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One Health approach in Rabies control



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Food and Agriculture Organization of the United Nations

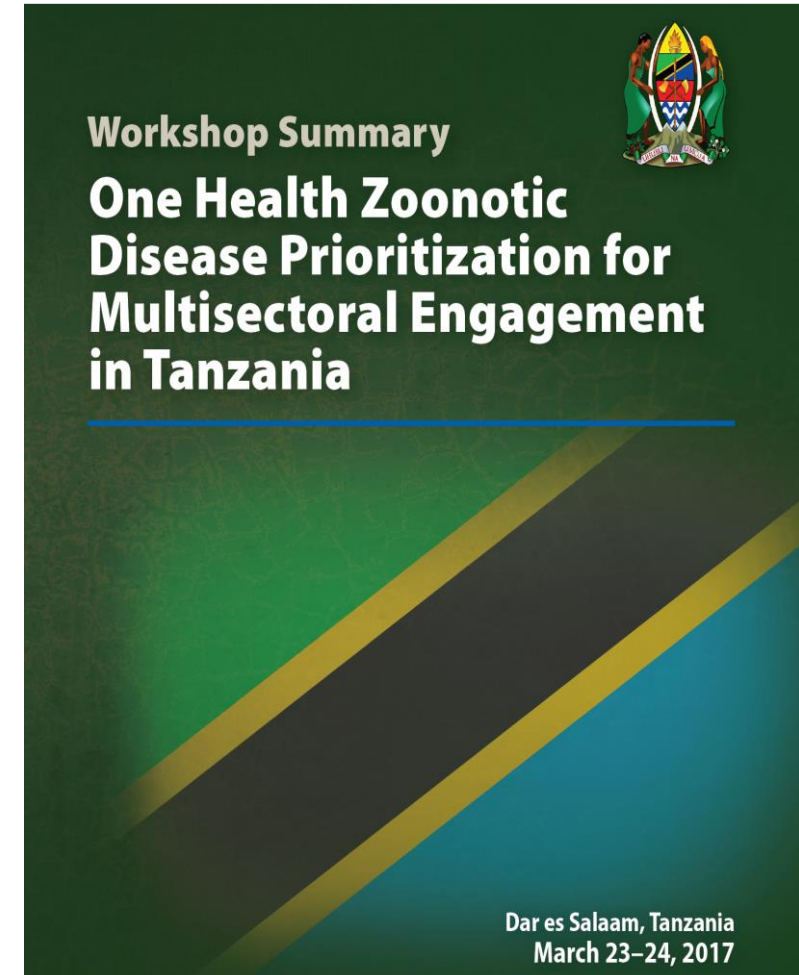


About 32.5% of the land is protected areas for conservation (16 national parks, Ngorongoro Conservation Area, 38 game reserves and 43 game controlled areas (MNRT, 2021))



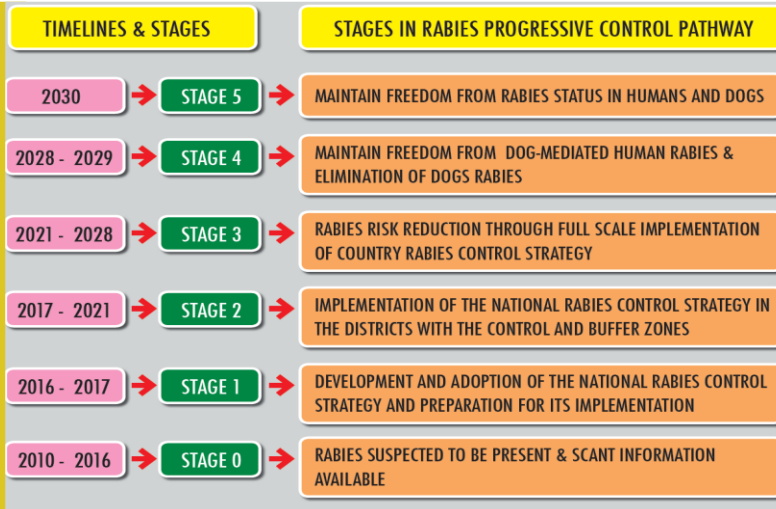
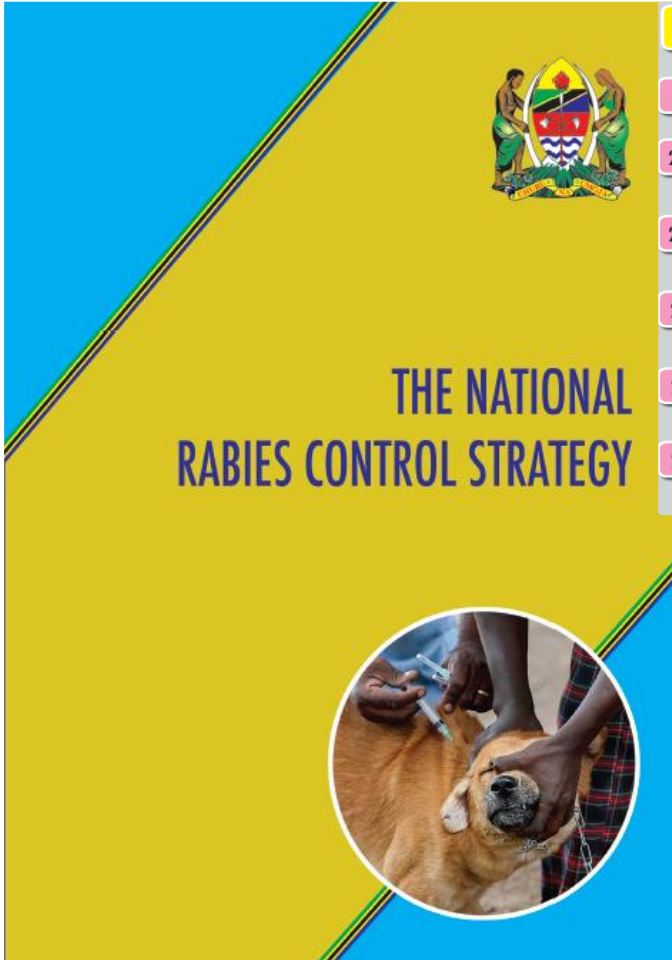
One Health Zoonotic Disease Prioritization for Multi-sectoral Engagement

- Six zoonotic diseases of highest priority to Tanzania to be used as model by One Health sectors for building capacities for detection, prevention and control
- Rabies, Rift Valley Fever and other viral haemorrhagic fevers (Marburg and Ebola), Zoonotic Avian influenza, Anthrax , Human and animal African trypanosomiasis and Brucellosis



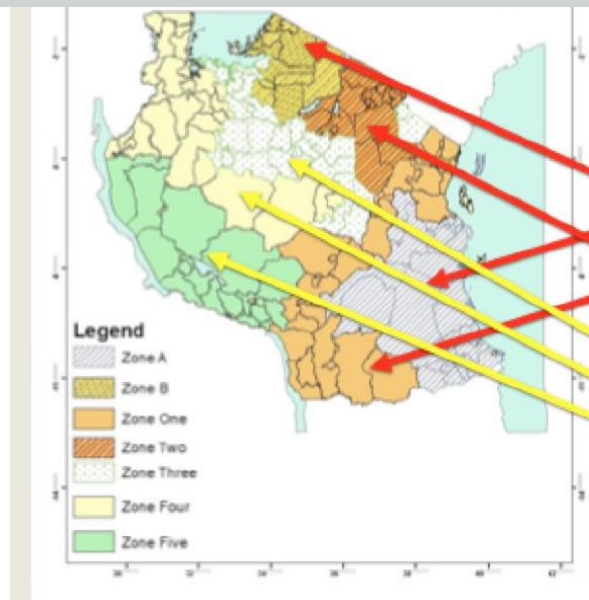


RABIES CONTROL STRATEGY, TANZANIA



	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
ZONE A	DV	DV	DV	DV	M	M	M	M	M	M	M	M	M	M
ZONE B	S	DV	DV	DV	DV	M	M	M	M	M	M	M	M	M
ZONE 1		S	DV	DV	DV	DV	M	M	M	M	M	M	M	M
ZONE 2			S	DV	DV	DV	DV	M	M	M	M	M	M	M
ZONE 3				S	DV	DV	DV	DV	M	M	M	M	M	M
ZONE 4					S	DV	DV	DV	DV	M	M	M	M	M
ZONE 5						S	DV	DV	DV	DV	M	M	M	M
											SARE Stage 4	SARE Stage 5		

DV - Dog Vaccination
M - Maintenance
S- Sensitization



Zone	Human Population	Dog Population	dog:human ratio
Zone A	8,537,949	150,000	56.9
Zone B	3,502,265	446,266	7.8
Zone 1	14,198,071	524,039	27.1
Zone 2	4,585,250	473,264	9.7
Total	30,823,535	1,593,569	19.3
Zone 3	7,592,669	1,007,199	7.5
Zone 4	8,442,625	1,018,095	8.3
Zone 5	3,789,078	386,024	9.8
Total	16,274,070	2,411,318	8.2



SAMPLED OUTPUTS, ACHIEVEMENTS, SUCCESS STORIES AND LESSON LEARNT

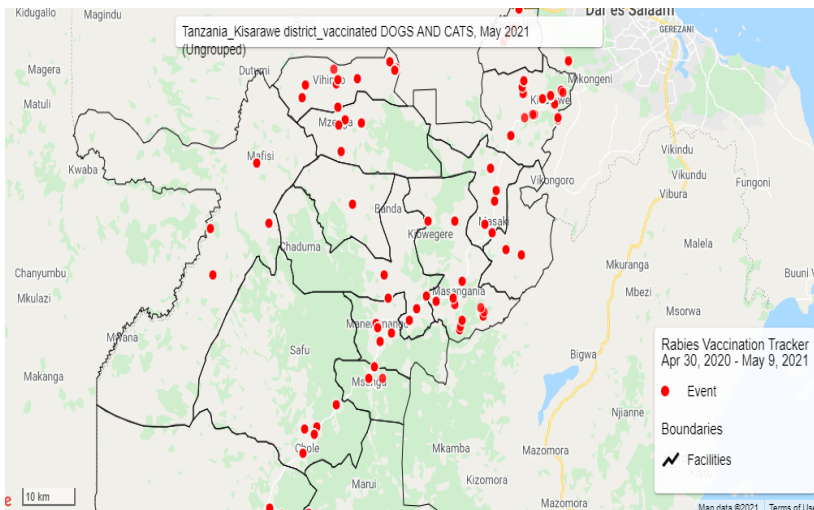
Intervention Area	Output	Achievement	Success	Lesson Learnt
	<p>Mass vaccinations of dogs and cats concurrently in more than 150 villages in May-August 2018 in Moshi Rural District. A total of 29,885 cats and dogs were vaccinated</p>	<p>vaccination coverage of 74.5% was achieved, compared to the previous vaccination record of 18% per annum in the same community</p>	<p>From May 2018 to date, <u>NO confirmed</u> cases of rabies in humans or animals have been reported. Similar model has been used in other Local Government Authorities</p>	<p>Multi-level coordination and implementation of One Health approaches can significantly improve the efficiency and efficacy of interventions against zoonosis</p>

Mass vaccinations of dogs and cats concurrently in more than 150 villages in May-August 2018 in Moshi Rural District. A total of 29,885 cats and dogs were vaccinated (>70% of the targeted population)



SAMPLED OUTPUTS, ACHIEVEMENTS, SUCCESS STORIES AND LESSON LEARNT

Intervention Area	Output	Achievement	Success	Lesson Learnt
	Mass vaccinations of dogs and cats concurrently in more than 20 villages in May 2021 in Kisarawe District, Pwani region. More than 1500 animals were vaccinated (about 60% of the target population) in 5 days	Vaccination coverage of about 60% of target population was achieved in 5 days , compared to the previous vaccination record of none or minimal coverage per annum in the same community	<ul style="list-style-type: none"> • First time data collection was undertaken using registers as well as GARC data logger. • The event was covered and disseminated across different media platforms. 	Rabies forms an important disease for experiential learning for future OH workforce



Mass vaccinations of dogs and cats concurrently in more than 50 villages in May 2021 in Kisarawe District, Pwani region. More than 1500 animals were vaccinated (about 60% of the target population) in 5 days



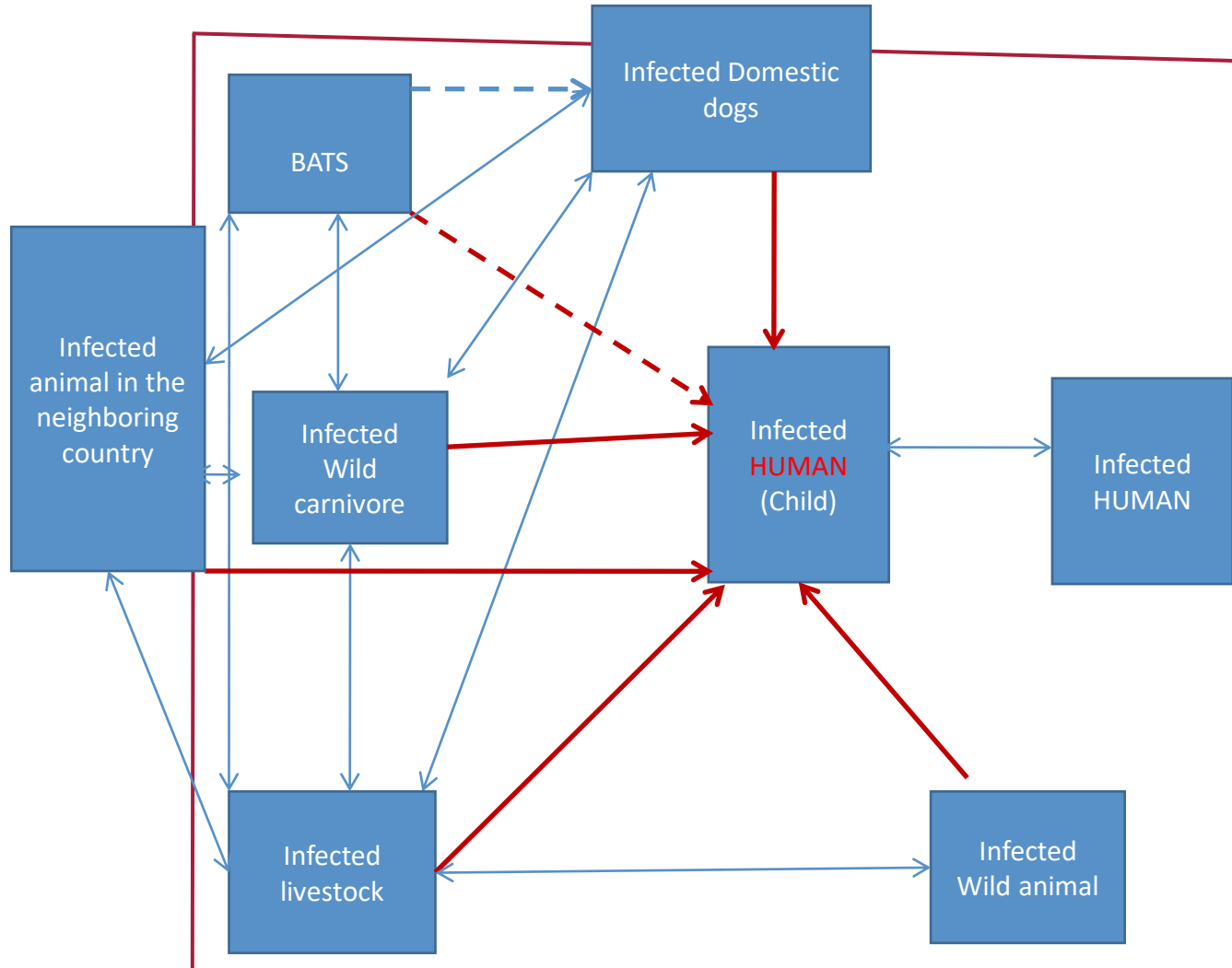
Rabies as case disease in Joint Risk Assessment (JRA) roll out

- ✓ JRA is designed to address shared health threats at the human-animal-environment interface by jointly assessing specific priority zoonotic disease risks
- ✓ JRA jointly organized by OH Coordination Desk in collaboration with FAO, WHO and OIE was piloted in March 2019 Dar es salaam, Tanzania
- ✓ The tool was piloted and roll out at sub-national level (Arusha and Zanzibar) involved animal health, public health, environment and wildlife experts



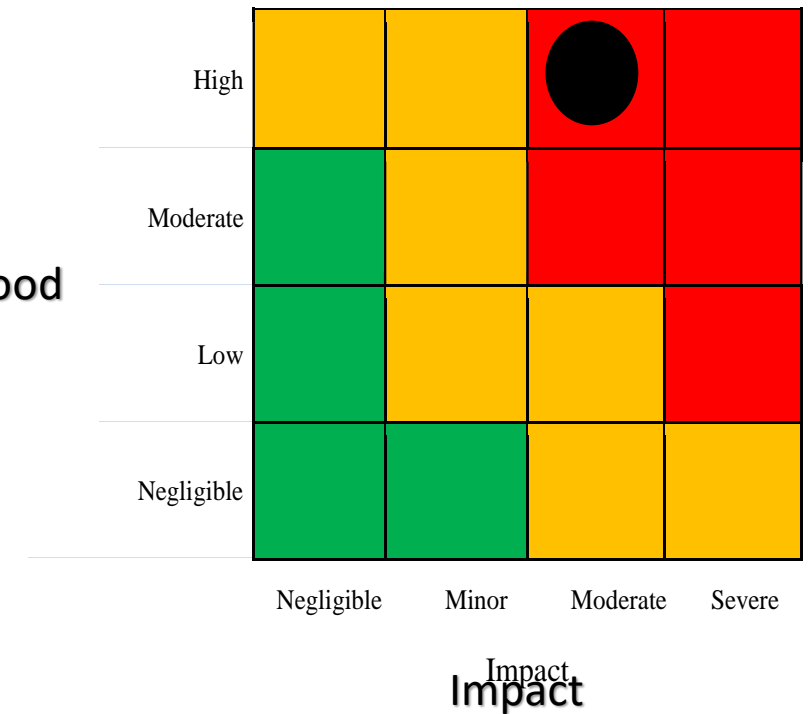


Risk pathway



What is the likelihood and impact of at least one child in South Eastern Tanzania to die following a bite from a rabid animal in the next one year (March 2019- March 2020)

Likelihood





AWARENESS AND SENSITIZATION CAMPAIGNS

mpeni Ya Kitaifa ya Chanjo itakayoanza Wilayani ata zote za wilaya yetu. ziende kwa Prof. Henzron ra ya Mifugo na Uvuvi, Prof. ka AFROHUN, Prof. Fasina a, Wawakilishi wa Vyuo IA SUA, pamoja na Wadau eza Kisarawe izindue hii a chanjo kwa mbwa na paka we.



Watanzania 1,500 hufa kila mwal kwa kichaa cha mbwa



Tokomeza Kichaa Cha Mbwa a Yako Na Ya Jamii Kwa Paka Wako.



Summary: Jaji wa Hifadhiwa 1,500 hufa kila mwal kwa kichaa cha mbwa na paka...

Hayo yamamwiza leo Jumatatu Mei 5, 2021 na mkurugenzi wa huduma za mifugo Wazara ya Mifugo na Uvuvi, Profesa Henzron Nonga katika uzinduzi wa chanjo ya kitaifa ya mbwa na paka.

muhimu na hazurini.

Mbwa afungwe kuanzia saa 10:30 alifajiri hadi saa 4:00 usiku au kulingana na sheria ndogondogo za sehemu husika.

UDHIBITI WA KICHAA CHA MBWA KWA BINADAMU
Mtu aliyeing'atwa na mbwa au mnyama mwenye Kichaa cha Mbwa ni lazima apatiwe chanjo haraka wezekanonyo kumepusha kifo kutokana na Ugonjwa huu.

Watoto waelimishwe kutokuchezwa au kuchokaza mbwa kwani asilimia kubwa ya watoto ndio wanooing'atwa na mbwa.

KUMHUDUMIA ALIYENG'ATWA NA MBWA AU NYAMA

- Sefisha jeraha kwa maji mengi na sabuni au tumia lodine au Spirit
- Kidonda cha mtu aliyeing'atwa na mbwa au mnyama hakifungwi wala kushonwa
- Kisha nenda Kiuc cha Afya kilicho karibu ili kupatiwa chanjo na matibabu zaidi
- Vilevile toa taarifa kwa Mtaalamu wa Mifugo we eneo husika

FAHAMU KICHAA CHA MBWA CHANJA MBWA NA PAKA WAKO ILI KUJILINDA WEWE NA WENZAKO

KUMBUKA: UGOJWA WA KICHAA CHA MBWA HAUNA TIBA.

TANGAZO

CHANJO KWA MBWA NA PAKA

Kutakua na kampeni ya chanjo dhidi ya Kichaa cha Mbwa na Paka

TAREHE MAHALI

Tafadhali peleka Mbwa na Paka wako Kupatiwa chanjo

Chanjo zitolewa kuanzia saa 2 Asubuhi hadi saa 10 Jioni

*****CHANJO HII HAILIPIWI*****

LINDA AFYA YA JAMII KICHAA CHA MBWA KINAUA

KUMBUKA UGOJWA WA KICHAA CHA MBWA HAUNA TIBA

Kwa taarifa zaidi Piga 0800 750 052 (Bila malipo) au fika ofisi ya mifugo iliyo karibu

NAMNA AMBAYO MTOTO ANAWEZA KUEPUKA KUNG'ATWA NA MBWA

- Mtoto asimchokaze mwea anayekula
- Mtoto asipuke kusogoa kichaa chake karibu na uwa wa mtoto
- Mtoto asipuke kumchokaza mwea anayechokaza mtoto au kifu kirighe chochote
- Mtoto asipuke kuchonwa mwa au maoko ya mbwa

NAMNA YA KUHUDUMIA JERAHA LA KUNG'ATWA NA NYAMA

- Mtu aliyeing'atwa na mnyama au kusababishwa jeraha na mnyama apatiwe huduma ya kwanza kwa kuifika jeraha kwa maji mengi yanayotika na sabuni kwa wakuu dakika 15 na kidonda kaulingene.
- Mara tu baada ya kupata huduma ya kwanza akimwiza Kiuc cha Afya/Zaharati ili kupatiwa chanjo kumkinga dhidi ya Kichaa cha Mbwa.

KUDHIBITI KICHAA CHA MBWA KWA WANYAMA

- Chanja mbwa na paka wako mara moja kwa mwaka au kulingana na ushauri wa Mtaalamu wa Mifugo.

KUMBUKA UGOJWA WA KICHAA CHA MBWA HAUNA TIBA

Kwa taarifa zaidi Piga 0800 750 052 (Bila malipo) au fika ofisi ya mifugo iliyo karibu



Sample publications on One Health interventions



Title / Keyword Journal
Author / Affiliation Article Type Advanced

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Ecological and Epidemiological Findings Associated with Zoonotic Rabies Outbreaks and Control in Moshi, Tanzania, 2017–2018

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- Ministry of Health, Community Development, Gender, Elderly and Children, Dodoma 41000, Tanzania
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Where and when to vaccinate? Interdisciplinary design and evaluation of the 2018 Tanzanian anti-rabies campaign

Folorunso O. Fasina^{a,*}, Niwael Mtui-Malamsha^a, Gladys R. Mahiti^{b,c}, Raphael Sallu^a, Moses OleNeselle^a, Bachana Rubegwa^a, Yilma J. Makonnen^a, Fred Kafeero^a, Martin Ruheta^d, Hezron E. Nonga^d, Emmanuel Swai^d, Selemani Makungu^d, Japhet Killewo^{b,c}, Edward G. Otieno^{c,e}, Athumani M. Lupindu^{c,e}, Erick Komba^{c,e}, Robinson Mdegela^{c,e}, Justine K. Assenga^{d,f}, Jubilate Bernard^{f,g}, Mohamed Hussein^{b,c}, Walter Marandu^h, James Wariobaⁱ, Eliona Kaaya^j, Pius Masanja^j, Gundelinda Francis^l, Violet M. Kessy^k, Janique Savy^l, Hija Choyo^a, Justus Ochieng^m, Almira L. Hoogesteijnⁿ, Margaret M. Fasina^o, Ariel L. Rivas^p

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