

THE ONE HEALTH APPROACH

IMPROVING HEALTH RISK MANAGEMENT IN NIGER



A NEW PILOT PROJECT
IMPLEMENTED BY DOCTORS OF
THE WORLD AND VÉTÉRINAIRES
SANS FRONTIÈRES – BELGIUM



Vétérinaires
Sans Frontières
Dierenartsen
Zonder Grenzen



The One Health approach: improving health risk management in Niger. A new pilot project implemented by Doctors of the World and Vétérinaires Sans Frontières – Belgium.



Responsible editor

Doctors of the World

Michel Genet, Managing director

Rue Botanique 75

1210 Saint-Josse-ten-Noode

www.medecinsdumonde.be

info@medecinsdumonde.be

Vétérinaires Sans Frontières Belgium

Marc Joolen, Managing Director

Avenue des Arts 7-8

1210 Brussels

www.vsf-belgium.org

info@vsf-belgium.org

Authors

Dr. Eddy Timmermans (Vétérinaires Sans Frontières)

Felipe Rojas Lopez (Doctors of the World)

Luc Meissner (Doctors of the World)

Photography

Doctors of the World Belgium and

Vétérinaires Sans Frontières Belgium

Proofreading

Muriel Gonçalves

Sibylle Van Weymeersch

Aude Delcoigne

Layout

Françoise Albertyn



The programme to build the capacity of communities and human and animal health services in managing crisis- and disaster-related health risks (Renforcement des communautés et des services de santé humaine et animale dans la Gestion des Risques Sanitaires liés aux Crises et catastrophes [GRSC]) is both innovative and distinctive, primarily due to the manner in which it was developed. It is in fact the result of a partnership between two Belgian NGOs: **Doctors of the World (MdM) as the lead and Vétérinaires Sans Frontières – Belgium (VSF-B) as the associate.** The implementation of this GRSC programme was possible thanks to the active participation of local stakeholders based on **the One Health approach, which makes links between human, animal, and environmental health issues.** It was funded by the Belgian Directorate-General for Development Cooperation and Humanitarian Aid over a period of two and a half years, from 2017 to 2020.



The objective of the programme is to reduce the vulnerability of populations to the health risks of environmental disasters affecting a population of more than 90,000 in the municipalities of Ingall (Agadez region) and Sakoira (Tillabéry region), two rural areas that are particularly vulnerable to the health impacts of climate shocks (flooding and droughts) and the risks of epidemics and epizootics. This programme is a pioneer in the operational implementation of the One Health concept because **it is the first time in Niger that two NGOs have implemented a programme focused on the prevention of health and environmental risks.**

THE MAIN RESULTS OF THE PROGRAMME



Firstly, **the local communities have developed their capacity to manage health risks** and are therefore better prepared to prevent and deal with the consequences. Through more than 9,700 awareness-raising sessions organised by the 116 community relays and the 41 community animal health workers trained, and a number of support materials, the local populations acquired skills in the fields of health, nutrition, and epidemic and epizootic surveillance, and developed their resilience.

The governance bodies are creating and using coordination, planning and risk monitoring processes to deliver a coordinated response. This channel was shortened to ensure a timely and rapid response. This result is reflected in the regional committees' implementation of four municipal micro action plans, one for each municipality and each year, in

order to prevent and manage disasters and food crises. It is also reflected in the annual creation of contingency plans to organise and implement prevention, preparation and response systems in the event of a crisis, and to ensure their continued operation through the allocation of municipal funds. This result was achieved thanks to the 26 community-based early warning and emergency response units, known as Structures Communautaires d'Alerte Précoce et de Réponse aux Urgences (SCAP-RU), that are in operation in the two health districts. These units are supported by the vulnerability monitoring agency, or Observatoires de Suivi de la Vulnérabilité (OSV). To conclude, the creation of the One Health national committee demonstrates the government's ownership of the issue and will make it possible to extend the results of these developments to other municipalities.

Lastly, **the human and veterinary health technical services are better prepared and equipped to prevent and reduce the climate-related health risks of epidemics and epizootics.** Indeed, the two health districts and the 38 integrated health centres, known as Centres de Santé Intégrés (CSI) (29 in the health district of Tillabéri and 9 in the health district of Ingal) have been equipped according to the municipal contingency plan, including pre-positioned inputs needed for the response. Two local private veterinary units (Services vétérinaires privés de proximité – SVPP) are also in operation. Because of this project, local communities now have service providers ensuring they have access to human and animal healthcare. These service providers (health districts, CSI, SVPP and technical services) have been trained in the One Health concept and have learned to pool their resources and jointly organise prevention and awareness initiatives. Together, they develop and carry out structured responses to epidemics and disasters, and participate in the integrated disease surveillance system. Lastly, the supervision of two theses on zoonotic diseases¹ and risky behaviours in Niger has provided a better understanding of these diseases and the possible ways to respond.



¹ Theses by two students from the Université Cheikh Anta Diop de Dakar, Senegal. Study carried out between October 2018 and May 2019 and overseen by the consortium team.

COMPONENTS AND TAKEAWAYS OF THE ONE HEALTH APPROACH



Implementing this approach helped build effective and tangible bridges between the human health and animal health sectors, both of which are coordinated by a national (governance) system composed of various local, regional and national organisations. These organisations have been given greater responsibility in the prevention and management of disasters and food and health crises. In the process, closer operational cooperation has been developed by establishing contacts between the players themselves (consultation, coordination): citizens, communities, health workers (private and public) and governing bodies. For example, human health and animal health workers are coordinating to jointly carry out campaigns (vaccinations), awareness initiatives and epidemiological surveillance.

Another reason for the level of success is the way in which the support strategies were implemented by MdM and VSF-B. In addition to the close cooperation, the collaborative development and implementation

by a single, joint (both NGOs) project team, and the joint supervision (at the local, national and head office level), the support strategy was carried out by pooling their resources and simultaneously or jointly targeting the same categories of player during the capacity building. Lastly, another key to success was the awareness raising, not only implemented jointly, but systematically targeted at all players and stakeholders in the programme at all levels. It ensured tangible ownership of the concept.

Another point that should be highlighted is the significant impact of the simulation exercises carried out under the One Health programme. For instance, during the recent flooding in Niger, the rapid response by the local players (SCAP-RU and CGRSPPC) helped minimise material and human losses. In the municipality of Ingall, no human lives were lost out of the 161 households affected and in Sakoiria, there were no deaths among the 1,019 households affected.

LIMITATIONS OF THE PROGRAMME

Despite its excellent results, the programme does have some limitations and had to overcome a few difficulties. The first is that environmental factors were not effectively taken into account in the capacity building component, while it is known that the epidemiology of vector-borne zoonotic diseases (such as Rift Valley Fever) is influenced by weather and climate factors. Another constraint that had an impact on the effectiveness and sustainability of the project's outcomes is the low level of literacy among certain players, which limits the degree of ownership of a concept that is relatively complex and complicated to implement. Ensuring the continuation of intersector coordination and cooperation is also an issue due to several factors, such as the technical and financial capacities of certain players (town councils, SCAP-RU, OSV, etc.) and staff turnover within the technical and administrative services. Lastly, the duration of just 2.5 years is considered too short to more structurally

and sustainably establish a set of systems and processes for the prevention and management of health risks associated with crises and disasters.





CONCLUSION

This new pilot project in Niger demonstrates the relevance and effectiveness of the One Health approach in building the capacities of communities and human health and animal health technical departments to manage crisis- and disaster-related health risks. It highlights the added value of close cooperation between two NGOs from the human health sector and the animal health sector. Working in a complementary and cooperative manner, they helped establish tangible operational and sustainable bridges between local human and animal health sectors and players, technical services, and governance bodies and institutions, which is essential for the integrated management of health risks.



Vétérinaires
Sans Frontières
Dierenartsen
Zonder Grenzen

