Group 1

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| **Challenges** | **Solution** |
|  | In general   * Advocacy to the executive   + Evidence showing the return of their human investment |
| Coordination/ Collaboration/ Network   * Different capacity and priority of work between Public Health and Animal Health 5   + Number of staff different between in Public health and animal health sectors * Different capacity and priority of work between Central and local government 0 | * Increase frontline training /intermediate training * Do labor market analysis to produce workforce to meet the demand * Recruitment from private, academic and other sectors |
| Resources   * Lack of staff at local/central level   + Staff need to work for the first priority work first   + Limited budget 🡪lack resources 7 | **Human**   * Involve private sector to   + Join the program   + Conduct disease control & activities   + Provide information to the government   **Budget**   * Gain more from   + Advocacy   + Private sector engagement   + Donor |
| Mentors/training program   * Program not designed to accommodate full-time staff 3   + The program is too long [break into modules but cannot maintain the participants to join every module until the end] * Unclear career path + No incentive to join the program 1 * Limited number of trainer and mentors due to retirement 2 | * Cascade the training program into different formats for different audiences * Adopt modules 1-3 (Thailand model) * Create technical requirement to serve in a position (e.g. need to pass FETP to be Deputy Provincial Health Office) |
| System/structure   * Less support from the government 1   + Don’t let staff to attend the full course [informative more to the executive] * Don’t have national plan for WFD 2 * No recognition/certificate for vet who graduated from FETPV 0 * No positions in the government to the graduated 0 * No private sector to engagement 0 * Competing government priorities 0 |  |