World Health Organization

WORLD ORGANISATION FOR ANIMAL HEALTH

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

26-28 June 2019

Chisinau, Moldova

Organized by the Ministry of Health, Labour and Social Protection, National Agency of Public Health, the Ministry of Agriculture, Regional Development and Environment, National Agency of Food Safety, WHO and OIE

Acknowledgments

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ABBREVIATIONS & ACRONYMS

AI	Avian Influenza
ANSA	National Agency for Food Safety
ANSP	National Agency for Public Health
BS&S	Biological Safety and Biological Security
DG	Directorate General
FAO	Food and Agriculture Organization of the United Nations
FELTP	Field Epidemiology and Laboratory Training Program
FP	Focal Point
HQ	Headquarters
IHR	International Health Regulations (2005)
IT	Information technology
MEF	Monitoring and Evaluation Framework
MADRM	Ministry of Agriculture, Regional Development and Environment
MSMPS	Ministry of Health, Labour and Social Protection
MoU	Memorandum of Understanding
ANSPS	National Action Plan for Health Security
OIE	World Organisation for Animal Health
PH	Public Health
PVS	Performance of Veterinary Services
SOP	Standard Operating Procedures
TOR	Terms of Reference
TTX	Table-top exercise
WHO	World Health Organization

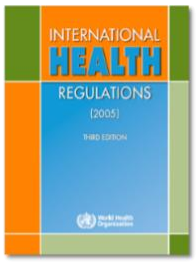
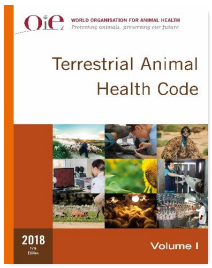
INTRODUCTION

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 other assessment 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.

	HUMAN HEALTH	ANIMAL HEALTH
International Legal Framework	 IHR (2005)	 OIE Standards
Assessment tools for country capacities	 Annual reporting tool	  PVS Pathway

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 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 Moldova,

- no OIE PVS Evaluation has been conducted yet;
- an external evaluation of IHR core capacities of Moldova was conducted in 2018.

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

The agenda of the Workshop is available in Annex 1. It was attended by 60 participants from the Ministry of Health, Labour and Social Protection, National Agency of Public Health, Ministry of Agriculture, Regional Development and Environment, and National Agency for Food Safety with representatives from the Central, Regional and District levels attending the three-day discussions. Representatives of development partners (Norvegian Institute for Public Health, FAO) were also present.

REPORT ON THE SESSIONS

From 26th to 28th June 2019, the National Bridging Workshop (NBW) on the International Health Regulations (IHR) and the OIE Performance of Veterinary Services (PVS) Pathway for the Republic of Moldova was held in Chisinau. The Workshop was hosted at the kind invitation of the Government of Moldova, with organizational support from the WHO Country Office in the Republic of Moldova. The Workshop was attended by 60 participants from the Ministry of Health, Labour and Social Protection (MSMPS), National Agency of Public Health (ANSP), and Ministry of Agriculture, Regional Development and Environment (MADRM), National Agency for Food Safety (ANSA), as well as representatives of World Health Organization (WHO), World Organisation for Animal Health (OIE), and Food and Agriculture Organization of the United Nations (FAO). An observer from the Norwegian Institute for Public Health 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

Opening speeches were given by Dr Aliona Serbulenco (State Secretary for MSMPS), Dr Ela Malai (Deputy Director-General, ANSA), Dr Igor Pokanevitch (WHO representative in the Republic of Moldova), Dr Tudor Robu (FAO representative in the Republic of Moldova), Dr Djahne Montabord (OIE Regional Representation in Moscow), Dr Stéphane de la Rocque (WHO HQ). They highlighted numerous joint One Health activities already implemented in the country by both sectors and emphasized on the need for further improvement and strengthening of the strong collaboration by implementing the roadmap developed at the National Bridging Workshop (NBW), organized by WHO and OIE. It was stressed that it is a good opportunity to widen and intensify the cooperation between the sectors of Public and Animal Health, use good examples of collaboration between WHO, OIE, and FAO on global strategies, and stimulate the discussion between sectors at different levels. Building of a joint work plan, to be as operational as possible, will develop a vision of future cooperation, recognized for Moldova as a way to be better prepared to face the possible outbreaks of zoonotic diseases and other emergencies.

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.

Dr Natalia Caterinciuc, Head of Department of the National Agency for Public Health (ANSP), comprehensively presented the structure of the Public Health System in the Republic of Moldova, including the organogram of ANSP, legislation, surveillance system, laboratory capacities, and rapid response & field investigation. She highlighted the existing intersectoral collaboration between human and animal health sectors in the prevention and control of zoonotic communicable diseases, surveillance of reservoirs and vectors, and antimicrobial resistance. Dr Caterinciuc stressed that the intersectoral collaboration capitalizes on epidemiological investigations, exchange of information and data, joint action plans and joint communication campaigns.

That picture was completed by Mrs Cristina Sirbu, representative of the Animal Health and Welfare Department of the National Agency for Food Safety (ANSA), who presented the structure of ANSA and provided details on the implementation of the cooperation agreement between the two Ministries to better control zoonotic diseases which was signed in 2016. The interaction between human and animal health sectors is formalized in annual strategic plans containing activities needed for the control and surveillance of zoonotic diseases (tuberculosis, brucellosis, salmonellosis, anthrax, rabies, etc.). Strengths and areas for improvement were highlighted including lack of risk evaluation methodology, gaps to fill in terms of cooperation in surveillance, and information exchange using electronic tools. The collaboration should progress identifying joint priorities, common policies for zoonotic diseases, their implementation, and conducting joint simulation exercises to check the rapid response mechanism. The NBW is a good platform to discuss the operationality and the cooperation between the two systems and what particular activities could be implemented, focusing on operational aspects.

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, District). Groups were provided with a case study scenario (Table 1) based on diseases relevant to the local context (anthrax, avian influenza, brucellosis, rabies, salmonellosis) developed in collaboration with national representatives.

Table 1: Scenarios used for different case studies

Anthrax **(disclaimer: this incident is completely fictional)** *9 people are showing identical anthrax-like lesions reported in a rayon hospital. One of these patients is a worker at the village's slaughterhouse. At least 60 people who allegedly ate uninspected meat from the same rayon have been screened for anthrax. The victims were rushed to a primary health care center after they developed symptoms associated with cutaneous anthrax. The man who sold the uninspected meat disappeared after learning that his neighbors had fallen sick.*
Avian influenza **(disclaimer: this incident is completely fictional)** *Two persons were admitted at the rayon infection hospital with pneumonia. Laboratory testing by RT-PCR was positive for avian influenza H5N1. One of the patients is a semi-commercial broiler producer who sells his birds three times a week at the local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and bought four chickens.*
Brucellosis **(disclaimer: this incident is completely fictional)** *During the last month three cows all belonging to a small-holder dairy farmer in a village aborted. At the time of the first two abortions, the farmer did not bother to report the problem to his local veterinary inspector as his farm was too far away from the Rayon Veterinary Office. However, the third abortion took place a day before market day and he happened to be in rayon center, where he met the Rayon Veterinarian and he mentioned that 3 of his cows had recently aborted their calves. The veterinarian quickly went to the farm and carried out a Milk Ring Test on the three animals which had aborted and found them all to be positive for Brucellosis.*
Rabies **(disclaimer: this incident is completely fictional)** *A stray dog which 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 caught and restrained. Veterinary Service was informed.*
Salmonellosis **(disclaimer: this incident is completely fictional)** *90 people in the capital sought medical attention when they suffered high fever, nausea, diarrhea and severe abdominal pain, 12-36 hours after eating breakfast at a prominent hotel. Of these, 7 (5 children and 2 elderly) were hospitalized. All recovered within a week. The Managing Director of the hotel said that it sourced its eggs from a reputable supplier and that the hotel stored its eggs according to food safety standards.*

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.
- 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 such as the IHR annual reporting and the IHR MEF assessment tools and the 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.

It was noted that areas for improvement in coordination and cooperation between public health and veterinary services exist in many closely related technical capacities, reflecting the scores obtained in Session 2 (Output 1). In order to address as many gaps as possible, it was agreed to combine related technical capacities. It was agreed that the rest of the workshop would focus on the following capacities:

- Priority technical area 1: Human resources, education and training
- Priority technical area 2: Joint surveillance and risk assessment
- Priority technical area 3: Response and field investigation
- Priority technical area 4: Laboratory, surveillance and coordination at technical level

Finance came-up as one of 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 that domain. It remains nonetheless one of the major gaps impairing 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).

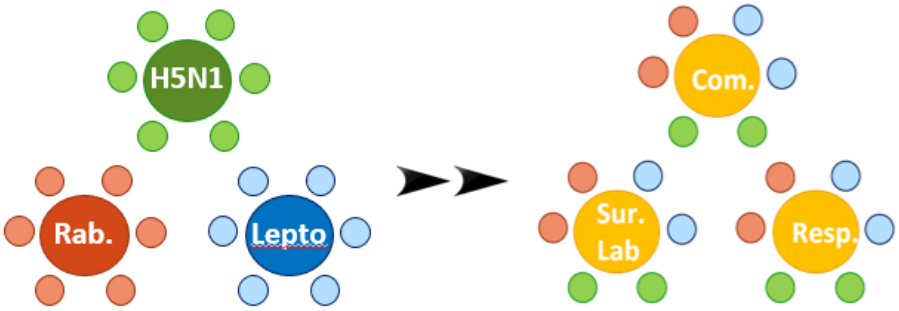


Figure 3: Generic graph describing the organization of working groups for Session 2-3 (left) and Session 4-5 (right).

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

Figure 4: Participants extracting results from the national evaluation report.

Outcomes of Session 4:

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

SESSION 5: ROAD PLANNING

Using the same working groups as for the previous session, participants were asked to identify, three to ten joint activities per group according to the group's technical area identified previously. Based on the results of the previous sessions (case study exercises, extraction from reports) and their own experience, participants brainstormed on the identification of joint activities and objectives to improve mutual collaboration between the two sectors. Participants discussed their ideas within their groups and drafted them using the flipcharts (Figure 5).

Figure 5: The participants are brainstorming on human resources, education, and training activities.

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

Using the same groups as in the previous session, 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 6).

Figure 6: The group working on "Laboratories, surveillance and technical coordination" identified 3 objectives and 9 activities to improve the collaboration between the two sectors in this domain.

A World Café exercise was then organized to enable participants to contribute to the action points of all technical areas. 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 20 minutes 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.

Overall, the four groups identified a total of 9 key objectives and 22 activities (please see "Post-workshop technical consultations on the roadmap" for more details on the activities). The detailed results are presented in NBW Roadmap in Output 2.

Prioritization of Objectives

To prioritize the objectives identified by the technical working groups, participants were invited to vote for the activities they considered as the highest priority. 40 participants participated in the vote. Each participant had seven votes and voted using color stickers (Figure 7). This prioritization showed that all topics selected in the course of the workshop were crucial to strengthen intersectoral collaboration; the following domains, however, were predominant: "joint surveillance, risk assessment, laboratories, coordination on the technical level".

A total of 7 activities were selected as of the highest priority for the country (rank in the list reflects the voting results):

1. Develop/revise national strategy for the building of human resources in Public and Animal Health Sectors;
2. Re-establish functionality of electronic surveillance systems (SITA for Veterinary Service; SAE for Public Health);
3. Develop national guidelines for joint surveillance of zoonoses;
4. Develop a joint response plan which will incorporate unified instructions on response and field investigation;
5. Establish intersectoral technical Committee on Biosafety and Biosecurity at the national level;
6. Conduct joint prioritization of zoonotic diseases included in the surveillance system;
7. Develop SOPs for interlaboratory quality control of diagnostics of zoonotic diseases.

Full results of the vote can be found in Output 3.

Figure 7: Participants using color stickers to vote for their priority activities.

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

Results of the prioritization vote were presented and discussed.

Participants actively participated in the discussion of Session 7. Representatives of both sectors highlighted that collaboration between the sectors of Human and Animal Health is of vital importance to achieve sustainable results in improving both the public and veterinary health situation and strengthening of the public health system in the Republic of Moldova. It was noted that each of participants would become a locomotive to promote One Health when coming back to their respective workplace, so One Health could be implemented not only at the institutional level but also practiced routinely at the individual professional level which will enhance the overall system performance.

The discussions in the groups as well as in plenary, though sometimes heated, were fruitful and helped to achieve the best compromise acceptable to both sides. Participants have received broad knowledge of the concept of One Health and developed a number of activities. This should be seen as a pathway to follow with clear objectives and a robust understanding of how to convert the gaps identified in collaboration between the two sectors into strengths to be better prepare for future health emergencies.

Although many participants had extensive experience working in their field for decades, the workshop helped to obtain a broader view of the system and working in different fields. It also helped participants to look at the system with the eyes of their counterpart colleagues. Regardless of the sector, an individual participant works for, eventually, all are part of a bigger team, the One Health team.

Dr Natalia Caterinciuc, Head of Department of the ANSP, acknowledged many ideas and solutions developed during the 3-day course of the workshop. She recognized that such a workshop is an excellent platform for experts from two sectors to come together and openly discuss many specific problems together. The workshop in itself represents the progress of utmost importance since 3 years ago such an event allowing to listen and to discuss common challenges was not possible. Today, experts from different sectors understand each other better and there is a will to collaborate. Another important outcome is the working document developed during the workshop – the roadmap. The fields which have been identified need to be pushed forward. The ideas discussed at the workshop will be used for drafting the joint legislation to be further supported by the Government. The workshop activities, as well as those identified in light of the external evaluation of the IHR core capacities, will be used for the development of the respective sections of the National Action Plan for Health Security (NAPHS).

Dr Maksim Sirbu, Deputy Chief Veterinary Officer (ANSA), noted he witnessed the bridge being built among the participants during the workshop. ANSA supports building of this One Health bridge and takes the responsibility to contribute to its construction. The roadmap activities will become a part of an action plan being developed at the national and regional level. Some of the ideas and particular activities developed during the workshop are worth to include in the existing and future national legislation.

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, the participants thanked the WHO and the OIE for the opportunity of constructive work to improve the communication and coordination between the Human and Animal Health sectors. They recognized the methodology proved to be successful.

The WHO country office emphasized the relevance and importance of the results of this 3-day workshop in terms of the development of actions for the NAPHS, with efforts requesting the involvement of all stakeholders and insisted on the need to ensure effectiveness and avoid any duplication. WHO and OIE stressed the importance of building capacities and strengthening the intersectoral cooperation to enable the countries of the region to respond adequately to threats and emergencies.

All the material used during the workshop, including movies, presentations, documents and 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 projected and is available at the following link: www.bit.ly/NBWMoldova.

POST-WORKSHOP TECHNICAL CONSULTATION ON THE ROADMAP

Key participants of the workshop were engaged in remote technical consultations on the roadmap activities after the workshop. The activity cards and respective objectives developed during the workshop were further analyzed and updated with additional information. 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.

For example, on one occasion, it was discussed and agreed to combine two similar activity cards into one activity to avoid duplicate efforts. On the contrary, several activity cards were separated into different activities as they initially represented very complex processes which, in turn, triggered other types of activities. Overall, 9 key objectives and 27 activities (compared to 22 activities identified during the workshop) were validated. The detailed results are presented as the NBW Roadmap in Output 2.

WORKSHOP OUTPUTS

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

Technical area (cards)	Anthrax	Avian flu	Brucellosis	Rabies	Salmonellosis	Score
Finance						10
Education and training						8
Emergency funding						7
Risk assessment						7
Coordination at technical level						7
Human resources						6
Joint surveillance						6
Response						5
Communication with media						5
Legislation / Regulation						5
Coordination at high level						5
Coordination at local level						4
Laboratory						3
Communication with stakeholders						3
Field investigation						1

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

OUTPUT 2: OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Process
JOINT SURVEILLANCE, LABORATORY & COORDINATION AT TECHNICAL LEVEL					
Objective 1: Improve the system of epidemiological surveillance of zoonoses and decrease disease burden in humans and animals					
1.1 Create a permanent intersectoral working group for epi surveillance	November 2019	+	+++	Ministry of Health, Labor, and Social Protection (MSMPS), Ministry of Agriculture, Regional Development and Environment (MADRM), National Agency of Food Safety (ANSA)	1) Develop ToR for the committee and define responsibilities for the committee members 2) Nominate 5-7 experts 3) Develop the working plan 4) Approve the committee by the joint decree
1.2 Develop guidelines (instructions, standards) on joint epidemiological surveillance of zoonoses	November 2020	++	+++	Intersectoral working group on epi surveillance	1) Collect data and conduct analysis by the diseases: salmonellosis, brucellosis, rabies, West Nile fever, Q-fever, and others. 2) Develop guidelines or any other legislation needed
1.3 Revise the existing system of epidemiological surveillance of zoonoses	April 2020	++	+++	Intersectoral working group on epi surveillance	1) Collect data 2) Processing of collected data 3) Analysis of data 4) Assessment of surveillance system 5) Defining of gaps and recommendations
Objective 2: Assure quality control of diagnostics of zoonotic diseases					
2.1 Develop SOPs for interlaboratory quality control of diagnostics of zoonotic diseases	Q1 2020	+	++	National Agency of Public Health (ANSP), ANSA	1) Create a working group which will include 2 experts from ANSP and 2 from ANSA 2) Develop ToR for the working group, define responsibilities for the members 3) WG to meet periodically, at least once per 4 months 4) Develop a working plan 5) The SOP will include among others:

					- responsibilities for the organization of the process of exchange of samples between laboratories, - summarizing and processing of data, - analysis of PTS results 6) Approval of SOP by joint decree
2.2 Joint participation of the national reference laboratories in the international Proficiency Testing Schemes (PTS) to increase the quality of diagnostics of zoonotic diseases	July 2020	+++	+++	ANSP, ANSA, Working group on quality control	- Priority zoonoses: • Brucellosis • Anthrax • Salmonellosis, etc. - Map national laboratories accredited to diagnose zoonoses - Define a person responsible for the PTS organization (ordering, payments, receiving of panels) - Nominate lab specialists responsible for conducting of PTS and sharing results
2.3 Organizing and joint participation of the national laboratories in the national PTS	January 2020	+++	+++	ANSP, ANSA, Working group on quality control	- Define national reference laboratories responsible for preparation and organization of the national PTS on priority zoonoses - Identify national laboratories in both sectors to participate in PTS - Conduct the national PTS - Analyse the results and prepare recommendations - Revise national legislation to include participation of the national labs in PTS on a regular basis
Objective 3: Strengthen biological safety and biological security in microbiological laboratories					
3.1 Establish intersectoral technical Committee on Biosafety and Biosecurity at the national level	January 2020	+	+++	MSMPS, MADRM, ANSA, ANSP	- Nominate Committee members - Develop ToR for the Committee and its members - Develop working plan
3.2 Adopt minimal standards of biosafety and biosecurity for microbiological laboratories of both sectors	January 2020	+	+++	MSMPS, ANSA, ANSP BS&S Committee	- Create working group of 6 specialists from both sectors - Develop ToR for the working group - Map existing BS&S standards for laboratories, those recommended by WHO and OIE, including BMBL - Adopt international standards to the national conditions - Develop national legislation on BS&S minimal standards - Approve by joint decree

3.3 Develop SOP Manual for diagnostic microbiological laboratories	July 2021	+	+++	MSMPS, ANSA, BS&S Committee	- Map existing national SOPs - Adopt international SOPs - Develop a Manual containing general laboratory SOPs, BS&S SOPs, diagnostic methods SOP, etc.
JOINT SURVEILLANCE, RISK ASSESSMENT					
Objective 4: Enhance joint surveillance of zoonotic diseases at national and regional levels					
4.1 Create two joint technical working groups on (1) prioritizing of zoonoses, risk assessment, and surveillance; and (2) technical assessment of electronic systems	October 2019	++	+++	MSMPS, MADRM, ANSP, ANSA	1) Nominate experts (3 from each agency) 2) Develop ToRs for the groups and approve by joint decree 3) Develop working plans for both groups
4.2 Conduct joint prioritization of zoonotic diseases included in surveillance system	April 2020	++	+++	MSMPS, MADRM, ANSP, ANSA, Working group on prioritization, surveillance & risk assessment	1) Develop joint national protocol of prioritization of zoonoses based on the existing international documents (ECDC, OIE) 2) Consultation of the draft protocol with relevant national agencies 3) Approve protocol by the joint decree 4) Conduct a joint workshop on zoonoses prioritization 5) Develop list of priority zoonoses and agree with the relevant agencies 6) Develop and approve joint order on priority zoonoses included into surveillance
4.3 Develop national guidelines for joint surveillance of zoonoses	December 2020	++	+++	MSMPS, MADRM, ANSP, ANSA, Working group on prioritization, surveillance & risk assessment	1) Establish working group of 12 people 2) Map, translate and adapt existing international documents from WHO, OIE, FAO, etc. 3) Conduct meetings with Moldovan and international experts 4) Develop the guidelines 5) Test guidelines with all actors involved 6) Conduct gap analysis and update the guidelines 7) Approve the guidelines by joint decree 8) Publish guidelines electronically and print hard copies for each involved party

4.4 Re-establish functionality of electronic surveillance systems (SITA for Veterinary Service; SAE for Public Health)	March 2020	+++	++	MSMPS, MADRM, ANSP, ANSA, Working group on assessment of electronic surveillance systems	- Conduct technical assessment of electronic surveillance systems - Conduct gap analysis - Prepare recommendations to re-establish functionality of both systems - Map resources / partners to re-establish electronic systems and conduct technical maintenance
Objective 5: Ensure effective risk management within public health and animal health sectors					
5.1 Create joint committee on risk assessment at the national level	Q1 2020	+	+++	MSMPS, ANSP, ANSA	- Decree to develop joint committee - Develop TOR of the committee - Committee to develop framework strategy of the joint risk assessment
5.2 Adapt national protocol on joint risk assessment	Q3 2020	++	++	Joint Committee on Risk Assessment	1) Map existing international documents on joint risk assessment (WHO, OIE, FAO, etc.) 2) Translate into Romanian 3) Adapt the documents to / draft national protocol (legislation) 4) Consult the draft protocol with the national agencies 5) Test protocols with all actors involved 6) Conduct gap analysis and update the protocol 7) Approve the protocol by joint decree 8) Publish the protocol electronically and print hard copies for each involved party
5.3 Create expert group to conduct the joint risk assessment	2020	+	+++	MSMPS, ANSP, ANSA, Joint Committee on Risk Assessment	- Create expert group by the joint decree - Develop TOR of the group - Conduct joint risk assessment on priority zoonoses
5.4 Conduct workshop to train national experts on the tool (methodology) on joint risk assessment (developed by WHO/OIE/FAO)	Q2 2020	++	+++	MSMPS, ANSP, ANSA, Joint Committee on Risk Assessment	- Request WHO - Nominate participants - Conduct workshop and develop recommendations

RESPONSE & FIELD INVESTIGATION					
Objective 6: Optimize field investigation and response measures for zoonoses					
6.1 Develop a joint response plan which will incorporate unified instructions on response and field investigation	Q4 2019 – Q4 2021	+	++	MSMPS (Department of Control of Transmissible Diseases), ANSP, ANSA (Department of Animal Health)	1) Create joint working group which will include epidemiologists from both sectors 2) Develop ToR for working group3) Develop working plan 4) Regular quarterly joint meetings 5) Draft joint response plan according to: - prioritized zoonoses (4.2) - identified hazards and risks (5.3) 6) Joint response plan will incorporate unified instructions on response and field investigation, and ToR for the joint rapid response teams 7) Discuss the draft joint response plan with of all the stakeholders 8) Finalize the plan 9) Seek approval by the Government
6.2 Conduct table-top exercise (TTX) with the joint response plan	Q2 2022	+	+++	MSMPS (Department of Control of Transmissible Diseases), ANSP, ANSA (Department of Animal Health), Working Group on Joint Response Plan	- Create TTX team - Develop TTX concept note, scenario and package of TTX materials - Nominate participants from both sectors (RRTs) - Conduct TTX - Identify gaps in the joint response plan - Revise the joint response plan accordingly
6.3 Conduct joint full-scale simulation exercise (FSX) for RRTs regularly	Q4 2021	+++	+++	ANSP, ANSA	- Establish FSX team - Develop FSX material package including scenarios, injects, etc. - Prepare the budget and identify number of participants - Nominate participants from both sectors (RRTs) - Agree with local authorities location and time of FSX

					- Request international organizations for help with experts and organization - Conduct FSX- Identify gaps in the joint response plan - Revise the joint response plan accordingly - Identify frequency of FSX as per need
6.4 Create joint rapid response teams (RRTs) at the regional level (10 regions)	Q2 2020	++	+++	ANSP, ANSA (Department of Animal Health), Working Group on Joint Response Plan	- Both agencies to nominate 2 specialists in the each region - Conduct gap analysis of the logistics needs of the joint RRTs - Joint RRTs to meet at least twice a year
6.5 Review emergency funding arrangements for joint RRTs considering joint mechanisms	Q1 2020	+++	+++	MSMPS, ANSP, ANSA	- Revise and update existing MoU between the two sectors (772/9 of 13 October 2016) - Check the inventory on existing PPEs and sampling equipment - Calculate needs to restock - Expenses to be included into budgets of both agencies - Refill the inventory if needed - Develop logical management process for the joint stockpile
HUMAN RESOURCES, EDUCATION AND TRAINING					
Objective 7: Enhance human resource capacities for Public and Animal Health sectors					
7.1 Develop a joint education module/program for Master course of Medical and Agrarian Universities and postgraduate education on One Health, joint response and field investigation	Q4 2021	++	+++	State Agrarian University, State University of Medicine and Pharmacy, ANSP, ANSA	1) Develop a curriculum module/program to cover One Health, joint response and field investigation and update it regularly 2) Include the One Health module/program into curricula of undergraduate students of Medical and Veterinary Faculties; license degree students; postgraduate education courses for specialists (MDs, DVMs, lab staff). 3) Develop and conduct the joint 7-10 days course on One Health, joint response and field investigation at Management School of ANSP

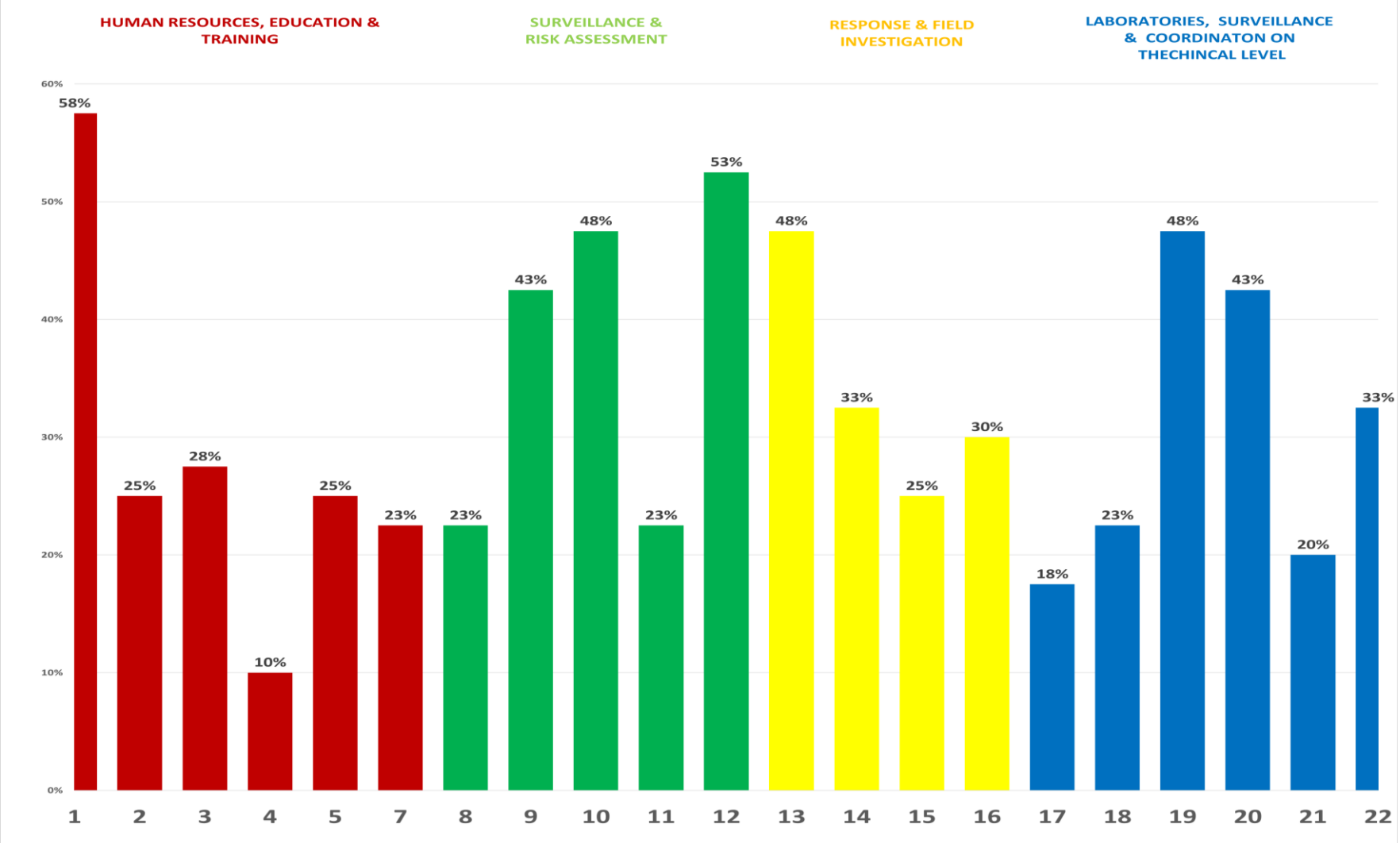
7.2 Develop the cascade joint practical training on joint field (outbreak) investigation and joint response (to exercise activity 6.1)	Q4 2021	++	+++	ANSP, ANSA, State Agrarian University, State University of Medicine and Pharmacy	1) Adapt/develop training package 2) Allocate resources 3) Engage international experts 4) Conduct ToT training at the national level 5) Conduct 10 replica trainings at the regional level 6) Identify participants involving human and animal epidemiologists 7) Identify focal points from each sector
7.3 Conduct joint training how to use joint information system for epidemiologists, epizootologists, laboratory specialists (in support of the activity 4.4)	Q2 2020	+	+	ANSP, ANSA	1) Identify trainers 2) Conduct 1 training at the national level 3) Conduct 10 trainings at the regional level
Objective 8: Promote positive image of medical and veterinary doctors for young people and among the specialists					
8.1 Develop/revise national strategy for building of human resources in Public and Animal Health Sectors	Q4 2021	+++	+++	MSMPS, MADRM, Ministry of Education, Prime Minister Office	1) Establish a joint working group 2) Revise existing legislation on MD and DVM HR 3) Develop joint strategy to - increase attractiveness of MD and DVM specialties, - promote positive image of MD and DVM - motivate young specialists and students 4) Develop and implement communication campaign 5) Develop program of material and moral motivation of practical MDs and DVMs 6) Draft the budget 7) Seek approval for the joint strategy at Prime Minister level 8) Launch the strategy with all stakeholders
Objective 9: Assure maintaining of high professional quality of post-graduate specialists					
9.1 Revise/establish system to maintain the professional quality of post-graduated of public and animal health sector specialists		+	+++	MSMPS, MADRM, Ministry of Education	1) Establish a joint working group 2) Develop ToR for the group 3) Develop system of credits to be earned (bi)annually by post-graduate specialists in both sectors

					4) Identify respecting courses/events and number of credits per course/event 5) Identify categories of specialists whose professional quality should be maintained

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

OUTPUT 3: PRIORITIZATION RESULTS

Participants were invited to vote for the activities they considered as the highest priority. Each participant had seven votes and voted using color stickers. 40 participants participated in the vote. This prioritization showed that all topics selected in the course of the workshop were crucial to strengthen intersectoral collaboration. However 7 were selected as of the highest priority for the country.



WORKSHOP EVALUATION

An evaluation questionnaire was completed by 44 participants (Figure 8) 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.

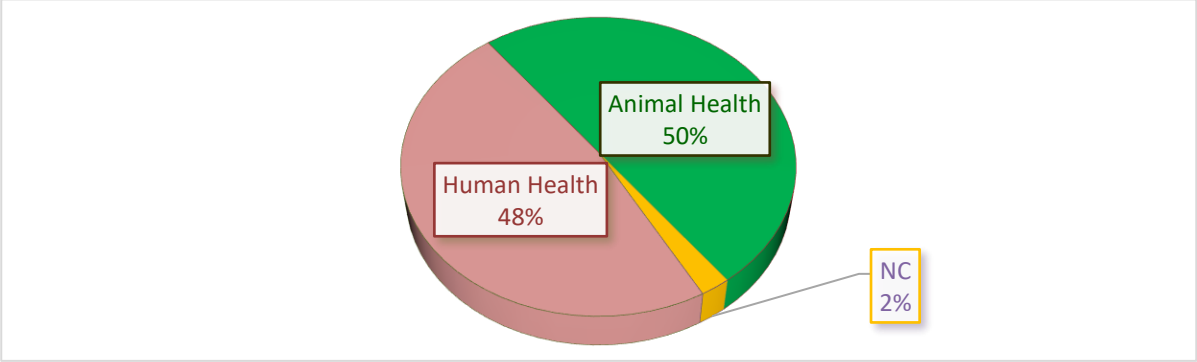


Figure 8: Answers to the question "which sector are you from?" (44 respondents)

Tables 2-5: Results of the evaluation of the event by participants (44 respondents)

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

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

Impact of the workshop on…	'Significant' or 'Major'	Average score (/4)
Your technical skills / knowledge	**98%**	**3.5**
The work of your unit/department	98%	3.4
The intersectoral collaboration in Moldova	93%	3.4

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	3.6	3.7	3.7	3.7	3.8	3.9

Would you recommend this workshop to other countries?	
Absolutely	82%
Probably	11%
Likely not	0%
No	0%

APPENDIX

ANNEX 1: WORKSHOP AGENDA

26 June 2019, DAY 1	
08:30-09.00	Registration of participants
09.00-9.50	**Opening Ceremony** - Mrs. Aliona Serbulenco, Secretary of State, Ministry of Health Labour and Social Protection - Mrs Ela Malai, Deputy, general director, National Agency for Food Safety - Dr. Igor Pokanevych, WHO Representative , WHO Country Office in the Republic of Moldova - Mr. Tudor Robu, Assistant FAO Reprezentative in the Republic of Moldova - Dr Djahne Montabord, OIE Regional Representation for Europe - Dr Stéphane de La Rocque De Severac, WHO, HQ • Introduction of participants (10') • Group Picture (10')
09.50-10.10	Coffee break (20')
10.10-12.10	**Session 1: Workshop Objectives and National Perspectives** The first session sets the scene by providing background information on the One Health concept and the subsequent tripartite OIE-WHO-FAO collaboration. - National Public Health Agency - aspects of epidemiological surveillance and collaboration in the field of zoonoses. ***Natalia Caterinciuc, ANSP*** - Principles of organizing the activity of the veterinary service in the Republic of Moldova. ***Cristina Sirbu, ANSA*** 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.
	• Workshop approach and methodology - PPT (10') • MOVIE 1: Tripartite One Health collaboration and vision (15') • Veterinary Services and One Health - PPT (20') • Public Health Services and One Health - PPT (20') • MOVIE 2: Driving successful interactions - Movie (25')
Lunch (12:10-13:30)	
13.30-15.10	**Session 2: Navigating the road to One Health** Session 2 divides participants in working groups and provides an opportunity to work on the presented concepts. Each group will have central and provincial representatives from both sectors and will focus on a fictitious emergency scenario. Using diagrammatic arrows to represent the progression of the situation, groups will identify joint activities and areas of collaboration and assess their current functionality using one of three color-coded cards (green, orange, red).
15.10-15.20	Coffee break

15.20-17.00	• Presentation and organization of the working group exercise - PPT (15') • Case study - Working groups by disease (120') • Restitution (75')
Expected outcomes of Sessions 1 and 2: • *Understanding of the concept of One Health, its history, its frameworks and its benefits.* • *Understanding that a lot of areas for discussion and possible improvements do exist and can be operational - not only conceptual.* • *Level of collaboration between the two sectors for 15 key technical areas is assessed.* • *Collaboration gaps identified for each disease.*	
17.00-18.30	**Facilitators and moderators only:** Briefing Session 3-4-5 and compilation of results from Session 2
27 June 2019, DAY 2	
08:30-08:40	Feedback from day 1
08:40-10:50	**Session 3: Bridges along the road to One Health** Session 3 presents the tools from both sectors (IHR MEF, PVS) and uses an interactive approach to map activities identified earlier onto a giant IHR-PVS matrix. 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.
	• MOVIE 3: IHR Monitoring and Evaluation Framework (25') • MOVIE 4: PVS Pathway (25') • MOVIE 5: IHR-PVS Bridging (10') • Mapping gaps on the IHR/PVS matrix (50') Discussion - Plenary (30')
10:50-11:20	Coffee break
Expected outcomes of Session 3: • *Understanding that tools are available to explore capacities in each of the sectors.* • *Understanding of the contribution of the veterinary sector to the IHR.* • *Understanding of the bridges between the IHR MEF and the PVS Pathway.* • *Identification of the technical areas to focus on during the next sessions.*	
11:20-13:00	**Session 4: Crossroads - IHR MEF, PVS Pathway reports** Participants will be divided into working groups by technical topic (surveillance, communication, coordination, etc) and will explore the improvement plans already proposed in the respective assessments (IHR annual reporting, 2018 Joint External Evaluation, PVS Evaluation, etc.), extract relevant sections and identify what can be synergized or improved jointly.
	• Presentation and organization of the working group exercise (20') • Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (60')
Lunch (13:00-14:00)	
14:00-14:30	**Session 4 (continued)**
	• Extract main gaps and recommendations from the PVS and IHR reports (including the 2018 Joint External Evaluation), in relation to gaps identified on the matrix (continued, 30')
Expected outcomes of Session 4:	

• *Good understanding of the assessment reports, their purpose and their structure.* • *Main gaps and recommendations from existing reports have been extracted.* • *A common understanding of the effort needed starts to emerge.*	
14:30-15:20	**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.
15:20-15:40	Coffee break
15:40-17:15	• Presentation and organization of the working group exercise (15') • Objectives and Activities (Working groups by technical topic) (150')
Expected outcomes of Session 5: • *Clear and achievable objectives and activities are identified to improve inter-sectoral collaboration between the two sectors for all technical areas selected.* • *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.*	
17.15-19.00	**Facilitators only:** Compilation of results from Session 5 (drafting of the road-map) and preparation of Session 6
28 June 2019, DAY 3	
09:00-9:10	Feedback from day 2
9:10-10:20	**Session 6: Fine-tuning the roadmap** The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint-road map by making sure it is harmonized, concrete and achievable. • Fine-tuning of the road-map (90')
10:20-10:40	Coffee break
10:40-12:15	• World Café (90') • Presentation of the prioritization vote (10') • Prioritization vote (during lunchtime)
Expected outcomes of Session 6: • *Harmonized, concrete and achievable road-map.* • *Buy-in and ownership of all participants who contributed to all areas of the road-map.* • *Prioritization of the activities.*	
Lunch (12:15-13:30)	
13:30-15:20	**Session 7: Way forward** In the last session, representatives from the key Ministries take over the leadership and facilitation of the workshop to discuss with participant about the next steps and how the established roadmap will be implemented. Linkages with other mandated plans such as the National Action Plan for Health Security are discussed. This is also where any need from the country can be addressed. This will depend greatly on the current status of the country in terms of IHR-MEF and on the level of One Health capacity.
	• Results of the prioritization vote (15') • Integrating the action points into the IHR-MEF process (30') • Next steps (75') (lead by Ministry representatives)

Expected outcomes of Session 7: • *Linkages with ANSPS.* • *Identification of immediate and practical next steps.* • *Identification of opportunities for other components of the IHR-MEF.*	
15.20-15.40	Coffee break
15:40-16:40	**Closing Session** • Evaluation of the workshop (20') Closing ceremony (40')
16.40-17.00	**Facilitators:** Video interview of some participants

APPENDIX

ANNEX 2: LIST OF PARTICIPANTS

List of participants
NATIONAL IHR-PVS BRIDGING WORKSHOP
Chisinau 26-28 June 2019

Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
1	Mr. Stephane de la Rocque de Severac	WHO HQ Geneva			
2	Artem Skrypnyk	WHO regional office for Europe			
3	Mr. Sloboden Chokrevski				
4	Ms. Djahne Montabord	OIE			
5	Mr. Kuytim Mercini				
6	Mrs. Karin Maria Nygård	Norwegian Institute for Public Health			
7	Igor Pokanevych	WHO Moldova			
8	Aliona Serbulenco	Secretar de Stat, MSMPS			
9	Stela Gheorghita	WHO Moldova			
10	Daniela Demișcan	Șef Direcție politici în domeniul sănătății publice, MSMPS			

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Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
11	Vasile Guștiuc	Director adjunct, ANSP			
12	Dumitru Capmari	Șef Direcție, ANSP			
13	Natalia Caterinciuc	Șef Direcție, ANSP			
14	Ștefan Constantinovici	Șef Direcție, ANSP			
15	Stela Bradu	Șef secție, ANSP			
16	Vasile Odobescu	Medic igienist, ANSP			
17	Vera Lungu	Șef Secție, ANSP			
18	Arcadie Guțu	Medic epidemiolog, ANSP			
19	Raisa Scurtu	Șef Laborator, ANSP			
20	Olga Burduniuc	Șef Laborator, ANSP			
21	Daria Antonova	Medic microbiolog, ANSP			
22	Zinaida Covric	CSP Chișinău			

Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
- 23	Olga Bubulici	CSP Bălți			
24	Gumeniuc Vladimir	CSP Bălți			
25	Anatolie Talmazan	CSP Căușeni			
26	Vacarciuc Constantin	CSP Orhei			
27	Lidia Bordian	CSP Orhei			
28	Nicolae Gaisan	CSP Cahul			
29	Elena Constantinova	CSP Comrat			
30	Pavel Eremia	CSP Hîncești			
31	Sergiu Talmaci	CSP Ungheni			
32	Pavel Gîscă	CSP Edineț			
33	BezdîgaTatiana	CSP Soroca			

Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
34	Țibulica Anatol	STSA Edineț (cu raza de acoperire și a raionului Briceni)			
35	Gherghelijiinic Evsevii	STSA Edineț (cu raza de acoperire și a raionului Briceni)			
36	Dascal Ion	STSA Cimișlia (cu raza de acoperire și a raionului Basarabeasca)			
37	Morosan Ana	STSA Ocnița (cu raza de acoperire și a raionului Dondușeni)			
38	Baban Ion	STSA Fălești (cu raza de acoperire și a raionului Glodeni)			
39	Ivasenco Valeriu	STSA Cahul (cu raza de acoperire și a raionului Vulcănești)			
40	Boghean Alexei	STSA Cantemir (cu raza de acoperire și a raionului Leova)			
41	Curca Andrei	STSA Comrat (cu raza de acoperire și a raionului Ceadîr-Lunga)			
42	Papusoi Mihail	STSA Căușeni(cu raza de acoperire și a raionului Ștefan Vodă)			

Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
43	Schidu Lilia	STSA Anenii Noi			
44	Daniela Motricala	consultant superior Direcția politici în domeniul Med. Vet. și siguranța alimentelor de origine animalieră			
45	Nicolae Malancea	consultant superior Direcția politici în domeniul Med. Vet. și siguranța alimentelor de origine animalieră			
46	Tudor Robu	FAO			
47	Carauș Vitalie	ANSA			
48	Mutruc Arcadie	ANSA			
49	Sîrbu Cristina	ANSA			
50	Sîrbu Angela	ANSA			
51	Cociu Iurie	STSA Hîncești (cu raza de acoperire și a raionului Ialoveni)			

Nr.	Name , Surname	Institution	Signature 26 June	Signature 27 June	Signature 28 June
52	Zgardan Iurie	STSA Soroca			
53	Basoc Ion	STSA Ungheni (cu raza de acoperire și a raionului Nisporeni)			
54	Ceban Grigore	STSA Criuleni (cu raza de acoperire și a raionului Dubăsari)			
55	Rusanovschi Petru	STSA Strășeni			
56	~~Cojocaru Mihai~~	STSA Municipiul Chișinău			
57	Ela Malai	Director general adjunct, ANSA			
58	Colofană Anna	CRDV			
59	Moraveșcie Oxana	CRDV			
60	Pavlii Rodica	ANSA			
61	~~[illegible] Ion~~	~~STSA Florești~~			
62	Bordaneeva Pavel	CRDV			

63	Moșneaga Nicolae	UASM			
64	Osoci Natalia	UASM			


WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future
Terrestrial Animal Health Code
PVS Processus
Outil de l'OIE pour l'évaluation des performances des Services vétérinaires
Outil PVS de l'OIE
2018
INTERNATIONAL HEALTH REGULATIONS
(2005)
THIRD EDITION
World Health Organization


2013
ORGANISATION MONDIALE DE LA SANTÉ ANIMALE
Protéger les animaux, préserver notre avenir