

## Community-based syndromic surveillance-response in Chad

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#### **Overview**



- Context:
  - Health and livestock systems in Chad
  - Why community-based integrated surveillance-response?
  - Main research questions
  - One health
- > Framework
- > Preliminary findings
- ➤ Next steps
- > Concluding remarks



### Context: Health and livestock system in Chad



- Pyramidal structure: central, intermediate (23 regional delegates) and peripheral (66% functional)
- Poor infrastructures, shortage of qualified personnel, poor appropriate planning
- Long distances between health centres and villages/camps
- Health indicators: High morbidity and mortality rates especially among vulnerable groups









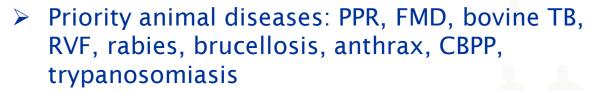


#### Context: Health and livestock system in Chad



- ➤ Livestock represents 53% of rural GDP
- ➤ 80% of ruminants are managed through pastoral system characterised by mobility → resources degradation → conflicts between communities















# Context: Why community-based integrated surveillance-response



control

outbreak

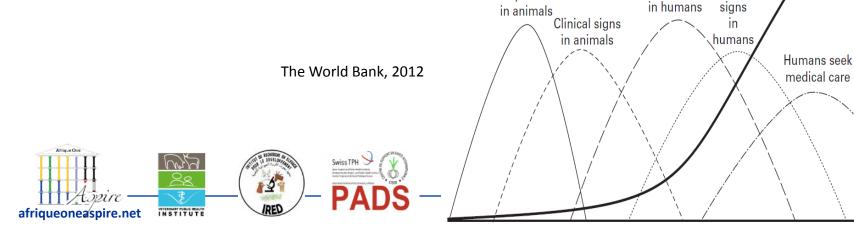
Exposure

Clinical

- Early detection of emerging and endemic diseases is key element in health surveillance
- High risk of diseases spread and transmission through livestock and people's mobility (trades, transhumance, etc.)
- Most of zoonotic diseases outbreaks could be traced back to animals > To be controlled at early stages

Exposure

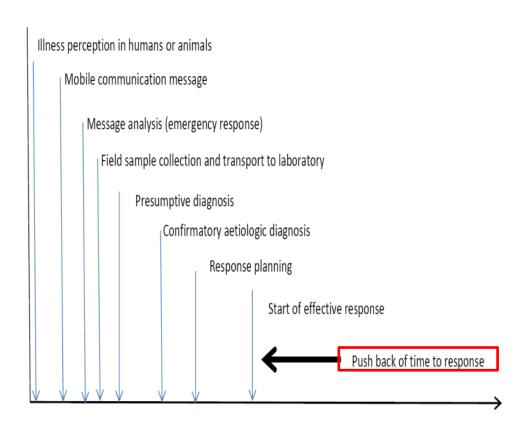
Lack of culturally adapted, low cost and near-real time surveillanceresponse systems



## Context: Main research questions



- What tools are necessary for joint human and animal diseases surveillance?
- ☐ How can community involvement improve zoonotic diseases surveillance?
- ☐ Cost benefits analysis of joint human-animal diseases surveillance?



Time





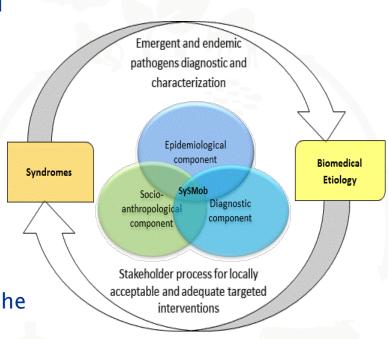


## Context: A "One Health" approach



We proposes a synergetic approach in health surveillance:

- Develop new tools for joint human and animal health surveillance systems
- Implication of the community in the reporting
- Link it to etiologic confirmation of freshly collected samples
- Focus on zoonotic diseases
- Make use of mobile technology to accelerate the reporting









## Framework: Collaboration and approach



#### Framework and collaboration:

- PADS
- IRED-VPHI
- Afrique One ASPIRE

#### **Approach:**

a) Pilot phase to test the technical feasibility

#### b) Benchmark situation establishment

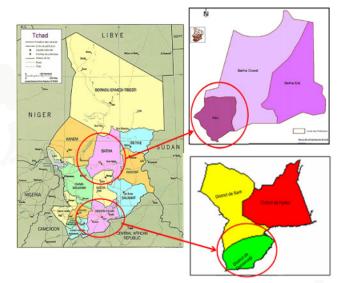
- Surveillance systems evaluation (data availability, time to detection, time to intervention)
- Prevalence of symptoms occurrence
- Prevalence of some zoonosis in humans and animals

#### c) Follow-up study in two health districts (3 health centres in each)









## Preliminary findings: The pilot phase



Recruitment of community health workers (CHW) and animal community health workers (ACHW)















## Preliminary findings: The pilot phase

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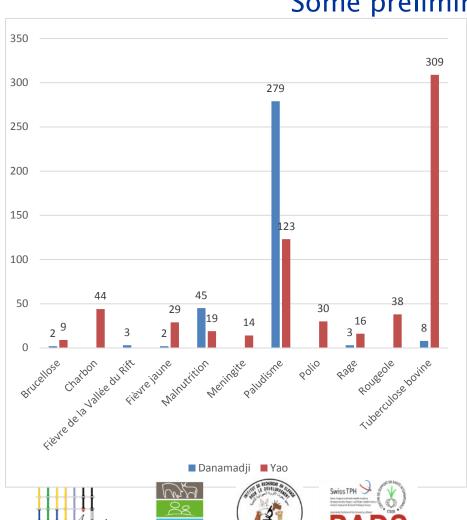
Training of CHW, ACHW and heads of health and vet centres/posts



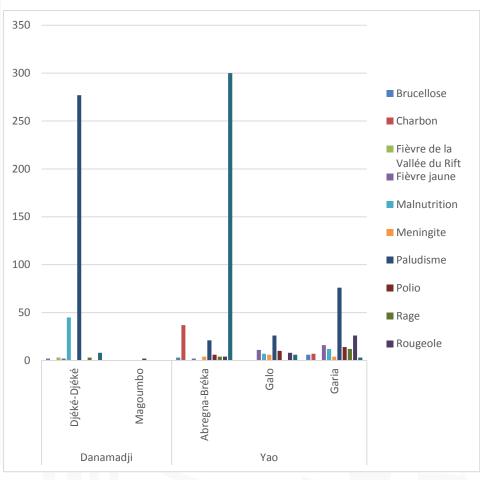
## Preliminary findings: The pilot phase



#### Some preliminary findings



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### Preliminary findings: Benchmark establishment



Prevalence of RVF, Q fever and brucellosis:

- 1'030 animal samples
- 967 human blood samples

Symptoms occurrence in humans and animals











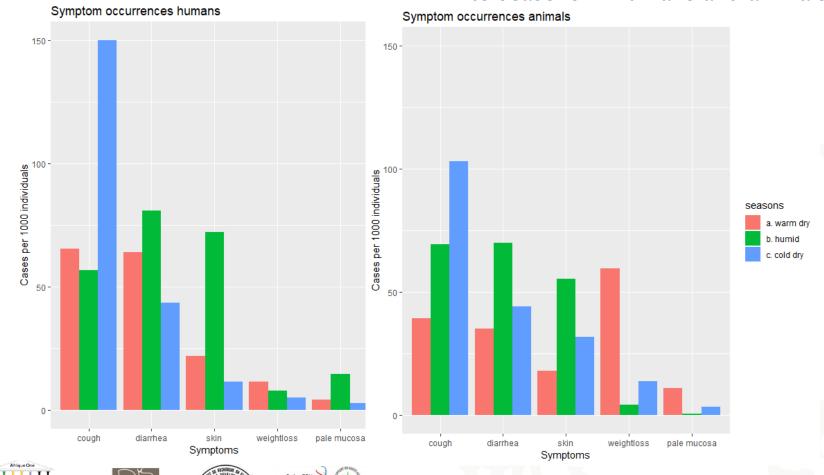


### Preliminary findings: Benchmark establishment

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Simultaneously observed symptoms according to seasons in humans and animals



#### **Next steps**



A follow-up phase: 3 health centres in each health district

- Training of key actors of the system
- Samples collection and transportation

Intervention guide development based on technological solutions using Kobo ToolBox













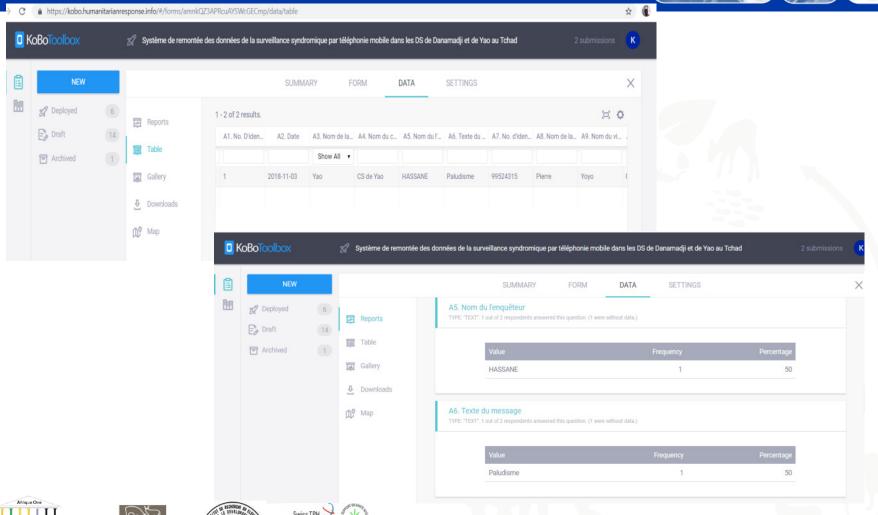




#### **Next steps**

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### **Concluding remarks**



- Involvement of health systems officials in the process
- > Establishment of a clear threshold for intervention
- Need for intervention funds (surveillance needs response!)
- Internet and mobile network coverage







### Acknowledgement









#### **Funders**











