Group 1

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| **Challenges** | **Solution** |
|  | In general* Advocacy to the executive
	+ Evidence showing the return of their human investment
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| 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
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| 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
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| 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)
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| 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
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