Dear Reader,

We welcome you once again to OHCEA News! We are a strategic source of One Health news and happening in all the countries where we have active programs.

First of all, let me congratulate our team in Tanzania on the launch of the One Health Coordination Desk and the One Health Strategic Plan. These two national achievements and the event that marked their official recognition, are a culmination of efforts that OHCEA Tanzania started, nurtured and invested in. We congratulate especially our Focal Persons, Professor Killewo (MUHAS and Professor Mdegela (SUA) for not tiring. This level of recognition of One Health is what we are hoping for on the African continent. OHCEA network received kudos from the many speakers for the role we have played in this process. The article about the launch event provides interesting reading for you!

Global Health Case Competitions are one of the innovative ways of teaching One Health in multidisciplinary teams. The competitions heighten students’ understanding of issues of national, regional and/or global interest and concern. Student working in multidisciplinary teams propose innovative ideas and solutions to a provided case on a complex infectious disease challenge. In OHCEA, Global Health Case Competitions are becoming a major training and competence-building approach. In March, our teams in Rwanda and Uganda successfully held Global Health Case Competitions. Processes started at school/faculty level to university level and drew a lot of interest from university communities and partners. We bring you insights from the competitions in the two countries.

Antimicrobial Resistance (AMR) has emerged as a major and urgent public health threat, globally. Our students at Makerere University in Uganda, realising the significance of the matter, organised a public debate and competition whose purpose was to explore non-technical ways of presenting information on AMR to the ordinary citizen. Students came up with innovative and interesting ways of doing this. Read more about this in this edition of OHCEA News.

Our newest network member in Uganda; Mbarara University of Science and Technology (MUST) was recently orientated to OHCEA/OHW/USAID regulations and policies, by a team from the Secretariat. We congratulate MUST for joining the family.

We have a lot more packaged for your reading and information needs in today’s edition of OHCEA News.

Enjoy your reading and please do give us feedback on how we can serve you better!

Thank you

Dr. William Bazeyo

Professor of Occupational Medicine and CEO-OHCEA
Supportive Policy Environment

OHCEA TANZANIA GET HIGH LEVEL TREATMENT AT THE ONE HEALTH COORDINATION DESK LAUNCH

_by Gladys Mahiti and Mourice N. Mbunde_

The 13th of February 2018, was the greatest day ever for One Health in Tanzania. On this day, the Prime Minister of Tanzania Hon. Kassim Majaliwa officially launched the One Health Coordination Desk and the National One Health Strategic Plan (OHSP 2015 – 2020) in order to push the One Health agenda forward and to enable Tanzania to be better placed to detect, prevent and respond to the emerging pandemic threats in the country. The ceremony took place in the Karimjee Hall and its grounds in Dar es Salaam. The Muhimbili University of Health and Allied Sciences (MUHAS) and the Sokoine University of Agriculture (SUA), being among the pioneers of One Health workforce strengthening in Tanzania, were represented at the ceremony by a very strong delegation. This consisted of the Vice Chancellors of MUHAS and SUA, the Focal Persons of One Health Central and Eastern Africa (OHCEA) network, the Dean of the School of Public Health and Social Sciences at MUHAS where OHCEA is based, other deans and exhibitors at the occasion. The event was attended by approximately 80 participants.
among them; Ministers, representatives from government departments and agencies from Tanzania mainland and Zanzibar (PMOs, MHCDGEC, MALF, MTNR, Tanzania Wildlife Research Institute, National Environment Management Council, training and research institutions, Ministry of Finance), US government agencies (USAID, CDC, DTRA), UN agencies (WHO, FAO & WFP), USAID Implementing Partners (Preparedness & Response, PREDICT2, FAO), and medical and veterinary professional associations among others.

The main objective of the launch was to raise the profile of One Health approach in Tanzania and advocate for greater buy-in and support by the government and stakeholders. Increased support will enhance collaboration among sectors to prevent, detect and respond to existing and emerging pandemic threats. In his speech at the launch ceremony, the Prime Minister reiterated that “the launching of the strategic plan is expected to guide and provide a road map to the future of collaborative efforts of multiple health science professions, together with their related disciplines and institutions – working locally, nationally, and globally – to attain optimal health for people, domestic animals, wildlife, plants, and the environment”.

The launch of the OHSP & OHCD has underscored the government of Tanzania and its partners’ commitment to a paradigm shift in how the country should detect, prevent, and respond to emerging infectious disease threats. The launch has also formally given the One Health Coordination Desk authority to play its coordination role of creating momentum for institutionalizing the One Health approach in Tanzania.

The ceremony was graced by many speeches from One Health stakeholders but the vote of thanks from the Minister for Health of Zanzibar touched the audience deeply as he underscored the importance of the One Health Coordination Desk for Tanzania. He urged the desk to ensure that it extends the One Health collaborative efforts to Zanzibar since health threats of concern do not recognize borders.

Just before the launch, the Guest of Honour with his delegation as well as key invited
guests and development partners viewed posters, banners and One Health-related materials which were displayed in exhibition booths prepared for the occasion. The Guest of Honour very much appreciated the many achievements made by the One Health networks including OHCEA, SACIDS and PREDICT, in their efforts to implement One Health-related activities particularly those that led to the development of the strategic plan.

Dr. Gladys Mahiti told the Prime Minister that OHCEA has registered many achievements in Tanzania including mapping of One Health workforce in Tanzania, building capacity for pre-service and in-service personnel through short courses and establishing Kilosa District as a One Health demonstrating site for practical learning of how One Health works in real world situations. She informed the Premier that OHCEA had developed One Health modules for incorporating into different university programmes and curricula as well as into the certificate and diploma training levels in human and animal health training institutions.

During the launch and in their speeches, international development partners affirmed their commitments to the One Health agenda and agreed to collaborate with the desk (OHCD) to ensure effective and successful implementation of its planned activities in the strategic plan for the betterment of human, animal and environmental health.
In February this year, OHCEA in Cameroon organised a workshop on bio-safety and bio-security for 47 personnel who are key in this area of practice.

The objective of the workshop was to allow policymakers and administrators at all levels to understand and appreciate the need for proper implementation of administrative controls as a key requirement to improve the practices of biosafety and biosecurity.

The workshop was an opportunity to bring stakeholders together and discuss issues of biosafety and bio-security in Cameroon.

The One Health Central and Eastern Africa (OHCEA) vision and mission were presented by Dean Jeanne Ngogang.

The presentation on the concept ‘One Health’, by the national technical advisor, USAID Preparedness and Response, emphasized the potential danger presented by the spread of infectious agents, such as the epidemic of Ebola and bird flu.

The presentation on “Biosecurity in Cameroon” gave an account of the Biosecurity project in Cameroon whose goal is to strengthen national capacity to prevent and control the introduction, establishment and propagation of invasive alien species and organisms.

A video, ‘Ebola: the deadliest epidemic explained’, was screened for the participants, to illustrate the potential impact of perhaps the most deadly pandemic infection.

The first session of discussion, co-hosted by the National Observatory for Public Health represented by Dr. Gnigninanjouena Oumarou and the Bamenda district doctor; Dr. Fomeh Nsoh Gilbert, allowed participants to reflect on issues of biosafety and biosecurity in Cameroon, with a focus on human health. The exercise was very rich, with participants from various backgrounds and skills bringing their experiences, expertise and concerns and suggestions for improvement.

What came out clearly is that; Cameroon does not yet have a home-grown plan on biosecurity and biosafety. Existing laws only focus on
biosecurity, leaving aside the aspect of biosafety. However, the P & R (Preparedness and Response) project is a substantial contribution to the implementation of the ‘One Health’ approach, through the ‘national programme to fight zoonoses’. During the training, simulation exercises of the Ebola virus infection were made. Several gaps were noted in the implementation of biosecurity and biosafety measures in Cameroon.

- Several training sessions have been held before (lecturers, staff of the Department) and programs have been developed, but the materials available are not used.
- At the ports of entry into Cameroon (airports), the phytosanitary certification, which is used to attest that the shipments meet the phytosanitary requirements (for plants) importation / export, is mainly limited to the documentation. There is a lack of tools / rapid test kits that could allow a fast and effective application of biosafety and biosecurity regulations. This allows to issue phytosanitary certificates without prior analysis of the samples. It is urgent to establish a collaboration with specialised laboratories equipped with infrastructure and workforce, in order to fill this gap. The expertise to do this is available in some universities and government laboratories.

Another issue important to Cameroon is the issue of pesticide residues in food products. Increased use of phytochemicals to boost agricultural production also increases levels of residues in agricultural products. This is very important, because residual phytochemicals pose health risks to consumers.

The presentation on ‘Biosecurity and control of infections in the laboratory’ provided knowledge to the participants on the necessary precautions to be taken in the lab to avoid infection, standard procedures and precautions to follow when taking biological samples. This was an opportunity for participants to revise or learn more about the ideal laboratory practices for a safer and healthier environment.

The discussion session led by Dr. Njayou Arouna stressed the need to strengthen the current rating of Cameroon in biosafety and biosecurity. The discussion however, brought out a concern that laboratory engineers do not always respect the rules of biosafety of the laboratory, which can be linked to a lack of awareness and negligence.

Some participants appealed to OHCEA to extend its efforts in covering / supporting training on biosecurity and biosafety practices in laboratories.

It was suggested that the stakeholders and educators extended academic programs to integrate knowledge of biosafety and biosecurity. The creation of an interdepartmental platform of biosafety involving all government departments having an influence on biosafety issues in Cameroon, was also suggested as a suitable approach for integrated implementation of One Health in Cameroon.

From the discussions during the training, it is clear that it is urgent to expand the workforce development (in-service training on Biosafety and biosecurity), targeting different actors in education, health, transport, etc., and set up a national and departmental platform in charge of biosafety and biosecurity in Cameroon. Certification of hospital and laboratory staff on the transportation of infectious substances was also discussed as a key area that needs to be addressed.
In not more than twelve PowerPoint slides, present how a lay man can understand antimicrobial resistance. State how the threat can be combated.

The Students’ Consortium for Public Health Challenges (SCPHC) together with Makerere University Biomedical Laboratory Students Association (MUBLTSA), College of Veterinary Medicine, Animal Resources and Biosecurity (COVAB) held a Student’s Public Health Challenge based on the theme, “Antimicrobial Resistance Stewardship.”

The purpose of the challenge was to provide a platform to all students from multiple disciplines to engage in increasing awareness on crucial public health problems and actively involve them in solving health threats like infectious diseases, antimicrobial resistance, zoonotic diseases, and nutrition. The consortium focuses on the engagement of ordinary citizens in understanding basic scientific research and enable them realize their role in ending public health threats. The consortium has well-established plans and strategies to enable it achieve the set goals. Such strategies include organizing public health challenges for tertiary institutions, primary and secondary school outreaches, agricultural trade exhibitions, organizing for the commemoration of national and global days/weeks for the different health events, organizing trainings for village health workers and use of social media platforms. This is to increase awareness about the several life-threatening conditions typically neglected.

The Guest of Honor at the challenge was Head Emergency Operations Center- Ministry of Health, Dr. Issa Makumbi. The key note address was given by the Project Manager Global Health Security Engagement, Dr. Richard Walyema who was represented by Dr. Kizito from Infectious Diseases Institute (I.D.I).

Participants were students from Bugema University, Katikamu Senior Secondary School, Vic

Prof. Kankya making his remarks during the event.

Dr. Wampande reacting to one of the presentations during the challenge.

Dr. Makumbi taking notes during the challenge.
View Primary School, Kampala International University- Bushenyi Campus, Mbarara University of Science and Technology, International Health Science University and Kyambogo University.

Ten different disciplines participated, including: Biomedical Laboratory Technology, Bachelor of Veterinary Medicine, BSc Human Nutrition, BSc in Food Science and Technology, BSc Medicine and Surgery, BSc Nursing, BSc Animal Production, BSc Biomedical Sciences, BSc Biochemistry, Bachelor of Science Technology-Biology. In total, 160 students attended the challenge.

The students' challenge was a cocktail of presentation formats; all intended to convince the judges that the architects of these activities, had the best in terms of considering information consumption behaviours. Fifteen (15) students delivered PowerPoint presentations on Antimicrobial Resistance; a primary school pupil -Byanso Joshua- recited a poem on hand-washing as a way of disease prevention; Bugema University students presented a drama skit on the 'Effects of Antimicrobial Resistance on the Family'; Katikamu Senior Secondary School recited a poem on Antimicrobial Resistance.

The challenge was to determine participants who presented information on Antimicrobial Resistance that can easily be understood by an ordinary citizen.

Contestants in the challenge were also awarded certificates of merit.
The Adjudicator of the challenge, Dr. Jessica Nakavuma, made a few remarks on the quality of the presentations in their various formats. Winning teams received awards.

Prof. Clovice Kankya (Makerere University College of Veterinary Medicine, Animal Resources and Biosecurity) stressed the need for increasing public awareness on public health concerns through more interactive programs similar to SCPHC’s AMR challenges and urged the students to actively participate and be innovative in future events. Technical and financial support for the challenge was provided by Global Health Security Engagement Project at Infectious Diseases Institute, OHCEA-Uganda Office, Uganda National Council of Science and Technology, Dr. Edward Wampade, Dr. Gabriel Tumwine, Dr. Jessica Nakavuma, Ms. Jacinta Nakaye, Ms. Peggy Nakalema, Dean Frank Mwiine (School of Biosecurity, Biotechnical and Laboratory Sciences (SBLS)).
OHCEA recently admitted to its network Mbarara University Science and Technology (MUST) – Faculty of Medicine. Following the admission to OHCEA, a Focal Person has been identified and recruited and he will be responsible for coordinating the institution’s OHCEA activities. This Focal Person will work with a team that includes the Dean and Activity Leads during planning and implementation of activities. This team is expected to start implementation of OHCEA activities very soon. However, to ensure proper activity monitoring, management of funds, and financial reporting, there was need to orient the team.

The OHCEA Regional Manager Finance and Administration, Focal Person – Uganda (COVAB) and the Head Monitoring and Evaluation, travelled to Mbarara and oriented the Newly Admitted institute of Mbarara University of Science and Technology on March 21st and 22nd, 2018. The orientation was attended by 9 participants that included the institution’s Dean (who heads the Health Sciences faculty), Focal Person, faculty and staff of the institution.

The orientation was opened by the Dean Prof. Gertrude Kiwanuka. In her remarks, the Dean appreciated OHCEA for admitting MUST to the network. She noted that OHCEA was a network that brings various institutions and disciplines together to tackle challenges that can’t be tackled by a single discipline. She also informed participants that MUST prides in having community Health as the pillar of Faculty of Medicine. It was observed that Students at MUST were already having interdisciplinary attachments which leverage on what different programs handle. Being the newest OHCEA member, the Dean observed that there were many benefits MUST can gain from the network.

Participants were oriented on the following:

1. OHCEA network and its work in the region
2. Roles and Responsibility of the new institution on board
3. One Health Workforce M&E system
4. One Health Workforce and Global Health Security Agenda reporting requirements
5. Asana, a project management tool used by the One Health Workforce project
6. Communication and branding guidelines

The orientation enabled participants to understand OHCEA and the One Health Workforce technical as well as financial reporting procedures.
Mekelle University offered an Infectious Disease Management (IDM) training for 30 multidisciplinary faculty from public health, nursing, midwifery, pharmacy, health systems management and veterinary medicine. The training, conducted 19th -23rd February 2018, equipped trainees with knowledge and skills in infectious diseases prevention, detection and response using the One Health approach. The training approach featured both practical and theoretical sessions. Faculty were trained in the theory of various concepts such as risk communication and management, leadership and management, systems thinking, the role of gender and culture in addressing infectious diseases. For practical understanding of these concepts, at each step, role plays were performed by the trainees and different case scenarios were provided to them to practice among themselves and presented to the plenary for discussion.

The training was delivered by five facilitators, including Dr. Berihun Afera, who was one of the ToTs trained in 2016. Other facilitators were; Dr. Netsanet Berhe from College of Veterinary Medicine who delivered the topic on risk communication, Mr. Yemane Gebremariam from College of Health Science who provided the training on leadership and management, Dr. Mache Tsadik from College of Health Sciences who covered the topic on the role of gender and culture in infectious diseases and Dr. Enquibaher Kassaye from College of Veterinary Medicine who delivered the training on systems thinking to address infectious diseases. These four facilitators were among the ToT participants of 2017.

The purpose of the activity was to equip students with knowledge and skills on how to translate theory into practice to enable them to prevent, detect, and respond to infectious diseases outbreaks; as well as to combat health challenges, such as the emerging public health non-infectious issues like AMR and Endocrine Disruptors. The long-term strategy of this training is to equip students with OH concepts and practices in the short-term while plans are underway to incorporate OH modules into their regular curricula.

During the current training, 69 future OHW undergraduates at the BSc level at SUA were trained by offering OH modules for 30 hours (10 hours per module) taught for 5
Disease Undergraduate training at SUA and at MUHAS: thoughts to have it incorporated in Curricula

The objective of the training was to sensitize and impart undergraduate students with knowledge and skills on how to translate theory into practice to enable them to prevent, detect, and respond to infectious zoonotic diseases outbreaks and combat health challenges, such as the emerging resistance of microbes to antibiotics.

The specific objectives were:

1. To train students the overview and concepts of One Health and its relevancy in solving health related problems in humans, animals and environment
2. To train students on leadership skills and skills for building interdisciplinary teams and communication skills.
3. To impart some knowledge on risk analysis framework, hazard identification & characterization
4. To equip students with the skills of risk communication
5. To train students on methods of risk Management with emphasis on zoonotic diseases, emerging resistance of microbes to antibiotics and other non-infectious public health issues

The training was attended by 69 undergraduate students at Sokoine University of Agriculture, Morogoro, Tanzania.

A remedial training of future One Health workforce personnel was conducted at College of Veterinary Medical Sciences-SUA and offered five OH modules for 30 hours. The training was conducted for five days. The modules were organized into 18 courses covered in different sessions along the week being facilitated by specialized instructors from SUA and MUHAS. Three practical sessions were conducted both in the laboratory and hot spots for infectious zoonotic diseases and emerging public health problems (abattoir and sewage treatment ponds. At the end of the training, certificates of attendance were issued to the participants.

The 69 students were exposed to: overview and concepts of One Health and its relevancy in solving health related problems in humans, animals and environment; leadership skills and interdisciplinary team building and communication skills; risk analysis framework hazard; risk identification & characterization; skills of risk communication and methods of risk management with emphasis on zoonotic diseases, emerging resistance of microbes to antibiotics and other non-infectious public health issues.

Generally, the training dwelt on the use of One Health approach in prevention, control and eradication of diseases, Risk Analysis Framework (Risk Assessment, Risk Communication and Risk Management) with the focus on Emerging Pandemic Threats (EPT) zoonotic diseases, emerging public health non-infectious issues like AMR, Endocrine Disruptors. In addition, participants were exposed to a more detailed coverage on Risk Communication, Leadership skills, Skills for building interdisciplinary teams and Communication skills.

The trainees (BSc. students) as the One Health workforce positively received the training and promised to make use of what they learnt during the five days trainings. The approaches on infectious disease detection, prevention, and response; zoonotic diseases; and solving problems like Antimicrobial Resistance and Endocrine Disruptors using One Health approach were particularly well-received by the students. The session on leadership skills was also found to be an interesting one for the participants. Facilitators noted with interest that students at BSc level are eager to use One Health approach in solving different health problems in animals, humans and environment.

As a way forward, they suggested holding the training on an annual basis and to make them sustainable by incorporating the module in the undergraduate curricula.
University of Rwanda has for the second year running held the Global Health Case Competition. Global Health Case Competition presents an opportunity for multidisciplinary students to collaboratively work together to develop innovative solutions to health challenges. Unlike the previous year when competitions were held at campus level only, this year’s competition was held at both campus and University levels. The best team from each campus was selected to compete at the University level. The University level competitions were held on March 17, 2018 at Golden Tulip Hotel in Bugesera. The students under the umbrella of the Students One Health Innovations Club (SOHIC) were from Huye, Nyagatare, Remera and Rwamagana campuses of University of Rwanda.

Rwanda started conducting Global Health Case Competitions in year 3 of the One Health Workforce project and were the pioneers among OHCEA countries. Other countries that have organized case competitions include Kenya and Ethiopia. There is a call to have regional competitions where OHCEA partner countries would compete at a regional level.

The competition at University level was based on a case study of Q fever outbreak that started from cattle imported from a neighbouring country. This disease was affecting both domestic animals and humans. Students were required to develop innovative One Health interventions and elaborate how they would engage stakeholders in the intervention. The interventions were expected to support prevention, detection and response to the disease. Participants were also required to include timelines and budgets in their projects.

Case study was designed to enable participants to:

1. Understand what OH approach is and how it works
2. Describe disease outbreak investigation using a One Health approach
3. Describe policies regarding importation of animals into the countries
4. Understand the importance of protecting themselves and the environment while assisting animals during delivery
5. Understand the importance of communication among stakeholders in the handling of disease outbreaks
6. Describe the key steps in responding to an outbreak in a given district
7. Describe key steps in responding to an outbreak in a given district
8. Explain the importance of OH approach in managing disease outbreaks
9. Describe epidemiology of the disease in both animals and humans
10. Explain the role of gender in disease outbreak investigation

The scores were based on presentation delivery, analysis of the problem / challenge, content of recommendations, and response to questions. Each team made a 20 minute presentation of their innovations followed by 12 minutes of questions from the judges. The team of judges included representatives from Rwanda’s National Reference Lab, PREDICT project, University of Minnesota, Independent Consultant, and Dean – University of Rwanda Faculty of Agriculture and Veterinary Medicine. To ensure that there is no bias in judging students, mentors and faculty from competing campuses were excluded from the judges.

Unlike the first case competition where the Rwanda team heavily depended on University of Minnesota for technical support, this time much of the work was dependent on local capacity that has already been built. The activities of the Global Health Case Competition were centrally coordinated by the SOHIC Activity.
Lead Mr. Adolphe Atuheire. This ensured that uniform messages were sent across all campuses and at the same time. Dr. Robert Kibuuka one of the OHCEA Focal Persons noted “Basing on the experience we got while implementing our maiden Global Health Case Competitions, this time we didn’t have much support from UMN. We developed the case studies and implemented the whole range of sub-activities without getting technical support. Adolphe is now the SOHIC activity lead and he coordinates all the activities and shares all the communication. We had coordinators and faculty at different campuses who were mobilising students plus our former contestants also supported in mentorships. Former contestants were not allowed to contest this time round. What added value was that the current contestants had trust in former contestants since they went through the same experience.”

After all teams had presented, judges gave general feedback to the participants. Judges commended all teams for the innovations they proposed noting that they had a potential for creating impact in the community. It is against this background that the one of the judges, Dr. Emil Ivan from Rwanda’s National Reference Laboratory remarked “These students will in future be better than us”.

It was however observed that most of the teams elaborated more on the theories forgetting the components of the solutions. Teams needed to have integrated solutions and link with stakeholders while considering the feasibility of the solutions. Additionally, judges observed that there was need to put the proposition in perspectives of established knowledge and procedures. Moreover, innovations need to be affordable to the level of the hospitals and farmers.

Students who participated in the competitions commended the competition as a great learning experience. Ms Nadine Mpinganzima the team leader for Nyagatare campus remarked:

“The best thing I have gained from this competition is knowledge and skills on zoonotic diseases. From my training in irrigation and drainage, I didn’t have much classroom knowledge on zoonotic diseases. I was impressed that this is a disease I knew but didn’t know how it is transmitted, or how to handle it. And it was very enlightening looking at the disease from a One Health perspective. The approach of working as a multidisciplinary team was very rewarding. I have been working as an individual but working as a team where students from various disciplines contribute their knowledge to the same problem was very impressive.”

Another student Christine MUHOZA a second year agriculture student from Nyagatare campus was equally impressed with the value of this activity:

“This exercise has helped me to gain deeper knowledge about health. Previously, I didn’t appreciate that other disciplines like mine have a contribution towards health. It is very valuable to work with various disciplines and I gained a lot of knowledge through that interaction. These competitions gave us a chance of interacting with and learn from other students who have ideas different from ours. One of the things I gained most from the competitions was is conducting research. Before the competitions, I didn’t know how to do research but now I am an expert. I have also experienced developing budgets.”
University of Rwanda concludes its first University level

Steps followed by Rwanda OHCEA team in organizing the competition

1- Set deadlines the different sub-activities and guidelines for applicants
2- Develop a case for the campus level competition that is reviewed by key stakeholders
3- Sent out a call for applications through whatsapp group and website
4- Selection of participants (done at campus level) after which names of successful applicants were sent to the activity lead
5- 6 to 8 teams per camp formed ensuring that teams were multidisciplinary and fairly balanced in terms of gender. Each team had 6-8 students.
6- SOHIC campus coordinators identify one member from each team under their jurisdiction to take on the role of team captain. Team captains help in coordination and mobilization of team members.
7- The SOHIC Activity Lead circulates the case to the competing teams with instructions of what is required of the teams and timelines
8- Students work on their projects with help of their mentors and students who participated in the previous Global Health Case Competition
9- Faculty and judges review the rubric for scoring student teams
10- Teams gather in a central location for presentation. The order of presentation is determined basing on random selection
11- Teams present to a panel of judges during a one day face to face meeting
12- Judges score the teams independently using a standard rubric
13- Average scores by all the judges by each team are computed to determine the winning team
14- Best team from each campus qualifies to compete at the University level
15- Develop a case for University level competition that is reviewed by key stakeholders
16- The SOHIC Activity Lead circulates the case to the competing teams with instructions of what is required of the teams and timelines
17- Students work on their projects with help of their mentors and students who participated in the previous Global Health Case Competition
18- Teams gather in a central location for presentation. The order of presentation is determined basing on random selection
19- Teams present to a panel of judges during a one day face to face meeting
20- Judges score the teams independently using a standard rubric
21- Average scores by all the judges by each team are computed to determine the winning team
22- A mixture of the winning team members and those from the runners-up are recommended to form University of Rwanda’s team that would compete at regional or global level

The view that the Global Health Case Competition was beneficial to the students is also shared by the Dr. Kibuuka and Dr. Mushayija. They point out that this activity has enabled the 154 students that participated (at both campus and university levels) to gain skills on zoonotic diseases. In addition to those who participated in the competitions, there were many more students who participated during the presentations but never competed. Students had an opportunity to listen to in-service professionals from government who are managing outbreaks. Inspired by the students’ proposed approaches to handling the problem, the PREDICT Country Coordinator who was one of the judges, asked the Focal Person to identify one of the students from Nyagatare campus to go and work with him in the department so that he can continue mentoring him / her.

Considering the benefits gained from the competition, the students noted that more students need to be exposed to similar experiences that would improve their knowledge on health.

“Health is one thing that we all need to be aware of. We have very little awareness of what happens in our life. The information we get from such activities like this competition is very important but then it is exposed to very few students. There is need to put in place mechanisms to ensure that very many students are exposed to it. For example One Health course can be taught to all University students.” Noted Nadine.

Christine Muhoza also feels this experience should be exposed to more students. She proposes that the competing students should also include graduate students.

“One area for improvement is they should have masters students included so that they work with under graduates. Also, there is need to find a way of involving Secondary and primary students in One Health approach”.

Participating students and their mentors exhibited a very high level of commitment and dedication to the Global Health Case Competition. When asked what motivated students participation in the competition, Dr. Mushayija who was one of the mentors had this to say:

“Basing on activities OHCEA has been implementing, there is an existing view by students that whatever activities OHCEA supports are beneficial to the students. Added to this, students were motivated by the prestige of getting the trophy on top of the medals and bags. The possibility of competing at a regional level is also a big motivation.
Winning teams pose with mentors and facilitators after receiving their trophies

The Focal Person acknowledged that despite the huge success of this year’s Global Health Case Competition, there were some areas that needs improvement. He proposes that development of the cases to be used during the competition, should involve government workers who are on the ground and have real hands on experience in handling health threats. Additionally, he proposes video recording of the students’ presentations and judges’ feedback which would be used for training and mentoring students during subsequent competitions. He singled out the small budget as a limitation against involvement of many faculty especially in mentoring students.

Remera campus emerged winners of the competition followed by Nyagatare campus. The winning team received a trophy plus bags for all the team members. While handing over the trophy, Dean Martin Ntawubizi from University of Rwanda School of Animal Sciences and Veterinary Medicine thanked everyone for the hard work that enabled conducting the competitions successfully. He observed that all students who competed were winners noting that all teams scored above 71%. Rwamagana campus was given special recognition for making a great performance despite being very young in terms of participation in OHCEA / One Health Workforce activities. All participating students from the 4 campuses were awarded medals.

OHCEA Kenya collaborates with other EPT Partners for Joint One Health week outreach activity

PREDICT, a project of USAID’s Emerging Pandemic Threats (EPT) program was initiated in 2009 to strengthen global capacity for prevention, detection and response to infectious disease threats and discovery of zoonotic viruses with pandemic potential. The project is investigating the behaviors, practices, ecological and biological factors driving disease emergence, transmission, and spread.

One Health Workforce-OHCEA, PREDICT Kenya, FAO, and P&R jointly conducted a One Health activity in Laikipia- Kenya in commemoration of the Kenya One Health Week. The outreach activity sought to address One Health challenges in Laikipia and at the same time build capacity of the workforce to identify, prevent and respond to disease outbreaks. The outreach was conducted 2nd – 3rd February 2018.

The activity was designed with the objective of:

• Building capacity of the workforce to identify, prevent and respond to disease outbreaks
• Showcasing previous One Health Student community outreach activities.
• Sensitizing graduate students and faculty on Zoonoses and Antimicrobial Resistance
• Strengthening One Health core competencies among the students
OHCEA News

Moi University

Global Health Case Competitions are a high level approach to training the One Health workforce. Done right, the competitions heighten students’ understanding of issues of national, regional and/or global interest and concern. They bring together multidisciplinary student groups to propose innovative ideas and solutions to a provided case on a complex health challenge involving ever-changing and growing infectious disease threats. The groups compete against each other for the best and most innovative solution to the case. Faculty are responsible for developing the cases and mentoring students throughout the process.

The Kenya Global Health Case Competitions were organized across the 3 OHCEA schools in Kenya and involved 240 members of the One Health students club. In consultation, the topic: ‘Food security and climate change’ was given to students to develop a case reflecting on this One Health challenge and possible interventions. The winning team at campus level was selected to participate in the finals held in Nakuru. Subject matter experts from the government and private sector were invited to guide students on the systems approach to addressing public health challenges.

The team realised the need to engage more professionals in this kind of activity, like journalists, arid land resource managers and biologists, among others. As a follow-on the students are expected to participate in One Health intervention initiatives and community extension services. The team intends to carry out an evaluation of the impact the activity had on the community.

Students demonstrated knowledge and skills of addressing public health threats and challenges through multidisciplinary teams.

OHCEA Kenya collaborates with other EPT Partners

- Addressing identified One Health challenges in Laikipia
- Equipping locals with the necessary skills to identify potential danger arising out of inadequate management of animals or the environment.

The activity equipped 15 postgraduate students from the University of Nairobi and Moi University with knowledge and skills required to address One Health challenges. Students came from several disciplines, including veterinary medicine, veterinary and human public health, animal nutrition, nursing and wildlife management. The activity also sensitized 100 local community members on One Health.

As a result of this outreach, linkages were built with researchers whose work focuses on human-livestock-wildlife interface; 100 community members in Lelkiiji were introduced to One Health concept; 60 children were given reading materials on the One Health concept; research areas were identified in Laikipia community; 15 postgraduate students were trained on zoonotic disease outbreak investigation; the trainers from OHCEA networked and carried out joint training in line with One Health good practice. A One Health postgraduate club was started.

The trainers involved in the activity included university faculty, staff from FAO, PREDICT and P&R.

The team intends to carry out an evaluation of the impact the activity had on the community.

Students and partners engage the community in Laikipia
School of Public Health team wins Kenya’s first Global Health Case Competition

The activity was designed with the following objectives:

- Improve university training on One Health approach
- Showcase Student One Health Innovations Club (SOHIC) activities.
- Provide a networking platform for students from the SOHICs of the different institutions.
- Strengthen OH competencies, mainly of communication, team work, analysis and leadership
- Provide space for the generation of innovative ideas to address the global One Health challenge of climate change and food safety
- Equip the student with practical skills necessary to handle similar global One Health challenges.

At university level, University of Nairobi School of Public Health and the Faculty of Veterinary Medicine held separate case competitions in their schools. The University of Nairobi Faculty of Veterinary Medicine had 60 students in attendance while University of Nairobi School of Public Health had 21 students in attendance. The University of Nairobi School of Public Health had 4 teams presenting their proposals before two judges drawn from PREDICT and Kenyatta University, while the Faculty of Veterinary Medicine, held its competition with 6 teams presenting their cases before 3 judges. Moi University School of Public Health conducted its global case competition with 5 teams presenting their cases before 4 judges and 33 students.

The grande final competition was conducted on 24th March 2018 in Nakuru, with the three winning teams (the final winner from each institution) representing their institutions.

The faculty leads in the various institutions provided mentorship to the institutional winning teams ahead of the final competition.

The Moi University School of Public Health team emerged winners, with the University of Nairobi School of Public Health as 2nd Runners up and University of Nairobi Faculty of Veterinary Medicine in third place. The winning team walked away with USD 900, while the 2nd and 3rd runners up received USD 400 and USD 200 respectively.

The winning team was congratulated for its innovative idea on “Duckweed, the climate change fighting super weed”.

The criteria for selecting the best team were grouped under two elements i.e.:

1. 30% of soft skills of individuals in a group, which included:
   - Use of aids
   - Audibility
   - Clarity of ideas
   - Appearance

2. 70 % Technical Skills to include:
   - Title and Introduction
   - Objectives (what they set to do)
   - Methodology (how they did it)
   - Expected outcome (what they found)
   - Recommendations (Met objectives; significance for policy, Research, benefit of the report to the community)
   - Acknowledgements

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   - Acknowledgements
A reason to smile: members of the winning team pose for a group photo

- Ability to work as a team & General Performance (flow of the presentation)
- Response to questions

Members of the winning team were:
- Ngwena Jane Atieno
- Damiano Omar M
- Ruth Kemuma Onderi
- Olouch Sylvia Atieno
- Bahati Ernestine Hagekimana
- Peninah Wanjiku Wachira
- Kipchirchir Timothy Sudi
- Daniel Amara

It is expected that the award will go a long way towards expanding activities of the Moi University SOHIC.

About duckweed:

Duckweed is a small floating plant that grows on still ponds. It can cover an area rapidly and because of this can cause problems. However, duckweed is being touted as a miracle plant for many reasons including the following:

- Cost effective renewable energy, biofuel
- Water filter
- Mosquito prevention
- Prevents algae growth
- Reduces evaporation on bodies of water
- Virtually free animal feed
- Food for humans

A video of the grande finale Global Health Case Competition can be accessed at this link.

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