EAST AFRICAN COMMUNITY (EAC)

"WE CANNOT DO THIS ALONE"

The East African Community (EAC) region experiences a high prevalence of transboundary animal diseases (TADs) and zoonoses of which many are endemic. TADs constitute a major constraint to livestock production and productivity in the EAC, a region where agriculture is among the most important economic sectors. These diseases adversely impact animal health, public health, food and nutrition security, livelihoods, wildlife conservation, tourism and trade. Effective prevention and control of TADs and zoonoses in the EAC requires cooperation of the EAC Partner States - Burundi, DR Congo, Kenya, Rwanda, Somalia, South Sudan, Tanzania, Uganda - along shared borders. In August 2023, Uganda and Tanzania reached a milestone by signing a Memorandum of Understanding (MoU) on the prevention of transboundary animal diseases and zoonoses. The two countries share a long border. This border is characterized by intensive cross-border movement of people, livestock and livestock products.

ABOUT DR. JOSHUA WAISWA

Joshua Waiswa (39) has been a Technical Project Manager at Vétérinaires sans Frontières Germany (VSFG) in Uganda since 2019. Born in Luuka district in a family of 15 children in Eastern Uganda – "a rural and poor part of the country with livestock dependent communities", he says – he later grew up in an urban setting in Massaka close to the Tanzanian border. Joshua holds a BA in Veterinary Medicine and a Diploma in Project Planning and Management as well as a M.A in Rural Development at Makerere University. He is currently pursuing a Master of International Infectious Disease Management.

In 2021, the Global Programme Pandemic Prevention and Response, One Health by GIZ took over the implementation of the project "Support of the Global Eradication Program for Peste Petits Ruminants", which had previously been funded by the Sustainable Agriculture Sector Project by GIZ. In the project, the International Livestock Research Institute (ILRI) worked together with the project partner Pan African Veterinary Vaccine Centre by supporting coordinated, risk-based control of PPR using an epizone approach and by supporting the evaluation of thermotolerant PPR vaccines. The organization Vétérinaires sans Frontières Germany (VSFG) and ILRI are continuing the Epizone approach to improve coordination, surveillance and control of PPR in combination with the zoonotic Rift Valley Fever (RVF) for institutionalizing coordinated interventions in the epizone bordering the Kagera region of Tanzania and southwestern Uganda.

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As a contribution to the implementation of the bilateral Memorandum of Understanding between Uganda and Tanzania, GIZ has supported the Organization Vétérinaires sans Frontières Germany (VSFG) through a grant agreement. It implemented a project at the Tanzania-Uganda epizone to enhance coordination, surveillance, and control of Rift Valley Fever and Peste des Petits Ruminants (PPR). We met with Dr. Joshua Waiswa from VSFG to talk about his experiences.

Joshua, you were responsible for the joint project with the GIZ on vaccination campaigns and more in the livestock sector. What was your first motivation starting to work on the topic of One Health and your relationship to animals?

Joshua Waiswa: I moved to Massaka town, an urban area, with my family when I was 4 years old and later I joined university. This is how my love for animals started, when they introduced us there about being admitted to veterinary medicine. At University in Kampala, my love for animals grew and I haven't looked back. Since then, I have been thinking about livestock dependent communities, about how we can help get these communities out of poverty. Surprisingly the border region Karamoja has one of the highest number of livestock but is at the same time still one of the poorest areas.

ON THE GIZ GRANT AND ACTIVITY

VSFG and the GIZ Programme have worked jointly: What have you done exactly?

Joshua Waiswa: First of all, VSFG`s focus is on gender responses, humanitarian responses, environment responses and crisis. In East African countries we're looking at access to markets and to the improvement of production for livestock communities. Most of the agencies in health and livestock health were focused on production and how to increase it, but very few were going into public health and global health as the next big threat. So we ventured into that with the Global Programme of Pandemic Prevention and Response, One Health of GIZ and it has been an interesting journey. Diseases are invisible. But they move on and through animals on vehicles they cross borders.

ON THE PUBLIC HEALTH APPROACH AND THE ROLE OF THE EAC

So, this is how the public health approach came in?

Joshua Waiswa: Yes. We know that there were inadequate disease control measures along the border points and many emerging and reemerging and zoonotic diseases. The other challenges we observed were poor coordination and poor surveillance. There is a need for improvement of surveillance. We wonder: Are we able to institutionalize early detection measures? We saw that we are working in areas or situations where vaccination was happening. But it was inadequate. I will give you an example: Isingiro, located in Southern Uganda at the border to Tanzania, has over 200,000 goats but only 20,000 doses of PPR vaccine were distributed.

We focused on enhanced community innovations and community resilience and surveillance for animal health and human health. But we concentrated on PPR and RVF, which would form a basis for the control of the other diseases.

> We could not do this alone. We noticed that when we are in Uganda that we cannot be at the same time in Tanzania.
> Dr. Joshua Waiswa

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So we needed to collaborate with the different agencies and that is how we noticed that the East African Community was facilitating the project activity with the Tanzanian and Ugandan Government authorities and experts to develop a Memorandum of Understanding (MoU). This MoU seeks to strengthen cooperation and coordination to prevent and control transboundary animal diseases and zoonoses along the joint border.

What happened next?

Joshua Waiswa: Our focus was on 4 border districts, two in Uganda, and two in Tanzania. The reason why we selected these communities is because of resources. But also we wanted to have a proof of concept to see if it works.

The target was to cover all animals, all technical people and all communities in these four districts. So our first step was community sensitization and because of limited resources we could not reach out to everyone. A complementary USAID-supported East African Community project helped us by mobilizing and forming so-called "One Health teams" in the district. In these four districts we used these communities and trained them.

We had several Health Teams; the smallest had 12 people, the average one about 36. By building trust with the people, we trained them and we were mentoring them so that they could multiply their knowledge and transfer it to other 10 persons. That's the whole concept. Finally, we could see that the multiplication occurred successfully in these districts.

The vaccination process of goats against Peste des Petits Ruminants (PPR) involved preparation and procurement of vaccine from the PPR vaccine producers in Tanzania, and vaccine delivery and storage to the zonal veterinary offices. We then procured and provided necessary equipment, such as syringes, needles, and gloves to the technical officers.

The technical officers identified animal farms that were to be vaccinated in each district. This process was documented with the vaccination details, including date, vaccine type, dose, and animal identification.

> Due to the MoU between Tanzania and Uganda for transboundary animal disease control, we were able to have samples tested at Uganda's laboratory. Currently, some samples are there, while others remain in Tanzania for potential future analysis.
>
> Dr. Joshua Waiswa

We took the samples because we wanted to know the serostatus of PPR in Tanzania so that we can guide the next interventions and inform decision-making-processes. So this was a real collaboration! We just had to facilitate the movement because the lab in Tanzania is far away - about 960 kilometers - while the lab in Uganda is about 350 kilometers away. We saved costs and the benefit of the collaboration was that the Tanzanian government was able to give us a documentation on moving those samples transnationally. Today, some samples are in Uganda while others remained in Tanzania.

Through the project, we were also able to procure consumables used in collecting samples and vaccination. Things like injection syringes, injections, prepared tubes, and testing kits for the lab. We are going to do now an ecological niche mapping for RVF which is transmitted by a mosquito vector. We know that this disease is also driven by environmental factors, like rainfall and vegetation.

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ON GENDER ROLES

Women play a crucial role in this issue because they own small animals and if the small animals get diseases, then the women are heavily affected by this. Could you tell us bit more about this?

Joshua Waiswa: Women own mainly the small ruminants. But they do not have power in terms of marketing and control. Even when they sell and get the money, this is mainly controlled by men. Men control the resources. So when you're going to vaccinate goats or sheep, you have to reach out to the women because they are the owners. But if you're coming up with the issue of marketing, you have to talk to the men. We can consider: It is the men who own the large livestock such as cows or camels. The small ruminants like goats and sheep are owned by women and seen as "an addition".

When you found out that the meetings with the OH teams on awareness were mainly attended by men and no women, could you address that?

Joshua Waiswa: There are areas where we had no control, for example when it came to technical officers. Most of them are men. Actually, in Tanzania we didn't have any female participants and the same in Uganda. So we told the person who coordinated the meetings: If you invite 10 persons, please make sure, you will have at least two women who will attend this meeting. In our initial meetings it was obvious: If you ever saw this attendance list of the first meetings, you felt like it was only a male affair! It is the same we experienced on the issue of data sharing: There is a fear of men to lose something.

Why is the burden of infectious diseases in this area such a challenge for the people and the animals?

Joshua Waiswa: Because the borders are open. There is no coordinated and harmonized response. If Uganda is controlling the disease or vaccinating animals, it is not happening in Tanzania. Or if Tanzania is vaccinating, maybe Uganda does not know or is not undertaking the same.

We face a technical and a financial capacity gap. A district like Isingiro which has about 200,000 flocks in terms of goats and sheep has only 2 veterinary officers, I think. It is a very low number. Laboratories are far away. There is a need for more awareness and capacity building.

Concerning PPR and Rift Valley fever: If surveillance, diagnostics and therapy would work well in future, how would this look like?

Joshua Waiswa: 1. Usually goats have a short lifespan. But the vaccine for PPR is lifelong. When you give it once, it is done. You have covered the goat for life. So the future will be a place where the majority of the goats and sheep are vaccinated.

2. In districts and across the border, people will know how to diagnose this disease, they know about the disease because that's what led to the control of Rinder pest.

3. Communication. I point this out because there is a lot of information out there, but many people don't know what it is exactly. VSFG is doing this. Maybe another partner is doing the same. Sometimes it is conflicting, sometimes complementary, so we have to push a good communication between us as organizations.

4. Coordination. If we vaccinate the side of Uganda, we should vaccinate the other side across the border, too.

A coordinated livestock identification system would be ideal because it would help us to control the movement of animals, but financially it is not viable in Africa. A functioning vaccination system - we have the data now - and in collaboration with empowered communities that participate in disease surveillance - is the future I see!

> "A coordinated livestock identification would be ideal!"

How has the EAC-architecture facilitated additional space for the project implementation, perhaps beyond strategic frameworks?

Joshua Waiswa: We got to know that the EAC had facilitated signing of an MoU between Tanzania and Uganda. We knew that there were some harmonized protocols already existing. We as VSFG alone, we could not communicate much by e-mails with governments. But an e-mail or a phone call or chat by a person from the East African Community Secretariat worked and it has really helped to pave the way so that people could understand the project. It is a welcome project. When you go to Tanzania now, you have people who know you, think in the same direction, who help with the border crossings and on the access to laboratories. That was very helpful!

ON FINDINGS & LEARNINGS

What did surprise you the most in terms of the achievements you've made and the findings and lessons learned?

Joshua Waiswa: The Tanzanian government had never picked samples from Tanzania. We do, but they had never done vaccinations in Tanzania! So that surprised us most. And this, too: Every part of the country blames the other! That is the root of the problem. RVF-affected countries were hesitant to share data, especially on disease control because they didn't know where it would end up. For example, if they tell you, we have Rift Valley Fever in this district, it means for the community that it needs to restrict the movement of animals and their products. It leads to an economic loss and opportunities. The best way to manage this, is reaching out to the decision-makers, the chief veterinary officers. We explained why we need this data. We were transparent and told them, what we will use it for. Tanzania approved that, but preferred to keep a copy of the samples.

ON THE COOPERATION WITH GIZ

Is there a feedback you would like to give us?

Joshua Waiswa: Yes. What I say now is very honest. It has been smooth with GIZ. We had monthly catch-ups, where we talked to each other and shared all openly. In these calls, my GIZ partners talked about what is working, what is not working and if anything went wrong. They were really helpful concerning technical and administrative support. I can say, it felt as if we have worked together for 10 years!

Dear Joshua, thank you very much for the good cooperation and for this interview!

The interview was conducted by Liva Haensel and Wiebke Kobel.