

Community Workers in Ethiopia Help Save Lives Thanks to One Health Risk Communication Training

Yeshimebet Geta lives in Jimman¹ kebele, Ebinat Woreda, South Gonder Zone of the Amhara region and has worked as an Animal Health Worker (AHW) since 2010. Highly pathogenic zoonotic diseases (ZDs), like anthrax, are endemic in her area, and residents are at risk for contracting the disease because the majority are very poor and they sometimes consume the meat of sick or diseased animals. Many people in Yeshimebet's community underestimate the consequences of eating infected meat.

Yeshimebet and Adanech, a Health Extension Worker (HEW), were among those who attended a two-day risk communication training in Ebinat woreda on ZD prevention. The training was organized by Breakthrough ACTION, a consortium led by Johns Hopkins Center for Communication Programs and funded as part of the Global Health Security Agenda through the United States Agency for International Development. Breakthrough ACTION is implementing a risk communication program in Ebinat woreda, one of the 23 high ZD priority woredas in Ethiopia. The purpose of this program is to prevent and control ZDs in the intervention woredas using the [One Health](#) approach.

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment, including ecosystems, are closely linked and interdependent.

At the end of the training, participants, including Yeshimebet and Adanech, jointly developed an action plan for their high-risk community group, explored the root causes of ZDs, and developed a strategy to prevent and control ZDs.

As part of their social mobilization activities to engage different community-level actors, Yeshimebet and Adanech jointly facilitated an orientation for 22 Women's Development Armies (cadres of community

¹ Kebele is the lowest administration unit under a *woreda* or district in Ethiopia. It comprises approximately 500 households.



health volunteers), 14 Kebele administrative leaders and Iddir (community self-support groups) leaders, and 18 religious leaders. They taught the group about the signs and symptoms of ZDs, prevention methods, and control of priority ZDs such as anthrax and rabies. They also conducted a series of discussions to explore the root causes of the continued existence of ZDs in the community even though there have been education and prevention activities underway for many years. The participants explored solutions for factors that hinder behavior change such as low income/poverty, the distance to the animal health clinic from the village, and shortages of medicine in animal health clinics.

Their discussion also emphasized the need for timely information exchange between the community and human and animal health service-providing sectors (when they see suspected cases of ZDs in their communities.



Yeshimebet Geta, an Animal Health Worker. Credit: Breakthrough ACTION

Following the training and orientations, the Amhara region One Health coordination team facilitated a best practice session in collaboration with Breakthrough ACTION’s Ethiopia GHSA risk communication project in Gondar town. A number of participants attended from the regional, three zonal, and six woreda One Health teams. The session’s objective was to create an opportunity for subnational level One Health implementing teams to learn from each other and replicate the experience to other areas. Ebinat woreda shared its experience of facilitating community decisions to prevent people from eating and sharing the meat of dead or sick animals, which had been culled. Twenty-three kebeles out of 29 total in the woreda made a collective decision to avoid the practice in their area. The result was that, for three months following the session, the woreda reported zero anthrax cases.

Had I not attended the risk communication training and provided the orientation, I wouldn't have worked with Iddir leaders to reach this decision, and I wouldn't [have given] much attention to the report of the leader of the Women's Development Army.

—Yeshimebet Geta

Yeshimebet and Adanech’s training and the One Health approach was put to the test when a village reported a case of anthrax. According to Adanech, a leader of the Women’s Development Army in one of the villages called her and reported that an ox had died in the Dergeha Gott, and 11 households shared the meat of the dead ox. She also reported that a dog, which ate the ox’s remains, became sick. Adanech (the HEW) quickly shared the information with Yeshimebet (the AHW), and they both went to the village. Per the national outbreak reporting protocol, Adanech and Yeshimebet also reported to their next level offices, which are the Primary Care Unit and woreda livestock offices respectively. The team from the health post, health center, and woreda visited the households and investigated the case. In the beginning, the head of the household whose ox died tried to hide the truth. But after a thorough investigation and triangulation of the information, he admitted what had happened.



*Health Extension and Animal Health Workers at a review meeting in Ebinat woreda.
Credit: Breakthrough ACTION*

Thanks to Yeshimebet and Adanech’s training and the effectiveness of the One Health approach, the local response team detected and controlled the case in Jimman kebele on time, sparing many innocent lives.

Local solutions and decisions made by a local, self-owned organization can help to bring about social change and are more likely to last. The joint action of HEWs and AHWs helps to overcome health conditions that require multisectoral action. I believe One Health contributed a lot to our community.

—Yeshimebet Geta

To learn more about Breakthrough ACTION’s work in Ethiopia, please contact Simon Heliso (simonh@jhu.edu), Breakthrough ACTION Ethiopia Chief of Party, or Tegegne Shiferaw (tegegnes@jhu.edu), GHSA Risk Communication Project Manager.

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