

# Opportunities for One Health Integration of Community Animal and Community Health Workers

## Niger Community One Health Workshop Report

Nov 29-Dec 1, 2022



*Nigerien Landscape in the southern pastoral zone*



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## LIST OF ACRONYMS

ACBOH	Community OH Actors ( <i>Agents Communautaire de Base One Health</i> )
ACSA	Community Animal Health Worker ( <i>Agents Communautaire Sante Animal</i> )
COBOH	Community OH Committee ( <i>Comité de Base OH</i> )
COGEPI	Epidemic Management Committee ( <i>Comité de Gestion des EPIdémies</i> )
COH	One Health Committee ( <i>Comité One Health</i> )
IGA	Income Generating Activities
PTF	Technical and Financial Partner ( <i>Partenaire Technique et Financier</i> )
ReCom	Community Health Workers ( <i>Relais Communautaire</i> )
SCAP-RU,	Community Early Warning and Emergency Response System ( <i>Système Communautaire d'Alerte Précoce et de Réponse aux Urgences</i> )
STD	Decentralized Technical Service ( <i>Service Technique Déconcentré</i> )

# Workshop Objectives

One Health (OH) is an active area of discussion and innovation at the international and national level and most strategic planning on the adoption of One Health has focused on these higher levels of government. At the same time, changes at the community level are taking place through local interventions and the involvement of the non-governmental actors. The objective of this workshop was to discuss the current situation in the One Health Sectors (Health, Animal Health and the Environment) in Niger at all levels, acknowledge challenges and changes, and develop a consensus road map on the way forward to the implementation of One Health that includes the community level in areas prone to humanitarian emergencies. The goal was to maximize benefits for both normal and emergency contexts through the selection of strategies that are appropriate across the spectrum of development and emergency needs. Flexible models that could quickly be adapted to respond to a humanitarian crisis while reinforcing resilience and enhancing coping mechanisms over the longer term are needed.

The purpose of the scenario workshop included developing lessons learned on service delivery and One Health at the community level and discussion of the way forward to strengthen access to and integration of human health, animal health and environmental services. Selected representatives and stakeholders from different sectors including health, livestock, and the environment and with different roles such as community animal health workers (*agents communautaire sante animal* (ACSA)), community health workers (*relais communautaire* (ReCom)), environmental brigadiers (brigadiers), community representatives, local implementing partners and National, Regional Community authorities were invited. The intent was to keep the meeting small but have representatives of the full range of stakeholders. It was hoped that this would encourage open communication across sectors and levels.

Among other areas, the workshop sought to capture participants' views on:

- The strengths and challenges in current community human, animal health programs and environmental interventions *under normal (non-emergency) settings*
- The strengths and challenges in current community human and animal health programs *in the context of emergency response*
- The appropriate activities for implementation of community health and community animal health workers
- The impact of incentive systems on service availability and implementation
- Ways to reinforce resilience and reduce the risk of future emergencies
- Ways forward to build synergy, collaboration or integration of community health and animal health programs

The environment continues to play an increasing role as a driver of emergencies and health impacts. The role of environmental interventions in mitigation of emergencies is also evolving. Participants were interested to fully include the environmental dimension in the workshop discussions, including impacts on communities in the area as well as suggested steps forward.

Niger has been exposed to chronic emergency situations in which the delivery of humanitarian interventions often overlaps with the provision of longer-term development assistance. Participants were asked to work through different response options considering this scenario and were facilitated to explore the impact of different policy options as well as various outcomes based on their suggested actions. The scenario workshops generated new insights among the participants including the study team and led to alignment by stakeholders on a set of action points outlining the way toward a strengthened One Health approach to community-level health interventions. Lessons and insights were captured as products for inclusion in the project's deliverables with the intent of broadening the impact of the workshop beyond the host location.

# Workshop Results

## Setting the Scene: Highlights from the Project Presentation

The Project presentation described the objectives, activities and outputs of the *Opportunities for One Health Integration of Community Animal and Community Health Workers* study. The opportunity was taken to interactively define One Health with the participants and achieve a common understanding of the nature of One Health approaches. The current issues and status of the adoption of One Health in countries in the region was described. Thereafter, the presentation introduced key aspects of the context of service delivery in Niger noting how events over the past several decades had shaped delivery of One Health services and the depth of need. The long standing political economic conditions, persistent drought and climate change challenges were noted. Aspects such as levels of dependency, needs and expectations as well as people's ingenuity and business acuity in the face of adversity were discussed.

Niger has shown leadership in innovation in areas of OH and in its component sectors. In the past, Niger has convened workshops that brought together community workers for health, animal health and the environment as a single network. The animal health sector is now organized as a public-private-community partnership where all services are delivered through private veterinary practitioners working as ACSA. The role of public sector is to regulate the sector and coordinate national programs that are implemented by the community veterinary practices.

A national OH platform is in place, but this has not yet been extended to the community level. The focal points are active and presented in the Community One Health

Scenario Workshop. As with many countries, the original platform was established under the Ministry of Health, but it now comes under the Prime Minister's office for a more equal empowerment of partners.



*Figure 1: Improved well with a seasonal pond in the background*

## Participant's Overview of Current One Health Institutions in Niger

The participants were asked to break into three working groups and describe the current systems used in implementing OH activities (health and animal health, and environmental protection) and to identify the strengths and weakness of the current systems. Table 1 present an example of one working group's outputs.

Niger, of the 4 countries where Community OH Scenario workshops were held, was the only country that could identify agents for the environment and agriculture. There were both *brigadiers de l'environnement* (environmental brigadiers) and *brigadiers de l'agriculture* (agricultural brigadiers)

*Table 1: Strengths and weaknesses in OH at the community level*

Strengths	Weaknesses
Existence of Community Agents	Functionality of the OH system at the community level
Collaboration among the three sectors	Low level of education of community workers
Community participation	Insecurity
Existence of a list of priority zoonotic diseases	Community awareness of the OH concept
Existence of a surveillance system	Lack of surveillance plan for 8 priority zoonotic diseases

## Recommendations on The Way Forward

### Normal Settings

The three working groups were well aligned in their discussions on the way forward. The groups coalesced on the importance of establishing a community OH committee that would be responsible for coordinating OH activities at the community level. This included the development of regulations and terms of reference for the committee defining the membership, roles and responsibilities of each involved actor. Once this was agreed and the membership defined, the committees would need to be trained in order to implement and provide their OH work and services. The committees would oversee and support the activities of the community workers.



*Figure 2: Tuareg Child in Transhumant Camp*



For the most part, participants preferred to maintain ACSA, ReCom, brigadiers as separate categories of workers but to review their roles in light of OH and implement cross-training. The idea was that each type of community worker could support and provide additional coverage as needed. Thus, health workers and animal health workers would be cross trained and authorized to provide services.

The public-private-community partnership model with incentives generated from the provided services and activities is already fully accepted and implemented in animal health in Niger. The meeting felt that there were important lessons to learnt by other components of OH and that integrating the network along OH lines would lead to innovations that improved access, utilization and sustainability of health and environmental interventions.

## Examples of OH Response to Emergency Scenarios

The three working groups each selected an emergency scenario and then outlined how the integrated OH approach would respond. The three scenarios were well balanced:

- Massive population movements in response to security events
- Drought in a pastoral zone
- Disease outbreak

The response plan for the population movement and drought scenarios are shared below:

### **SCENARIO A) Spontaneous and massive displacement of populations in Torodi**

#### *Context analysis:*

Agro-pastoral zone affected by a 10-year crisis

In 2022, there was a sudden, spontaneous displacement of populations in Torodi following an attack by jihadists (GANE) on civilian populations. In August 2022, 7,000 people were displaced and arrived at the capital of the commune carrying their livestock (all within the premises of the communal office). The capacity of the municipality was exceeded. Moreover, August is usually a flood period

#### *Assessment of the situation:*

- Emergency sets major humanitarian needs (housing, food, hygiene, water, human and animal health)
- Cohabitation of animals with displaced persons, high promiscuity and hygiene problem
- Inadequate basic and community services (animal health, human health, environment, early warning, etc.)
- Problem of surveillance and management of human, animal and environmental health needs

#### *Possible risks:*

Risks for animals	Risks for humans	Environmental risks
<ul style="list-style-type: none"> <li>• Epizootics (zoonoses)</li> <li>• Cross-border diseases</li> <li>• Food problems</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases, (including zoonoses)</li> <li>• Food insecurity and malnutrition</li> <li>• Infant mortality</li> <li>• Housing problems</li> <li>• Hygiene</li> <li>• Psychosocial problems</li> <li>• Risk of infiltration by bandits</li> <li>• Noise pollution</li> <li>• Water problem</li> <li>• Scarcity of natural resources</li> </ul>	<ul style="list-style-type: none"> <li>• Pollution</li> <li>• Sanitation problem</li> <li>• Waste Management</li> <li>• Massive cutting of wood</li> <li>• Lack of drinking water</li> <li>• Flooding after torrential rains</li> <li>• Scarcity of natural resources</li> </ul>

*Possible responses:*

Who	Roles	OH actions
<ul style="list-style-type: none"> <li>• Mayor</li> <li>• Customary and religious authorities,</li> <li>• COHs (municipal and community)</li> <li>• Civil protection and FDS</li> <li>• Humanitarian TFPs</li> <li>• Municipal Technical Services (health, livestock, environment, sanitation), and all other skills relevant to the situation</li> </ul>	<p>Coordination:</p> <ul style="list-style-type: none"> <li>• Administrative and religious authorities, PTFs</li> </ul> <p>Community awareness:</p> <ul style="list-style-type: none"> <li>• STD, municipal and community COHs,</li> </ul> <p>Implementation:</p> <ul style="list-style-type: none"> <li>• STDs, COH, PTF</li> </ul> <p>Funding:</p> <ul style="list-style-type: none"> <li>• State, Humanitarian PTFs</li> </ul>	<ul style="list-style-type: none"> <li>• At the coordination level: plan COH meetings</li> <li>• Identify daily actions to take</li> <li>• Identify community OH team members (displaced and local)</li> <li>• Train OH team members on the identification of unusual illnesses, communication in emergency situations,</li> <li>• Sensitize the displaced on the role of the teams</li> <li>• Monitoring the situation by the OH community teams</li> <li>• Continuous monitoring of unusual events</li> <li>• Disease management in humans and animals (treatment and vaccination)</li> <li>• Emergency aid (food, animal feed, water, medicines, latrines, waste management, shelters, psychosocial support)</li> </ul>

## **SCENARIO B) Hypothetical drought in a pastoralist area**

*Context analysis:*

The Department of Aderbissinat is located in the pastoralist zone of the Region of Agadez. During the pastoral campaign (July-August-September), there was very little rain. Pasture is scarce and the animals, that already suffered in May and June, further suffer and the situation got worse and worse. Water points are drying up and high animal mortality due to drought is being recorded, particularly among cattle and sheep as well as wild ruminants. Animal prices are very low on the markets and food prices very high (cereals). The accessibility of foodstuffs for the population is becoming more difficult in general and particularly for women and children. There are cases of malnutrition and acute cases in children. Carcasses of dead animals contaminate the environment. Finally, most of the men left in exodus leaving women and children. This led to an early departure of herders on transhumance.

*Possible measures:*

- Timely sensitization by a multidisciplinary team (OH team) of pastoralist and PTF for strategic destocking, early transhumance and food storage for people and livestock
- Creation of animal feed stocks, Sale at moderate price of animal feed and foodstuffs
- Free distribution of livestock and human food for the most vulnerable (women and children) and provision of basic health services
- Destocking remunerated by the State and its PTF
- Campaign to bury animal carcasses to clean up the environment

*Roles of the community actors:*

- Assist in collecting and reporting rainfall and grazing data (SCAP/RU);
- Participate in the identification of vulnerable community-based groups (mass screening)
- Community education and awareness
- Community engagement in environmental sanitation activities
- Identification of vulnerable people for destocking operations on the basis of well-defined criteria
- Waste management from emergency slaughter (blood, horns, etc.);
- Choice of landfill sites with the participation of environmental and WASH departments
- Women education on care and management of malnourished children by ReCom

## Next Steps

After mapping the way forward, the participants were asked to plan immediate next steps to start implementation. Table 2 gives an example where the actions are clarified and the priority, timing and actor responsible are identified. Table 2 presents an action plan as presented by one of the working groups.

*Table 2: Example of Group Work on Proposing Priority Actions*

	<b>Main activities / actions</b>	<b>Priority (1,2,3)</b>	<b>2023</b>	<b>2024</b>	<b>Responsibility / Actor</b>	<b>Impact</b>
<b>Institutional aspects</b>	Develop regulatory frameworks that define the powers, composition and operation of the committees at community level	1	x		Mayor/PTF/STD/CNOH	Clearly defined roles and responsibilities of each actor (avoid conflicts of competence and leadership)
	Establishment of the municipal OH committees	1	X		Mayor/PTF/STD/CNOH	
	Identify all the committees (SCAP-RU, COGEPI, etc.) to be engaged in the OH committee and its operationalization at the community level	1	X		Mayor /PTF/STD/CNOH	
<b>Operationality</b>	Creation of a budget line in the annual budgets of municipalities with entries of funds	1	X		Mayor /PTF/STD	
	Information around the frameworks	2	X	X	Committees / Municipal and local	Local ownership of the OH approach
	Awareness creation among communities around OH	2	X	X	Committees / Municipal and local	
	Training of actors (members of Community OH Committee)	2		X	Committees / Municipal and local	

	Equip the committees	2		X	Committees / Municipal and local	
<b>Integration of One Health</b>	Cross-training of ACBOHs (members of COBOHs) in order to bring them to appropriate the OH concept	2		X	Mayor/PTF/STD/CNOH	Functional local committees regularly reporting quality information.
	Bring people to internalize the OH concept in their daily practices and activities	2		X	Mayor /PTF/STD/CNOH	
	Joint OH missions must rely on local OH committees	1	X	X	Mayor /PTF/STD/CNOH	
	Create a dynamic OH communication system	2	X	X	Mayor /PTF/STD/CNOH	
<b>Motivation of OH Community Workers</b>	Implementation of IGAs to motivate community actors	2		X	Mayor /PTF/STD/CNOH	Sustainability of OH community structures (less abandonment)

# Conclusion

The workshop gave insight into the perceptions of Niger on the way forward to One Health integration of services at the community level. Strong participation from the focal point members of the One Health platform highlighted the strong national interest in OH. Past experiences with combined meeting of human and animal health workers had shown the feasibility and the desirability of integrating community workers into one network.

The workshop provided valuable guidance to the BHA study on stakeholder perceptions on the way forward and facilitated stakeholders to explore their options and articulate a coherent way forward.

At the end of the workshop, the participants were motivated to move forward and felt that they had the core of a conceptual framework, strategy and action plan to implement OH at the community level. The core of the approach is One Health supervision of all workers by one community level structure and cross and joint training of community workers. The action plan gave concrete steps, a time-line and key actors for each point. It was stated that the material could serve as a helpful starting point for proposals to implement the way forward.

In the context of emergency response, the current institutional situation was assumed at the outset of the emergency. The working groups proposed the formation of OH coordination and cross training of first responders as part of the emergency response. The plans included integration of interventions in the traditional sectors along OH lines. The Nigerien stakeholders are well aware of the realities of emergency responses related to climate and insecurity. Their scenarios indicated adoption of a fully integrated OH approach was appropriate to humanitarian responses.

# Annexes

## Annex 1: Workshop Approach

The scenario workshop brought together representative professional and community OH stakeholders from the national, state and local levels. The Health, Animal Health and Environmental sectors were included. The workshop was participatory in nature and utilized largely on facilitated group discussions and brainstorming sessions to map the way forward. The bulk of the workshop involved participants dividing into breakout groups to decide as a team how to respond to One Health scenarios in both normal and emergency contexts.

The Scenario Workshop [Implementation Guide](#) was provided to participants either before or at the start of the workshop to help orient expectations and the discussion.

### Opening Plenary

Each Scenario workshop was opened by Ministry Officials and the local non-governmental agency host. Thereafter, the participants introduced themselves and a discussion of the participants expectations for the meeting was held. This led to a joint statement of the workshop objectives defined by the organizers and participants.

The project team gave one interactive presentation at the workshop's opening to introduce the project, the nature of One Health and the status of One Health globally, and to set the scene for discussions.

The presentation explored the difference between the concepts of community interventions and community-based interventions in interactive discussion and suggested that both approaches can be appropriate depending on the context. A program that recruits community members as employees, pays salaries and defines tasks is an example of a community activity. To be community-based the program would need to empower the community as a partner in the design, management, and support of the program. Most interventions combine aspects of the two approaches and fall somewhere on a spectrum of options.

The distinctions between collaboration and integration and collaboration approaches to One Health was discussed. It was noted that most OH programs were initiated as collaborations where representatives of separate Ministries came together on a part time basis in OH platforms to discuss joint programs. The platforms were not empowered to make decisions or given their own budget. Increasingly, countries are moving beyond this model to create OH platforms with dedicated staff, decision-making roles, and budget allocations.

Many participants were previously familiar with One Health as a concept, though this was the first exposure for others.

## Plenary and Group Discussions

Thereafter, the participants described and analyzed the existing human, animal and environmental systems and services present in the country both in normal times and in an emergency context. This included the types, selection, training, roles, supervision and incentive systems of community workers in both normal and emergency contexts.

Thematic discussions were conducted on a range of topics relevant to the sustainability accessibility and integration of services under the OH umbrella. These topics included:

- Collaboration between One Health stakeholders vs. integration of One Health services
- Approaches to integration of community services with the following examples given:
  - Networking existing workers in a shared system
  - Cross-training existing workers to provide support/provide services across specializations
  - Moving to OH workers with integrated roles.
- The role and range of services offered by community workers
- Examples of public-private-community partnerships and future trends
- Incentives for workers ranging from stipends, retention of partial payments for services to voucher systems
- Transhumant communities and access to services

The plenary developed an overview of public-private community partnerships and their application to community health model. Importantly, a distinction was drawn between the question of who pays for services and the mechanisms established for delivery of services. Examples were discussed where private service providers participated in the management of vaccination or the logistics of pharmaceutical supplies, but the public sector supported all costs. Sessions examined approaches to integration and whether a shared network, shared responsibilities or cross-trained staff makes would lead to a wider One Health impact in Somalia.

Once the thematic discussions were completed, the meeting shifted to the scenario sessions where the considerations raised in the thematic discussions were synthesized into an overview of the way forward for OH services at the community level. The approach was taken that development to emergency settings were a continuum which required flexible systems that needed to be capable of adapting to immediate conditions while supporting long term development. In all countries where the scenarios workshops were held, emergencies related to climate, security and economic conditions were a significant, if not the predominant, reality. All workshops stressed the importance of moving forward with development while meeting emergency needs.

Closing remarks were offered by representatives of the various ministries, NGOs and communities, as well as by workshop organizers. The detailed agenda is included in Annex 2.



## Annex 2: Agenda

### Morning DAY 1: Opening and Setting the Scene

- 08:30 Arrival & Coffee/Tea
- 09:00 Formal Opening
- 09:30 Introductions
- 10:00 Short Objectives Presentation
- 10:15 Community One Health Integration Presentation
- 11:00 Stakeholder discussions – What would you like to get out of this workshop?
- 11:30 Community vs. community-based workers discussion
- 12:00 Lunch

### Afternoon DAY 1: Interactive and Breakout Discussion

- 13:00 Overview of Current National Community Levels Systems
  - Animal Health
  - Human Health
  - The Environment
  - One Health in the National Context
- 14:00 Strengths and challenges in current community human, animal health programs and environmental interventions *under normal (non-emergency) settings*
- 15:00 The strengths and challenges in current community human, animal health programs and environmental interventions *in the context of emergency response*
- 16:00 Presentation of the Health Authority
- 16:15 Discussion
- 16:30 Closing Coffee/Tea

### Morning DAY 2: Interactive and Breakout Discussion

- 8:30 Arrival and Coffee/Tea
- 9:00 Discussion of Approaches to integration
  - One network with different staff specializations
  - Selected shared responsibilities
  - Cross training of staff
- 10:00 Presentation of the Animal Health Authority
- 10:15 Discussion
- 10:30 Appropriate activities for implementation of community health and community animal health workers
- 10:45 Mobile vs village-based services
- 11:00 The impact of incentive systems on service availability and implementation
- 11:30 Presentation of the Environmental Authority
- 11:45 Discussion
- 12:00 Lunch

### Afternoon DAY 2: Scenario Exercise

- 13:00 Scenario under non-emergency conditions
  - Introduction
  - Group Assignments
- 13:15 Group Work
- 15:30 Plenary Discussion
  - Group Presentations
  - Debrief

- Synthesis
- 16:30 Closing Coffee/Tea

### **Morning DAY 3: Scenario Exercise**

- 8:30 Arrival & Coffee/Tea
- 9:00 Scenario under emergency conditions
  - Introduction
  - Group Assignments
- 9:15 Group Work
- 11:00 Plenary Discussion
  - Group Presentations
  - Debrief
  - Synthesis
- 12:00 Lunch

### **Afternoon DAY 3: Closing Session**

- 13:00 Synthesis Discussion
- 15:00 Recommendations and Action Points
- 16:00 Brief Closing Remarks from Health, Animal Health and the Environment Departments
- 16:30 Closing Coffee/Tea

## Annex 3: Participants

### Overview of Participants

A wide range of stakeholders were represented in the workshop. These include representatives from different government departments (health, livestock and environment), international and non-governmental organizations, public and private actors working at the national, regional and community level. The detailed list of participants, with designation and institution, is reported in the table below:

Location	Representative	Name	Title	Organization
International	Tufts and USAID	Jeffrey Mariner		Tufts
		Eunice Wavomb		USAID
Niveau National	Ministeres / CNOH	Dr Yahaya Toukou	Directeur de la Santé Animale	Minsitère de l'élevage
		Harouna Na Goudeye	Point Focal CNHO	Minsitère environnement
		Dr Fatoumata Mounkaila Issa	Point Focal CNHO	Ministère de la santé
		Dr Abdoul Razak Issa	Point Focal CNHO	
	ONVN	Dr Hama Hama	Responsable SVPP	ONVN / Torodi
	VSF Belgique	Issaka DAN DANO	Directeur Pays	VSF Belgique
		Dr Yacouba Mahamadou	Chargé programme santé animale	VSF Belgique
		Dr Harouna Moumouni	AT Santé animale	VSF Belgique
		Djibo Maazou	Ex chef projet OH	VSF Belgique
		Marankane Harona		VSF Belgique
		Eddy Timmermans	Eddy Timmermans	VSF Belgique
	ONG et autres Organismes	Dr André Andriahanday	Coordinatrice Générale	MdM
		Baciur Ormasou		MdM
		Abdoulaye Gondé		CICR
		Dr Bassirou Souley	-	CICR
		Dt Maikano Issoufou	Chef projet ECTAD	FAO/ ECTAD
Niveau Régional / Départemental	Comité Départemental OH	Abdoulaye Bawa	Direction Départementale Environnement	Tillabéry
		Hamidou Magagi		
		Halidou Soumana		Tillabéri
		Abdouramane Aboubacar	Comité OH départemental Tillabéri	Direction Santé Animale de Illela

Location	Representative	Name	Title	Organization
Niveau Terrain / Communautaire	Commune	Mohamedine Nidey	Mairie	Ancien maire élu de Sakoira
		Souleymane Issa	Vice-Maire	Torodi
	Services Vétérinaires Privés de Proximité	Dr Ali Morou	VP	SVPP
		Dr Barmini Akourki	VP	SVPP
		Jamila Younaessa	VP	SVPP
		Dr Issifi Samailo	VP	SVPP
	Agent communautaire (environnement, santé et élevage)	Karimou N'Troila		CSI
		Abamodiu Almirou		CSI
		Seyni Moumouni	Relai Santé niveau communautaire	Tillabéry
		Adamou Idrissa	Auxiliaire d'élevage	Birni
		Hamani Soumana	Brigadier environnement	Tillabéri
		Issa Souley	Brigadier environnement	Tillabéri