Connecting Organizations for
Regional Disease Surveillance

REPORT

CORDS ONE HEALTH WORKSHOP

Strengthening cross-sectoral response to Influenza H7N9 and Ebola

Bangkok, Thailand

10th – 12th November 2014

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I. Executive Summary

The One Health approach requires the collaboration of different sectors and the aim of CORDS workshop was to bring different sectors from different countries together to talk and work *with* each other. This workshop took place from 10th to 12th November 2014 in Bangkok, Thailand, and involved 19 participants from seven countries (Cambodia, China, Indonesia, Lao, Myanmar, Thailand, and Vietnam) from two networks: MBDS and APEIR.
This workshop, in facilitated small working groups, aimed to enhance the *trust* and *respect* that enables true collaboration.

The strategic objectives were to:

- Enhance awareness for the need of collaboration among stakeholders;
- Encourage commitment and political will; and
- Agree on targets of collaboration.

The specific objectives and priorities were to:

- Describe and consolidate cooperation mechanisms;
- Improve routine information sharing and communication;
- Engage in joint risk assessment, and
- Participate in joint simulation and exercises.

A core theme was that the surveillance systems are good on a national level and that information sharing from peripheral to central level is well established in most countries. Participants pointed out the lack of feedback from national/central level to communities and of information sharing with neighbouring countries.

A common observation was that the national surveillance systems work very well although the entry of a signal into the system (input) and the communication with the public and other stakeholders (output) are considered critical. To address this weakness, collaboration on community and district levels have to be strengthen by improving communication and information sharing.
Countries realised the need to broaden their approach not only to involve health sectors, such as human health, animal health and public health, but also to connect to other sectors (trade, travel, food industry, agriculture, etc.).

The participants reported an overwhelming increase of knowledge, skills and governance by taking part in this workshop and they particularly liked the interactive group work, the roleplay and exercise scenarios and the opportunity to meet and build trust among different professional groups from different countries.

Video summary of the workshop
https://www.youtube.com/watch?v=h-ASep41vT4

II. Background

One Health approach

The human-animal-ecosystem interface is of particular interest for limiting the spread of the disease. The One Health approach aims to combine the forces in human and animal health sectors with industry and policy stakeholders. Some international organisations, in their *Strategic Framework,* conceptualise an intersectoral approach that brings together these different perspectives.[1] An application of this approach to deal with the complex situation of occurring diseases, such as Influenza H7N9 in Asia, or to improve the preparedness for diseases occurring in other countries, e.g. Ebola outbreak in West Africa, is considered highly valuable. This One Health workshop uses two diseases as examples to better understand the principles and requirements for inter-sectoral cross-border work.

Why Influenza H7N9?

Avian influenza H7N9 is a low pathogenic disease for poultry that can be transmitted to humans when in close contact with infected animals. Humans, on the other hand, may develop more severe illnesses and can even die from avian influenza H7N9. (1) Since early 2013 several human cases of H7N9 have been detected in the Asian region. In Spring 2014 the World Health Organisation (WHO), along with the Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE), urged to increase the surveillance of poultry and patients and to strengthen efforts to limit the spread of the disease. (2) The transmission route is considered to be via close contact with poultry. The role of food supply chain and live poultry markets are currently being investigated. (3-7) This situation poses a complex challenge for public health: This is a low pathogenic disease for animals and therefore difficult to detect without laboratory confirmation: the recommendation to stay away from sick chickens, as given in the high pathogenic avian influenza H5N1, is not applicable. The recommendation to stay away from live chickens is difficult to implement as it is in conflict with longstanding traditions and cultural practices in Asia, not only in rural but also in urban regions. The tradition and practice to buy live chickens reflects a smart approach as it serves as quality control procedures in the absence of reliable regulations and trustworthy industry practices. Buying a live chicken is also a good way to keep it fresh until it is being slaughtered and eaten where efficient, reliable and affordable cooling systems are not available. The scientific advice, though, to stay away from live chickens clashes with a smart,

[1] WHO;, OIE;, FAO;, Influenza; U, Unicef;, Bank W. Contributing to One World, One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface. 2008 ("Strategic Framework").

culturally rooted behaviour.

Sound risk communication is therefore fundamentally important, yet many public health officials feel disoriented and discouraged by the complexity of the situation and the overlapping responsibilities of human health, animal health, food industries, public policies and food regulations.

Why Ebola?

In a similar way, the Ebola outbreak in West Africa symbolises a conflict between scientifically-based recommendations for behaviour change and deeply rooted behavioural routines and religious practices that may contradict the scientific advice.

The Ebola outbreak in West Africa is unprecedented in its extent and dynamics. The outbreak started mid December 2013 in a rural community in Guinea and has now spread to five other countries in West Africa: Liberia, Sierra Leone, Nigeria, Senegal, Mali and two Western countries: USA and Spain.

In the most affected countries – Guinea, Sierra Leone and Liberia – the infectious disease outbreak has developed into a crisis and further into a humanitarian disaster where the social and economic impacts of the disease have devastating effects on the countries and the emergency response. These three countries are among the poorest and least developed in the world. Civil wars, mismanagement and corruption have destabilized communities, and important social sectors (including health, education, public governance, transport and communication) were unprepared to undertake a coordinated and efficient response to public health emergencies. Ebola is not only a medical problem; it affects the whole of societies in affected and not-yet-affected countries. Therefore the biomedically-focused narrative in infection control management is not sufficiently comprehensive. International NGOs, UN organisations and leading infection control centres have undertaken robust effort to respond and assist countries' management. However, the effectiveness of Western -style infection control management has been limited and has even made communities hostile towards the external aid they urgently needed. There seems to be a clash of cultures: strong, interwoven communities in West Africa have their own organisational, social, cultural and religious structures and rationales whereby the application of Western infection control patterns fomented communities' resistance in an environment where cooperation was urgently needed.

One Health

Both diseases, Ebola and H7N9, require a broader understanding of the conflict between

science and smart communities, a better communication to overcome the barriers and an inter-sectoral approach to engage more broadly with different stakeholders and disciplines.

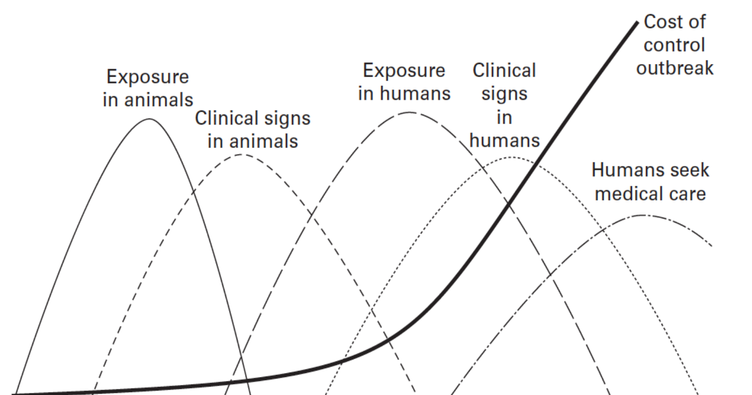
The One Health approach

The One Health approach is a quite new development:

- **2005 Manhattan Principles: *One World, One Health:*** Movement of diseases between animals (domestic, wildlife) and humans;
- **2007 Delhi conference:** Medium-term strategy to better address EID. Better understanding of the drivers and causes around the emergence and spread of infectious diseases is needed, under the broad perspective of the '***One World, One Health***' (OWOH) principles;
- **2008 Strategic Framework** *Contributing to One World, One Health* - A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystems Interface (Strategic Framework[2]; WHO, OIE, FAO, UNICEF, World bank, UN Influenza)

One Health refers to "*the collaborative efforts of multiple disciplines working locally, nationally and globally to attain optimal health for people, animals and our environment.*" (2008).[3]

The major aim of One Health approach is to eventually detect diseases earlier thus avoiding the exposure in humans and minimising the cost of outbreak control.



Source: Adapted from IOM (2009).

[2] Strategic framework 2008.

[3] Strategic framework 2008.

The five strategic elements of the One Health approach, as articulated in the strategic framework are:

- **Surveillance**: Building robust and well-governed public and animal health systems: **WHO** International Health Regulations (IHR 2005) and **OIE** Performance of Veterinary Services (PVS);
- **Response**: Improve national and international emergency response capabilities;
- **Integration**: Shift focus from potential to actual disease problems, and through a focus on the drivers of a broader range of locally important diseases;
- **Collaboration**: Promote wide-ranging collaboration across sectors and disciplines; and
- **Implementation**: Develop rational and targeted disease control programmes.[4]

CORDS One Health workshop

CORDS networks face the challenge of infectious disease surveillance and of information sharing, communication and coordination across sectors not only in one country, but across several countries and across regions within the same country. Considering the unique nature of CORDS networks and the challenges they face in the surveillance of emerging and re-emerging diseases in an international cross-border setting, this One Health workshop uses two disease as examples to elicit the principles of inter-sectoral collaboration across regions. This workshop is a pilot workshop and MBDS and APEIR are jointly working together; two further workshops will be held in South Eastern Europe, with the two CORDS networks SECID and MECIDS, and East and Southern Africa, with SACIDS and EAIDSNet.

This workshop refers to a conceptual framework that is based on interactive, output-oriented and co-produced group work in a facilitated and safe environment. Facilitation is based on an '*enzymatic'* approach of facilitators to help structure the change progress in policy and practice.

III. Method

Aims and objectives

The overall aim of this workshop was to enhance the *trust* and *respect* that enables true collaboration. The strategic objectives were to:

- Enhance awareness for the need for collaboration among stakeholders;
- Encourage commitment and political will; and

[4] Strategic framework 2008.

- Agree on operational targets of collaboration

The workshop used two diseases as proxies and examples: a) Influenza H7N9 as currently occurring in Asia; and b) Ebola as disease not-yet occurring, but imported cases are likely. The two diseases were used to elicit useful patterns of surveillance, detection and control in a multi-sectoral approach. This will not solve the problem of H7N9 or Ebola in the respective countries, but will serve as a springboard for activities that are going to last and are sustainable and contribute to better addressing the problems of occurring and not-yet occurring disease outbreaks and other health threats in the countries. The specific objectives and priorities were to

- Consolidate cooperation mechanisms;
- Improve routine information sharing and communication;
- Engage in joint risk assessment, and
- Participate in joint simulation and exercises.

Setting

Based on previous experiences with CORDS networks and other workshop settings, the workshop design was:

- Two-day workshop; plus third day of exercise;
- 21-24 participants from seven countries from two networks (MBDS and APEIR);
- Representatives from animal and human health, food (poultry) industries, public policy-makers and food regulators;
- Small interdisciplinary/intersectoral working groups with precise assignments; and
- Moderated plenary sessions to generate collaboration and agree on comprehensive and sustainable ways forward.

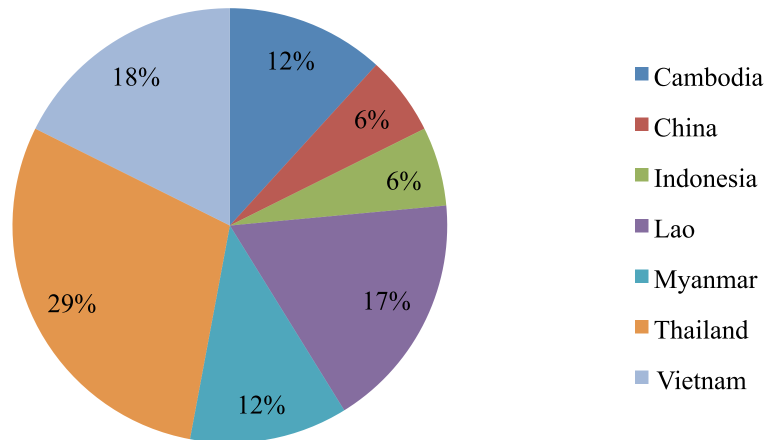
IV. Results

The One Health approach requires the collaboration of different sectors and the aim of CORDS workshop was to bring different sectors from different countries together to talk and work *with* each other.

This workshop took place from 10th to 12th November 2014 in Bangkok, Thailand, and involved 18 participants from seven countries (Cambodia, China, Indonesia, Lao, Myanmar, Thailand, and Vietnam) from two networks: MBDS and APEIR. Participants were senior level professionals from public health, animal health, human health, environment, agriculture

and policy making of the networks countries. They all had first hand experience in the management of emerging health threats (e.g. H7N9) and had the authority to induce change in their organisations (senior level, e.g. Director).

Countries



n=18

Figure 1

In total, 27 individuals attended the workshop. This was comprised of workshop participants 18; 1 SECID; 1 MBDS Secretariat; 3 APEIR Secretariat, 2 CORDS HQ, and 1 additional facilitator and filming individual. Figure 1 above illustrates the country profiles of the 18 respondents that were actively involved in providing data concerning their countries preparedness activities.

Sector

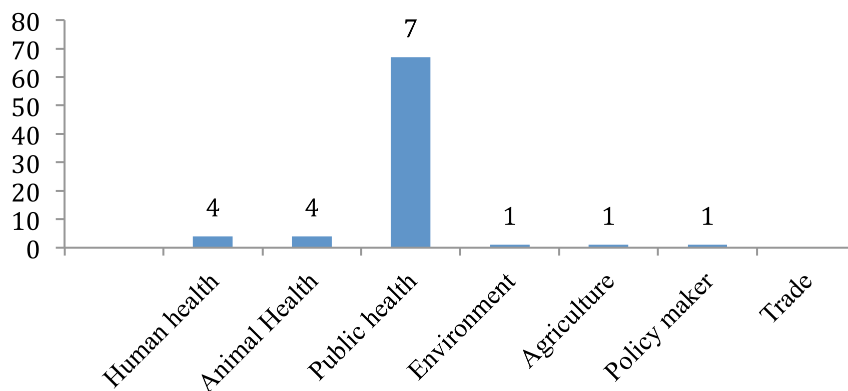


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Figure 2

The overall principle was to work in small working groups and have moderated plenary sessions to discuss the results of the working groups. For the working groups, precise assignments with analysis and reflection tools were developed and provided to guarantee focused working sessions with clear outcomes. The moderated plenary sessions were used to stimulate a debate and to agree on joint strategies. A roleplay group exercise on the third day gave the opportunity to apply the insights and lessons of the previous days. This workshop is understood as an enzymatic activity that brings people together and lowers the boundaries for collaborative actions and to induce and sustain change and progress.

Day 1: Country and sector preparedness – raise awareness and explore the complexity

The starting point was to hear about the experiences on the ground from countries and sectors in regards to emerging health threats in particular avian influence H7N9 and Ebola. For this purpose a first session started with small working groups to develop and give *country* presentations on surveillance mechanisms including information, communication and coordination routines; and to develop and give *sector* presentations on health preparedness; both followed by a moderated plenary discussions about the situations. Part of Day 1 was to collect insights into what works in regards to One Health – and what does not and what people wish to have in place. This country group work used a tool to elicit information about the procedures of country surveillance systems.

Matrix for Group work 1(countries) and 2 (sectors)

Country:		**Routine**	**Alert mechanism**	**Outbreak response**	**Modifying FACTORS Facilitating/ blocking**
INFORMATION	*Gathering* From whom/where				
	Assessing Who? How?				
	Sharing With whom? What sectors?				

	Cross-border? International?				
COMMUNICATION	*Strategy*				
	Key messages				
	Media formats				
COORDINATION	Local				
	District				
	Cross-border				
	National				
	International				

Tool 1: Activity matrix

For the sector presentation participants were grouped into multinational professional groups. A core theme was that the surveillance systems were good on a national level and that information sharing from the peripheral to the central level was well established in most countries (see annex 1a-g). Participants pointed out the lack of feedback from national/central level to communities and information sharing with neighbouring countries.

A common observation was that the national surveillance systems work very well – critical parts are the entry of a signal into the system (input) and the communication with the public and other stakeholders (output).

Day 2: Elicit procedure, practices and understandings – translate insights into actions

Day 2 started off with three parallel working groups about H7N9 and Ebola scenarios to elicit a better understanding of how the surveillance systems work in a multi-sectoral approach.

Group work 3 and 4 reflected from the perspective of a public health official who has received reports describing cases of influenza-like diseases which have been confirmed as H7N9: these cases have either been in contact with chickens or with sick family member.

Group work 5 reflected again from the perspective of a public health office who was notified of an Ebola positive traveller returning from West Africa. This patient had contact in three countries while not feeling well.

Although the working group had slightly different tasks, they all used two tools to elicit and elaborate a better picture of the procedures and practices in other countries and other sectors.

The first step was to apply the tool introduced the previous day to their concrete practice situation to describe their activities considering the current situation (alert) and possible escalation (outbreak).

Country:		**Alert mechanism**	**Outbreak response**
INFORMATION	*Gathering*		
	Assessing		
	Sharing		
COMMUNICATION	*Strategy*		
	Key messages		
	Media formats		
COORDINATION	Local		
	District		
	Cross-border		
	National		
	International		

Tool 1: Activity matrix

In a second step, groups were asked to describe their current collaboration with different sectors and stakeholders and their wishes to improve the situation by using tool 2.

	Current Situation	**Desired Situation**	**Indicators of change**	**Interventions**
Human Health				
Animal Health				
Public Health				
Public				
Travel				
Trade				
…				

…				

Tool 2: Change matrix

In the afternoon, country groups summarised the lessons learned from these working groups.

Cambodia felt that this was an important exercise to strengthen the One Health approach as they realised that adaptations on the local level need to be made. They would also report back to their minister to advocate for a stronger One Health approach.

China appreciated the diverse discussions and enjoyed having other countries and other sectors present. They suggested that the multi-sectoral collaboration should be enforced as the interaction with other sectors is crucial. Working within in the health sector (human, animal, public health) is not enough as trade, economy, travel, food, agriculture and other sectors need to be reached out. China also put an emphasis on the role of risk communication and working with the media. Learning from infectious disease outbreaks, such as SARS, H5NQ, MERS-CoV and others, made China a more open and transparent country that is able to share information with other countries and sectors.

Indonesia has a strong national One Health approach but felt that it needs to be more effective. They are still too focused on the health sector and will have to broaden the spectrum and involve the economic, political and religious contexts of diseases. They are committed to share information early to strengthen early detection and to develop an information sharing system that includes communities, traditional groups and universities.

Lao stressed the importance of a strong collaboration among different sectors in a team. They, too, realised that One Health is too focused on the health sector and needs to include other sectors and cross border countries. They are committed to improve their information sharing across borders and to build capacities for risk communication and training.

Myanmar felt that their One Health system can be made stronger by better and faster sharing of information between countries and between sectors. The workshop helped them to better understand how other countries surveillance systems function.

Thailand confirmed the importance of information sharing and multi-sectoral cooperation. They put an emphasis on networking and committed to break down silos and collaborate

better with other countries.

Vietnam highlighted that multi-sectoral collaboration is pivotal for solving complex problems; they also saw the need to strengthen the local level on a continuous basis. In order to strengthen the One Health approach they would advocate for an approach and investments especially on a local level and would include the One Health approach in education and training.

Country reflection Part 1: (Lao, Vietnam, Cambodia, Thailand)
https://www.youtube.com/watch?v=RUNfdnQKsSw

Country reflection Part 2: (Myanmar, Indonesia, China)
https://www.youtube.com/watch?v=SP3_UCBOvuQ

Day 3: Exercise: Playing One Health in different roles

Day 3 was dedicated to an exercise scenario to reiterate and re-act the learning of the previous two days. Participants were divided into groups using the same scenarios of the previous day, but this time they were asked to play one of the sectors' representatives, e.g. a chicken farmer, a media person, a concerned relative, an airport manager, etc.

Short documentaries summarises the role-play exercises:
Group 1:
Part 1
https://www.youtube.com/watch?v=7qxIhn1EdOI
Part 2
https://www.youtube.com/watch?v=W8U-iB3a_Fg

Group 2:
part 1
https://www.youtube.com/watch?v=tvxkJEZR-tI
part 2
https://www.youtube.com/watch?v=j29HgOv-9nI

Group 3:

Part 1

https://www.youtube.com/watch?v=69yQahvDarE

Part 2

https://www.youtube.com/watch?v=iJh8IfXM7Zw

Participants felt that the role-play exercises creating different scenarios were great opportunities to 'feel' the need for changes and create a sense of responsibility to commit to long-term, sustainable progress.

V. Course assessment

This workshop served as a pilot to test approach and tools and to gain insights into the interactions between multi-country groups. It was evaluated to improve the conceptual approach, actual agenda and exercise capabilities for future workshops.

Pre-course assessment

1. Aggregated results

Of the 24 participants, 18 participants completed the pre-course assessment questionnaire. Seven countries were represented in this workshop: Cambodia (2), China (1), Indonesia (1), Lao (3), Myanmar (2), Thailand (5) and Vietnam (3). Participants were senior level professionals from public health, animal health, human health, environment, agriculture and policy making of the networks countries. They all have first hand experience in the management of emerging health threats (e.g. H7N9) and have the authority to induce change in their organisations (senior level, e.g. Director).

Countries

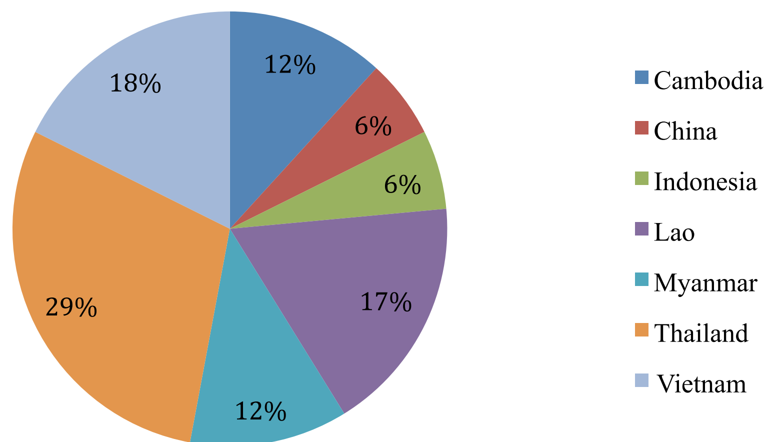

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Figure 3

Sector

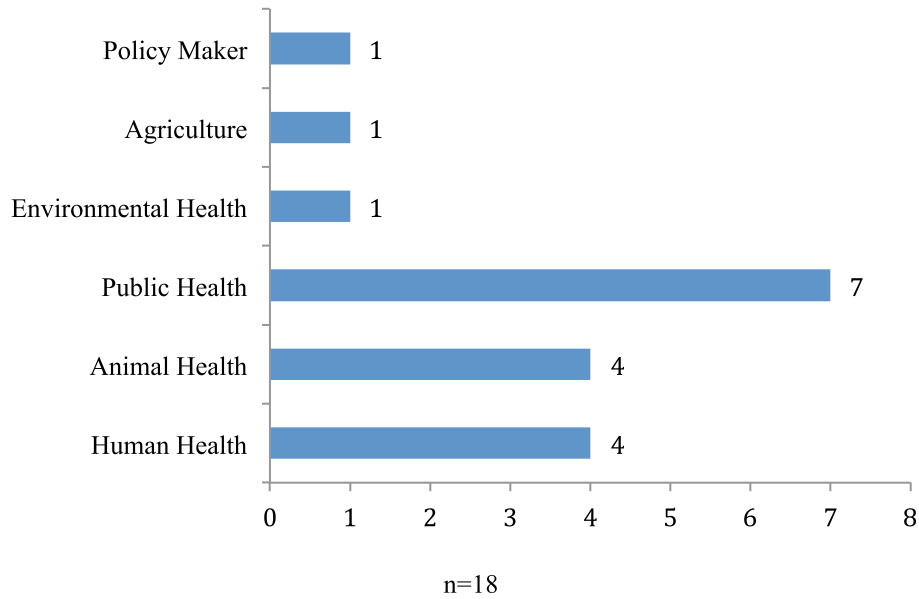

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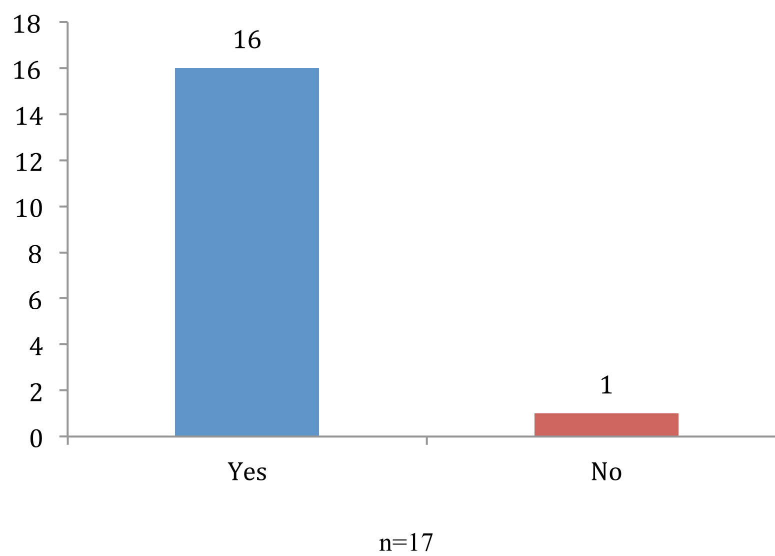
Figure 4

One Health approach

Almost all participants have heard about the One Health approach, and most of them referred to the right definition of One Health (12/17).

Have you heard about the One Health approach?



n=17

Figure 5

What sentence describes the One Health approach best?

1. The One Health refers to a policy and practice approach that calls for animal and human health to merge and work together as one health.

2. The One Health refers to the collaboration between developing and developed countries.

3.The One Health refers to the collaborative efforts of multiple disciplines working locally, nationally and globally to attain optimal health for people, animals and the environment.

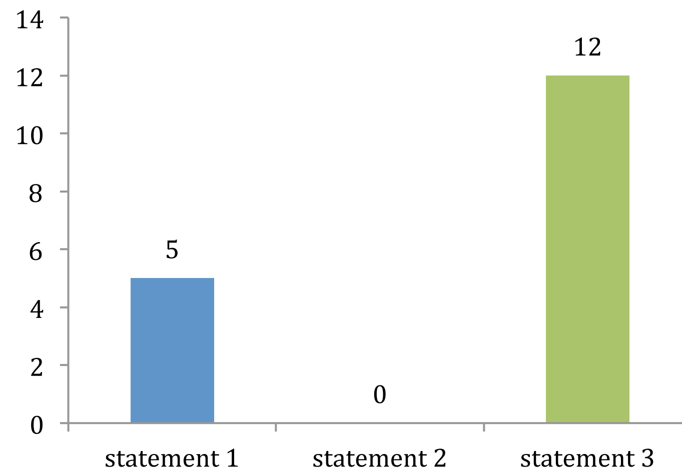


Figure 6

Assessment activities

The majority of countries conduct WHO International Health Regulation (IHR) assessments (12/15) and OIE Performance of Veterinary Service assessments (9/14).

Does your country conduct WHO/IHR assessment and/or OIE PVS assessment?
WHO IHR

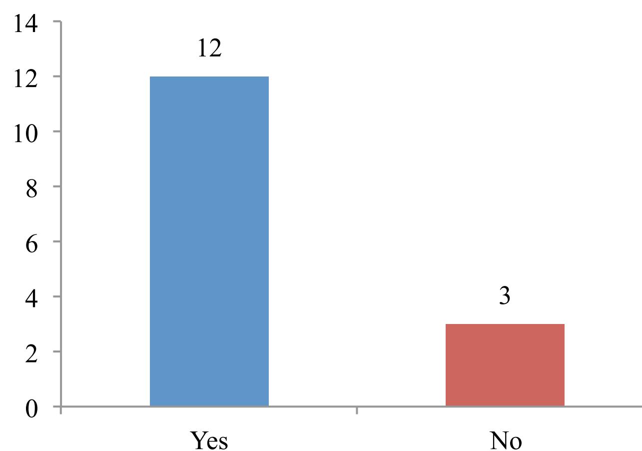


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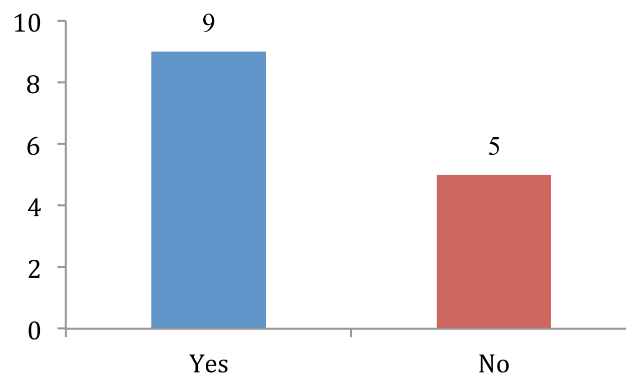
Figure 7

OIE PVS



n=14

Figure 8

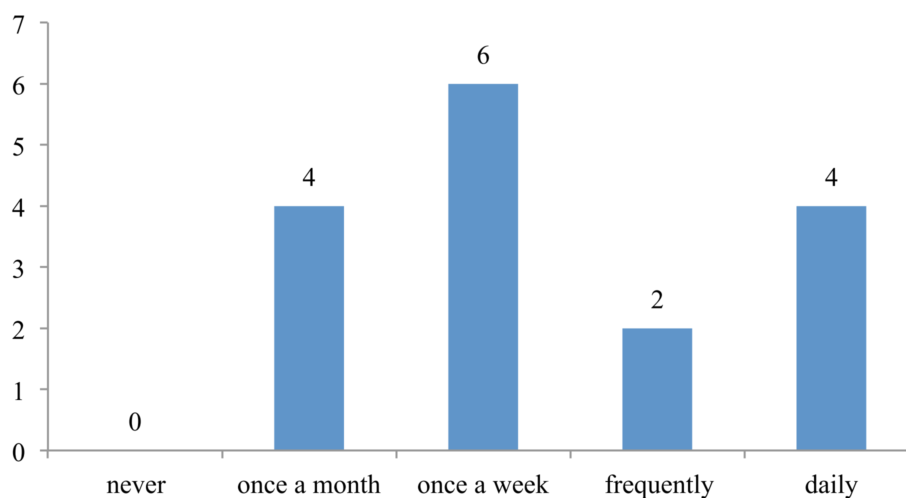
Information sharing

The information sharing habits differ significantly across sectors and within sectors. In general, information sharing is good with daily (4/16), frequent (2/16) and once a week (6/12) sharing of information within the sector. Outside their own sector participants reported that they mainly share information once a month (8/15).

All three health sectors (human, animal, public) share information within the human health sector, but less frequently outside its sector.

How often do you routinely share information within your sector and outside your sector?

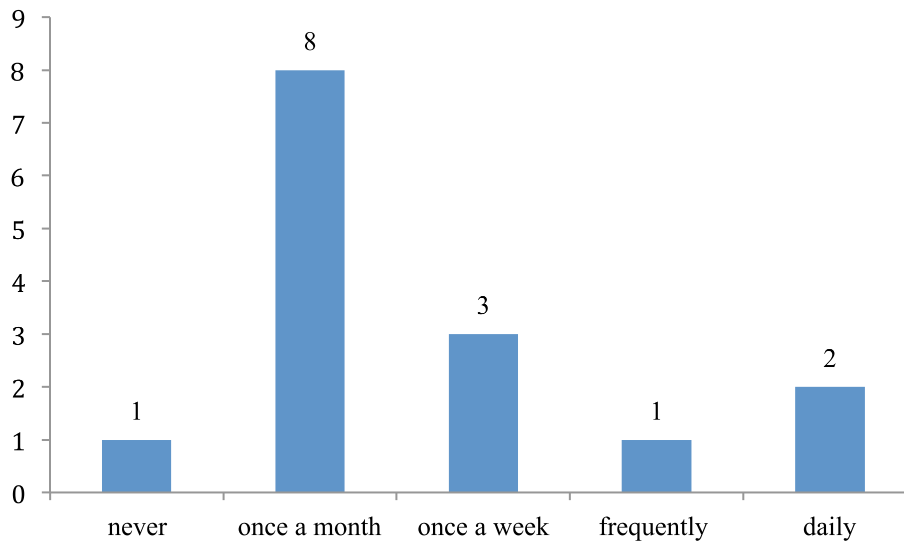
Within sector – all



n=16

Figure 9

Outside own sector



n=14

Figure 10

***Human** health*

The human health sector frequently shares information within the human health sector, but less frequently outside its sector.

inside

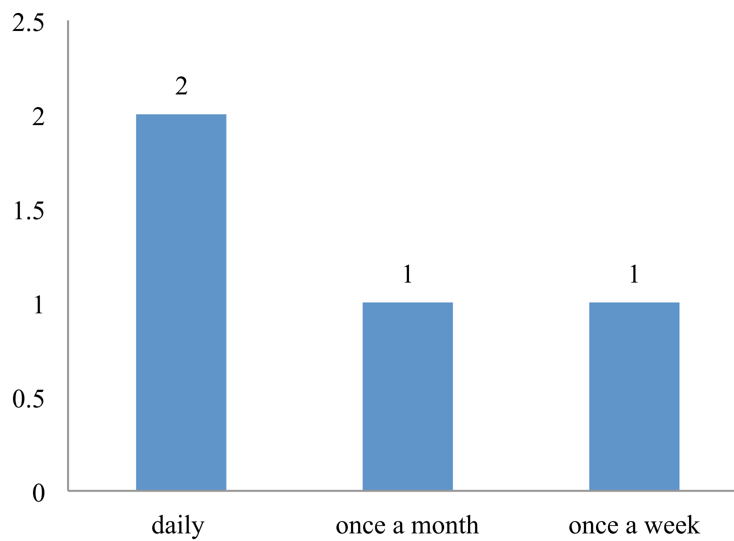


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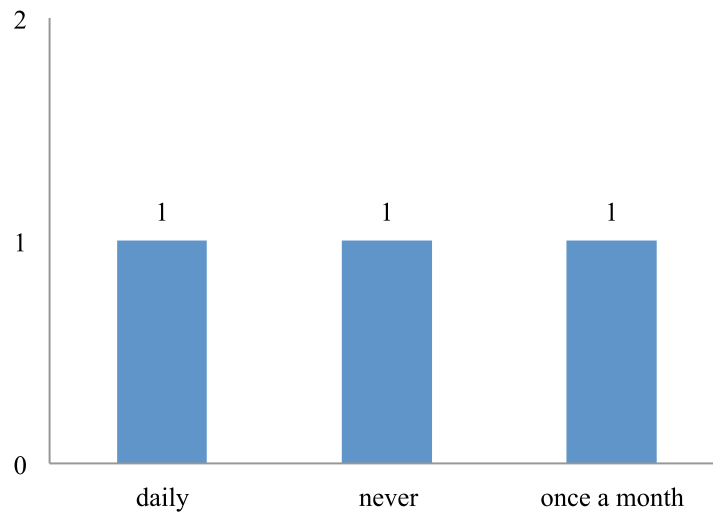
Figure 11

outside



n=3

Figure 12

Animal *health*

The animal health sector frequently (2-3 times per week) shares information within the animal health sector, but less frequently outside its sector.

Inside animal health sector

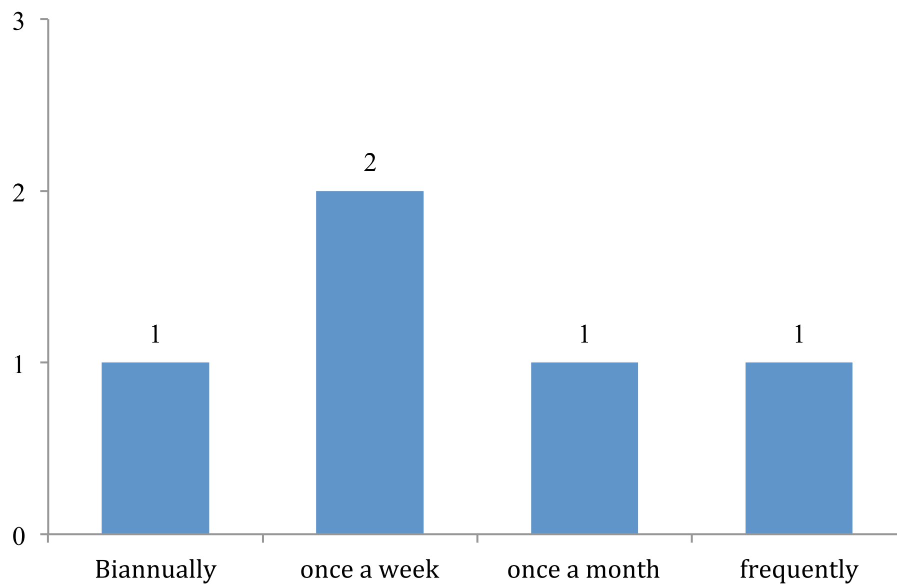


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Figure 13

Outside animal health sector

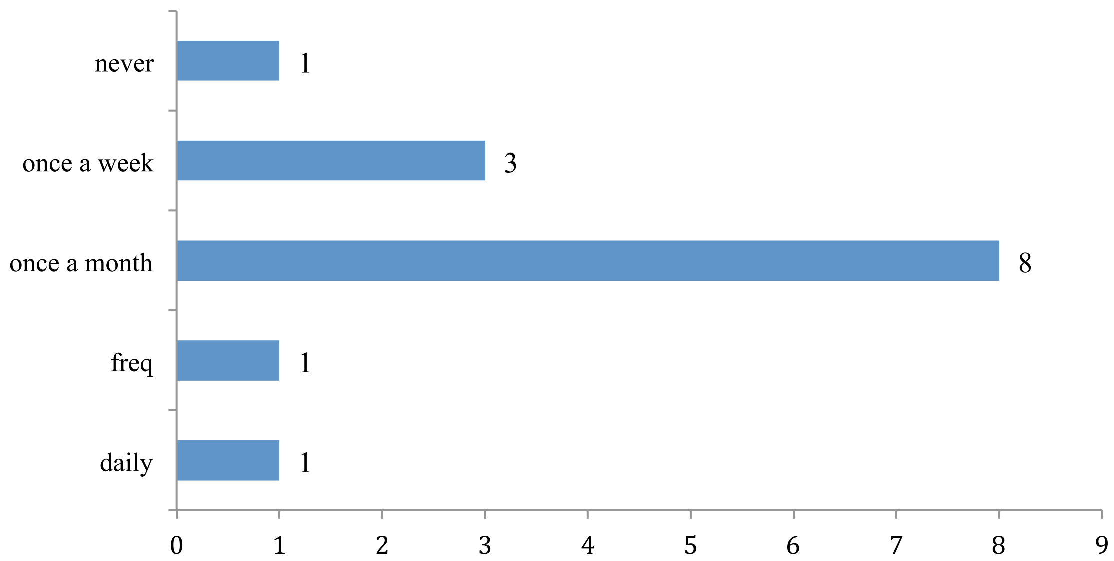

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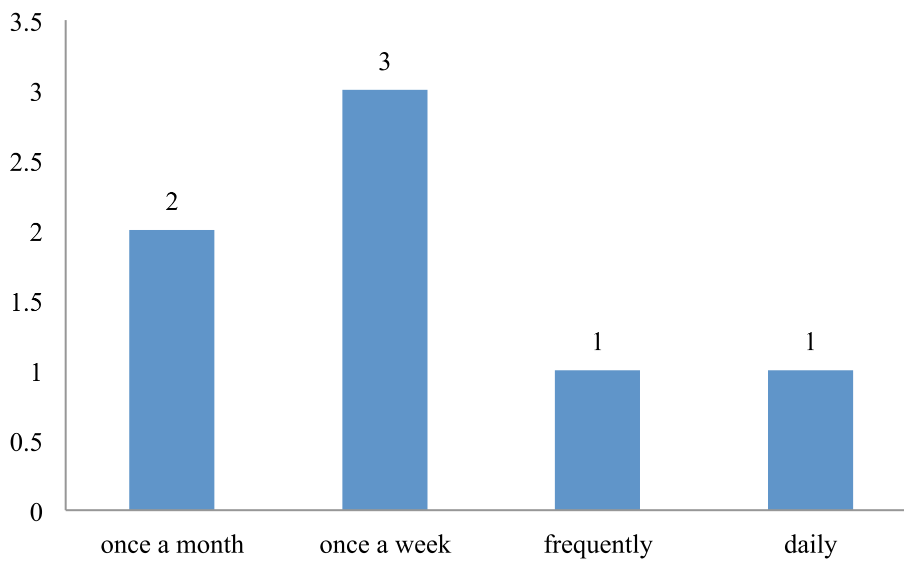
Figure 14

***Public** health sector*

The public health sector frequently shares information within the public health sector, but less frequently outside its sector.

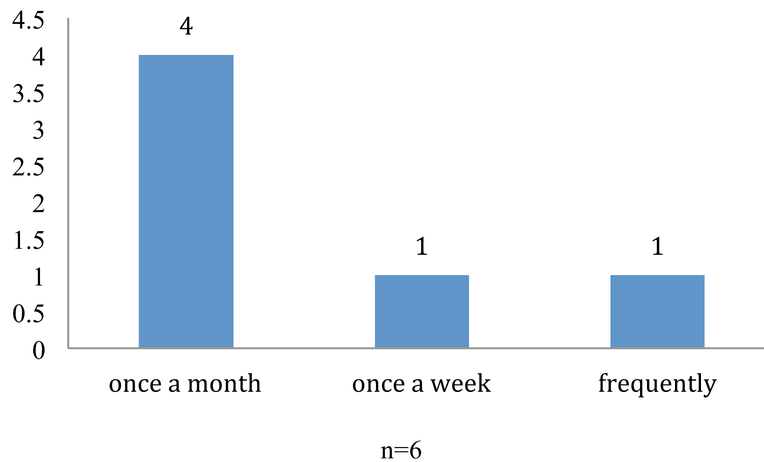
inside



n=6

Figure 15

outside



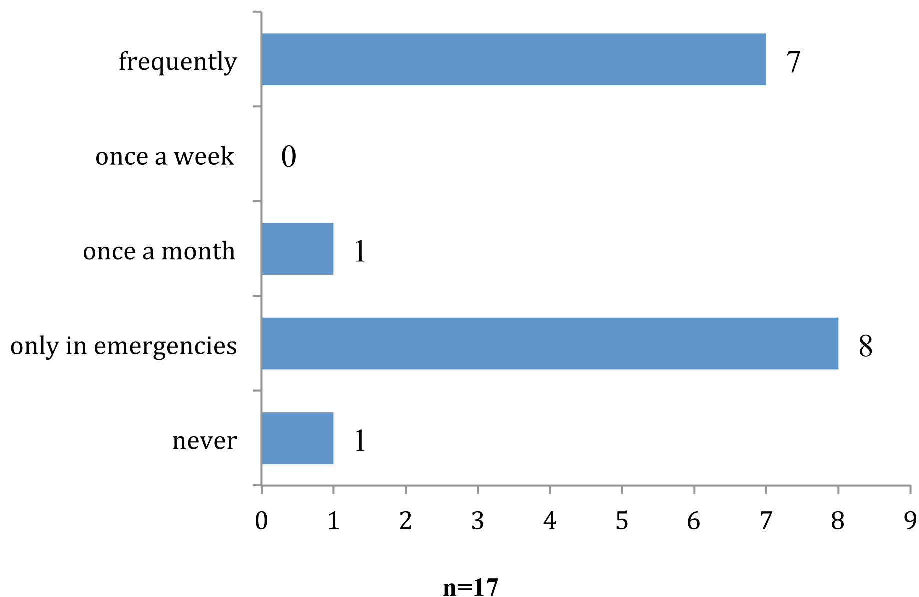
n=6

Figure 16

Communication

How often do you routinely communicate with the public?

The communication with the public is spilt between the institutions that frequently (2-3 times a week) communicate with the public (7/17) and those who only communicate in emergencies (8/16).



n=17

Figure 17

Interestingly the human sector communicates frequently (3/4), while the animal health sector and public health sector communicate mainly in emergencies. The public health sector is generally reluctant to communicate with the public although there is a growing need to improve the communication with the public.

Human health

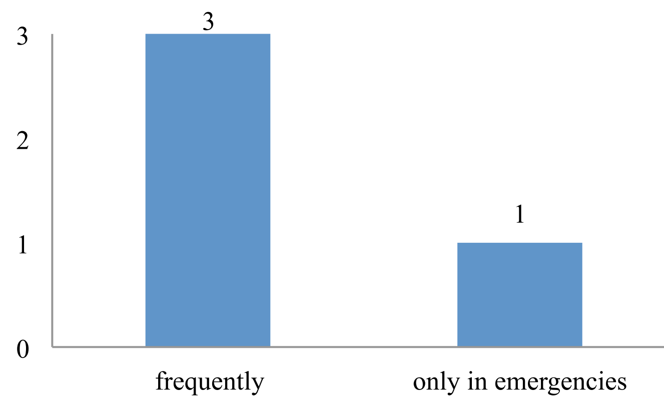


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Figure 18

Animal health

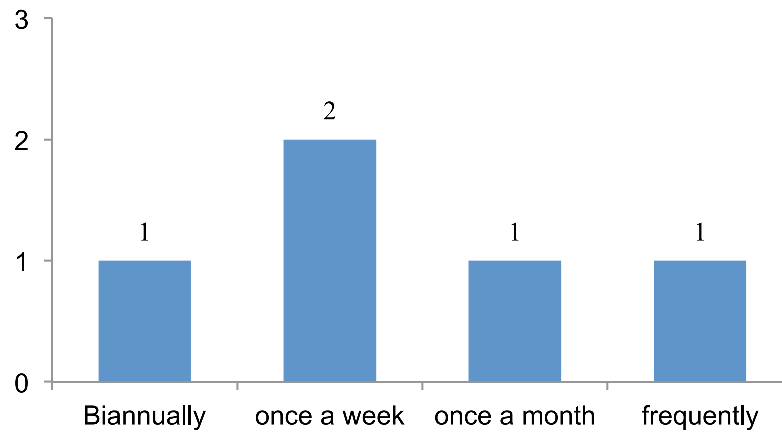

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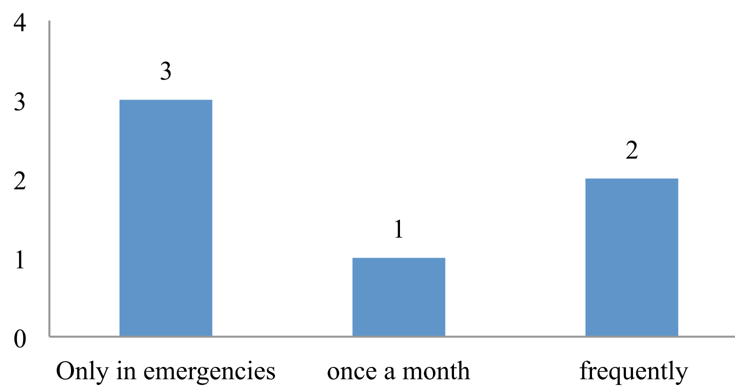
Figure 19

Public health



n=4

Figure 20

Coordination

Most participants reported that they have established protocol for the collaboration between sectors (12/17). However, as reported earlier, the information sharing outside their own sector is less frequent (once a month, biannually) compared to inside sector sharing.

Do you have established protocols for the collaboration between different sectors for the surveillance of animal or human health threats?

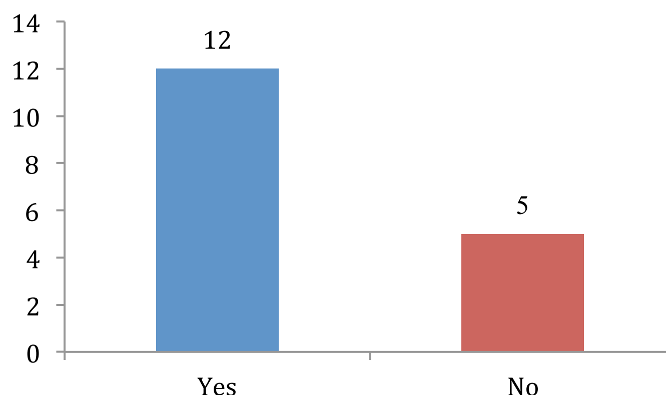


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Figure 21

Vision/Governance

Participants were asked to list their top three priorities for the collaboration of the human – animal – ecosystem interface to improve prevention, preparedness and response to emerging infectious diseases. The top priority for them was information sharing, network for data sharing and Standard Operational Procedures (SoPs), followed by research activities. The second priority was seen in surveillance networks, response teams in villages and joint investigations, followed by strategies for collaboration and capacity building. The third priority included exercises and workshop, joint strategies and regular technical meetings.

Participants stressed the importance of information sharing on a continuous practical, professional level as well as of having networks in place that share surveillance data.

Please list your top three priorities for the collaboration of the human – animal – ecosystem interface to prevent, prepare and respond to emerging infectious diseases

Priority 1	Priority 2	Priority 3
Information sharing (2) SoP (2) Network for data sharing (2)	Surveillance network (1) Surveillance response teams (1)	Exercises, workshops, best practices (1) Joint strategy and budget (1)

Surveillance (1) Collaboration – MOU between sectors, livestock and fisheries (1) Intersectoral research (1) Research (1) AMR (1)	Village teams (1) Joint investigations and outbreak response (1) Strategies for collaboration (1) Capacity building	Capacity building (1) Monthly technical meetings (1)

Post-course assessment

Participants reported that taking part in the workshop led to a good (10/17) and significant (7/17) increase of their knowledge.

Participation also led to good (9/17) and significant (6/17) clarification of their practice. They now know much better what they have to do in order improve their One Health approach.

This One Health workshop helped them to clarify the governance of One Health (good= 6/17; significant= 7/17).

How much has this workshop increased your knowledge, clarified a practice and a policy approach (governance)?

Knowledge

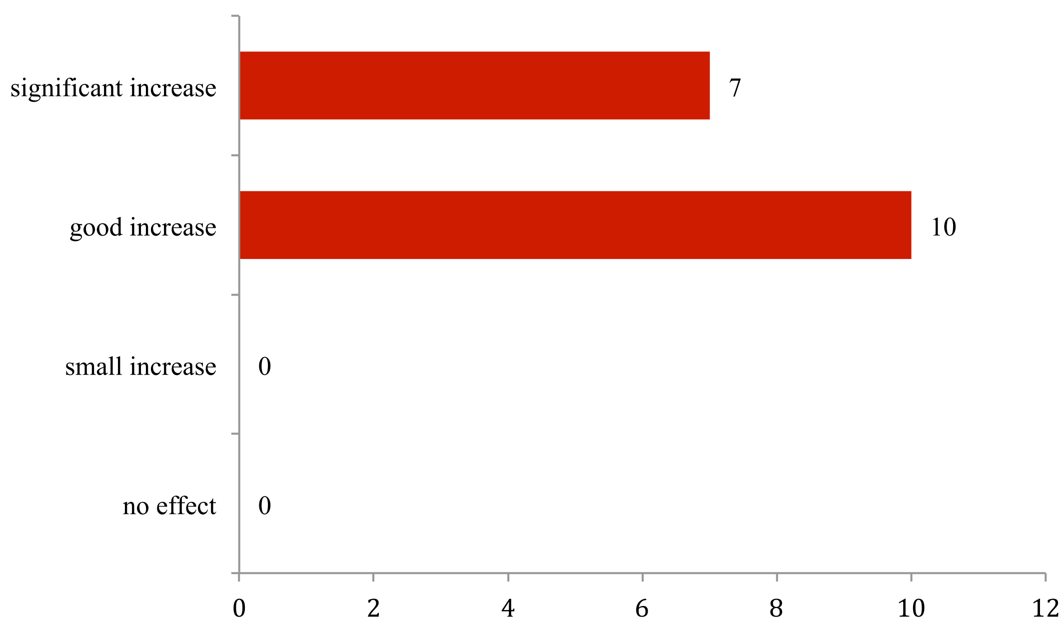

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Figure 22

Practice

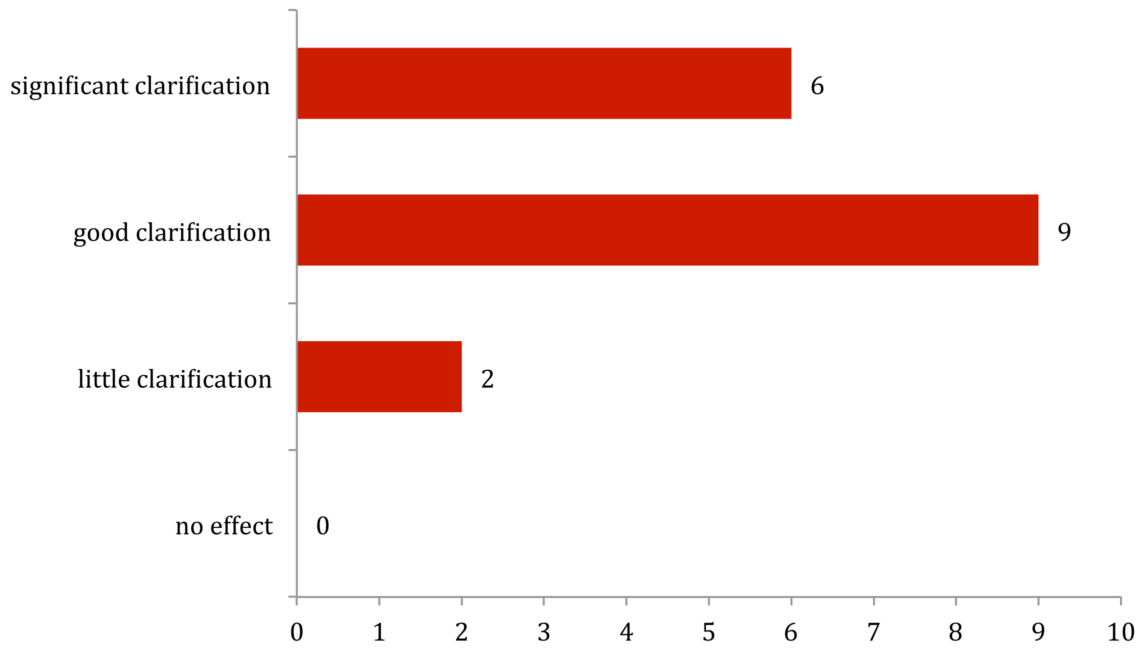

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Figure 23

Governance

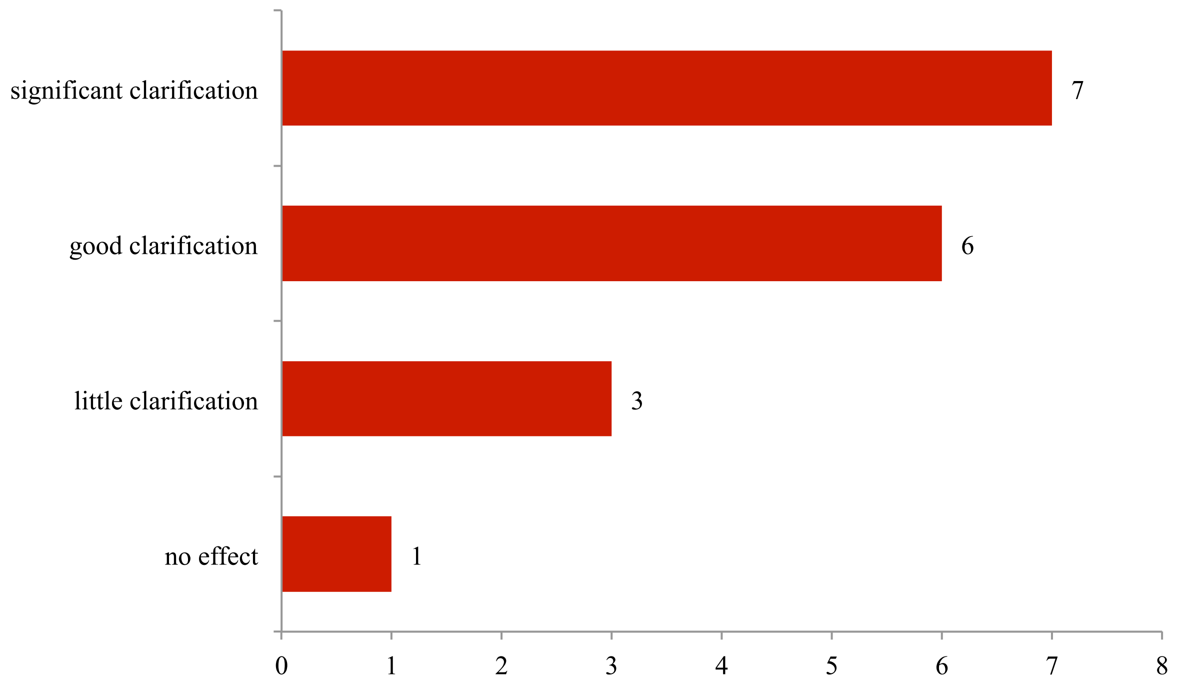

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Figure 24

One Health approach

The best parts of the One Health approach are the multi-sectoral coordination and networking and the information sharing, followed by information exchange, collaboration and risk communication.

Key obstacles are seen in their governmental structure, hierarchy and lack of flexibility, followed by insufficient funding of activities and lack of motivation to collaborate. These obstacles could be overcome by increased training, capacity building and advocacy.

Workshop

The most useful aspects of the workshop are seen in the exercises to collaborate with each other in group work and roleplay, the facilitated discussions using analytical tools to think differently and the interactive discussions. The workshop could be strengthened by involving more diverse sectors and by holding this training more often and in cross-border settings.

VI. Observer perspective

To increase the communication across networks, a visiting programme allows colleagues from other networks to join the One Health workshop. Ms Ledia Agolli, Chief Executive of SECID network, attended the workshop and was asked to briefly share her perception of the workshop.

"*An excellent opportunity to get to know the networks like MBDS and APEIR, in terms of their organizational level, activities and projects and to get to know the people doing the work at professional and personal level. A great activity to exchange experience.*

Following the first day where all the countries of South East Asia presented their in-country One Health System, surprisingly enough the group works and exercises showed that even though this region has more experience, exactly a 10-year experience in One Health Concept, there are still many weaknesses or problems that are similar to what SEEHN Region is facing like:

The Region is ready for One Health as a concept as the countries face same risks and should find similar solutions as a One Health Approach.

This momentum of Ebola crises should be treated as an opportunity to build up on the networks and capacity building and raising awareness to be prepared for the next possible risks.

Weak of political support to One Health as a concept, that could be translated to MoU-s with more ministries as Ministry of Agriculture, veterinary, Environment, Trade, Tourism etc. and Local Government as well as more support to the Network in itself.

Even though this region has done One Health 10 years from now, it seems that only e few countries, like Laos and Thailand have had a close collaboration in One Health at cross border and local level, regular joint exercises, meeting etc., (due to no language barriers), but still limited to only two sectors like PH and Vet; this practices have not been introduced to other countries of this network.

Some other difficulties these networks are facing are lack of financial resources to organize One Health Activities at cross border local level and to build and sustain cross border local One Health teams. SECID-SEEHN faces the same difficulties.

Language barrier is to be considered too.

The work in groups conclusions were these obstacles could be overcome through the Advocacy at Political level on the Economic Burden these gaps might cause and here CORDS

was seen as e key player to do that as well as in matching creative use of financial resources to capacity building.

Some of the following activities were introduced as part of the action plans as:

The need to organize a One Health Conference at regional Level, by 2 networks MBDS and APEIR with presence of high political representative in order to advocate One Health as a Concept and share best practices among countries.

Organization of joint training and workshops as well as operational and behavioral research; CORDS could and should play a role to make the networks more visible in the regional and international arena."

VII. Conclusion

The strategic objectives of the One Health workshop approach were to enhance awareness for the need for collaboration among stakeholders; encourage commitment and political will; and agree on targets of collaboration.

The specific objectives and priorities for this workshop were to

- Describe and consolidate cooperation mechanisms;
- Improve routine information sharing and communication;
- Engage in joint risk assessment, and
- Participate in joint simulation and exercises.

The results and feedback from participants in their statements, group work results and the survey results indicate that the set objectives were fully met. The participants reported an overwhelming increase of knowledge, skills and governance by taking part in the workshop and they particularly liked the interactive group work, the role-play and scenario exercises and the opportunity to meet and build trust among different professional groups from different countries.

A core theme was that the surveillance systems were good on a national level and that information sharing from the peripheral to the central level was well established in most countries. Participants pointed out the lack of feedback from national/central level to communities and information sharing with neighbouring countries.

A common observation was that the national surveillance systems routinely work very well – critical parts are the entry of a signal into the system (input) and the communication with the public and other stakeholders (output). To address this weaknesses, collaboration at community and district levels have to be strengthen by improving communication and information sharing. Countries realised the need to broaden their approach to not only involve health sectors, such as human health, animal health and public health, but also to connect to other sectors (trade, travel, food industry, agriculture, etc.).

This successful One Health workshop approach will be applied in the other regions of CORDS networks in Spring and Summer this year.

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Agenda

Day 1	RAISE AWARENESS – EXPLORE THE COMPLEXITY Analyse and reflect the starting points
09:00 – 9:30	**General Introduction** *PRE-COURSE ASSESSMENT*
10:00 – 11:00	**Working group 1: Country surveillance** mechanisms including information, communication and coordination routines
11:00 – 11:10	*Tea/Coffee break*
11:10 – 12:30	**Country presentation** **Moderated plenary discussion**
12:30 – 13:30	LUNCH
13:30 – 14:30	**Working group 2**: **Sector preparedness** for emerging health threats (e.g. H7N9 and Ebola in particular)
14:30 – 15:30	**Sector presentations**
15:30 – 15:45	*Tea/Coffee break*
15:45- 16:30	**Moderated discussion**: facilitating and blocking factors of collaboration and information sharing
16:30 – 17:00	DAY 1 SUMMARY
from 19:30	DINNER (19:30)

Day 2	TRANSLATE INSIGHTS INTO ACTIONS Agree on joint ways forwards
09:00 – 9:15	**Recap of Day 1**
9:15 – 10:45	**Parallel, mixed working groups 3-5:** H7N9 and Ebola scenarios from different angles
10:45 – 11:00	*Tea/Coffee break*
11:00 – 12:30	**Working group presentations 3-5** **Moderated plenary discussion**
12:30 – 13:30	LUNCH

13:30 – 14:30 14:30 – 15:15 15:15 – 15:30 15:30- 16:30 16:30 – 17:15 17:15 – 17:45 17:45 – 18:00	**Working group 6**: **Lessons for sectors** **Sector presentations** *Tea/Coffee break* **Working group 7: Implications for countries** **Country presentation** **Moderated discussion**: Lessons for actions and implications DAY 2 SUMMARY
From 19:30	DINNER (19:30)

Day 3	EXERCISE
09:00 - 13:00	**Introduction to exercise** **EXERCISE**
13:00 – 14:00	LUNCH
14:00 – 15:00 15:00 – 15:30 15:30 - 16:30 16:30 – 17:00	**Debriefing Exercise groups** *Tea/Coffee break* **Moderated discussion**: Lessons learned for actions and implications *POST-COURSE AND EXERCISE ASSESSMENT* DAY 3 SUMMARY
	END OF WORKSHOP

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10– 12 November 2014

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