Operationalizing ‘One Health’

Sierra Leone Experience – Roland Suluku, Coordinator AHC
Sierra Leone – profile

• Well endowed: fertile soils, favourable climate, minerals
  • Population 6.2 mill.
  • Highest infant mortality in the world - 160.3 deaths/1000 live births*
  • UN Human Development index (2009) **– 180/182
  • Recent History – civil war;
    • ‘Expert Crisis’
  • 70 medical doctors
  • 3 veterinarians (all to retire in 2-6yrs)
  • 21 livestock officers.

Sources: *UN Population Division, Wikipedia Free Encyclopedia 2009
** UNDP Human Development Report 2009
AHC – How and why it started?

ACTIVITIES THAT GAVE BIRTH TO AHC

• IAEA Fellowship to South Africa
• World rabies day celebration 28th September 2007 & 2008 – (Contact with FAO Italy)
• World rabies day celebration in Bo in 2009
• Reports of Human and dog rabies cases in Sierra Leone – explored potential role of school children for disseminating rabies awareness and public health information in communities and peers.
Development & implementation Strategies

• Meeting and radio discussion held with health workers in the southern province.

• Animal Health Club Initiated – with the following membership:
  – Primary school children
  – Secondary School Children
  – Students at Tertiary institutions and
  – Livestock farmers and rural communities.
  – University staff – mentoring and training
Objectives

• Promote awareness, sensitise communities on prevention, control & reporting of endemic/emerging zoonoses, animal husbandry and environmental protection practices, improved sanitation and environmental hygiene;

• Promote local consensus and ownership of initiatives to promote public, animal and environmental health;

• Adopt and embed ‘one health’ in school curricula (animal science, public health, nutrition, wildlife, environmental science, forestry);

• Engage school children at an early stage and encourage participation in ‘one health’ initiatives in their communities;

• Encourage school children to pursue careers in ‘one health’ related disciplines;

• Rationalize access to public services – by ‘filling public service gaps, promoting sectoral and inter-disciplinary collaboration - esp. as national policies, institution service delivery systems are chronically weak & under funded;
Development & implementation Strategies

- Developed MOU between AHCs and the community;
- Focused on animal production & health – so formulated animal rearing bye-laws (where there were no policies) including terms of reference for pupils, students, teachers and lecturers;
- Disseminated (mosques, churches, schools etc.) and interpreted bye-laws to all parties;
- Training of AHC students on bye-laws;
- Bye-laws signed by key stakeholders (village chiefs and university officials);
- Division of town / village by town/Village executive committee & election of Animal Rearing Group Chairmen, secretaries, and public relation officers;
- Set Dead line for implementation of certain clauses;
- Drama, Quiz, Debate, Music SEE VIDEO
Development & implementation Strategies
Njala University – inter-disciplinary collaboration in AHC and curriculum development

- School of Agriculture - Animal science/health and animal Nutrition;
- School of Environmental Sciences - water, sanitation and waste management;
- Home Sciences Unit – Human Nutrition, dietary health, home economics;
- School of Technology - Animal housing, Appropriate Technology and Data Management.
- School of Horticulture and Forestry - wild life, ecosystems health, control of wildfire
Examples of community-level interventions
Achievements

• Growing AHC membership – from 1 to 10 schools and growing;
• Brought the university ‘to the doorstep of the community’;
• Adoption of animal rearing bye-laws;
• Established collaboration with Municipal authorities – Freetown, Makeni and Bo;
• Neutral forum for multi-sectoral/multi-disciplinary stakeholder meetings – locally and nationally;
• Evidence of improved awareness and gradual adoption of ‘one health’ message;
Challenges/constraints

- Voluntary initiative – not funded – limits efforts to disseminate the model;
- Critical shortage of human, animal health and wildlife staff – ‘expert crisis’;
- Weak capacities - policy development/implementation, weak institutions, weak health infrastructure;
- Lack of engagement from some government sectors - AHCs viewed as a threat rather than opportunity;
- Some village authorities and government officials initially expect payment for their roles;
Recommendations & Conclusions from Sierra Leone AHC Experience

- Identify key stakeholders and engage them from early stages of any new initiative;

- Engagement, dialogue and collaboration with all parties involved in animal, human and ecosystem health issues;

- Institutionalization requires - Multi-sector, multi-disciplinary collaboration, political will/support, focused actions, sustainable initiatives, trust and transparency, patience;

- Community-level actions can help stimulate improvements and potentially influence actions at higher levels and policies/actions at national level;

- At the global level - ‘One Health’ should integrate developed and developing world perspectives;

- Identification of constraints and opportunities will enhance planning, and implementation of policies and shaping of the road map.
AHCs in action
Thank You