

ONE-HEALTH IN ACTION

Kenya Red Cross

Community Epidemic and Pandemic Preparedness Programme

July 2021



Corrie Butler / IFRC

Sixty per cent of known infectious diseases and 75 per cent of emerging infectious diseases originate in domestic animals and wildlife. Epidemics begin and end in communities – enabling, empowering and equipping communities to recognize and respond to public health threats is essential for a One Health approach. To strengthen national and community level One Health readiness, the Kenya Red Cross Society is implementing the Community Epidemic and Pandemic Preparedness Programme (CP3). From its inception, the programme adopted a whole of society, all-hazard approach to epidemic and pandemic preparedness and embedded One Health in community health promotion and community-based surveillance (CBS) activities.

The Kenya Red Cross is a national leader and trusted government partner in disaster risk reduction, disaster management and public health with more than 150,000 volunteers throughout the country. The National Society started implementing CP3 in partnership with International Federation of Red Cross and Red Crescent Societies (IFRC), the Kenya Ministry of Health, the Ministry of Agriculture, Livestock and Fisheries, the Ministry of Education, and the Teachers Service Commission in October 2018.

What is the One Health approach?

One Health is a multi-sectoral, inter-disciplinary and collaborative approach that underscores the close link between the health of humans, animals and their shared environment.

Community Epidemic and Pandemic Preparedness Programme achievements snapshot

(as of 31 December 2020)

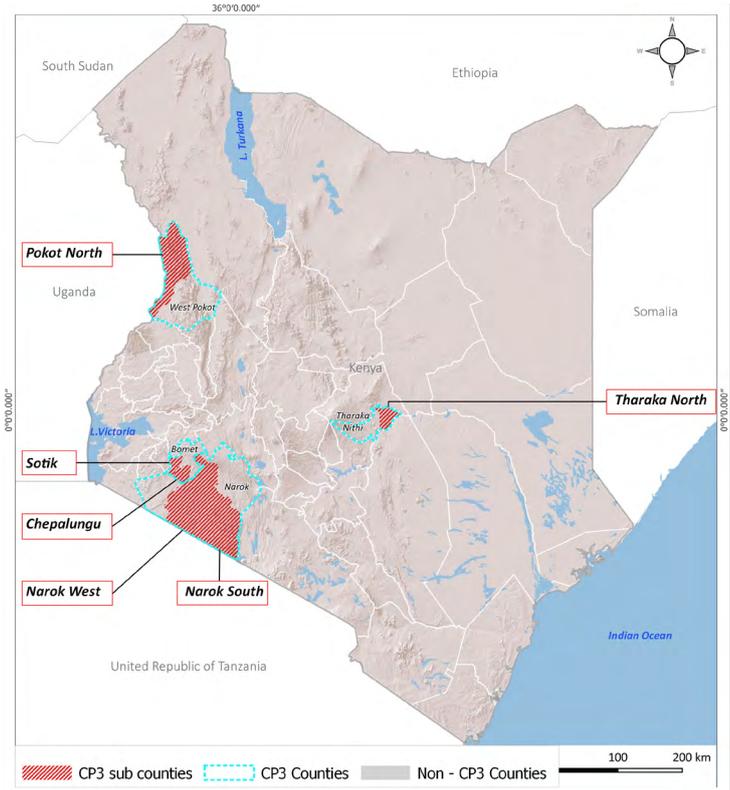
- **97,378 households** received critical health messaging on infectious diseases such as anthrax and measles.
- **Over 800 community health volunteers** trained in epidemic preparedness and response.
- **75,000+ livestock and domestic animals vaccinated** against anthrax and rabies.
- **200 school health clubs activated** to empower students to help prevent, detect and respond to disease outbreaks in their communities.



OPERATIONALIZING ONE HEALTH AT COMMUNITY LEVEL

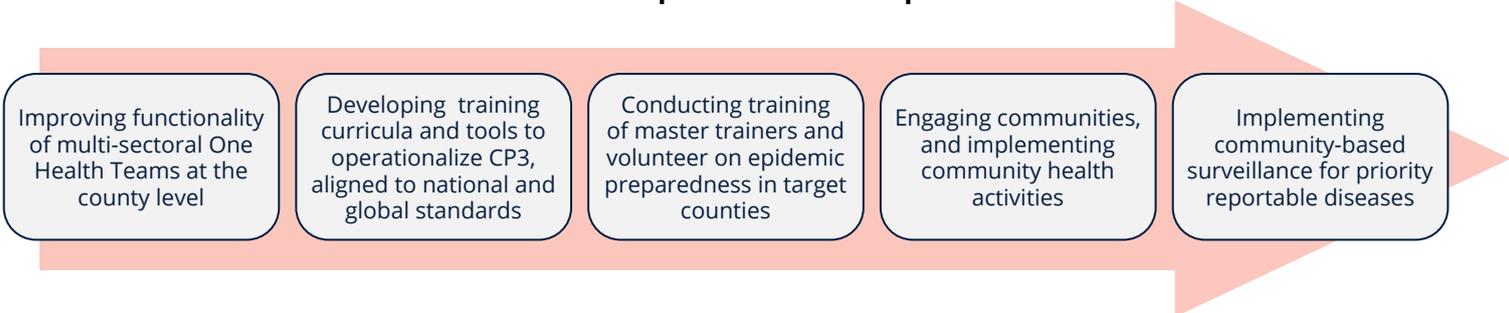
As part of the programme, the Kenya Red Cross and its partners have targeted over 2,355 villages within six sub-counties in four high-risk counties– Bomet, Narok, Tharaka Nithi and West Pokot, selected based on the close interaction and fluid movement of people, livestock and wildlife across national game reserves, international borders, and geographical hotspots.

Kenya Red Cross cultivated community, county and national buy-in and ownership through coordinated and collaborative programme design and planning across multiple sectors (e.g. health, veterinary health, wildlife management, education, water, disaster management, etc.). This process was initiated at national level to reach broad agreement, and then was devolved to county level planning to ensure local relevance and buy-in. From the very start, the Red Cross ensured that the programme was integrated in and strengthened existing Ministry structures and systems by supporting critical implementation gaps.



CP3 counties of operation

One Health operationalization process



SUCCESSSES

1. Establishing and/or strengthening One Health teams at county level

Kenya Red Cross has worked to build One Health capacity at sub-county and county level to increase cooperation and ownership across sectors within local government structures. This has facilitated coordinated planning and response between the human and animal health sectors and enabled the One Health teams to develop county multi-hazard contingency plans that prioritize epidemic-prone diseases.

This is exemplified in Narok County where county executive leadership has recognized the One Health approach as vital to its communities' health and livelihoods by committing part of the county budget for One Health activities such as surveillance and investigation of alerts. This is a critical step towards sustainability of One Health in Kenya.



“Livestock is at the heart of each and every Maasai. My community accepted the One Health approach because it helps both animals and humans.”

Daniel, a community health worker and local pastor trained by the Community Epidemic and Pandemic Preparedness Programme



2. Engaging communities as fully-fledged partners

The National Society has worked with Community Health Units and their committees through quarterly meetings which serve as important fora for Veterinary and Public Health Officers to address rumours, suggestions and concerns with community members and leaders. This has helped to strengthen community-based referrals and enable faster disease alert responses.

Kenya Red Cross has also used a **youth-led process for risk communication and community engagement** by engaging school-going children as One Health educators and advocates. Students have proven to be effective peer educators, reinforcers of messaging at the household level, and useful mobilizing support for activities such as targeted animal vaccination campaigns.



3. Integrating core training packages into the Ministry of Health Community Health Strategy

The Ministry of Health in Kenya has a strong Community Health Strategy. The training curriculum was, however, limited in epidemic diseases and animal health aspects. Kenya Red Cross worked with the Ministry of Health to integrate key Red Cross training materials and approaches into the Ministry's Community Health Strategy. The strategy now includes core Red Cross modules to better prepare all volunteers nationwide on epidemic-prone disease detection and early response.

4. Scaling up community-based surveillance

CP3 uses an innovative approach that builds on core community health promotion and risk reduction activities to embed community-based surveillance (CBS). This approach has improved community engagement in disease prevention, earlier alerting of local health authorities and earlier action for the timely control of possible outbreaks. Kenya Red Cross' scale-up of CBS in target counties and integration with the national integrated disease surveillance and response (IDSR) framework has yielded positive results – the Bomet County Director of Public Health noted that the programme's interventions had improved IDSR reporting rates from 60% to 90% in 2019.

Thomas' story



Thomas, a community health volunteer trained in the One Health approach by Kenya Red Cross, heard of the sudden death of a cow due to bleeding from a fellow villager in Chepkebit. Thomas followed up on the report by immediately visiting the affected farm. After talking with the farmer, Thomas checked that the cow's death met the community case definition for anthrax, and quickly alerted his supervisors (local public health and veterinary services) through a coded text message. His supervisors were able to investigate further and confirm the case as positive for anthrax. Afterwards, they guided Thomas to work with the farmer to properly dispose of the infected carcass. In the meantime, Thomas and his fellow community health volunteers conducted community dialogue meetings and household visits to mobilize the communities to vaccinate their cattle against anthrax. Anthrax vaccination was conducted throughout the ward of Illmotiok and no further anthrax cases were reported.

Anthrax outbreaks periodically occur in Kenya in wildlife and domestic livestock – and can quickly spill over to infect humans who come into contact with an infected animal or eat meat or drink milk from an infected animal. In people, anthrax can be fatal if left untreated. But early action when an outbreak occurs and ensuring domestic livestock are vaccinated against anthrax to prevent an outbreak in the first place are critical measures that communities and local veterinary and health services can undertake together.



CHALLENGES

The programme has encountered a number of challenges, most notably:

- **Insufficient number of veterinary and animal disease reporters** resulting in delayed detection and response to animal diseases alerts.
- **Limited resources for diagnostic sample transport** for health and veterinary workers to send samples to the appropriate laboratory.
- **Lack of vaccines at county level for adequate early response and immunization campaigns:** Programme activities and community engagement have created a demand for these services that is, at times, greater than the supply chain can meet.
- **Large geographical coverage sometimes limits onsite verification of alerts:** Most alerts are verified by veterinary officers by phone calls to community health volunteers rather than in person, thus missing the opportunity for onsite verification.



Engaging and empowering communities to undertake a One Health approach within a broader epidemic preparedness and capacity-building programme has proven crucial for the successful implementation of the Community Epidemic and Pandemic Preparedness Programme in Kenya to date. Community volunteers can effectively detect and take early action to contain human and animal health risks and disease events, thus contributing to global health security at a community level.

Acknowledgments

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