

Capacitating Tanzania One Health Workforce

Highlights from Cohort 1 of the One Health Approach in
Pandemic Preparedness and Response Short Course

8–12 June 2026 | MUHAS, Dar es Salaam

Acknowledgement

We would like to sincerely thank our Course Facilitator for the invaluable guidance, expertise, and dedication throughout this course for sharing knowledge and fostering interactive learning has greatly enriched participant understanding of the One Health Approach in pandemic preparedness and response.

We acknowledge the participants for their time, active engagement, and contributions during discussions. Your diverse perspectives and commitment to learning have made this course truly impactful.

Together, this collaboration reflects the spirit of One Health—bringing people, knowledge, and disciplines together to strengthen our collective capacity in addressing public health threats.

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At a Glance

In June 2026, One Health Society in partnership with Muhimbili University of Health and Allied Sciences launched the first cohort of its One Health Approach in Pandemic Preparedness and Response short course at Muhimbili University of Health and Allied Sciences in Dar es Salaam. Over five days, 14 professionals from government, diplomatic missions, regional NGOs, academic institutions, and OHS itself worked through a curriculum spanning One Health governance, multisectoral coordination, disease surveillance, and joint outbreak response, closing with field visits to the National Public Health Laboratory, Julius Nyerere International Airport, and the Dar City Abattoir.

The results below speak to why this course matters, and why it is already attracting institutional interest well beyond its first cohort.

43 external applications for 9 Regions	+10.6pp average knowledge gain	80% rated experience “Very Good”
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100% would recommend the course	5 institutional partnership signals	20 professionals trained
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Equipped and trained workforce is key to resilient and strengthened health systems, and Cohort 1 is early, credible evidence that this course delivers on that promise.





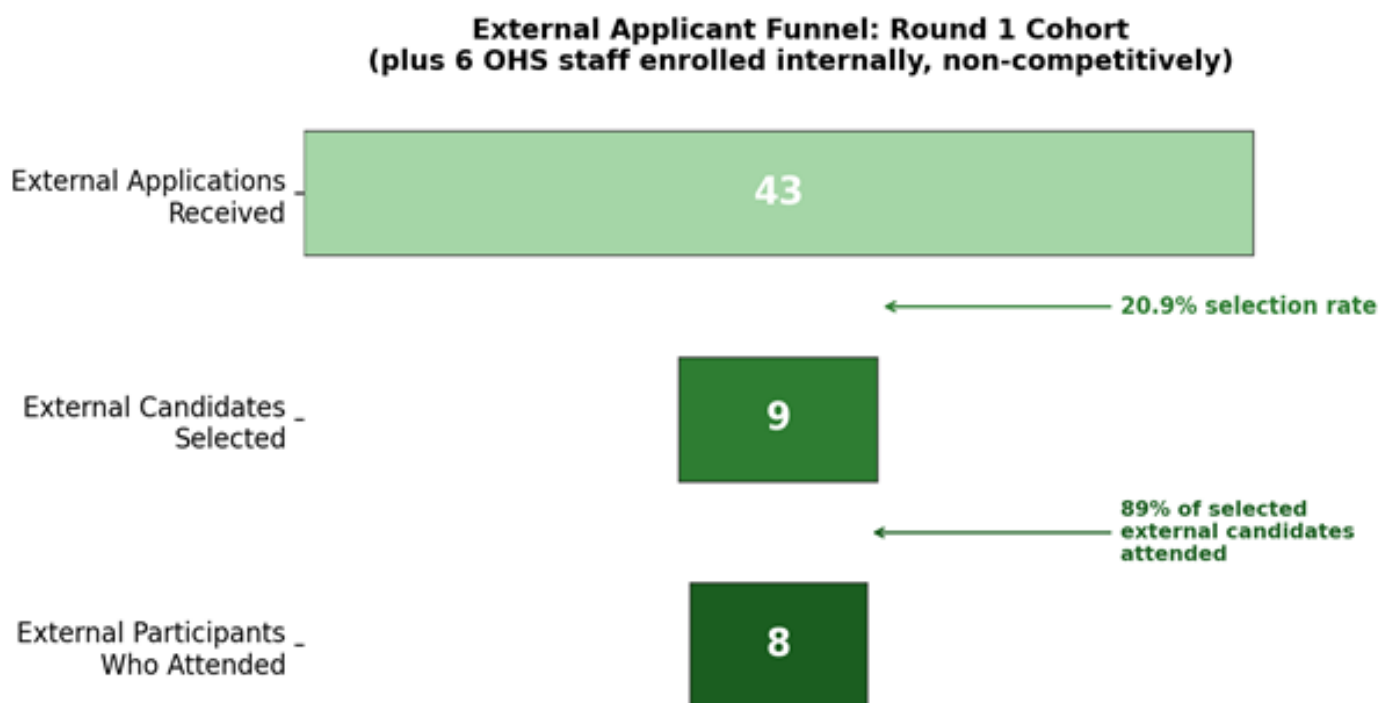
ONE HEALTH APPROACH IN PANDEMIC PREPAREDNESS AND RESPONSE IN TANZANIA

Equipped and Trained Workforce is Key to
Resilient and Strengthened Health Systems.



Strong Demand, Credible Reach

The course's first call for applications reached a notably senior and diverse pool: 43 external applications for just 9 places, drawn from government policy, a diplomatic mission, regional NGOs, academic research institutes, and CDC/PEPFAR-funded implementing partners. That is a strong early signal of credibility beyond OHS's immediate network.

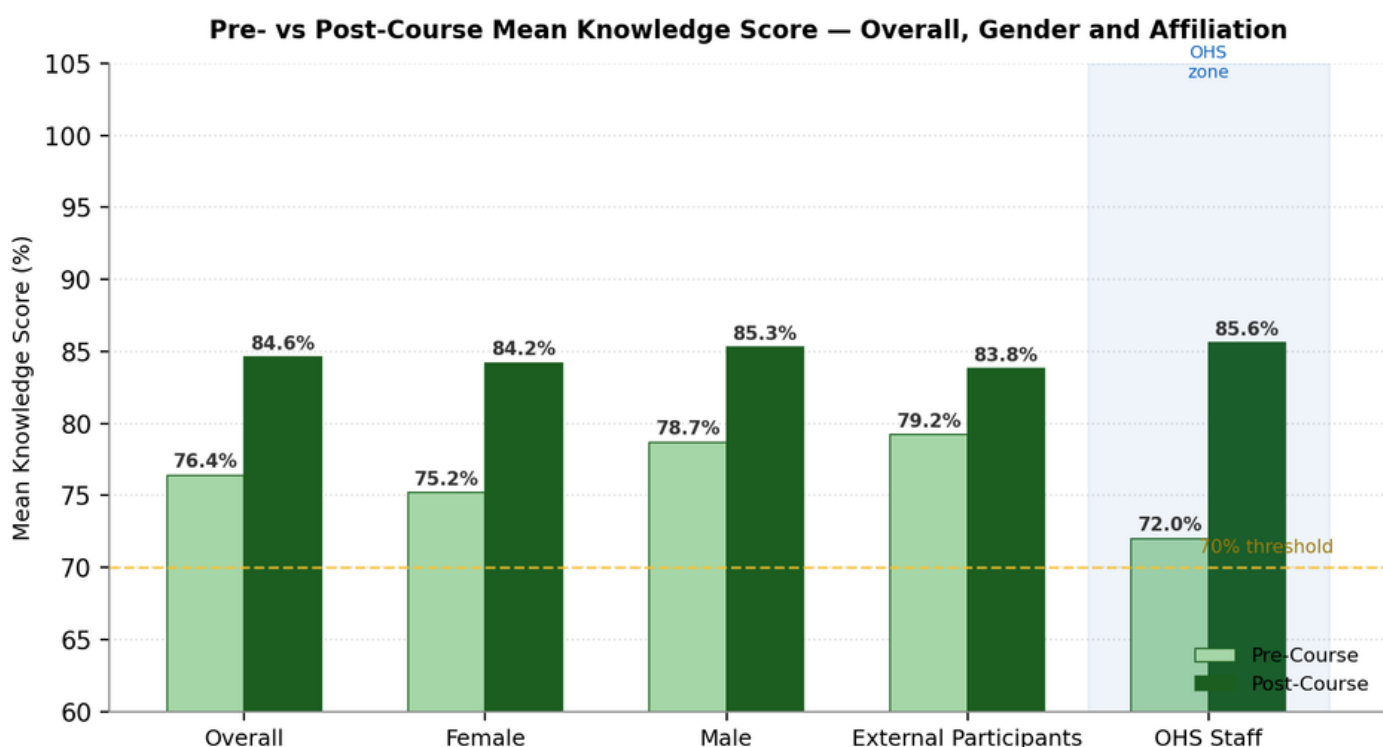


External applicant funnel, Cohort 1.

The final cohort of 14 — 8 selected external candidates and 6 OHS staff, was 8 women and 6 men, and included a PMO One Health Coordinator, a Health Adviser from the British High Commission, a regional NGO programme lead working across Rwanda and Sierra Leone, and senior staff from CDC/PEPFAR-funded implementing partners. Participants travelled from Dodoma, Manyara, Arusha, Kigoma, Kilimanjaro, and Dar es Salaam.

Measurable Learning Gains

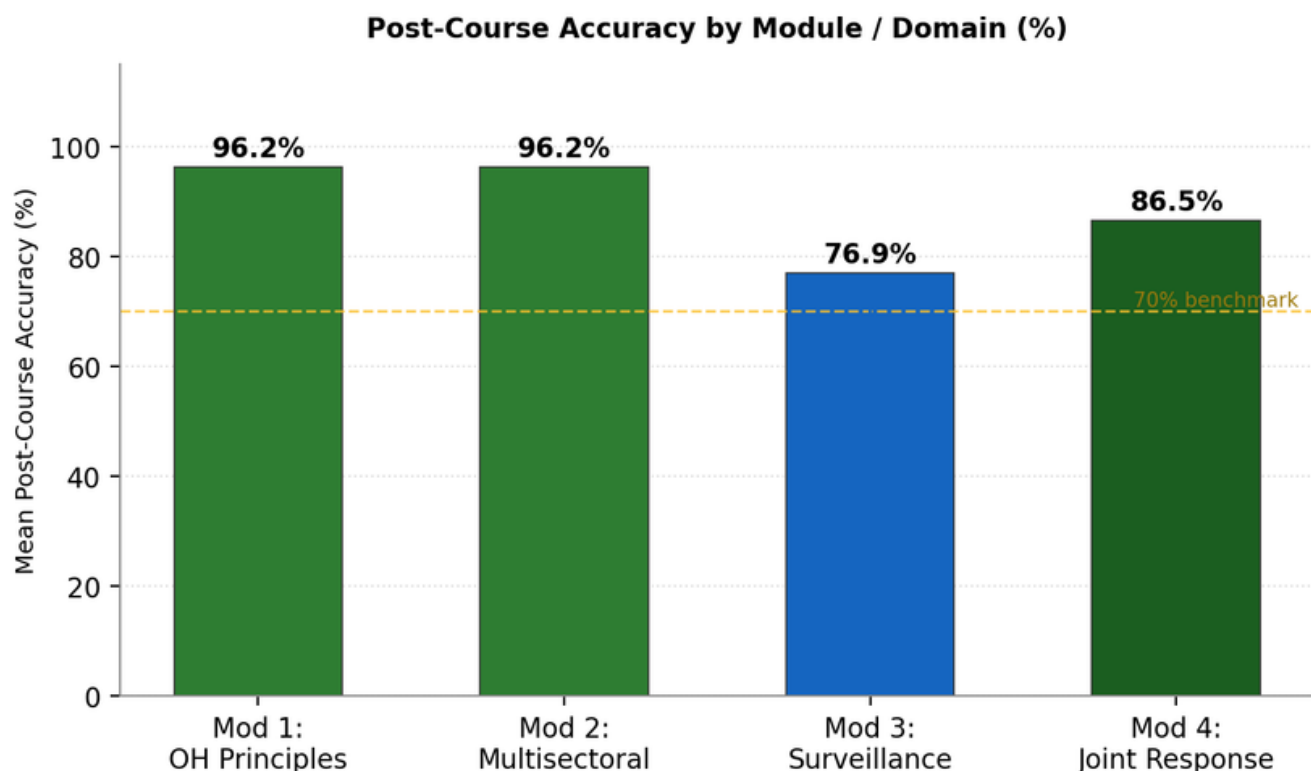
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Mean knowledge score, pre- vs post-course.

OHS staff — who began the week with more ground to cover, gained roughly three times as much as external participants (+17.3 percentage points versus +5.7), closing nearly all of the initial knowledge gap between the two groups by the end of the course. Five participants achieved a perfect post-course score.

Where the Course Taught Most Effectively

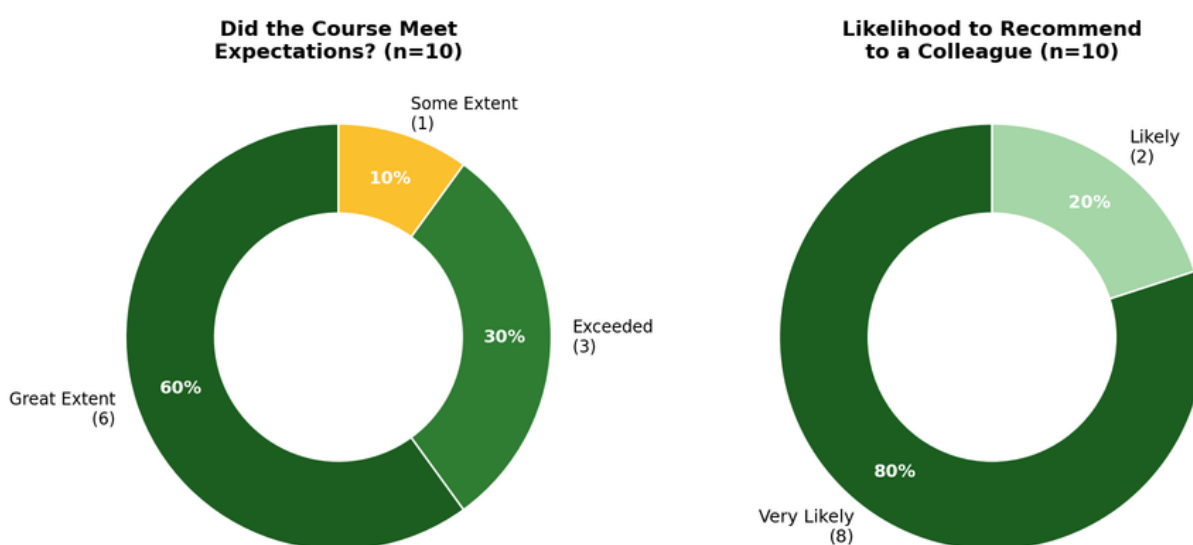


Post-course accuracy by module.

Foundational One Health governance and multisectoral coordination content was retained exceptionally well (96.2% post-course accuracy in both modules). Technical surveillance content — a harder, more abstract topic in any short course, was the clearer growth area, and is already informing curriculum refinement for Cohort 2.

High Satisfaction, Strong Endorsement

Beyond the test scores, participants left the course genuinely positive about the experience. Every single survey respondent said they were likely or very likely to recommend the course to a colleague, and 90% said the course met or exceeded their expectations.



Expectations met and likelihood to recommend (n=10).

Field-based learning: the visits to the **National Public Health Laboratory, the airport's Port Health Unit, and the Dar City Abattoir** — was the single highest-rated element of the course, alongside the quality of facilitation from a multidisciplinary expert faculty.

In Participants' Own Words

Cohort 1
participant

Thank you very much for the knowledge I have gained a lot.

Cohort 1
participant

Extremely good set of facilitators today, practical, gurus and experts.

Cohort 1
participant

The course was smooth & effective. I learned and improved my perspective on one health and the grounds we can cover



A Course That Is Already Building Partnerships

Perhaps the clearest sign of this course's value is what it generated beyond the classroom. From a single cohort, five separate institutions signaled interest in a deeper, ongoing relationship with OHS:

Institution / Change Agent	Signal
Prof. Japhet Killewo (MUHAS)	Initiated a partnership discussion on AMR/One Health
National Public Health Laboratory	Expressed openness to a programme partnership
Prime Minister's Office (One Health Coordination)	Invited collaboration on wider workforce delivery
Tanzania Wildlife Research Institute (TAWIRI)	Open to a Memorandum of Understanding
MUHAS	Open to an MoU covering future course delivery

Participants also described concrete plans to carry their learning back into their own institutions; from strengthening eIDSR reporting quality with regional health management teams, to reprioritizing resources toward early-warning systems ahead of full outbreak response.

Looking Ahead

Cohort 1 has given a clear, evidence-based foundation for what comes next. Building on this first round, the programme intends to:

- Refine the daily timetable and protect dedicated time for discussion, Q&A, and field-visit depth — the most consistent piece of feedback from participants.
- Deepen the surveillance and early-warning module with more hands-on practical time, building on early signs of where participants found the content hardest.
- Expand the facilitator pool to include independent technical experts alongside government-affiliated faculty.
- Pursue the partnership and MoU interest already signaled by MUHAS, TAWIRI, and the National Public Health Laboratory.
- Develop a standardized curriculum capable of scaling to new geographic zones, beginning with Northern Zone (Arusha-center) and lake zone (Mwanza-center).

STAY TUNED FOR COHORT 2 APPLICATION WINDOW

Equipped and Trained Workforce is Key to Resilient and Strengthened Health Systems.

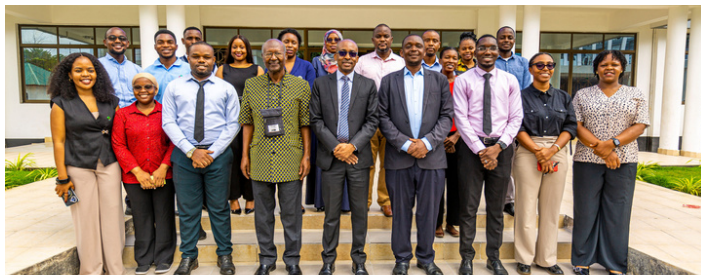


Lake zone–Mwanza &
Northern zone–Arusha



October

TRAINING HIGHLIGHTS IN PICTURES





For partnership or collaboration enquiries, please contact

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