO	World Health Organization
WOAH	World Organization for Animal Health

INTRODUCTION

BACKGROUND

- The World Health Organization (WHO), the World Organisation for Animal Health (WOAH, founded as OIE) and the Food and Agriculture Organization of the United Nations (FAO) are the main international organizations responsible for proposing references and guidance for the public health and animal health sectors respectively. This Tripartite has been active promoter and implementer of an intersectoral collaborative approach between institutions and systems to prevent, detect, and control diseases among animals and humans.

- The World Health Organization (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 (PHEIC). Various assessment and monitoring tools have been developed by WHO such as the IHR Monitoring and Evaluation Framework (MEF), which includes inter alia the State Party Self-Evaluation and Annual Reporting (SPAR) and the Joint External Evaluation (JEE) Tool.

- World Organisation for Animal Health (WOAH) is the organization responsible for developing standards, guidelines and recommendations for animal health and zoonoses; these are laid down in the WOAH Terrestrial and Aquatic Animals Codes and Manuals. WOAH has been recognized as a standard-setting organization for animal health by the World Trade Organization. WOAH has also developed the Performance of Veterinary Services (PVS) Pathway, which is composed of a range of tools to assist countries in the evaluation of the capacities of their veterinary services and in addressing the main weaknesses.

- The FAO promotes One Health through works on food security, sustainable agriculture, food safety, antimicrobial resistance (AMR), nutrition, animal and plant health, fisheries, and livelihoods. The application of a One Health approach is critical for achieving the UN 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs).

- The WHO IHR-MEF and the WOAH PVS Pathway approaches provide the ability for countries to determine strengths and weaknesses in their respective functions and promote prioritization and pathways for improvement. Furthermore, they engage countries in routine monitoring of their overall level of performance and help to determine their needs for compliance with internationally adopted standards.

- The joint use of WHO IHR-MEF tools and PVS Pathway can result in better alignment of capacity-building approach and strategies between human and animal health services of a country. The IHR-PVS National Bridging Workshop (NBW) is a three-day workshop which brings together stakeholders from both sectors to work on the linkages between these frameworks and develop joint planning to improve their collaboration.

- The workshop follows a methodology developed by WHO and WOAH and tested in more than forty -two countries. The method used is very dynamic and interactive, based on group exercises with a gamified approach and user-friendly materials which enables the identification of synergies, the review of gaps and the development of a joint roadmap between the two sectors.

In Sri Lanka the following assessments were conducted:

- a PVS Evaluation was conducted in 2008
- a Joint External Evaluation (JEE) was conducted in 2017

OBJECTIVES OF THE WORKSHOP AND EXPECTED OUTCOMES

The main objective of the IHR-PVS 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 roadmap of corrective measures and strategic investments to improve the collaborative work at the animal-human interface in the prevention, detection and control of zoonotic diseases. The IHR-PVS NBW focuses on the following strategic objectives:

- Increased awareness and understanding of the IHR-MEF and the WOAH 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 joint strategic planning
- **Diagnosis of current strengths and weaknesses** in the collaboration between animal health, human health and environmental health services for 15 key technical areas
- **Identification of practical next steps** and activities and development of a joint national roadmap to strengthen collaboration and coordination between the two sectors, and the environmental sector.

The agenda of the Workshop is available in Annex 1.

The NBW road poster illustrates the process, with actors from relevant sectors coming together to embark on 7 sessions that lead to the development of a joint NBW Roadmap

REPORT ON THE SESSIONS

From 21 to 23 February 2023, the National Bridging Workshop (NBW) for Sri Lanka was held at Citrus Waskaduwa Hotel in Kalutara. The Workshop was hosted at the kind invitation of the Government of Sri Lanka, with organizational support from the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (WOAH).

The Workshop was attended by 72 national participants from key national institutions for One Health with representatives from national, provincial, district and divisional levels. The workshop used an interactive methodology and a structured approach with user-friendly material, scenario-based exercises, videos and facilitation tools. All participants received a *Participant Handbook* which comprised all necessary information such as the objectives of the workshop, instructions for working group exercises, expected outcomes of each session etc. The workshop was structured in a step-by-step process made of seven different sessions which are summarized below.

OPENING SESSION

A short opening ceremony was organized with the traditional lighting of the oil lamp, followed by the national anthem of Sri Lanka.

Welcoming of the participants and opening remarks were provided by Dr Monika Wijeratne (Director Quarantine, MoH), Dr Shalala Ahmadova (Acting WHO Representative), Mr Nalin Munasinghe (Acting FAO Representative), Dr Hirofumi Kugita (WOAH Regional Representative for Asia and the Pacific), Dr Hemali Kothalawala (Director General, DAPH), Dr Mahendra Arnold (Deputy Director General, Public Health Services-I, MoH on behalf of Director General of Health Services, MoH).

Opening speakers highlighted the importance of the One Health approach in the prevention, detection and response to health threats at the animal-human-ecosystem interface. It was highlighted that there are over 200 known zoonotic pathogens, representing 75% of infectious human diseases, several of which are endemic in Sri Lanka. The COVID-19 outbreak also reminded us about the importance of both preparedness and multisectoral collaboration. Opening speakers highlighted that the key objective of this workshop was the development of a joint, consensual and operational NBW Roadmap to further improve this multisectoral collaboration in Sri Lanka.

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

The workshop approach and methodology were presented by Dr Guillaume Belot (NBW Program coordinator, WHO Geneva), and the participant handbook was presented. It was reiterated that the meeting was neither an evaluation nor a training, but a workshop aimed at developing a national roadmap to improve the collaboration between the sectors.

A documentary video introduced the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduced the workshop in the global and national context by providing high-level background information on the collaboration between WHO, WOAH and FAO. It was then complemented by a comprehensive presentation from Dr Gyanendra Gongal (WHO SEARO) to describe the regional perspectives, as well as to introduce the new Quadripartite alliance, the One Health High-Level Expert Panel (OHHLEP), the One Health Joint Plan of Action (OH JPA) and its six actions tracks.

Both the animal health and human health sectors presented their structure, priorities and challenges, as well as ongoing One Health activities and collaboration as follows:

Veterinary services and One Health (Dr Nimal Jayaweera, Additional Director General, DAPH)**:**

Dr Jayaweera presented the vision and mission of DAPH, as well as its organizational structure, from the central department to the provincial departments. Central DAPH's main functions include policy recommendations, sector planning, technical leadership and guidance, and regulatory and backup services to provincial departments. Provincial DAPH's main functions cover project implementation and service delivery. The national animal disease reporting and surveillance system was presented as well as key disease control programs, including for Foot and Mouth disease, Newcastle disease, and highly pathogenic avian influenza. Disease control programs relevant to One Health include a salmonellosis control program in poultry and brucellosis control program in cattle. Dr Jayaweera addressed the topics of ongoing collaboration for rabies control (vaccination, information sharing, laboratory testing and awareness-raising programs), avian influenza surveillance (monthly progress meeting with sharing of data, surveillance in sentinel and hotspots), food safety (collaboration in quality assurance and quality testing), and AMR (preparation of National Plan on AMR, implementation and progress monitoring, collaborative projects, etc.). Other examples, including leptospirosis, brucellosis, tuberculosis and Japanese encephalitis were briefly mentioned. Finally, Dr Jayaweera highlighted key gaps as well as proposed suggestions and the way forward and they were taken into consideration for developing the roadmap in Session 5.

Human health services and One Health (Dr Mahendra Arnold, Deputy Director General of Public Health Services-I, MoH)**:**

Dr Arnold presented the vision, mission and key objectives of the Sri Lankan Health System. The organization of the health system and its relevant directorate to NBW were explained. Human influenza surveillance, its two components (influenza-like illness surveillance in 19 sites and severe acute respiratory infections surveillance) and recent results were presented. Dr Arnold also highlighted the trend of Human rabies cases from 2005 to 2022, the leptospirosis incidence rate and geographical distribution, and the trend of enteric fever from 2009 to 2022. He then emphasized One Health initiatives, starting with the national symposium on the One Health approach for zoonotic diseases conducted in 2014, the subsequent collaboration in

influenza surveillance, the JEE in 2017, and the development of the NAPHS (2019-2023). Finally, Dr Arnold summarized the key gaps and way forward, highlighting the technical areas where a stronger collaboration would be needed, including AMR, zoonotic disease, food safety, surveillance and laboratory among others.

Following the sector presentations, a second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface for various key technical areas such as surveillance, response and communication among others.

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 coordination mechanism and preparedness, much more could be done at the human-animal interface.
- The three sectors have common concerns and challenges and conduct similar activities. Competencies and resources exist and can be pooled or shared. This needs to be organized through a collaborative approach.
- WHO, WOAH 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 working groups of mixed participants from both sectors and different levels (Central, Provincial, District, and Divisional levels). Groups were provided with a case study scenario (Table 1) based on diseases relevant to the local context (Rabies, Salmonellosis, Leptospirosis, Avian Influenza and AMR) developed in collaboration with national representatives.

Table 1: Scenarios used for the different case studies

1. Salmonellosis Twenty people in Hotel X in Galle sought medical attention when they suffered high fever, nausea, diarrhea and severe abdominal pain, 12-36 hours after eating breakfast at a prominent hotel. Of these, 7 (5 children and 2 elderly) have been hospitalized. The laboratory test result of stool samples showed positive for Salmonella species. The field investigation team suspected the cause of the foodborne illness due to consumption of eggs. The Managing Director of the hotel said that it sourced its eggs from a reputable supplier and that the hotel stored its eggs according to food safety standards.
2. Rabies A case of rabies which was confirmed in a dairy cow recently inseminated and regularly milked, causes panic in Horana area in Kalutara District, in the Western Province of Sri Lanka. A jackal which was known to have bitten two cows and was behaving aggressively towards people was reported to have bitten some children in the same area. It was shot dead by police on the outskirts of that same village two days ago. The head of the jackal was handed over to the MRI (Medical Research Institute) and tested positive for rabies virus.
3. Avian Influenza H9N2 Two persons were admitted to the Kandy Hospital with pneumonia. Laboratory testing by RT-PCR resulted positive for the H9N2 subtype of avian influenza. One of the patients is a producer of a small-scale commercial broiler who sells his birds three times a week at the local live bird market. The other patient reported having visited the same market 7 days before to disease onset and having bought four chickens.
4. Leptospirosis The Health Department has identified a cluster of three cases of leptospirosis in the area of the Ratnapura district during flood season. One person has died, and two others have suffered serious illnesses because of this bacterial disease. All of them are farmers and they have dairy cattle, and they supply milk to Rathnapura city. One of the dairy cows had aborted 10 days ago and all of them were involved in disposal of carcasses.
5. AMR The microbiology laboratory under Medical Research Institute Colombo is detecting the increasing number of co-occurrences of quinolones Resistance and extended-spectrum β-lactamase encoding genes in Escherichia coli isolated from urinary tract infection in humans in the Kurunegala district. The national veterinary laboratory also reported an increasing number of similar resistance patterns in poultry samples from two commercial poultry farms located in Kurunegala district.

Using the experiences from previous outbreaks of zoonotic diseases, the groups discussed how they would have realistically managed these events, and evaluated the level of collaboration between the veterinary and the public health services for 15 key technical areas: coordination, investigation, surveillance, communication, etc. These activities/ areas of collaboration were represented by color-coded *technical area cards*: green for "good collaboration", yellow for "moderate collaboration", and red for "collaboration needing improvement" (Figure 1).

15 Technical areas

Coordination at the High Level
Coordination at the Local Level
Coordination at the Technical Level
Legislation and Regulations
Finance
Communication with Media
Communication with Stakeholders
Filed Investigation
Surveillance
Risk Assessment
Laboratory
Response
Human resources
Emergency funding

Figure 1: Participants working on a case scenario for salmonellosis are evaluating the level of collaboration between the sectors for 15 key technical areas.

During an ensuing plenary session, each group presented and justified the results of their work. Overall, all 15 technical areas showed significant gaps in collaboration as most cards were red. Output 1 provides the detailed results from each disease group.

Outcomes of Session 2:

- Areas of collaboration were identified, and joint activities discussed.
- The level of collaboration between the two sectors for 15 key technical areas was assessed (Output 1).
- The main gaps in the collaboration were identified.

SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

Documentary videos introduced the international legal frameworks followed by human health (IHR 2005) and animal health (WOAH standards) as well as the tools available to assess the country's capacities: the annual reporting and JEE tools for public health services and PVS Pathway for veterinary services. The differences and connections between these tools were explained. A large matrix (IHR-PVS matrix), cross-connecting the indicators of the IHR MEF (in rows) and the indicators of the PVS Evaluation (in columns) was set up and introduced to the participants (Figure 2).

Through an interactive approach, working groups were invited to plot their *technical area cards* onto the matrix by matching them to their corresponding indicators. A plenary analysis of the outcome showed clear gap clusters and illustrated that most gaps were not disease-specific but systemic.

Figure 2: Mapping of the gaps by positioning the selected cards from all groups on the IHR-PVS matrix provides a snapshot of the status of collaboration across technical areas in the country

The main gaps (clusters) identified were discussed, this time on a systemic level (all diseases combined). Overall, we could see that all areas scored below average, and all of them had a majority of red cards. This highlights the fact that there are significant gaps in the collaboration across all technical areas.

New working groups were made for the second half of the workshop, this time by technical area, to try and cover all aspects of collaboration where improvements are needed:

- Group 1: Coordination (high level, technical level and local level), Legal and Finance
- Group 2: Surveillance and Laboratory
- Group 3: Response and Field Investigation
- Group 4: Risk assessment and Risk communication
- Group 5: AMR

Outcomes of Session 3:

- Improved the understanding that tools are available to explore operational capacities in each of the sectors.
- Improved the understanding of the contribution of the veterinary sector to the IHR.
- Improved the understanding of the bridges between the IHR MEF and the PVS Pathway. Enabled to identify synergies and optimize collaboration by reviewing together the results of capacities assessments
- Ascertained the understanding that most gaps identified are not disease-specific but systemic.

SESSION 4: CROSSROADS – PVS PATHWAY AND IHR MEF REPORTS

New working groups with representation from all previous groups were organized for each of the priority technical areas.

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 extracted the main findings and recommendations relevant to their technical area (Figure 3).

Figure 3: Participants extracting results from the PVS and JEE reports.

Outcomes of Session 4:

- Participants got a good understanding of the assessment reports for both sectors, their purpose and their structure.
- The main gaps relevant to each technical area and related to coordination and collaboration between sectors were extracted.
- Similarly, the main recommendations from the existing reports were extracted.

SESSION 5: ROAD PLANNING

Using the same working groups as for the previous session, participants were asked to identify, for each technical area, priority activities that the sectors should implement to improve their collaboration in the future. This brainstorming used several items as information sources:

-The report sheets from Session 2 that highlighted the key gaps for all technical areas and for the different diseases / case studies used.

-The key gaps and recommendations extracted from the JEE and PVS reports during Session 4.

-The technical activity cards, which give several examples of possible joint activities.

- the gaps and way forward presented in the human health and animal sectoral presentations

-and most importantly, the experiences of all the participants working on daily basis in the human health, veterinary and environmental health sectors of Sri Lanka.

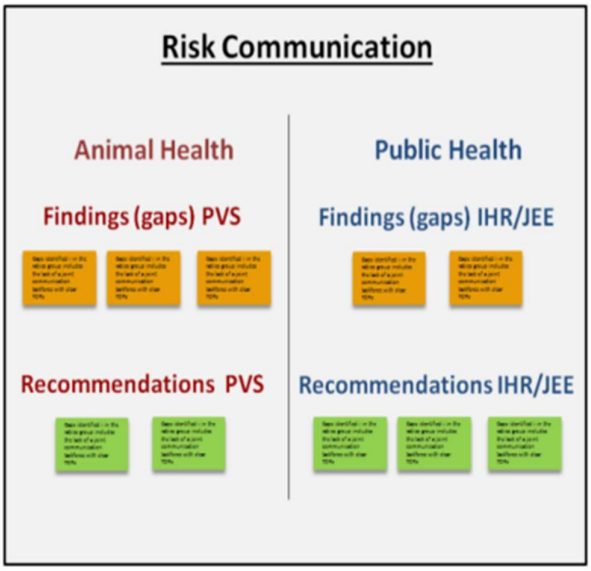
Figure 4: The group working on "AMR" used the results of the previous sessions to identify joint activities to improve the collaboration between the sectors in this domain.

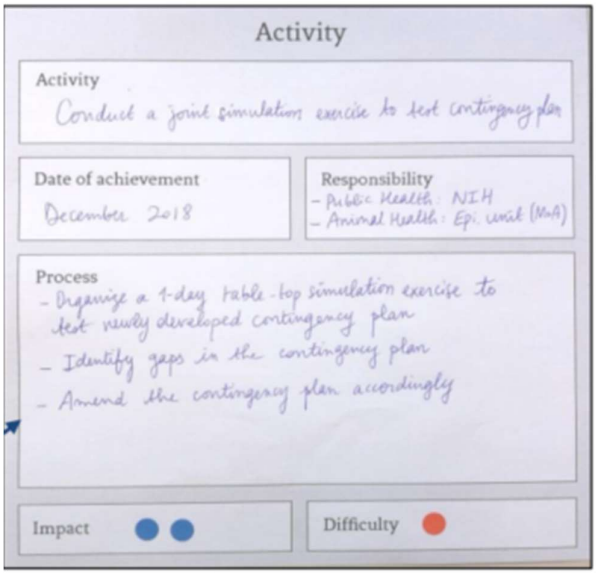
Outcomes of Session 5:

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

SESSION 6: FINE-TUNING THE ROAD-MAP

After brainstorming activities had been discussed and validated with international and national facilitators, participants were asked to fill out the *Activity Cards* for each activity, detailing the desired date of implementation, the responsible lead focal points, as well as the detailed process of implementation of an activity, the importance of the identifying an activity that is as operational as possible, with very clear and precise actionable steps.





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

Activity cards that were linked (by theme, or by the process) were then regrouped under one *Objective card*, to start structuring the roadmap.

A World Café exercise was then organized to enable participants to contribute to the action points of all technical areas (Figure 5). Each group had a rapporteur whose duty was to summarize the results of their work to the other groups. Each group rotated between the different boards to contribute and provide feedback on all the roadmap objectives and activities identified. Rotating groups used the post-it note pad to leave their comments on the objectives and activities of other groups when they felt that an amendment or a clarification was necessary.

At the end of the World Café, each group returned to their original board and the rapporteur summarized the feedback received. Groups were given 20 minutes to address changes or additional activities suggested by the other participants. Objectives and activities were fine-tuned accordingly.

Overall, the five groups identified a total of 16 key objectives and 45 activities. The detailed results are presented in Output 2.

Figure 5: A world café session was organized during which participants rotated through each group to provide comments and inputs on the different roadmap sections

Prioritization of Objectives

To prioritize the objectives identified by the technical working groups, participants were given five small white stickers each, to identify which five objectives (and their constituting activities) they considered as the highest priority.

A total of 283 votes were cast, with four objectives standing out from the rest:

- Objective 1: To enhance One Health governance at the central and provincial level (47 votes)
- Objective 4: Institutionalize and enhance a joint surveillance system for priority zoonotic diseases and food safety (38 votes)
- Objective 2: To harmonize legislative and administrative procedures to facilitate One Health activities (37 votes)
- Objective 13: Strengthen AMR governance and coordination mechanisms (31 votes)

The number of votes for each objective is shown in the NBW Roadmap (Output 2).

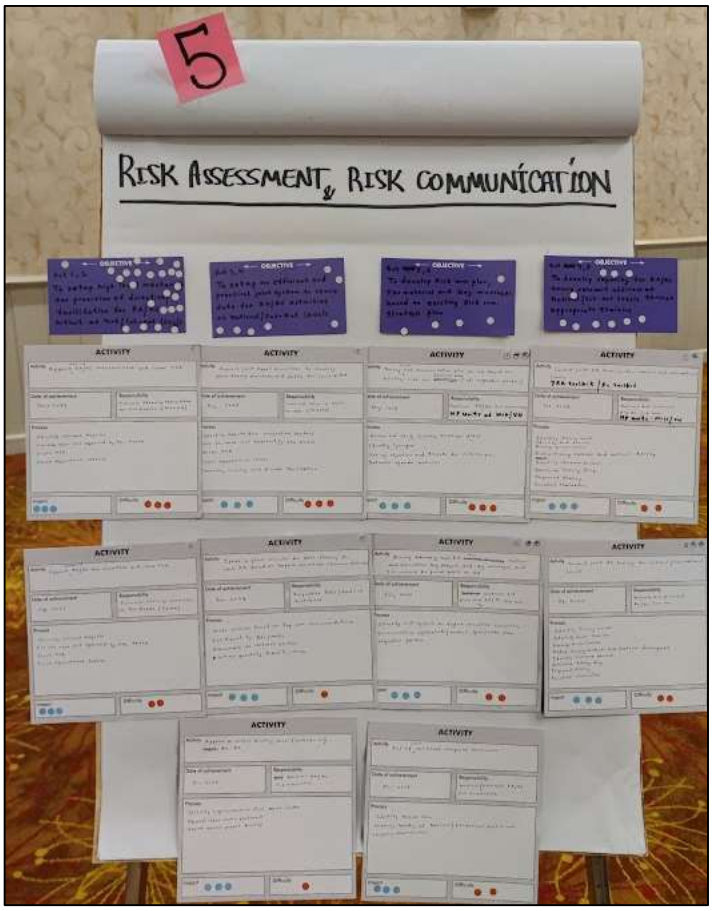


Figure 6: Example of the final Roadmap section on 'Risk assessment and Risk communication', which composed of 4 objectives and 10 activities.

Outcomes of Session 6:

- Harmonized, concrete and achievable roadmap to improve the coordination and collaboration between the animal health, human health, food safety, wildlife and environmental sectors in the prevention, detection and response to zoonotic diseases and food safety outbreaks was developed.
- Buy-in and ownership of all participants who contributed to all areas of the roadmap were confirmed.
- Prioritization of the activities was conducted.

SESSION 7: WAY FORWARD & CLOSING SESSION

The results of the prioritization vote were presented and discussed.

A final plenary session was organized to discuss the way forward, and to give all participants a chance to express themselves on the resulting roadmap and how they seemed would be the best way to start its implementation. This session was entirely facilitated by national stakeholders.

This session also provided the opportunity to remind participants that Sri Lanka will conduct its 2nd round of JEE at the end of 2023, and a new NAPHS will be developed in the end of year 2024 based on JEE recommendations. The outputs of the NBW will be used and injected into these two upcoming events, but efforts to implement the NBW Roadmap should be initiated right away.

Outcomes of Session 7:

- The way forward for the implementation of the roadmap was presented and discussed.
- Ownership of the workshop results by the country was confirmed.

CLOSING SESSION

A short video of the event was displayed, summarizing each step of the process that led the participants to develop the joint NBW Roadmap.
This was followed by a few closing remarks made by both DDGs:

- The workshop was organized at the right time as the One Health approach is gaining worldwide importance, and as Sri Lanka is preparing for an upcoming JEE and NAPHS development.
- The NBW has enabled to build network amongst professionals from different sectors and therefore working together will be easier and more effective.
- Every participant was urged to promote and advocate for the importance of One Health and how different sectors should work together for the prevention and control of zoonotic diseases including other hazards like chemical contamination and food safety.

WORKSHOP MATERIAL & VIDEO

All the material used during the workshop, including movies, presentations, references, results from the working groups, photos, and videos were compiled on USB drives and given to participants.

The video of the event is available at the following link: www.bit.ly/NBWSrilanka

Or by scanning the below QR code:

WORKSHOP OUTPUTS

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

	Leptospirosis	Avian Influenza	Salmonellosis	Rabies	AMR	Score
Coordination at high level	0	2	0	0	1	3
Laboratory	1	1	1	0	0	3
Coordination at technical Level	0	1	0	0	1	2
Communication w/ stakeholders	0	2	0	0	0	2
Field investigation	0	1	0	1	0	2
Joint surveillance	0	2	0	0	0	2
Education and training	0	0	0	1	1	2
Human resources	0	2	0	0	0	2
Legislation / regulation	0	1	0	0	0	1
Communication w/ media	0	1	0	0	0	1
Risk assessment	0	1	0	0	0	1
Coordination at local Level	0	0	0	0	0	0
Finance	0	0	0	0	0	0
Response	0	0	0	0	0	0
Emergency funding	0	0	0	0	0	0

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 green card, 1 for a yellow card and 0 for a red card).

OUTPUT 2: NBW ROADMAP - OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Process
COORDINATION, LEGAL AND FINANCING					
Objective 1: To enhance One Health governance at the central and provincial levels (47 votes)					
1.1. Establish One Health inter-ministerial committee preferably at President/Prime Ministerial Secretariat and develop a strategic plan	December 2023	++	+++	- DGHS, MoH - DG, DAPH	1) Appointing an ad-hoc task force to carry out the task. 2) Identify and designate members of the National One Health inter-ministerial committee. 3) Develop a TOR and MoU. 4) Sign MoU to formalize the establishment of the committee. 5) Organize a retreat workshop (4-5 day duration) with key representatives from relevant sectors to develop the strategic plan. 6) Hire a consultant to facilitate development of the strategic plan if necessary. 7) Seek approval of the strategic plan from the National One Health inter-ministerial committee and/or cabinet.
1.2. Establish One Health committees at the provincial level	December 2023	+	++	Provincial Chief Secretary, PDHS and PDAH	1) Develop a TOR and MoU for the provincial sectoral committee. 2) Appointment committee members. 3) Formalize the establishment of the Provincial One Health Committee from the National One Health Inter-Ministerial Committee and other appropriate agencies.
1.3. Submit project proposal by relevant stakeholders to the ministry of finance (National planning) and for external funding organizations to conduct 'One Health Activities'	March-June 2024	++	++	- DGHS, MoH DG, DAPH	1) Conduct a need assessment on One Health. 2) Develop a project proposal based on the national One Health strategy plan and findings of the need assessment. 3) Seek approval of the proposal from the National One Health Inter-Ministerial Committee. 4) Submit the proposal to the Ministry of Finance to source funding.
1.4. Establish National level 'One Health' sub-committees/Technical Committees for main technical areas (food safety, AMR, Zoonosis) and Technical Working Groups (TWGs) for Surveillance, Response, Risk Assessment, Communication, etc.	April 2024	+	+++	- DGHS, DDG PHS-1, - ADG, Animal Health	1) Develop TOR for the sub-committees (or call them as National Zoonosis, AMR, or Food Safety Technical Committee), and National TWG for Surveillance, Response, Risk Assessment, Communication, etc.). 2) Appointment of members of these technical committees and TWGs from all the relevant stakeholders.
Objective 2: To harmonize legislative and administrative procedures to facilitate One Health activities (37 votes)					
2.1. Identify and hire an independent external party to review and harmonize legislations,	December 2024	+++	+++	- DG, DAPH - DGHS, MoH	1) Identify the funding agency and mobilize funds. 2) Develop a TOR for a consultant.

policies and administrative structures related to 'One Health'					3) Hire a consultancy firm. 4) Consultant to review, identify gaps and develop recommendations. 5) Consultative meeting to endorse the recommendations. 6) Obtain approval from the National OH Inter-Ministerial Committee and the cabinet. 7) Enact or adopt the legal framework.
Objective 3: To enhance knowledge and awareness of One Health strategies amongst all stakeholders and the public (4 votes)					
3.1. Incorporate One Health in curricula of veterinary and medical schools, and paraprofessionals	December 2024			- Medical/Veterinarian councils - DGHS, MoH - DG Animal Health	1) Appointment of a professional task force from respective sectors. 2) Preparation of modules. 3) Validation of One Health modules. 4) Seek approval and incorporate the module into respective curricula.
SURVEILLANCE AND LABORATORY					
Objective 4: Institutionalize and enhance a joint surveillance system for priority zoonotic diseases and food safety (38 votes)					
4.1. Set up a national-level joint sub-committee or Technical Working Group (TWG) for surveillance with relevant stakeholders and specific responsibilities under the national One Health policy and legal framework	April-June 2024	+	+++	National One Health Committee	1) Organize a joint consultative meeting to identify membership and TOR. 2) Identify the members from different stakeholders such as human health, animal health, food safety, environment, fisheries and wildlife. 3) Identify specific roles and responsibilities. 4) Develop TOR. 5) Issue an executive order for the establishment of the TWG/sub-committee. 6) Organize an orientation workshop for all the Members.
4.2. Develop a joint coordinated surveillance strategic plan for zoonoses	2024	+	+++	National-level joint sub-committee or Technical Working Group on surveillance	1) Organize a series of meetings with the relevant sectors at the national level to draft the surveillance strategic plan. 2) Circulate the drafted strategic plan to the relevant sectors. 3) Organize a validation workshop for official endorsement. 4) If needed, hire a consultant. 5) Identify key participating and reference laboratories for joint surveillance purposes.
4.3. Identify One Health surveillance focal points from each sector at each administrative level	June 2023	++	+++	DGs of respective departments (Department of Animal Health and Epidemiology Unit of MoH)	1) Identify focal points from each sector at national, district, and divisional levels with consensus from all relevant stakeholders. 2) Develop TOR and delegate roles and responsibilities of each focal point identified. 3) Issue an executive order formalizing the appointment of surveillance focal points (TWGs). 4) Create conducive working environment for focal points to work by providing budget and office space, etc.
4.4. Conduct a series of joint training for surveillance and laboratory techniques for priority zoonoses and food safety	2024-2025	++	+++	Focal points of both sectors	1) Organize a technical meeting with both sectors to identify training needs, materials, and resources for official endorsement and budget. 2) Carry out training programs for national and regional levels (30 participants per training from all sectors): Disease surveillance – 5 trainings; advanced molecular techniques – 3 trainings; Bioinformatics – 3 trainings; Food safety; Handling of infectious organisms.

Objective 5: Enhance laboratory coordination and capacity for diagnosis of priority zoonotic diseases and food safety (25 votes)					
5.1. Develop MOU for laboratory data and resource sharing	2024	++	+++	National One Health Committee	1) Conduct resource mapping in both sectors. 2) Draft MOU involving key sectors including mode and level of data sharing, data security, and publications rights etc. 3) Circulate to relevant ministries for concurrence. 4) Finalize the MOU and sign it by all sectors. 5) Disseminate the contents of the MOU between the stakeholders for implementation.
5.2. Establish a laboratory network for priority zoonotic diseases between human health and animal health laboratories	2025	++	+++	MoH and DAPH	1) Identify the participating and reference laboratories and the scope of the laboratory network. 2) Develop the scope of testing and TOR through a series of workshops. 3) Identify the focal points of each laboratory of key sectors including university labs and private labs. 4) Organize a series of meetings to operationalize the network activities. 5) Upgrade biosafety levels and identify a laboratory and upgrade for category 4 pathogens.
5.3. Develop joint SOPs and laboratory testing protocols for priority zoonotic diseases	2025	+	++	DDG -Laboratory, MoH Director, Veterinary Research Institute, DAPH Focal laboratories of MoH and DAPH	1) Prioritize zoonotic diseases through workshops and to be updated as necessary. 2) Develop joint or harmonized protocols and SOPs for screening and confirmatory tests. 3) Harmonize quality assurance programs of the participating laboratories.
5.4. Develop harmonized and standard biosafety and biosecurity guidelines and protocols for safe handling and preventing leakage of dangerous pathogens	2026	+++	+++	Biosafety and biosecurity advisory committee	1) Identify and appoint TWG members for developing biosafety and biosecurity guidelines, protocol and SOPs (including sharing of reference isolates between sectors). 2) Organize a series of workshops and meetings to develop the harmonized and standard guideline, protocol and SOPs 3) Conduct orientation and training for laboratory staff capacity building. 4) Conduct audits to assess biosafety and biosecurity in laboratories.
RESPONSE AND FIELD INVESTIGATION					
Objective 6: Identify teams/SOPs required for field investigation and response on priority zoonoses (19 votes)					
6.1. Establish joint response teams at national and provincial levels	December 2023	+++	+++	- DG, DAPH; - DGHS, MoH; - DG, wildlife; - DG, Zoo; PDHS, PDAH; - Director Wildlife	1) Develop TOR and MoU of the joint response teams. 2) Identify and appoint response team members. 3) Issue the executive order. 4) Sign MOU. 5) Provide orientation on their TOR, roles and responsibilities.
6.2. Develop a joint response plan for general and priority zoonotic diseases	May 2024	+	+++	- DG, DAPH; - DGHS, MoH; - DG, wildlife - DG, Zoo;	1) Conduct stakeholder meetings to identify prioritized zoonotic diseases. 2) Develop joint or coordinated outbreak investigation and response plan. 3) Conduct consultative meeting to validate and endorse the response plan.

				- PDHS, PDAH; - Director, Wildlife	4) Seek approval of the plan from the National OH inter-ministerial Committee. 5) Conduct resource assessment and regular resource mapping.
6.3. Develop SOPs and guidelines for zoonotic diseases for prioritized joint response field investigation	May 2024	+	+++	- DG, DAPH; - DGHS, MoH; - DG, wildlife	1) Conduct stakeholder meetings to develop SOPs and guidelines. 2) Conduct stakeholder meetings to validate SOPs and guidelines. 3) Publish and disseminate SOPs with guidelines and preparation of a circular accordingly.
Objective 7: To develop capacity for joint response and field investigation (3 votes)					
7.1. Conduct joint training on outbreak investigation and response plan for the response team (ToT at the national level)	May 2025	++	++	- DG, DAPH; - DGHS, MoH; - DG, wildlife	1) Hire consultant if necessary. 2) Develop training program 3) Conduct a ToT training at the national level. 4) Conduct training for the provincial response teams. 5) Sustain the conduct of the training regularly or mainstream FETP.
7.2. Conduct simulation exercises to test the joint response plan and joint response team	December 2025	++	++	- DG, DAPH; - DGHS, MoH; - DG, wildlife;	1) Develop a plan for simulation exercises. 2) Develop a methodology for regular simulation programs. 3) Conduct a regular join simulation program at each level. 4) Conduct review meetings for monitoring and evaluation of the simulation program.
7.3. Expand current field epidemiology training program (FETP) to the veterinary sector	December 2025	+	++	Joint response team/DAPH epidemiology unit, MoH	1) Evaluation of existing FETP program and stakeholders. 2) Identify areas to be added/include for FETP for the veterinary sector. 3) Conduct an upgraded training program to cover all sectors.
Objective 8: Develop a mechanism for information sharing on response and field investigation (19 votes)					
8.1. Establish a network among key stakeholders for information sharing during a disease outbreak and progress of response activities for prioritized zoonotic diseases	December 2023	++	++	- DG, DAPH; - DGHS, MoH; - DG, wildlife; - DG, Zoo; - PDAH; - PDHS; - RDHS, VIO;	1) Assess the existing disease outbreak and response notification reporting system. 2) Identify or develop platform (web-based) for disease outbreak and response information sharing including risk communication for prioritized zoonoses events. 3) Conduct regular monitoring and evaluation of the effectiveness of the response plan and information sharing system.
8.2. Conduct a joint intra-action or an after-action review after every major epidemic or pandemic event	January 2025	++	+++	Joint investigation team (DGHS, MoH, PHVS, MoH, VIO, Veterinary Surgeon, wildlife)	1) Use the Tripartite intra-action or after-action review framework or develop your framework. 2) Conduct intra-action or after-action review. 3) Present the findings. 4) Develop a roadmap or plan to address the gaps and weaknesses identified.
RISK ASSESSMENT AND RISK COMMUNICATION					

Objective 9: To setup a high-level mechanism for the provision of direction and facilitation for Risk assessment and Risk communication activities at the national and subnational levels (24 votes)					
9.1. Appoint a national and provincial risk assessment and risk communication subcommittee	September 2023	++	+++	National steering committee on One Health (NSCOH)	1) Identify relevant experts at national and sub-national levels. 2) Get the name list approved by the NSCOH (National Steering Committee of One Health) / National One Health Inter-Ministerial Committee (IMCOH) whichever is more appropriate to Sri Lanka. 3) Draft TORs. 4) Issue appointment letters.
Objective 10: To set up an efficient and practical joint system to share data for Risk assessment and Risk communication activities at national and sub-national levels. (7 votes)					
10.1. Develop a data-sharing elements and mechanisms for Joint Risk Assessment	August 2023	+++	+++	National steering committee on One Health (NSCOH)	1) Identify experts from respective sectors. 2) Organize a consultative workshop to develop data-sharing elements and mechanisms for conducting joint risk assessment. 3) Seek approval from NSCOH. 4) Issue a notification for operationalizing the data sharing for RA after signed by DGs and Heads of Institutes. 5) Conduct quarterly monitoring and evaluation and review.
10.3. Appoint a media briefing focal persons from the key sectors for risk communication	January 2023	+	+++	National Risk Assessment and Risk Communication Subcommittee	1) Identify RA and RC communication experts from each sector. 2) Issue an appointment letter. 3) Provide orientation and training on joint RA and RC.
Objective 11: To develop a risk communication plan, IEC materials and key messages based on the existing strategic plan (5 votes)					
11.1. Develop a joint risk communication plan for One Health based on the existing risk communication strategic plan (of respective parties)	May 2023	+++	+++	National Risk Assessment and Risk Communication Subcommittee & Health promotion units of MoH and DAPH	1) Review and study, existing strategic plans. 2) Identify synergies and gaps. 3) Develop a joint risk communication plan. 4) Seek approval of the plan from NSCOH and appropriate agencies. 5) Provide orientation and training on the risk communication plan.
11.2. Develop advocacy tool kit for national and subnational key players and key messages, and IEC material for the general public on One Health	July 2023	++	+++	National and provincial Risk Assessment and Risk Communication Subcommittee	1) Identify and appoint an expert committee consisting of risk communication and content specialists from the respective parties. 2) Identify communication platforms (radio and video spots, posters, etc.). 3) Produce the IEC materials either in-house or by contracting to a private firm. 4) Conduct advocacy, education and awareness campaigns.
Objective 12: To enhance competency for RA/RC officials at national and subnational levels (10 votes)					
12.1. Conduct joint risk assessment training for RA/RC officials at national and sub-national	February 2024	++	+++	National and provincial Risk	1) Identify training needs. 2) Identify fund resources.

levels using a joint risk assessment toolkit / risk communication toolkit developed by the Tripartite				Assessment and Risk Communication Subcommittee and Health promotion units of MoH and DAPH	3) Develop a training curriculum for RA. 4) Define training methods and develop training material. 5) Identify resources persons. 6) Conduct training at national and sub-national levels. 7) Determine training frequency to sustain the program. 8) Conduct periodical evaluation of the training program.
12.2. Conduct joint risk communication training for national and sub-national levels	April 2024	++	+++	National and provincial Risk Assessment and Risk Communication Subcommittee	1) Identify training needs. 2) Identify funding resources. 3) Develop a training curriculum for RC. 4) Define training methods and develop training materials. 5) Identify resources persons. 6) Conduct trainings at national and sub-national levels. 7) Determine training frequency to sustain the program. 8) Conduct a periodical evaluation of the training program.
AMR					
Objective 13: Strengthen AMR governance and coordination mechanisms (31 votes)					
13.1. Review the existing National AMR Committee membership and reconstitute as appropriate (reporting to One Health Steering Committee)	October 2023	++	++	- DDG of Laboratory Services (LS) of MoH; - ADG of Animal Health; - DG of Environment - DG of Wildlife; - DG Fisheries	1) Conduct advocacy by current AMR lead focal officers of MoH and DPAH to DGs and DDGs to get concurrence/endorsement for review of the membership. 2) Form the National AMR Technical Committee co-chaired by HS of LS and DG of DAPH. 3) Conduct consultative meetings and review the existing TOR and membership and revise as appropriate either under Inter-ministerial Committee for One Health or National Steering Committee on One Health or its own National AMR Steering Committee. 4) Get the approval of the new Committee from the cabinet.
13.2. Establish the national AMR joint framework and governance structure	December 2023	+++	+++	National AMR Technical Committee (DDG -LS)	1) Conduct a 2-day workshop with the participation of experts from the relevant fields/stakeholders to formulate the framework. 2) Invite comments or observations from the relevant stakeholders on the draft. 3) The National AMR-TC to review comments and revise as appropriate. 4) Submit for approval from the appropriate committee or cabinet. 5) Establish the governance structure.
13.3. Revise the National Strategic Plan (NSP) for combating AMR and formulate a joint National Action Plan	June 2024	+++	+++	National AMR Technical Committee	1) Conduct consultative meetings with relevant stakeholders and revise the existing NSP-AMR. 2) Draft a new NSP-AMR and invite comments from the stakeholders. 3) The National AMR-TC to revise and finalize the plan based on the comments. 4) Conduct a series of consultative meetings to formulate a joint NAP.
13.3 Develop national antimicrobial stewardship and IPC guidelines and protocols	September 2024	+++	+++	National AMR Technical Committee	1) Identify the experts or consultant. 2) Organize a workshop to develop the anti-microbial stewardship guideline and protocols.

					3) Conduct consultative meetings with relevant stakeholders to get feedback. 4) Seek approval from the relevant bodies. 5) Issue notification for implementing the guidance and protocol. 6) Conduct orientation and training on stewardship.
13.4. Develop and implement an AMR Alert and Response Protocol	June 2024	+++	++	National AMR Technical Committee	1) Appoint a working group to develop AMR Alert and Response Protocol. 2) Hire a consultant to facilitate its development. 3) Conduct 5 days consultative workshop with relevant stakeholders to develop AMR alert and response protocol. 4) Develop a web-based system for the protocol. 5) Implement and review and revise the protocol.
13.5. Develop harmonized guidelines and SOPs for ASTs for both sectors	December 2023	++	+++	- National AMR Technical Committee- AST-SOP - Working Group AST-SOP	1) Appoint a working group on AST-SOP development. 2) Develop, review and finalize the SOPs and guidelines. 3) Share the developed AST-SOP with relevant authorities and stakeholders. 4) Provide orientation and training on the new harmonized guideline and SOPs. 5) Implement the guideline and SOPs.
Objective 14: Enhance the human resource capacity of combat AMR (1 vote)					
14.1. Conduct collaborative or joint workshop on AMR/AMC/AMU data analysis for the national level key professionals (25 professionals)	June 2024	++	++	TWG appointed in the National AMR Technical Committee	1) Identify resource persons. 2) Develop training programs. 3) Use existing data and conduct analysis. 4) Disseminate the findings of existing data. 5) Implement the data analysis. 6) Conduct regular data analysis, compiling and dissemination.
14.2. Incorporate the One Health concept and AMR into the relevant medical, para-medical, and veterinary undergraduate/ post graduate curricula, other relevant staff	December 2024	+	+++	National AMR Technical Committee	1) Identify relevant authorities responsible/stakeholders including academia. 2) Conduct a workshop to identify gaps and formulate recommendations. 3) Develop AMR and One Health modules and incorporate them into the curricula.
Objective 15: Promote research and development to combat AMR (13 votes)					
15.1. Conduct AMR research methodology trainings for researchers from the relevant sectors	December 2023	+++	+++	Technical Working Committee and experts	1) Identify experts or resource persons. 2) Develop an AMR research methodology training program. 3) Identify the source of funding to conduct workshop. 4) Conduct trainings 5) Evaluate the training workshop.
15.2. Conduct a joint national baseline survey on AMR for a priority indicator organism	December 2024	+++	+++	AMR TWG and working group experts (researchers)	1) Identify the working group of experts to conduct the national baseline survey (3 months). 2) Identify funding sources and seek funding. 3) Develop the survey design and protocol. 4) Conduct the study. 5) Publish the results.

Objective 16: Increase Awareness of AMR (5 votes)					
16.1. Conduct joint public AMR awareness campaigns at regular intervals (During AMR week and every 6 monthly)	June 2024	++	+++	A working group appointed by the National AMR Technical Committee	1) Appoint a working group to carry out the task. 2) Design a public AMR awareness campaign for print media, radio and TV spots. 3) Identify resources required and source of funding. 4) Develop materials. 5) Conduct the AMR awareness campaigns.
16.2. Conduct joint AMR awareness at the provincial level for professionals	November 2024	+++	++	TWG appointed by the National AMR Technical Committee	1) The National AMR technical committee appoints a TWG. 2) The TWG designs an awareness campaign for professionals. 3) Identify requirements/resources needed including the source of funding. 4) Identify provincial-level focal points for collaboration. 5) Conduct provincial-level campaigns.
16.3 Publish an AMR bulletin/Newsletter every 6 months	Starting from March 2024	+	+++	AMR TW Committee	1) Formulate a working group with appropriate composition. 2) Design the AMR bulletin structure. 3) Collect articles. 4) Editing and finalizing the bulletin. 5) Publish the bulletin.
16.4. Develop a multisectoral AMR communication plan	March 2024	+	+++	National AMR Technical Committee	1) Appoint a working expert group with defined TOR to develop a multisectoral AMR communication plan. 2) Develop a joint multisectoral AMR communication plan. 3) Working groups conduct consultative meetings with the relevant stakeholders to receive feedback. 4) Review, finalize and share the communication plan with the relevant stakeholders. 5) Get it approved by the relevant committee to implement it.
16.5. Develop SOPs for information sharing on AMR between stakeholders	December 2023	+	+++	National AMR Technical Committee and working group	1) Appoint a working group with a defined TOR to carry out the task. 2) Conduct series of meetings with the technical working group to develop a SOP for sharing information. 3) Get it approved by the appropriate committee or agency.

Difficulty of implementation: *Low +, Moderate ++, Very difficult +++* ***Impact:*** *Low impact +, Moderate impact ++, High impact +++*

WORKSHOP EVALUATION

An evaluation questionnaire was completed by 89 participants to collect feedback on the relevance and utility of the workshop.

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

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

Impact of the workshop on…	'Significant' or 'Major'	Average score (/4)
Your technical skills/ knowledge	98%	3.6
The work of your unit/department	96%	3.5
The intersectoral collaboration in Sri Lanka	100%	3.6

Participants had to choose between 1=No impact at all – 2=Minor impact – 3=Significant impact – 4=Major impact

Satisfaction rate for each session						
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
100%	100%	100%	100%	100%	100%	100%

Would you recommend this workshop to other countries?	
Absolutely	100%
Probably	0%
Likely not	0%
No	0%

APPENDIX

ANNEX 1: WORKSHOP AGENDA

21 February 2023 (Day 1)	
08:00 – 09:00	Registration of participants
09:00 – 10:00	**Opening Ceremony** • The lighting of the Oil Lamp followed by the National Anthem of Sri Lanka • Welcome Address: Dr Monika Wijeratne, Director of Quarantine Services, MoH • Address by WHO: Dr Shalala Ahmadova, Acting WHO Representative (4') • Address by FAO: Mr Nalin Munasinghe, Acting FAO Representative (4') • Address by WOAH: Dr Hirofumi Kugita, WOAH Regional Representative for Asia and the Pacific, (4') • Address by DAPH: Dr Hemali Kothalawela Director General DAPH (4') • Address by MoH: Dr Mahendra Arnold (DDG PHS I on behalf of DGHS) • Introduction of participants (10') • Group Picture (10')
10:00 – 12:00	**Session 1: Workshop Objectives and National Perspectives** The first session sets the scene by providing background information on the One Health concept and the subsequent tripartite WOAH-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 and vision (15') • Quadripartite One Health collaboration and vision - Dr Gyanendra Gongal, WHO SEARO (20') • Veterinary Services and One Health in Sri Lanka - Dr Nimal Jayaweera, ADG, DAPH (20') • Public Health Services and One Health in Sri Lanka - Dr Mahendra Arnold, DDG PHS 1, MoH (20') • Workshop approach and methodology - Dr Guillaume Belot/ Dr Sithar Dorjee (10') • MOVIE 1: Driving successful interactions - Movie (25')
Lunch (12:00-13:30)	
13:30 – 17:00	**Session 2: Navigating the road to One Health** Session 2 divides participants into working groups and provides an opportunity to work on the presented concepts. Each group will have central and provincial representatives from both sectors and will focus on a fictitious emergency scenario. Using diagrammatic arrows to represent the progression of the situation, groups will identify joint activities and areas of collaboration and assess their current functionality using one of three color-coded cards (green, orange, red). • Presentation and organization of the working group exercise – PPT (15') • Case study - Working groups by disease (120') • Restitution (75')
17:00 – 18:30	**Facilitators and moderators only:** Briefing Session 3-4-5 and compilation of results from Session 2

22 February 2023 (Day 2)	
08:30 – 11:20	**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 activities identified earlier onto a giant IHR-PVS matrix. This process will enable us to visualize the main gaps, distinguish disease-specific vs systemic gaps and identify which technical areas the following sessions will focus on.
	• MOVIE 2: IHR Monitoring and Evaluation Framework (25') • MOVIE 3: PVS Pathway (25') • MOVIE 4: IHR-PVS Bridging (10') • Mapping gaps on the IHR/PVS matrix (50') • Discussion – Plenary (30')
11:20 - 12:40	**Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports** Participants will be divided into working groups by technical topic (surveillance, communication, coordination, etc.) and will explore the improvement plans already proposed in the respective assessments (IHR annual reporting, JEE, PVS Evaluation, etc.), extract relevant sections and identify what can be synergized or improved jointly.
	• Presentation and organization of the working group exercise (20') • Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), concerning gaps identified on the matrix (60')
Lunch (13:00-14:00)	
14:00 - 14:30	**Session 4 (continued)**
	• Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), concerning gaps identified on the matrix (continued, 30')
14:30– 17:15	**Session 5: Road planning** Participants will use the results obtained from the case studies and from the assessment reports to develop a realistic and achievable roadmap to improve the collaboration between the sectors.
	• Presentation and organization of the working group exercise (15') • Identification of Activities (Working groups by technical topic) (150')
17:15 – 19:00	**Facilitators only:** Compilation of results from Session 5 (drafting of the roadmap) and preparation of Session 6

23 February 2023 (Day 3)	
09:00 - 12:30	**Session 6: Fine-tuning the roadmap** The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint roadmap by making sure it is harmonized, concrete and achievable.
	• Fine-tuning of the road-map: Objectives and filling out of Activity cards (90') • World Café (90') • Presentation of the prioritization vote (10') • Prioritization vote (during lunchtime)
Lunch (12:15-13:30)	
13:30 - 15:30	**Session 7: Way forward** In the last session, representatives from the key Ministries take over the leadership and facilitation of the workshop to discuss with participants about the next steps and how the established roadmap will be implemented. Linkages with other mandated plans such as the National Action Plan for Health Security are discussed. This is also where any need from the country can be addressed. This will depend greatly on the current status of the country in terms of IHR-MEF and on the level of One Health capacity. You can also invite interested donor partners to give a brief presentation of 5-10 minutes.
	• Results of the prioritization vote (15') • Integrating the action points into the IHR-MEF process (30') • Next steps (75') (lead by Ministry representatives)
15:30 - 16:30	**Closing Session** • Evaluation of the workshop (20') • Closing ceremony (40')

ANNEX 2: LIST OF PARTICIPANTS

National stakeholders		
№	**Name**	**Organization**
1	Dr. Nimal Jayaweera	Additional Director General, Animal Health, DAPH
2	Dr. Hemal Kothalawala	Director, Veterinary Research Institute, DAPH
3	Dr. Mrs. R. Munasinghe	Director, Veterinary Regulatory Affairs, DAPH
4	Dr. G.I.A. Jayawickrama	Chief epidemiologist/ Director, Animal Health, DAPH
5	Dr. Sanjika Perera	Director, Livestock, Ministry of Livestock Production, Farm Promotion and Dairy and Egg Related Industries
6	Dr. Upul Adikarinayaka	Provincial Director, Central Province, Provincial DAPH
7	Dr. B.C.S. Perera	Provincial Director, North Western Province, Provincial DAPH
8	Dr. R.M.C Rajapaksha	Provincial Director, North Central Province, Provincial DAPH
9	Dr. S. Vaseeharan	Provincial Director, Northern Province, Provincial DAPH
10	Dr. S.H.S. Rajasinghe	Provincial Director, Southern Province, Provincial DAPH
11	Dr. Tharaka Prasad	Director, Wildlife Health, Department of Wildlife Conservation
12	Prof. Mrs.R. S. Kalupahana	Professor of Veterinary Public Health, Faculty of Veterinary Medicine and Animal Science, University of Peradeniya
13	Dr. G. A. Gunawardene	Principal scientist, Molecular Biology, DAPH
14	Dr. Chamari Palliyaguru	Principal scientist, Animal Nutrition, DAPH
15	Dr. S. Puvanendiran	Principal scientist, Virology, DAPH
16	Dr. N. D. S. Dissanayaka	Principal scientist, Parasitology & immunology, DAPH
17	Dr. L.M.P. Wijemanne	Veterinary Public Health Specialist, DAPH
18	Dr. Roshan Madalagama	Principal scientist, Bacteriology & Pathology, VRI, DAPH
19	Dr. Priyanjani Alexender	Principal scientist, Vaccinologist
20	Dr. Sujeewa Ariyawansha	Principal scientist, National Aquatic Resources Research and Development Agency (NARA)
21	Dr. Kamalika Uberathne	Deputy Director, Technical services & Head, CVIC
22	Dr. M. Ijas	Chief municipal veterinary surgeon, Municipal Council, Colombo
23	Dr. S. J.M.R.R. Samarakoon	Subject matter specialist, Uva Province, Provincial DAPH
24	Dr. P.V.A Anne Fenando	Deputy Director, Puttalam, Provincial Department of Animal Production and Heath, North Western Province
25	Dr. W. W. C. Kularathne	Subject matter specialist, Sabaragamuwa Province, Provincial DAPH
26	Dr. Dhammika Kumarasinghe	Veterinary surgeon, Animal Health Division, DAPH
27	Dr. H.A.Sriyani Satherasinghe	Veterinary surgeon, Poultry- Western Province, Provincial DAPH
28	Dr. Dr. K.H.D.T Kasagala	Veterinary Surgeon
29	Dr. S.K. Samithe Meegahakotuwa	Government Veterinary Surgeon, Thalathuoya, Central Province, Provincial DAPH
30	Dr. K. Priyadarshani	Chief Quarantine Officer, DAPH

31	Dr. Samanthi Rathnesiri	Veterinary Investigation Officer, Homagama, Provincial DAPH
32	Dr. S. M. Arnold	Deputy Director General, PHS-I, MoH
33	Dr Prasad Herath	Medical Officer, Quarantine Unit, MoH
34	Dr. Palitha Karunapema	Director, Health Information, MoH
35	Dr. Samitha Ginige	Chief Epidemiologist, Epidemiology Unit, MoH
36	Dr. Monika Wijeratne	Director, Quarantine Unit, MoH
37	Dr. S. Dilhani Samarasekera	Consultant Community Physician, Quarantine Unit, MoH
38	Dr. Thilanga Ruwanpathirana	Consultant Community Physician, Epidemiology Unit, MoH
39	Mrs. A R Ahamad	Chief Legal Officer, Legal Unit, MoH
40	Dr. L.D. Kithsiri	Director, Public Health Veterinary Services, Ministry of Health
41	Dr. Kapila Wickramanayake	Director, Medical Supplies Division, MoH
42	Dr. Samantha Ranasinghe	Director, Training/ Education, Training and Research Unit, MoH
43	Dr Asanthi Balapitiya	Health Promotion Bureau, MoH
44	Dr. Inoka Suraweera	Consultant Community Physician, Environment and Occupational Health and Food Safety Unit, MoH
45	Dr. Bhanuja Wijayathilake	Consultant Community Physician, Environment and Occupational Health and Food Safety Unit, MoH
46	Dr. Sujatha Pathirage	Microbiologist, Food Lab, Medical Research Institute
47	Dr Damayanthi Idampitiya	Consultant Physician, National Institute of Infectious Diseases
48	Dr. Shirani Chandrasiri	Consultant Microbiologist, Colombo South Teaching Hospital
49	Dr. Rohitha Muthugala	Consultant Virologist, National Hospital Kandy
50	Dr. Novil Wijesekera	Acting Consultant Community Physician, DPRD, MoH
51	Dr. Senaka Thalagala	Regional Director of Health Services (RDHS), Kandy
52	Dr. Mahesh Buddhika	Consultant Community Physician, Regional Epidemiologist, Western Province
53	Dr Indika Ellawala	Medical Officer of Health (MOH), Piliyandala
54	Dr. M. Hapudeniya	Consultant Health Informatics, Office of DDG-LS, MoH
55	Mr. Dasanayake	Public Health Inspector, MOH Maharagama
56	Dr. Manonath M. Marasinghe	Regional Epidemiologist, Consultant Community Physician, Uva Province
57	Dr. Athula Liyanapathirana	Consultant Community Physician, Epidemiology Unit, MoH
58	Dr. Udari Mambulage	Consultant Community Physician, RDHS Office, Ratnapura
59	Dr. Amila Chandrasiri	Consultant Community Physician, RDHS Office, Galle
60	Dr. Chintha Jayasinghe	Consultant Community Physician, RDHS Office, Gampaha
61	Mr. H. S. Hathurusinghe	Assistant Director (Quality Control), Department of Fisheries
62	Mr. W. A. R. T. Wickramarachchi	Additional Director/ Plant Quarantine, Katunayake
63	Mr. S.W.A.B. Daulagala	Senior Superintendent of Police, Deputy Commandant (Administration), Special Task Force

64	Dr Chiranthi K Liyanage	Department of Pharmacology, Faculty of Medicine, University of Colombo
65	Dr. Bimal Dias	Senior Civil Aviation Inspector (Aviation Medicine), Civil Aviation Authority, Sri Lanka
66	Mr. P. Kadadunna	Deputy Director, Sri Lankan Atomic Energy Regulatory Council
67	Dr. Pawithra Muthukuda	MOH-District 3, Colombo Municipal Council
68	Ms. Nilmini Ranasinghe	Assistant Director, Biodiversity, Ministry of Environment
69	Mr Neil Priyadarshana	Assistant Manager (ship survey), Marine Environment Protection Authority
70	Dr. Piyumi Abeysiri	Medical officer, Quarantine Unit/ MoH
71	Ms. A.A.D. Anushka Pradeep Kumari	Development Officer, Quarantine Unit, MoH
72	Mr. H. A. Amila Parsad	Staff, Quarantine Unit, MoH

Organizers		
№	**Name**	**Organization**
1	Dr Asela Gunawardena	Director General of Health Services, MoH
3	Dr Hemali Kothalawala	Director General, DAPH
4	Dr Shalala Ahmadova	PHA, WHO
5	Mr Nalin Munasinghe	FAO Assistant Representative
6	Dr Sapumal Dhanapala	WHO
7	Dr Anjalee De Silva	WHO
8	Mr Ruwan Bandara	WHO

International Facilitators		
№	**Name**	**Organization**
1	Guillaume Belot	WHO HQ
3	Sithar Dorjee	Consultant, WOAH
4	Kinzang Dukpa	WOAH RRAP
5	Gyanendra Gongal	WHO SEARO
6	Mauricio Reynaud	WHO HQ
7	Sandip Shinde	WHO SEARO
8	Pasang Tshering	WOAH