Evaluation of the implementation of one health in Kenya: a case study of the zoonotic disease unit

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Introduction

Kenya became one of the first countries in Africa to institutionalize One Health (OH) and operationalized it on 1st March 2012 as a cross-sectoral collaboration. It created a cross-sectoral One Health unit called the Zoonotic Disease Unit (ZDU) that establishes and maintains active collaboration at the human, animal and ecosystem interface towards better prevention and control of zoonotic diseases in Kenya. Using Network for Evaluation of One Health’s (NEOH) standardized One Health evaluation framework a process evaluation of the ZDU was conducted to appraise its effectiveness and impact. The NEOH tools helped in identifying the drivers and outcomes of One Health, as well as necessary operations and conditions to implement an integrated approach. The evaluation included a description of the context and the initiative, illustration of the theory of change, identification of the expected and unexpected outcomes and assessment of Effectiveness. The latter is the sum of characteristics that defines an integrated approach and includes OH thinking, planning, working, sharing infrastructure, learning infrastructure, and systemic organisation. Data for the analysis were gathered in 27 face-to-face key informant interviews using the Bristol Online Survey. I focus group discussion and a desktop review of literature. Qualitative data was thematically analysed using NVivo Pro version 12 while quantitative data was through SPSS v23 and the One Health Index. ZDU attained a One Health Index of 0.8261 with a score of 0.44 in One Health planning, 0.58 in One Health learning, 0.72 in One Health working and 0.71 in One Health thinking. The unit was praised for its elaborate strategic implementation strategy, vast network of stakeholders, and its relevance to address imminent One Health challenges in Kenya. Shortcomings were identified regarding duplication of efforts with no framework to harmonize activities by different institutions and weak institutional coordination to improve impact. We recommend that the next evaluation to focus on the assessment of impact and economic efficiency in line with the developed theory of change.

Serological prevalence of human trichinellosis and cysticercosis in Hoa Binh province of Northwest Vietnam

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Discussion and Conclusion

On the one hand, the seroprevalence of trichinellosis (0.67%) and cysticercosis (0.67%) positive cases were in line with previous study in Vietnam [6, 7, 14] and Slovakia [15]. Low infection rates suggest that the disease may be circulating in the community but may also be the result of past infections, since antibodies produced may exist in the body for several years after being infected [16]. Moreover, positive and suspected cases concentrated mainly in Tan Minh commune, which is a warning sign of future outbreaks may occur around this area. It poses urgent that in future the commune authorities should have solutions such as human and pig screening and conduct treatment for positive cases. On the other hand, the consumption of raw/uncooked pork has been quite ubiquitous in this area, which could facilitate the likely of Trichinellosis infection.3 times [17] and increase the risk of other parasitic diseases. In addition, less access to adequate sanitation such as not having toilet in the laboratory could facilitate the likely of Cysticercosis infection 5.9 times [17] due to the fact that worm eggs from infect human and animal can be excreted through the feces to the environment. Improving hygienic condition can be a potential solution to prevent the spread of diseases.