

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

10th - 12th December 2019

Batumi, Georgia



Organized by the Ministry of Internally displaced people from the occupied territories, Labour, Health and Social Affairs,
the Ministry of Environmental Protection and Agriculture,
WHO and OIE

Acknowledgments

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ABBREVIATIONS & ACRONYMS

BNSR	Biosurveillance Network for Silk Road
CCHF	Crimean-Congo Hemorrhagic Fever
DAEDIDS	Division of Animal Especially Dangerous Infectious Diseases Supervision of NFA
DG	Directorate General
EIDSS	Electronic Integrated Diseases Surveillance System
FAO	Food and Agriculture Organization of the United Nations
FELTP	Field Epidemiology and Laboratory Training Program
FIRTG	Field Investigation and Response Technical (Sub-)Group
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
IT	Information Technology
JEE	Joint External Evaluation
JNRWG	Joint National Risk Assessment Working Group
LMA	Laboratory of the Ministry of Agriculture
MEF	Monitoring and Evaluation Framework
MEPA	Ministry of Environmental Protection and Agriculture
MoU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NCDC	National Center for Disease Control and Public Health
NFA	National Food Agency
OHD	One Health Division of NCDC
OHTF	“One Health” Task Force
OIE	World Organisation for Animal Health
PH	Public Health
PHPR	Public Health Preparedness and Response Division of NCDC
PR	Public Relations
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
TOR	Terms of Reference
VD	Veterinary Department of NFA
WHO	World Health Organization

INTRODUCTION

BACKGROUND

The World Health Organization (WHO) and the World Organisation for Animal Health (OIE) are the two main international organizations responsible for proposing references and guidance for the public health and animal health sectors respectively. WHO and OIE have been active promoters and implementers of an intersectoral collaborative approach between institutions and systems to prevent, detect, and control diseases among animals and humans. They have developed various frameworks, tools and guidance materials to strengthen capacities at the national, regional and global levels.

- WHO Member States adopted a legally binding instrument, the International Health Regulations (IHR, 2005), for the prevention and control of events that may constitute a public health emergency of international concern. Through these regulations, countries are required to develop, strengthen and maintain minimum national core public health capacities to detect, assess, notify and respond to public health threats and as such, should implement plans of action to develop and ensure that the core capacities required by the IHR are present and functioning throughout their territories. Various assessment and monitoring tools have been developed by WHO such as the IHR Monitoring and Evaluation Framework (MEF), which includes *inter alia* the Annual Reporting Questionnaire for Monitoring Progress and the Joint External Evaluation (JEE) Tool.
- The OIE is the intergovernmental organization responsible for developing standards, guidelines and recommendations for animal health and zoonoses; these are laid down in the OIE Terrestrial and Aquatic Animal Codes and Manuals. In order to achieve the sustainable improvement of national Veterinary Services' compliance with these standards, in particular on the quality of Veterinary Services, the OIE has developed the Performance of Veterinary Services (PVS) Pathway, which is composed of a range of tools to assist countries to objectively assess and address the main weaknesses of their Veterinary Services.



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

The use of the WHO IHR monitoring tools and OIE PVS Pathway results in a detailed assessment of existing weaknesses and gaps, with the better alignment of a capacity-building approach and strategies at the country level between the human and animal health sectors. The two organizations have developed a workshop format (the IHR-PVS National Bridging Workshops) that enables countries to further explore possible overlapping areas addressed in their PVS and IHR capacity frameworks and develop, where relevant, appropriate bridges to facilitate coordination. A structured approach using user-friendly materials enables the identification of synergies, reviews gaps and defines the operational strategies to be used by policymakers for concerted corrective measures and strategic investments in national action plans for improved health security.

In Georgia,

- a PVS Evaluation was conducted in April 2009;
- Veterinary Legislation Identification Mission was conducted in March 2015;
- a Joint External Evaluation (JEE) was conducted in June 2019;
- Assessment of communicable diseases preventions and control systems by ECDC/EU in December 2019;
- The NAPHS will be developed first quarter of 2020 based on JEE and ECDC assessment results.

OBJECTIVES OF THE WORKSHOP AND EXPECTED OUTCOMES

The main objective of the IHR-PVS Pathway National Bridging Workshop (IHR-PVS NBW) is to provide an opportunity to the human and animal health services of hosting countries to build on the reviews of performance, gaps, and discussions for improvement conducted in their respective sectors, and to explore options for improved coordination between the sectors, to jointly strengthen their preparedness for, and control of, the spread of zoonotic diseases.

The IHR-PVS NBWs focus on the following strategic objectives:

- **Brainstorming:** discuss the outcomes of IHR and PVS Pathway country assessments and identify ways to use the outputs;
- **Advancing One Health:** improve dialogue, coordination, and collaboration between animal and human health sectors to strategically plan areas for joint actions and a synergistic approach;
- **Building Sustainable Networks:** contribute to strengthening the inter-sectoral collaboration through improved understanding of respective roles and mandates;
- **Strategic planning:** inform planning and investments (incl. the National Action Plan for Health Security) based on the structured and agreed identification of needs and options for improvement

Expected **outcomes** of the workshop include:

1. Increased awareness and understanding of the IHR (2005) and the role of WHO, the mandate of the OIE, the IHRMEF and the OIE PVS Pathway, their differences and connections.
2. Understanding the contribution of the veterinary services in the implementation of the IHR (2005) and how the results of the PVS Pathway and IHRMEF can be used to explore strategic planning and capacity building needs.
3. A diagnosis of current strengths and weaknesses of the collaboration between the animal health and public health services.
4. Identification of practical next steps and activities for the development and implementation of a joint national roadmap to strengthen collaboration and coordination.

The agenda of the Workshop is available at [Annex 1](#). It was attended by 50 participants from the Ministry of Environmental Protection and Agriculture and the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoH), with representatives from the central, regional and district levels participated in the three-day discussions. Representatives of DTRA and FAO were present as observers.

REPORT ON THE SESSIONS

From December 10th to 12th, 2019, Batumi / Shekvetili welcomed the National Bridging Workshop (NBW) on the International Health Regulations (2005) (IHR) and the OIE Performance of Veterinary Services (PVS) Pathway for Georgia. The Workshop was hosted at the kind invitation of the Government of Georgia, with organizational support from the WHO Country Office in Georgia. The NBW was attended by 50 participants from the Ministry of Internally Displaced People from the Occupied Territories, Labour, Health and Social Affairs (MoH), National Center for Disease Control and Public Health (NCDC&PH) and the Ministry of Environmental Protection and Agriculture (MEPA), National Food Agency (NFA), Laboratory of Ministry of Agriculture (LMA) as well as representatives of the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the Land O'Lakes Venture Project on Safety and Quality Investment in Livestock. The observers from the United States Defense Threat Reduction Agency (US DTRA) and Food and Agriculture Organization of the United Nations (FAO) also attended the workshop.

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

OPENING SESSION

The participants have been welcomed with opening speeches given by Dr Paata Imnadze (Deputy Director of the NCDC&PH, Dr Demna Khelaia (Head of Veterinary Department of NFA), Dr Vasily Esenamanov (Hub Coordinator for the Southern Caucasus, WHO Health Emergency Program), and Dr Djahne Montabord (OIE Sub-Regional Representation in Brussels) who stressed the importance of the One Health activities for the country to be well prepared and have effective response to the public health and animal health emergencies of zoonotic nature. They acknowledged the high level of collaboration strengthened between the two sectors of Public Health and Veterinary Services during the past years when both sectors faced zoonotic events and successfully adjusted their procedures in order to cooperate more. Having conducted JEE and Joint Risk Assessment (JRA) recently, they wished participants great success with the National Bridging Workshop to further strengthen collaboration between the sectors, network, and better understand and address the gaps identified.

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

A documentary video introduced the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduced the workshop in the global and national context by providing high-level background information on the collaboration between WHO, OIE, and FAO.

The representatives of both sectors briefly presented structures, missions, and achievements of Public Health and Veterinary Services, highlighting the actions supporting collaboration between the sectors within the One Health approach.

They presented the achievements and outcomes of the collaborative programs developed between the National Food Agency (NFA), the Laboratory of the Ministry of Agriculture (LMA) and the NCDC&PH. Developed and commenced for zoonoses such as rabies, anthrax, brucellosis, tuberculosis, Crimean-Congo hemorrhagic fever (CCHF), Q-fever, to name a few, the programs covered coordinated control measures,

regular surveillance, sharing of laboratory information, local structures, passive surveillance, among others. There are other joint activities developed, such as on Rickettsial and *Coxiella burnetii* infections. With the results obtained, especially within rabies and anthrax programs, both sectors advocated to pursue this collaboration and to develop a joint strategy, improving the use of the existing electronic surveillance system and emphasizing on the development of coordinated awareness campaigns.

The workshop approach and methodology were explained and the participant handbook was presented.

A second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface.

Outcomes of Session 1:

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

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

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

Participants were divided into five working groups of mixed participants from both sectors and from different levels (Central, Regional, Local). Groups were provided with a case study scenario (Table 1) based on diseases relevant to the local context (Anthrax, Brucellosis, CCHF, Leptospirosis, and Rabies) developed in collaboration with national representatives.

Table 1: Scenarios used for different case studies

Anthrax (disclaimer: this incident is completely fictional)

At least 5 people who allegedly ate uninspected meat at the family party in Marneuli district have been screened for anthrax. The victims, among them school children, were rushed to a primary health care center after they developed symptoms associated with anthrax and cutaneous lesions. The man who sold the uninspected meat disappeared after learning that his neighbors had fallen sick.

Brucellosis (disclaimer: this incident is completely fictional)

During the last month, three cows all belonging to a small-holder dairy farmer in Zugdidi district aborted. At the time of the first two abortions, the farmer did not bother to report the problem to his local state veterinary officer as his farm was too far away from the District Veterinary Office. However, the third abortion took place a day before market day and he happened to be in town, where he met the District vet and he mentioned that 3 of his cows had recently aborted their calves. The veterinarian quickly went to the farm, took the samples from the three animals which had aborted and submitted to a laboratory. Results showed them all were positive for Brucellosis.

CCHF (disclaimer: this incident is completely fictional)

Six slaughterhouse workers from Khashuri district who had been involved in the routine slaughter of sheep died having developed acute hemorrhagic symptoms. Another person from the same slaughterhouse was admitted to hospital in Gori and was diagnosed as having contracted CCHF.

Leptospirosis (disclaimer: this incident is completely fictional)

The Health Department has identified a cluster of three cases of leptospirosis in the area of Kutaisi. One person has died and two others have suffered serious illness as a result of the bacterial disease. All three cases were reported within a 1-block radius, in the suburbs of Kutaisi, one of the poorest neighborhoods in the region. Dogs are very much present in the area.

Rabies (disclaimer: this incident is completely fictional)

A stray dog that was known to have bitten two cows and was behaving aggressively towards people was reported to have bitten some children in the same neighborhood. It was shot dead by Police on the outskirts of Lagodekhi city two days ago. The carcass of the dog was destroyed before the Veterinary authorities were able to take the head of the dog for confirmation of diagnosis.

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



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

During an ensuing plenary session, each group presented and justified the results of their work. Output 1 summarizes the results from the five “disease groups”.

Outcomes of Session 2:

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

SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

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

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



Figure 2: Mapping of the gaps by positioning the selected technical area cards on the IHR-PVS matrix.

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

- Priority technical area 1: Coordination and joint risk assessment
- Priority technical area 2: Communication
- Priority technical area 3: Joint field investigation and response
- Priority technical area 4: Education, training and human resources

'Finance' and 'Emergency funding' came-up as the technical areas needing the most improvement.

However, participants agreed that the audience of this workshop would not be able to provide substantial improvements in those domains. They remain nonetheless one of the major gaps to impair the efficiency of the intersectoral collaboration.

Outcomes of Session 3:

- Understanding what tools are available to explore operational capacities in each of the sectors.
- Understanding the contribution of the veterinary sector to the IHR.
- Understanding of the bridges between the IHR MEF and the PVS Pathway. Reviewing together the results of capacities assessment may help in identifying synergies and optimize collaboration.

- Understanding that most gaps identified are not disease-specific but systemic.
- Identification of the technical areas to focus on during the next sessions.

SESSION 4: CROSSROADS – PVS PATHWAY AND IHR MEF REPORTS

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

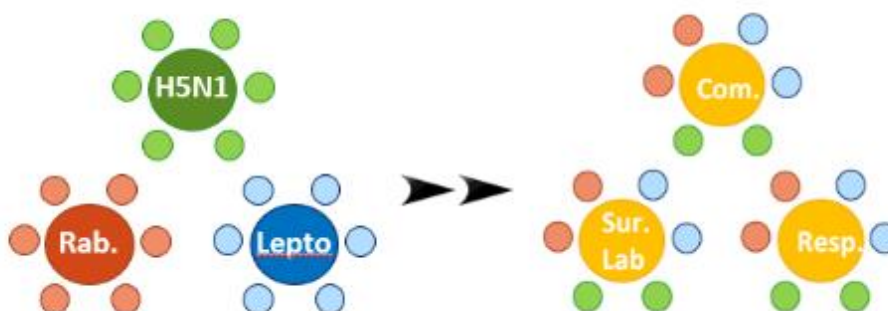


Figure 3: Generic graph describing the organization of working groups for Session 2-3 (left) and Session 4-5 (right).

The matrix was used to link the identified gaps to their relevant indicators in the IHR MEF. Each working group then opened the assessment report (JEE) and extracted the main findings and recommendations relevant to their technical area (Figure 4).



Figure 4: Participants extracting results from the JEE report.

Outcomes of Session 4:

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

SESSION 5: ROAD PLANNING

Participants continued to work in the same working groups as in the previous session. Based on the results of the previous sessions (case study exercises, extraction from the JEE report) and their own experience, participants were asked to brainstorm on the identification of joint activities to improve their collaboration.

After drafting the activities on flip-charts, participants were asked to provide additional details on the activities by filling an *Activity card* for each one. The required information included the expected date of achievement, an assignment of responsibility and a detailed process of implementation. The difficulty of implementation and the expected impact of each activity were also evaluated, using red and blue stickers and a semi-quantitative scale (1 to 3). Activities that were linked were then regrouped under specific objectives (Figure 5).

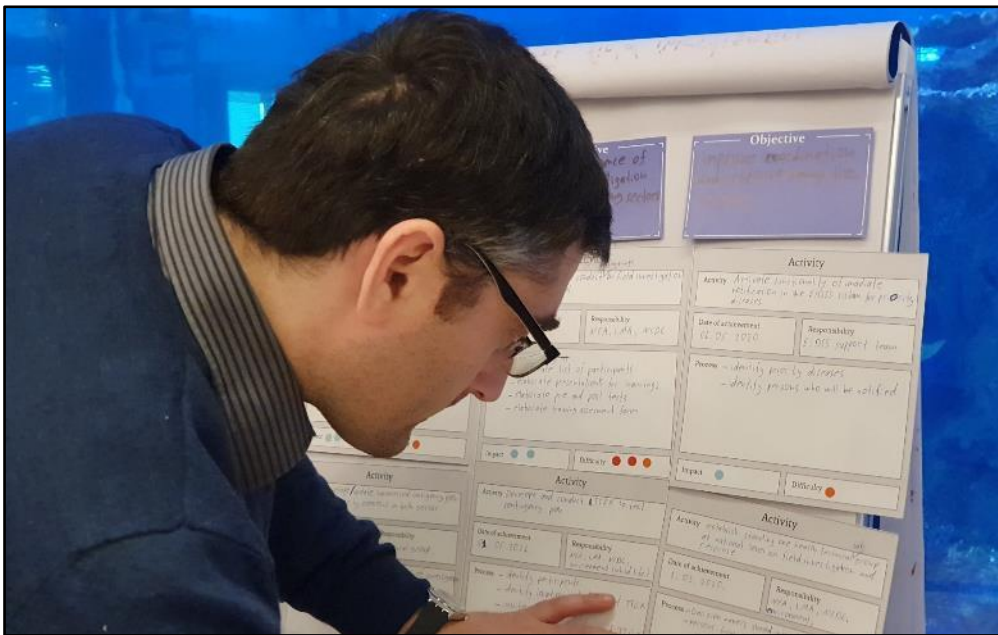


Figure 5: The group working on “Joint field investigation and response” identified 4 objectives and 8 activities to improve the collaboration between the two sectors in this domain.

Outcomes of Session 5:

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

SESSION 6: FINE-TUNING THE ROAD-MAP

Working groups from the previous session were given more time to finalize their objectives and activities. A World Café exercise was then organized to enable participants to contribute to the action points of all technical areas (Figure 6). Each group nominated a rapporteur whose duty was to summarize the results of their work to the other groups. Each group rotated between the different boards to contribute and provide feedback on all technical areas. Rotating groups had the possibility of leaving post-it notes on the objectives and activities of other groups when they felt that an amendment or a clarification was necessary.

At the end of the cycle, each group returned to their original board and the rapporteur summarized the feedback received. Groups were given time to address changes or additions suggested by the other participants. Objectives and activities were fine-tuned accordingly, and a final plenary session was conducted to discuss the outstanding points.

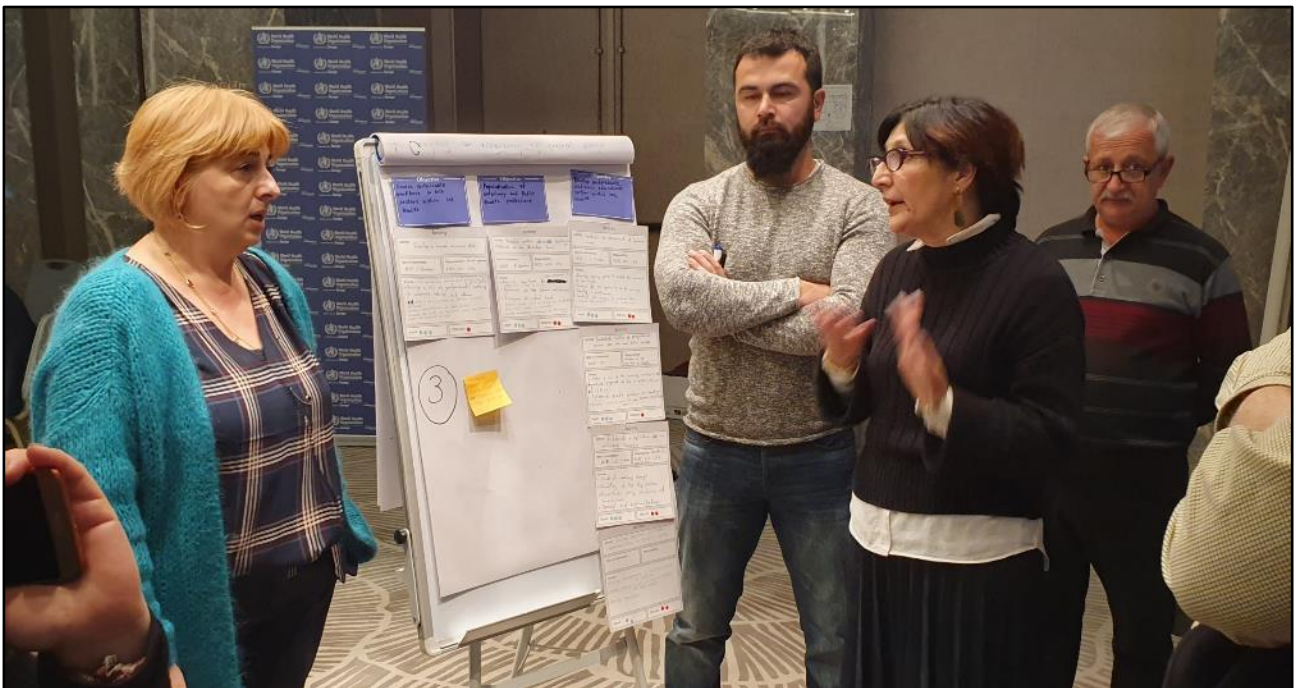


Figure 6: World café exercise: the rapporteur of the group on “Education, training and human resources” is receiving the feedback from other groups.

Overall, the four groups identified a total of 12 key objectives and 29 activities. The detailed results are presented in [Output 2](#).

Prioritization of Objectives

To prioritize the objectives identified by the technical working groups, participants were invited to vote to identify which objectives (and their constituting activities) they considered as of the highest priority. 45 participants participated in the vote. Each participant had four votes and voted using white stickers (Figure 7). The results of the prioritization showed that all technical areas selected in the course of the workshop were crucial to strengthen intersectoral collaboration. Each group had a predominant objective(s), although “Education Training & Human Resource”, “Field investigation and response” and “Coordination and risk assessment” received higher scores.

A total of 4 objectives were selected as of the highest priority for the country (rank in the list reflects the voting results, for votes results over 40% of the voting):

1. Harmonize field investigation and response activities within One Health approach
2. Develop continuous professional education system using the One Health approach
3. Enable evidence-based joint risk assessment
4. Strengthen collaboration between human and animal health sectors under One Health approach at all levels

The full results of the vote can be found in [Output 3](#).

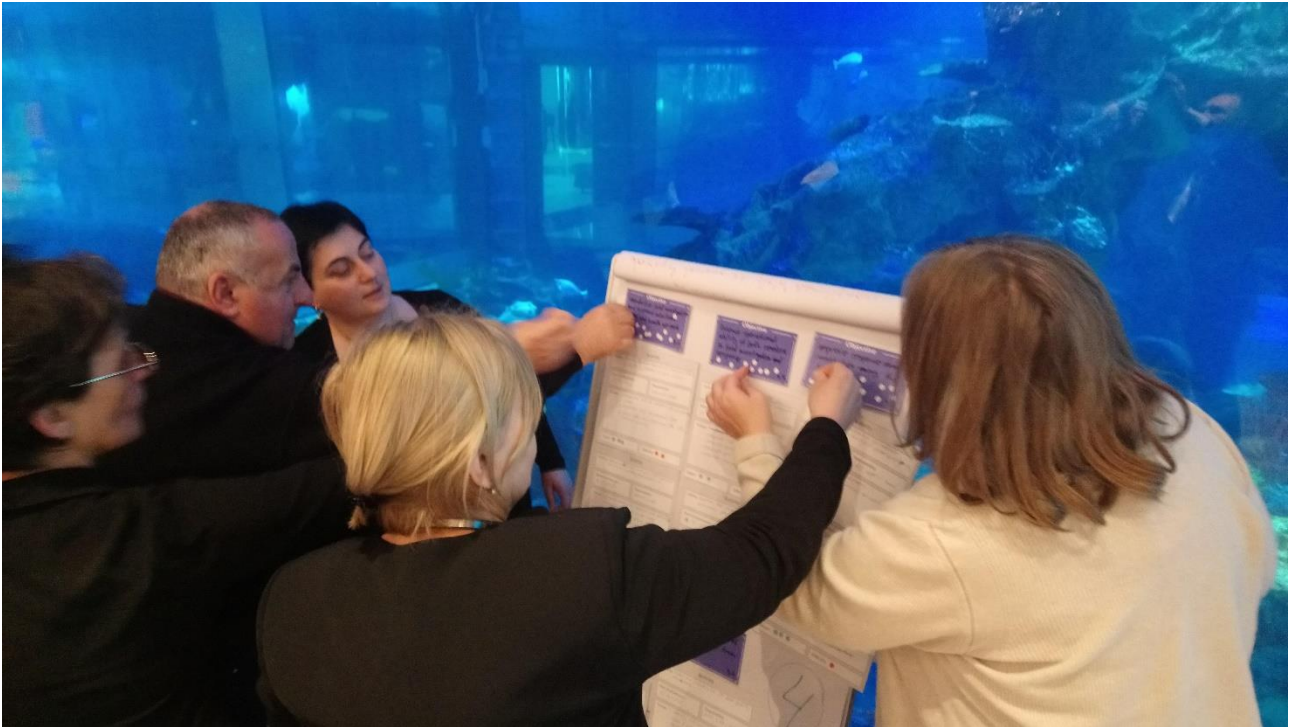


Figure 7: Participants were using white stickers to vote for their priority objectives.

Outcomes of Session 6:

- Harmonized, concrete and achievable road-map to improve the collaboration between the animal health and human health sectors in the prevention, detection, and response to zoonotic disease outbreaks.
- Buy-in and ownership of all participants who contributed to all areas of the road-map.
- Prioritization of the activities.

SESSION 7: WAY FORWARD

This session gave the two sectors the opportunity to express their views regarding the implementation of the workshop outcomes. Dr Paata Imnadze (NCDC), Dr Ana Kasradze (NCDC), Dr Tengiz Chaligava (NFA), Dr Ana Gulbani (LMA), Dr Lena Ninidze (NFA), Dr Vasily Esenamanov (WHO), Dr Djahne Montabord (OIE), among other participants, actively participated in the discussion of the Session 7.

Results of the prioritization vote were presented and discussed. Participants recognized that the prioritized technical areas they worked on are vital critical points to foster the collaboration between both sectors. With the results of the vote session, where four objectives were identified as of high priorities, the workshop identified real gaps in the collaboration between the sectors.

The priority objectives should be seen as a pathway to follow, a robust understanding of how to convert the gaps identified in the collaboration between the two sectors into strengths to be better prepared for future health emergencies. To address these gaps, participants emphasized the need for the strong political will required from the Ministries in charge of Health, Agriculture, Education, and Finance to accelerate and ensure implementation of all the activities of the plan developed in Batumi / Shekvitili. Proper recommendations and a well-developed plan should be prepared for the decision-makers to address One Health gaps identified during the workshop. Ideas, activities, and objectives developed during the workshop will be further elaborated and incorporated into the NAPHS to empower One Health in Georgia, enhance health infrastructure capacities, and increase country preparedness and resilience for the health-related emergencies.

Outcomes of Session 7:

- Understanding of how the outputs of the workshop can feed into other existing plans.
- Way forward is presented and discussed.
- Ownership of the workshop results by the country.

CLOSING SESSION

Summarizing the workshop, participants thanked WHO and OIE for the opportunity of constructive work to improve the communication and collaboration between the Human and Animal Health sectors. They acknowledged many ideas and solutions developed during the 3-day course of the workshop and recognized the methodology proved to be successful.

Ms Tamila Zardiashvili, WHO country office in Georgia, and Dr Djahne Montabord, representing OIE, warmly thanked all the participants for their strong involvement and the organizers, facilitators, and observers for the support they provided. They underlined the need to keep the momentum for better communication and coordination between the two sectors, to develop a concrete collaborative roadmap including all levels to better control zoonoses and other emergencies in the country. They highlighted the necessity of bridging both sectors and strengthening this collaboration. The translation of the roadmap in Georgian will facilitate its implementation.

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

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

POST-WORKSHOP FINE-TUNING ON THE ROADMAP ACTIVITIES

Key participants of the workshop were engaged in the fine-tuning of the roadmap activities after the workshop (Figure 8). The activity cards and respective objectives developed during the workshop were further analyzed, updated with additional information, and interlinked. Participants acknowledged the systematic approach and saw the integral architecture of the strategic activities tackling different aspects of the intersectoral collaboration.

That helped to better formulate the activities so they became more precise and met the SMART criteria in order to build more logical, realistic and, therefore, implementable roadmap. It was discussed and agreed to combine two similar activity cards into one activity to avoid duplicate efforts. Overall, 12 key objectives and 29 activities (compared to 30 activities identified during the workshop) were validated. The detailed results are presented as the NBW Roadmap in [Output 2](#).



Figure 8. Key participants fine-tune the NBW activities and objectives after the workshop.

WORKSHOP OUTPUTS

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

Technical area (cards)	Anthrax	Brucellosis	Leptospirosis	Rabies	CCHF	Score
Education and training	Red	Red	Red	Red	Yellow	9
Coordination at technical Level	Yellow	Red	Red	Red	Yellow	8
Coordination at local Level	Yellow	Red	Red	Red	Green	7
Finance	Red	Red	Red	Green	Yellow	7
Field investigation	Yellow	Yellow	Red	Yellow	Red	7
Emergency funding	Red	Green	Red	Yellow	Red	7
Communication w/ media	Green	Red	Red	Yellow	Yellow	6
Risk assessment	Yellow	Yellow	Yellow	Yellow	Red	6
Response	Yellow	Red	Red	Green	Yellow	6
Legislation / Regulation	Yellow	Green	Red	Yellow	Yellow	5
Communication w/ stakeholders	Green	Yellow	Red	Yellow	Yellow	5
Human resources	Red	Green	Red	Green	Yellow	5
Joint surveillance	Red	Green	Yellow	Green	Yellow	4
Laboratory	Yellow	Green	Yellow	Yellow	Yellow	4
Coordination at high Level	Green	Yellow	Red	Green	Green	3

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

OUTPUT 2: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Process
COORDINATION & JOINT RISK ASSESSMENT					
Objective 1: Enable evidence-based joint risk assessment					
1.1 Establish a joint national risk assessment working group (JNRAWG)	Q3 2020	+	+++	Ministry of Health (MoH), Ministry of Environmental Protection and Agriculture (MEPA)	<ol style="list-style-type: none"> 1) Nominate risk assessment (RA) experts from relevant sectors 2) Set up a working group 3) Develop ToR for JNRAWG 4) Group to meet annually at the beginning of the year to identify/revise potential risks using epidemiological data and develop a report 5) External experts to be invited as members of the group
1.2 Prioritize zoonotic diseases	Q1 2021	+	+++	JNRAWG, Communicable Diseases Department of the One Health Division (OHD) of the National Center for Disease Control (NCDC), Division of Animal Especially Dangerous Infectious Diseases Supervision (DAEDIDS) of the National Food Agency (NFA); Scientific-Research Center; Biosurveillance Network for Silk Road (BNSR)	<ol style="list-style-type: none"> 1) Map and use existing tools/methodology for prioritization of zoonotic diseases 2) To be conducted bi-annually 3) Organize joint workshop 4) Use reports of BNSR annual scientific meetings for prioritization 5) Propose zoonotic diseases prioritization at the regional level in the next annual BNSR meeting
1.3 Develop a national Guideline on Joint Risk Assessment (JRA)	Q2 2020	+++	+++	JNRAWG, OHD NCDC, DAEDIDS NFA	<ol style="list-style-type: none"> 1) Request WHO technical support to adapt JRA methodology 2) Draft a national JRA Guideline 3) Both ministries to approve the draft
1.4 Conduct National JRA	Q1 2021	++	+++	JNRAWG, OHD NCDC, DAEDIDS NFA	<ol style="list-style-type: none"> 1) Use approved national JRA Guideline 2) Conduct/revise/update JRA annually

Objective 2: Strengthen collaboration between human and animal health sectors under One Health approach at all levels					
2.1 Develop Memorandum of Understanding on collaboration between two sectors	Q1 2020	+	+++	Legal divisions of NCDC, NFA, LMA	<ol style="list-style-type: none"> 1) Draft MoU 2) Conduct consultations in each sector 3) Approve by all involved parties
2.2 Establish "One Health" Task Force (OHTF)	Q3 2020	++	+++	OHD NCDC, DAEDIDS NFA	<ol style="list-style-type: none"> 1) Develop ToR for the Task Force including work modality 2) Monitoring and Evaluation are included among the other functions 3) Nominate members and chairmen 4) Chairmen to be rotated 5) Task Force identifies activities / operates based on the risks identified by JRA (Activity 1.4) 6) Task Force reports to the existing Steering Committee
2.3 Develop Standard Operational Procedure (SOP)/protocol on notification procedures between two sectors	Q4 2020	++	+++	OHTF, OHD NCDC, DAEDIDS NFA, Electronic Integrated Diseases Surveillance System (EIDSS) support team	<ol style="list-style-type: none"> 1) To be developed by OHTF 2) To be approved by both Ministries 3) Pilot testing by both sectors 4) Print and distribute 5) SOP/protocol to include categories (by position) who should be notified 6) Notifications to be received immediately by both sectors when zoonotic disease outbreak is reported 7) Notifications should be made customizable for supervisor level 8) Notifications should be in the form of SMS and emails
2.4 Establish the system of collaborative meetings at local (regional and district) level	Q3 2020	+++	+++	OHTF, OHD NCDC, Regional Dept. NCDC, DAEDIDS NFA, Regional Development Division NFA, LMA	<ol style="list-style-type: none"> 1) Develop ToR including the work modality 2) To be supervised by OHTF 3) Reports to OHTF 4) Annual national summary meetings (conference/symposium/etc.) 5) Seek co-financing of the concept by the donors

COMMUNICATION

Objective 3: Ensure timely public awareness on zoonotic public health risks

3.1 Develop Risk Communication Plans (RCPs) for public and animal health sectors harmonized in cross-cutting domains	Q3 2020	+++	+++	OHD NCDC, Public Health Preparedness and Response Division (PHPR) NCDC, Public Relations (PR) unit NCDC, DAEDIDS NFA, PR NFA, LMA, Richard Lugar Center	<ol style="list-style-type: none"> 1) Set up a working group 2) Develop ToR for the group 3) Meet to coordinate RCP cross-cutting sections and sharing of updates 4) Involve international stakeholders 5) Draft RCPs for public and animal health sectors harmonizing the cross-cutting domains 6) Seek approval of the RCPs by the respective Ministry 7) Commence RCPs in the respective sector
3.2 Conduct joint workshop on RCPs development	Q2 2020	++	+++	OHD NCDC, PHPR NCDC, PR unit NCDC, DAEDIDS NFA, PR NFA, LMA, Richard Lugar Center	<ol style="list-style-type: none"> 1) Seek technical and financial support 2) Nominate participants 3) Develop RCPs timeline 4) Involve all relevant sectors 5) Conduct joint workshop

Objective 4: Enhance professional expertise on communication within One Health approach

4.1 Train communication specialists on Emergency Risk Communication (ERC)	Q1 2021	++	++	PHPR NCDC, PR unit NCDC, PR NFA	<ol style="list-style-type: none"> 1) Seek technical and financial support 2) Nominate participants 3) Get media representatives involved 4) Presentation of RCPs to participants 5) Section for media journalists (could also be a separate activity)
4.2 Train One Health professionals on RCPs	Q2 2021	+	+++	OHD NCDC, Veterinary Department (VD) of NFA, DAEDIDS NFA	<ol style="list-style-type: none"> 1) Nominate participants including regional offices, Public Health Centers, and Veterinarians 2) Develop a training timeline 3) Seek technical and financial support 4) Deliver joint trainings
4.3 Conduct joint table-top exercises (TTX) to test RCPs	Q1 2022	+++	+++	PHPR NCDC OHD NCDC, VD NFA	<ol style="list-style-type: none"> 1) Involve all relevant sectors including laboratory and regional branches 2) Involve main relevant stakeholders 3) Seek technical and financial support 4) Set up joint TTX team 5) Nominate participants from both sectors

					6) Develop TTX materials (concept note, plan, scenario, etc.) 7) Estimate budget 8) Deliver TTX 9) Produce recommendations and change RCPs accordingly
Objective 5: Improve information dissemination system between professionals, stakeholders, and general public					
5.1 Develop and regularly update joint stakeholders list	Q2 2020	+	++	PHPR NCDC OHD NCDC, VD NFA, DAEDIDS NFA	1) Get NGOs involved in creating/updating of the list 2) Assign responsible persons who contact stakeholders to update the list
5.2 Develop a joint public One Health section on the websites of both Ministries	Q2 2021	++	+++	IT Department of NCDC, OHD NCDC, IT Department of NFA, VD NFA	1) Prepare the content of the One Health section 2) Assign the persons responsible for update, renew, and edit content
5.3 Develop joint One Health forum for One Health professionals (for specific professional issues)	Q2 2021	+	++	IT Department of NCDC, OHD NCDC, IT Department of NFA, VD NFA	1) Develop a joint web-forum 2) Identify responsible specialists who will be granted authorized access 3) Create a hyperlink from NFA, LMA and NCDC web sites
JOINT FIELD INVESTIGATION AND RESPONSE					
Objective 6: Improve response and investigation in human and animal health sectors using One Health approach					
6.1 Establish standing One Health technical (sub-)group at the national level on field investigation and response (FIRTG)	March 2020	+	+++	NFA, LMA, NCDC	1) Nominate 3 responsible experts from each organization: NFA, LMA, NCDC 2) FIRTG to be a part of OHTF (Activity 2.2) 3) Develop ToR including modality of work
Objective 7: Harmonize field investigation and response activities within One Health approach					
7.1 Develop/update harmonized contingency plans for priority zoonoses in both sectors	March 2021	++	+++	FIRTG	1) Map existing supporting documents (legislation, SOPs, strategic plans, etc.) 2) Draft contingency plans keeping harmonization of all relevant activities between the sectors 3) Discuss contingency plans with all stakeholders and finalize the plans 4) Approve the plans by relevant Ministries

7.2 Harmonize field investigation standard operational procedure (SOP) between the sectors including the equipment list	October 2020	++	+++	FIRTG	<ol style="list-style-type: none"> 1) Organize a meeting to discuss the goals and details of SOP 2) Elaborate draft SOP by each sector 3) Share the draft SOP between the sectors for harmonization 4) Share the harmonized SOP with lawyers of both sectors 5) Seek approval of the SOP by both sectors 6) Share and commence approved SOP
7.3 Elaborate joint investigation form for each priority zoonotic disease	August 2020	+	++	FIRTG	<ol style="list-style-type: none"> 1) Map relevant documents/forms within and outside of the country 2) Develop content and a format of the form 3) Test the investigation form in the field 4) Seek approval of the investigation form by both sectors 5) Share and commence approved form
7.4 Develop joint field investigation report template	May 2020	+	+	FIRTG	<ol style="list-style-type: none"> 1) Map relevant documents/templates within and outside of the country 2) Develop a standardized template for the reporting form with the following fields: <ol style="list-style-type: none"> a. Interpretation of the results b. Recommendations of the future activities c. Laboratory results 3) Seek approval of the report template by both sectors 4) Share and commence approved report template
Objective 8: Enhance the operational ability of human and animal health sectors in areas of field investigation and response					
8.1 Develop and conduct joint trainings on joint field investigation at the local level	May 2021	+++	++	FIRTG, NFA, LMA, NCDC	<ol style="list-style-type: none"> 1) Nominate participants from both sectors 2) Develop training materials including presentations 3) Elaborate pre- and post-tests 4) Elaborate training evaluation form 5) Deliver trainings at district and/or regional levels
8.2 Develop and conduct a number of TTX to test contingency plans on priority zoonoses	May 2021	++	+++	FIRTG, NFA, LMA, NCDC,	<ol style="list-style-type: none"> 1) Develop a plan and timeline of TTXs 2) Nominate participants from both sectors 3) Set up TTX team, invite experts

				Department of Biodiversity and Forestry of the MEPA	<ul style="list-style-type: none"> 4) Develop TTX concept notes including scope, disease, etc. 5) Develop TTX materials including scenarios, goals, injects, evaluation forms 6) Estimate budgets for TTXs 7) Develop recommendations after each TTX and include them to strengthen the contingency plans
Objective 9: Ensure quality of data obtained from field investigation					
9.1 Elaborate indicators for field investigation data quality assessment	December 2020	++	+++	FIRTG, NFA, LMA, NCDC	<ul style="list-style-type: none"> 1) Identify indicators 2) Share them with FIRTG 3) Seek approval of the indicators 4) Commence indicators
EDUCATION, TRAINING & HUMAN RESOURCES					
Objective 10: Ensure a sustainable workforce in human and animal health sectors encountering One Health approach					
10.1 Develop human resource plan for each sector	Q1 2020	+	+++	NCDC, NFA, LMA	<ul style="list-style-type: none"> 1) Establish a joint working group on HR 2) Develop ToR for the HR group 3) Engage sub-contractor if necessary 4) Map existing sources of information 5) Develop a database structure 6) Develop a questionnaire to get additional information on working professionals including gender, age, skills, location, initial and continuous trainings, positions, plans for the future, etc. 7) Develop visualization of collected data including map(s) 8) Conduct analysis of HR needs 9) Define training needs 10) Develop a training plan
Objective 11: Popularize veterinary and public health professions					
11.1 Promote and/or advocate human and animal health professions	Q4 2020	++	+++	NCDC, NFA, LMA	<ul style="list-style-type: none"> 1) Organize "Open Doors" for school graduates to present perspectives in these professions 2) Promotion at the school level

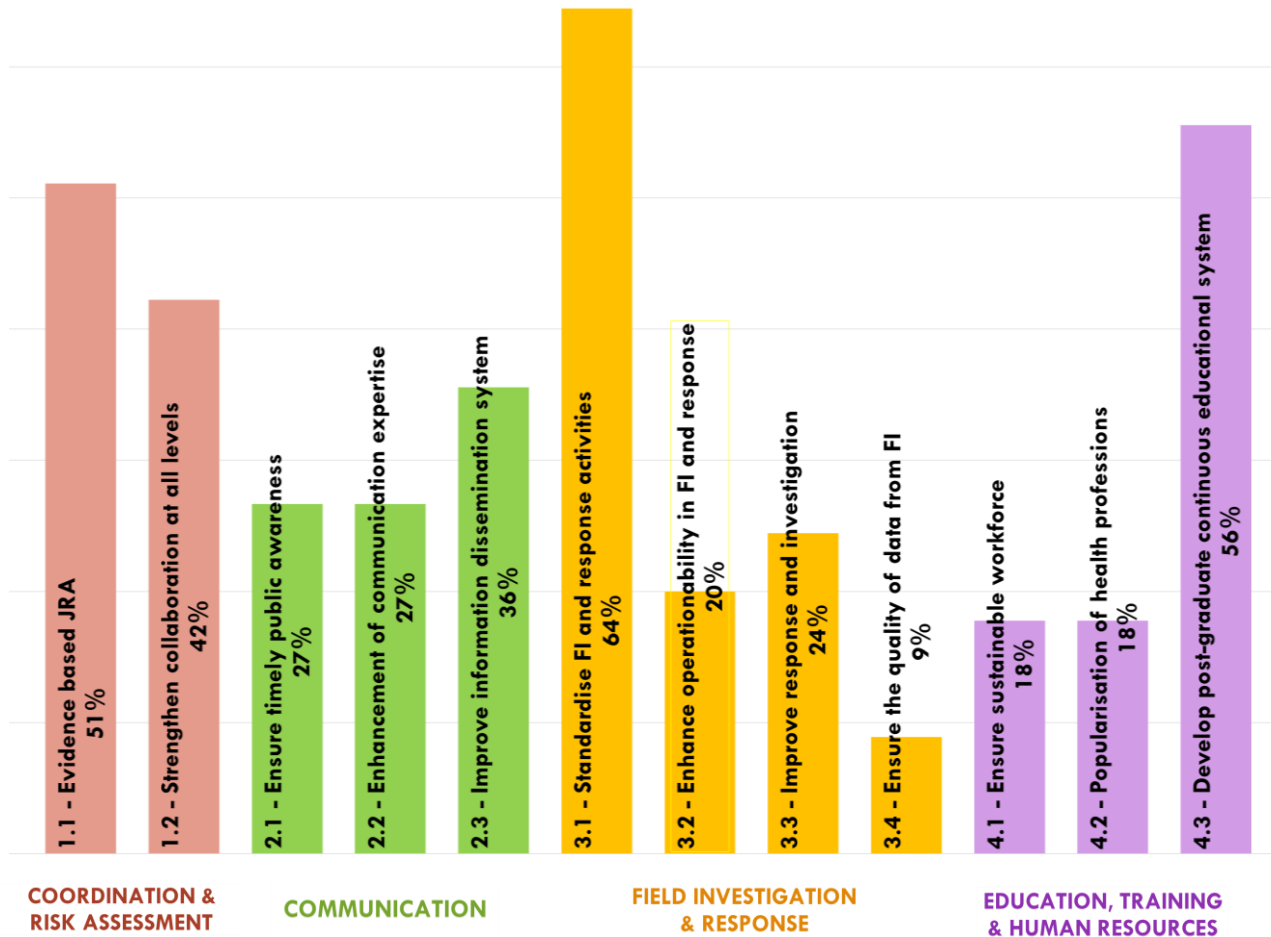
					3) Establish regular on-site practices for the students during their studies 4) Develop promotional campaigns for the general public
Objective 12: Develop continuous professional education system using the One Health approach					
12.1 Conduct an assessment of the training needs	Q1-Q4 2020	++	+++	NCDC, NFA, LMA	1) Assessment to be conducted by the HR working group (Activity 9.1) 2) Tender the sub-contractor if necessary 3) HR WG to develop a questionnaire 4) Conduct a survey and analyze data 5) Develop a training plan based on the analysis and results of Activity 9.1
12.2 Develop legislation supporting continuous professional education	Q1-Q4 2020	++	+++	NCDC, NFA, LMA, Office of Prime Minister	1) Establish a working group 2) Develop ToR 3) Draft legislation 4) Share with relevant Ministries and institutions 5) Approve by all relevant Ministries 6) Commence
12.3 Establish the system of continuous professional education for human and animal health sectors	2020 - 2021	+	+++	Ministry of Health, Ministry of Agriculture	1) Map existing training centers and programs for professional education 2) Conduct accreditation of the programs, courses, etc. 3) Develop a system of academic credits 4) Universities to develop curricula for professional education courses 5) Develop course/module on zoonotic diseases for continuous professional education

Difficulty of implementation: Low +, Moderate ++, Very difficult +++

Impact: Low impact +, Moderate impact ++, High impact +++

OUTPUT 3: PRIORITIZATION RESULTS

All participants were asked to vote to identify which objectives (and their constituting activities) they considered as of the highest priority. The results of the prioritization showed that all technical areas selected in the course of the workshop were crucial to strengthen intersectoral collaboration. Each group had a predominant objective(s) gained almost an equal number of votes indicating the highest priority.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 40 participants (Figure 9) in order to collect feedback on the relevance and utility of the workshop. Overall, the participants valued the workshop as very good and worth for recommendation for other countries. All workshop components such as the content, format, facilitation, and organization gained very high scores.

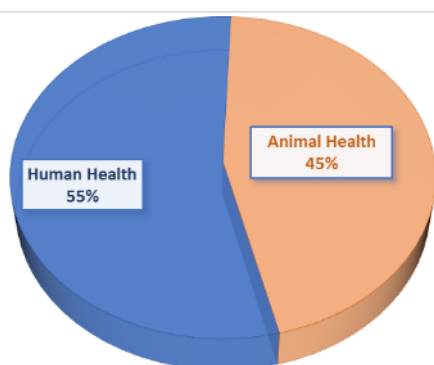


Figure 9: Answers to the question “which sector are you from?” (40 respondents)

Tables 2-5: Results of the evaluation of the event by participants (40 respondents)

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
Overall assessment	100%	3.8
Content	100%	3.8
Structure / Format	100%	3.8
Facilitators	100%	3.8
Organization (venue, logistics, ...)	98%	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	100%	3.5
The work of your unit/department	93%	3.4
The intersectoral collaboration in Georgia	98%	3.6

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

Average score for each session (/4)						
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
3.8	3.7	3.6	3.6	3.6	3.6	3.6

Would you recommend this workshop to other countries?	
Absolutely	59%
Probably	7%
Likely not	0%
No	0%

ANNEX 1: WORKSHOP AGENDA

OCTOBER 30 th - DAY 1	
08:30-09.00	Registration of participants
09.00-10.00	<p>Opening Session</p> <ul style="list-style-type: none"> • NCDC Deputy Director, Dr Paata Imnadze, • NFA, Head of Veterinary Department, Dr Demna Khelaia • WHO CO Georgia, Coordinator for Health Emergency Programs Dr Vasili Esenamanov • OIE Regional Office for Europe, Dr Djahne Montabord • Introduction of participants • Group Photo
10.00-10.20	Coffee break
<p>Session 1: Workshop Objectives and National Perspectives</p> <p>The first session sets the scene by providing background information on the One Health concept and the subsequent tripartite OIE-WHO-FAO collaboration. It is followed by comprehensive presentations from both Ministries on the national public and animal health services. A second documentary provides concrete worldwide examples of fruitful intersectoral collaboration, showing how the two sectors share a lot in terms of approaches, references and strategic views.</p>	
10.20-12.00	<ul style="list-style-type: none"> • Presentation on workshop approach and methodology • MOVIE 1: Tripartite One Health collaboration and vision • Presentation on Veterinary Services and One Health • Presentation on Public Health Services and One Health • MOVIE 2: Driving successful interactions
<p>Lunch (12:00-13:00)</p>	
<p>Session 2: Navigating the road to One Health</p> <p>Session 2 divides participants into working groups and provides an opportunity to work on the presented concepts. Each group will have central and regional representatives from both sectors and will focus on a fictitious emergency scenario.</p> <p>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).</p>	
<p>Expected outcomes of Sessions 1 and 2:</p> <ul style="list-style-type: none"> • <i>Understanding of the concept of One Health, its history, its frameworks, and its benefits.</i> • <i>Understanding that a lot of areas for discussion and possible improvements do exist and can be operational - not only conceptual.</i> • <i>The level of collaboration between the two sectors for 15 key technical areas is assessed. Collaboration gaps identified for each disease.</i> 	
13.00-13.30	<ul style="list-style-type: none"> • Presentation and organization of the working group exercise
13.30-14.30	<ul style="list-style-type: none"> • Case study - Working groups by disease

14.30-15.00	Coffee break
15.00-17.00	<ul style="list-style-type: none"> • Restitution in plenary
17.00	Closure of Day 1

OCTOBER 31st - DAY 2

08:45-09:00	Opening of Day 2
Session 3: Bridges along the road to One Health	
<p>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.</p> <p>This process will enable to visualize the main gaps, to distinguish disease-specific vs systemic gaps and to identify which technical areas the following sessions will focus on</p>	
<p>Expected outcomes of Session 3:</p> <ul style="list-style-type: none"> • <i>Understanding what tools are available to explore capacities in each of the sectors.</i> • <i>Understanding the contribution of the veterinary sector to the IHR.</i> • <i>Understanding of the bridges between the IHR MEF and the PVS Pathway</i> • <i>Identification of the technical areas to focus on during the next sessions.</i> 	
09.00-10.00	MOVIE 3: IHR Monitoring and Evaluation Framework MOVIE 4: PVS Pathway MOVIE 5: IHR-PVS Bridging
10.00-10.50	Mapping gaps on the IHR/PVS matrix
10.50-11.10	Coffee break
11.10-11.30	Discussion in plenary
Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports	
<p>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.</p>	
<p>Expected outcomes of Session 4:</p> <ul style="list-style-type: none"> • <i>Good understanding of the assessment reports, their purpose and their structure.</i> • <i>Main gaps and recommendations from existing reports have been extracted.</i> • <i>A common understanding of the effort needed starts to emerge.</i> 	
11:30-13:00	<ul style="list-style-type: none"> • Presentation and organization of the working group exercise • Extraction of main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix
Lunch (13:00-14:00)	
Session 4 (continued)	
14:00-14:30	<ul style="list-style-type: none"> • Extraction of main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (continued, 30')

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 road-map to improve the collaboration between the sectors.	
<p>Expected outcomes of Session 5:</p> <ul style="list-style-type: none"> • <i>Clear and achievable objectives and activities are identified to improve inter-sectoral collaboration between the two sectors for all technical areas selected.</i> • <i>Timeline, focal points, needed support and indicators have been identified for each activity. The impact and the difficulty of implementation of proposed activities have been estimated</i> 	
14.30-15.30	<ul style="list-style-type: none"> • Presentation and organization of the working group exercise • Activities and Objectives (Working groups by technical topic)
15.30-15.50	Coffee break
15.50-17.15	<ul style="list-style-type: none"> • Continuation of the working group session
17.15	Closure of Day 2

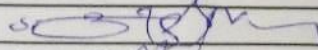

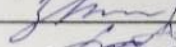
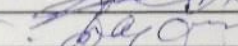
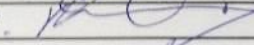
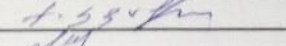
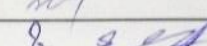



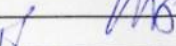
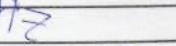
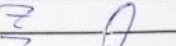
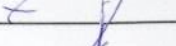




NOVEMBER 1st - DAY 3	
09:00-09:10	Opening of Day 3
<p>Session 6: Fine-tuning the roadmap</p> <p>The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint-road map by making sure it is harmonized, concrete and achievable.</p> <p>Expected outcomes of Session 6:</p> <ul style="list-style-type: none"> • <i>Harmonized, concrete and achievable road-map.</i> • <i>Buy-in and ownership of all participants who contributed to all areas of the road-map. Prioritization of the activities.</i> 	
09.10-10.40	<ul style="list-style-type: none"> • Fine-tuning of the road-map
10.40-11.00	Coffee break
11.00-12.30	<ul style="list-style-type: none"> • World Café
12.30-13.00	<ul style="list-style-type: none"> • Presentation of the prioritization vote • Prioritization vote
Lunch (13:00-14:00)	
<p>Session 7: Way forward</p> <p>In the last session, representatives from the key Ministries take over the leadership and facilitation of the workshop to discuss with the participants about the next steps and how the established roadmap will be implemented.</p> <p>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.</p> <p>Expected outcomes of Session 7:</p> <ul style="list-style-type: none"> • <i>Linkages with NAPHS.</i> • <i>Identification of immediate and practical next steps.</i> • <i>Identification of opportunities for other components of the IHR ME</i> 	
13.00-15.00	Plenary Discussion lead by Ministry representatives

	<ul style="list-style-type: none"> • Next steps • Results of the prioritization vote • Integrating action points into the IHR MEF process
15.00-15.20	<u>Coffee break</u>
15:20-6:30	<u>Closing Session</u> <ul style="list-style-type: none"> • Evaluation of the workshop • Closing remarks

APPENDIX

ANNEX 2: LIST OF PARTICIPANTS

Sign-in Sheet		
IHR/PVS National Bridging Workshop (10-13 Dec, 2019)		
#	Name	Signature
1	Paata Imnadze	[Signature]
2	Ana Kasradze	[Signature] NEDC
3	Ana Tatulashvili	[Signature] NEDC
4	Levan Bakuradze	[Signature]
5	Giorgi Chakhunashvili	[Signature] NEDC
6	Nana Mamuchishvili	[Signature] NEDC
7	Mariam Broladze	[Signature] NEDC
8	Tsiuri Tushishvili	[Signature]
9	Eka Zhorzholiani	[Signature]
10	Mariam Zakalashvili	[Signature]
11	Tamar Chikviladze	[Signature]
12	Eka Gabitashvili	[Signature]
13	Davit Phutkaradze	[Signature]
14	Irakli Sikharulidze	[Signature]
15	Maka Tsilosani	[Signature]
16	Gocha Giorgidze	[Signature]
17	Neli Khizanishvili	[Signature]
18	Nino Gugushvili	[Signature]
19	Rusudan Bibileishvili	[Signature]
20	Archil Mzhavia	[Signature]
21	Anzor Kobalia	[Signature]
22	Mari Giunashvili	[Signature]
23	Zurab Nemstsveridze	[Signature]
24	Lali Kirtadze	[Signature]
25	Nana Odisharia	[Signature]
26	Nino Khurtsia	[Signature]
27	Tengiz Chaligava	[Signature]
28	Irakli Tsikhelashvili	[Signature] NFA
29	Lena Ninidze	[Signature] NFA
30	Tamar Chkuaseli	[Signature]
31	Ketevan Tsiklauri	[Signature] NFA
32	Nana Godabrelidze	[Signature] NFA
33	Ucha Rurua	[Signature] NFA
34	Vakho Gurchiani	[Signature] NFA
35	Tea Oshkhereli	[Signature] NFA
36	Lia Bekauri	[Signature] NFA
37	Nikoloz Tkebuchava	[Signature] NFA
38	Amiran Megrelidze	[Signature] NFA
39	Ioseb Mikeladze	[Signature] NFA
40	Gedevan Devadze	[Signature] NFA
41	Demna Khelaja	[Signature] NFA

42	Ana Gulbani	
43	Marina Donduashvili	
44	Giorgi Chkareuli	
45	Gocha Duduchava	
46	Nana Tabatadze	
47	Maia Mazmishvili	
48	Ketevan Kvantaliani	
49	Manana Kakulia	
50	Zurab Pkhaladze	
51	Jumber Ardzumba	
52	Vasily Esenamnov	
53	Tamuna Zardiashvili	
54	Artem Skrypnyk	
55	Djahne Montabord	
56	Paata Enukidze	
57	Annaleis Hunter	
58	Mamuka Chomakhidze	
59	Lasha Avaliani	

Handwritten initials and signatures in blue ink, including "MS" and "H2", located below the table.

