MANAGEMENT OF THE DOG POPULATION FOR THE CONTROL OF ZOONOTIC DISEASES

Dog Population Management Meeting
Banna, Italy, March 15 – 19, 2011

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CATEGORIES OF DOGS (OIE)

- Restricted dogs
- Family dogs
- Community dogs
- Feral dogs

Complex relationship

- Working dogs: police, hunting, shepherd, blind people
- Pets in rich countries
Geographic differences

• MENA countries: Islam discourages close association with dogs, care, no killing.
• India: no kill
• China: Buddhism: no spilling of blood
• Peru: no feral dogs, but family dogs: high prevalence zoonotic diseases
• Kenya Turkana: Poverty
• New Zealand: under control
• Rich countries
• USA: bedrooms, kissed, surname, plates, shoes, clothes, $$
Echinococcus granulosus life cycle
Contamination
Management of the dog population
Cystic echinococcosis (CE) Control programs

- Iceland: HE, ownership, laws; eradicated.
- New Zealand: HE: control committees; eradicated.
- Tasmania: HE, Dept Agriculture. Fastest, most successful and cost effective. eradicated
- Cyprus: Successful.
- Argentina: Constraints: lack of education, lack of commitment. Imposed for 30 years, not eliminated.
- Chile: Constraints: dog movement, not eliminated.
- China: Constraints: local culture, religious beliefs
- Kenya Turkana: Constraints: nomads, poverty, lack commitment, lack of funding.
Management of the dog population
Issues, critiques

• Vertical control
• Health education not always provided
• Control of reproduction not always performed
• Additional existing structures not fully explored
• One Health almost never applied
Recent developments of particular interest

- Chemical sterilization.
- More research funds.
- PAAP: euthanasia without loss of blood
- Control packages
- One Health momentum.
- Some funding Organizations more aware of global health issues and impacts of interventions
Important aspects that deserve specific attention

- One Health approach
- Horizontal approach
- Role of International Organizations: funding, regional collaboration, awareness
- Responsibilities of the country structures: legislation, reporting, priorities, intersectoral collaboration.
- VPH structures
- Ownership of programs by the communities
- Real causes of the problem
- Setting specific measures
- Poverty
- Lack of water
Hidden opportunities and facilitating factors

Examples will be provided later

- NGOs.
- Regional collaboration
- One Health approach
- Horizontal approach: rabies, CE, leishmaniasis
- Partnerships.
- Universities and research institutions: dog sterilization, parasite control, international experiences, student projects...
- In kind contributions.
- Existing structures
- Existing local funding
MY MOST SUCCESSFUL EXPERIENCE

Horizontal approach to disease control and One Health approach

DO MORE WITH LESS!!

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Compendium project

Compendium on cystic echinococcosis in Africa and in Middle Eastern countries
With special reference to Morocco

Andersen, Ouhelli, Kachani Editors
Pilot program to control hydatid disease

Additional funding

- Ministry of Agriculture
- Ministry of Health
- Ministry of Interior
- Ministry of Education
- Research Institutions
- Local population
- Drug companies
- American universities
- WHO
- Heifer International
Ministry of Interior, local authorities: Control of the dog population
Ministry of Agriculture:
Anti-rabies vaccination and anti parasitic treatment of dogs
St Georges University, West Indies: Ultrasound surveys and public education
Ministry of Health:
Diagnostic, treatment

Collaboration veterinarians - physicians
WHO: Albendazole for chemotherapy
Brigham Young University: coloring book for children
Ministry of Education:
Health education in rural elementary schools
Communities, women (ownership)
Patients speak about their experience with the disease
Local community funds: Abattoir management
HORIZONTAL APPROACH

ONE HEALTH APPROACH