Trauma-Informed Surveillance for Zoonotic Diseases: A Community-Centred One Health Model Based on Climate-Affected Community Research in Kenya

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Dr. Kagunda has authored peer-reviewed publications in leading journals including *BMJ Global Health and Cambridge Prisms*: *Global Mental Health*, documenting climate change impacts on adolescent youth and women mental health and sexual & reproductive health. Her book chapter in Springer's *Climate Change and Mental Health Equity* (2024) examines climate-induced gender-based violence in Sub-Saharan pastoralist communities. She has an invited publication in the forthcoming Springer Nature's Climate Change Management Series on integrating Trauma-Informed Approaches with Zoonotic Disease Preparedness in Climate-Vulnerable Populations in Africa

Dr. Kagunda is a Board Member of the Institute of Global Health Innovations at Imperial College London and WHO Expert (Geneva, 2023), Dr. Kagunda brings over 15 years of experience integrating trauma-informed care with community health systems. Through Elim Trust, she has trained over 100 community health workers in trauma-informed approaches across climate-vulnerable regions in Kenya. The three integrated pillars of Elim Trust are Research, Trauma-Informed Psychosocial Support and enhanced livelihood Support.

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INTRODUCTION



The Paradox

Communities most at risk of traditional zoonotic disease avoid surveillance due to trauma and fear of quarantine, especially in climate-affected regions.



Trauma Approach Objective

Transforming surveillance from punitive intervention to **healing-centered engagement**

- Improving disease detection
- Addressing community trauma
- Building trust for sustainable pandemic preparedness

SCOPE

6
Long studies across 6 climate-affected regions in Kenya

600
Longitudinal studies, Participatory mapping and Digital stories with youth & young women

5000+
Programs with community health workers

LESSONS LEARNT

1. **Compounded Vulnerabilities**: Climate-affected communities experience overlapping trauma and resource insecurity, which heightens health risks and undermines mental well-being.

2. **Surveillance Challenges**: Fear of stigma, punishment, and family separation leads these communities to avoid health reporting, resulting in incomplete data for traditional surveillance systems.

3. **Recommendation**: A trauma-informed approach to disease surveillance is recommended to improve zoonotic outbreak detection by addressing the root causes of reporting avoidance.

TRAUMA-INFORMED SURVEILLANCE TO ENHANCE ZOONOTIC DISEASE DETECTION

Trauma-Informed Training
Community health worker training for early detection without re-traumatization.

Gender-Responsive Interventions
Addressing structural vulnerabilities within the community.

Community-Centred One Health Model

Spiritual & Leadership Networks
Utilizing spiritual and community leadership for culturally appropriate preparedness.

Digital-Traditional Hybrid Systems
Surveillance systems that build trust rather than fear.

CONCLUSION

- The proposed trauma-informed surveillance represents a paradigm shift toward community-centered pandemic preparedness that addresses surveillance avoidance while strengthening zoonotic disease detection capacity.
- This approach offers practical pathways for implementing WHO Pandemic Agreement principles through community-owned surveillance systems

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