

1 **Wildlife health perceptions and monitoring practices in globally distributed protected**  
2 **areas**

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6 **Keywords:** conservation, protected areas, wildlife disease, wildlife health, wildlife health  
7 monitoring, wildlife health surveillance

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11 **Acknowledgments:** Thanks to all responders to our survey and the SMART Partnership  
12 (<https://smartconservationtools.org>) for distributing the survey across the community of SMART  
13 users, especially to Mōnica Barcellos. Special thanks to Jonathan Palmer, Executive Director of  
14 the Wildlife Conservation Society's Conservation Technology Department.

15

## Abstract

16 Deficits in wildlife health (WH) monitoring at protected areas (PAs) can weaken the detection of  
17 infectious diseases; physical, and chemical threats; rapid response; and assessment of health  
18 management practices, threatening biodiversity conservation and global health. However, there is  
19 a lack of baseline information regarding the local perception of wildlife, human, and livestock  
20 health relevance at these sites. Current WH monitoring practices and WH data collection and  
21 management in PAs are also unknown. To address these gaps, we conducted a survey targeting  
22 globally distributed protected area data managers (PADMs). Eighty-six valid responses were  
23 considered for analysis.

24 PADMs considered WH as relevant to the conservation goals of PAs and >90% of them confirmed  
25 that non-healthy wildlife (injured, sick, and dead) are encountered. However, >50% and >20% of  
26 PADMs claimed that these animals were not recorded, respectively. When these animals were  
27 documented, the recording methods and information collected differed. Although domestic animal  
28 presence was common and considered a conservation concern, these animals and their health status  
29 were not always recorded. Health data were often stored in a database, but paper forms and  
30 spreadsheets were also used.

31 Responses suggest that valuable syndromic WH surveillance data from PAs are being lost due to  
32 non-collection or inadequate management and their value could be limited by unstandardized  
33 recording. Rangers could become a globally distributed “One Health workforce” but these flaws  
34 must be addressed first.

35

## Introduction

36 Despite the growing recognition that the health of animals, people, and their shared environment  
37 are inseparably linked, effective surveillance systems collecting, analyzing, and responding to  
38 wildlife health (WH) data remain uncommon or deficient (Machalaba et al. 2021; One Health  
39 High-Level Expert Panel et al. 2022; World Organization for Animal Health [WOAH] 2023;  
40 Delgado et al. 2023). Human encroachment and land-use change (Laurance et al. 2012; Vicente et  
41 al. 2021; Meng et al. 2023) are associated with extraction, pollution, the creation of human-  
42 wildlife-livestock interfaces, and ecosystem degradation (Plowright et al. 2021; Vicente et al.  
43 2021; Reaser et al. 2023). These processes expose wildlife and people to physical (e.g., snaring,  
44 fire), chemical (e.g., poisoning events), and biological hazards (e.g., pathogens) with the capacity  
45 to impact biodiversity conservation and global health (De Vos et al. 2016; Vila et al. 2019; Wolf  
46 et al. 2019; Hacon et al. 2020; Machalaba et al. 2020; Becker et al. 2023; Groenenberg et al. 2023;  
47 Porco et al. 2023).

48 Ebola virus disease is an illustrative example. Index cases of several human outbreaks of this  
49 disease have included hunters who contacted wildlife (Judson et al. 2016). Outbreaks in wildlife  
50 have decimated populations of western gorillas and chimpanzees (Whitfield 2003; Leroy et al.  
51 2004; Bermejo et al. 2006) and have preceded outbreaks in humans (Rouquet et al. 2005).

52 Protected areas (PAs), nature’s last strongholds, are increasingly facing anthropogenic pressures  
53 becoming key human-wildlife interfaces for disease emergence and prevention (Mittermeier et al.  
54 2011; Machalaba et al. 2021; IUCN & EcoHealth Alliance 2022; WOAHA 2023; Hayman et al.  
55 2023; Hopkins et al. 2024). WH monitoring at these sites can strengthen the detection of infectious  
56 diseases, physical, and chemical threats; rapid response; and assessment of health management  
57 practices. However, there is a lack of baseline information regarding the perception of wildlife,  
58 human, and livestock health relevance for biodiversity conservation. Current WH monitoring  
59 practices and WH data collection and management at these sites are also unknown. To address  
60 these gaps, we conducted a survey targeting protected area data managers (PADMs) to assess: i)  
61 their perceptions regarding WH and pathogen transmission between wildlife, humans, and  
62 livestock, ii) the detection and documentation of dead, sick, or injured wildlife, and domestic  
63 animals in PAs, and iii) health data management in PAs.

## 64 **Methods**

65 The “Spatial Monitoring and Reporting Tool” (SMART) is a technology platform designed to  
66 support the administration of PAs (Cronin et al. 2021) through the collection, management,  
67 assessment, and communication of PA data. SMART technology is distributed globally in more  
68 than 1,000 conservation sites by the time of the study.

69 We developed a web-based questionnaire aimed at these PADM SMART-users. First,  
70 respondents were asked if their job roles and responsibilities matched the definition “a person  
71 directly responsible for managing SMART data in one or more PAs or a general manager or  
72 administrator of one or more PAs that uses SMART data”. Respondents who did not identify as a  
73 PADM were considered outside our target population and excluded. The survey had five sections.  
74 Section 1 assessed the perception of PADM on the importance of WH in achieving conservation  
75 goals, the role of human and livestock pathogens in affecting WH, and the role of wildlife  
76 pathogens in affecting public and livestock health. Section 2 requested PADM to rank the overall  
77 frequency of encounters with dead, sick, or injured wildlife in PAs and their documentation when  
78 found during patrols. Section 3, asked about the presence of domestic animals in the PA(s), the  
79 documentation of their health status, and the perceived threats of domestic animals to conservation  
80 goals. Likert scales were used to answer questions in Sections 1-3. Section 4 addressed health data  
81 storage practices when collected and Section 5 assessed the current state of SMART deployment  
82 in PAs.

83 An introductory web page explained that the survey was voluntary, anonymous, aimed at PADM,  
84 and that clicking the “Start the survey” button constituted consent. A tutorial was provided for the  
85 language-translation tool of this survey built on Google Forms (Supporting Information). The  
86 survey did not request any personal information or demographic characteristics and, consequently,  
87 it was exempt from full ethics review [placeholder for Institutional Review Board to keep authors’  
88 anonymity during peer review].

89 The survey was distributed globally to the SMART Community Forum users by the SMART  
90 Partnership (<https://smartconservationtools.org>) via email in October 2022 and remained open for  
91 three months. A reminder was sent to the SMART Community three weeks before the closing date.

92 Responses by PADM s could represent single or multiple PAs. For our analysis, we focused on  
93 what we considered to be “local” responses which included one or two PAs, and assumed they  
94 provided insights into specific local realities. “Non-local” responses represented more than two  
95 PAs, which were assumed to help understand perceptions at the decision-making level and were  
96 analyzed separately (see Supporting Information). We discarded responses that only included  
97 marine PAs based on the World Database on Protected Areas  
98 (<https://www.protectedplanet.net/en/thematic-areas/wdpa?tab=WDPA>) as marine PA  
99 management, species, and patrol logistics are markedly different. The descriptive analysis of  
100 survey responses was conducted in R v4.3.1. The responses dataset can be found here  
101 <https://figshare.com/s/36513db82ac5dfa8e71d?file=49682265>. Descriptive analysis can be found  
102 at [placeholder for github repository to keep authors’ anonymity during peer review].

## 103 **Results**

104 We received 128 responses. Forty-two were removed because either the PA name(s) were not  
105 provided, only marine PAs were listed, or the respondents did not match the target audience (8, 7,  
106 and 27 responses, respectively). The final dataset contained 86 respondents from 23 countries.  
107 Seventy-three were local responses from 19 countries and 13 were non-local responses from 10  
108 countries (the descriptive analysis of non-local responses is provided in the Supporting  
109 Information). The specific countries are not provided to protect the identity of the respondents, but  
110 local responses were from North, Central, and South America; West, Central, East, and Southern  
111 Africa; Southeast and South Asia; and a Balkan country in Europe, with most coming from South  
112 America. Non-local responses were from West, Central, and East Africa, Central and South  
113 America, and Southeast and South Asia.

### 114 **Perceptions regarding wildlife health importance in conservation and potential consequences** 115 **of pathogen transmission among wildlife, domestic animals, and people**

116 Most respondents either strongly agreed or agreed with the affirmations “Wildlife health, including  
117 infectious and non-infectious diseases, is important to achieve the conservation goals of the  
118 protected areas where I work” and “human or livestock pathogens can affect wildlife populations  
119 inhabiting the protected area(s) I work in” (92%; and 81%, respectively). Regarding the  
120 affirmation “pathogens carried by wildlife inhabiting the protected area(s) where I work in can  
121 affect livestock health”, most respondents strongly agreed or agreed (48%) although the proportion  
122 of neutral respondents was more prominent (29%). Across respondents, 63% strongly agreed or  
123 agreed that “pathogens carried by wildlife inhabiting the protected area(s) where I work in can  
124 affect human health”. Detailed response distributions are shown in Figure 1. Non-local responses  
125 followed similar trends (Figure S1).

126 **Overall frequency of encounters with dead, sick, or injured wildlife in protected areas and**  
127 **their documentation when found during patrols**

128 Most local PADM s (97%) reported the encounter of dead animals in the PAs (e.g., "Very rarely"  
129 or more frequently), and 76% of them reported documenting these encounters if found during  
130 patrols. Similar to dead animal encounters, 93% of local PADM s reported encounters with sick or  
131 injured animals in the PAs (e.g., "Very rarely" or more frequently), but only 35% and 48%  
132 confirmed their documentation, respectively. In general, the documentation of injured, sick, or  
133 dead animals tend to be higher as the encounter frequency increased (Figure 2). All non-local  
134 PADM s reported the encounter with dead and injured or sick wildlife ("Very rarely" up to "Very  
135 frequently"). The proportions of non-local PADM s reporting the documentation of these animals  
136 were larger compared to the proportions from local responses (92, 62, and 85%, for dead, sick, and  
137 injured wildlife respectively, Figure S2).

138 All 17 local PADM s who ranked encountering dead wildlife "Very rarely" or more frequently but  
139 answered that these animals were not documented, either agreed or strongly agreed with the  
140 importance of WH to achieve conservation goals. Similarly, 91 and 94% of local PADM s who  
141 ranked encountering sick or injured wildlife "Very rarely" or more frequently but answered that  
142 these animals were not documented either agreed or strongly agreed with this statement. The  
143 corresponding percentages for non-local PADM s were 0, 80 and 50% for dead, sick and injured  
144 wildlife).

145 The documentation method of dead, sick, or injured wildlife, varied among the 58 local PADM s  
146 that reported the recording of one or more of these groups. Most often, each animal was  
147 documented individually ("Individual observation"). The second most common method involved  
148 a complete inventory of healthy, sick, injured, or dead animals for each species ("Part of the full  
149 count"). Reporting their presence or absence was the third most common method ("Present or  
150 absent"; Table 1). For non-local responses, the predominant method was "each animal is an  
151 individual observation" across health categories (Table S1).

152 The data collected from each observation were not consistent. Across health categories and  
153 documentation method, photographs and the species were the main item collected. Anomalies  
154 observed in non-healthy wildlife and the condition of carcasses were not always recorded (Table  
155 1). In non-local responses the trend was relatively similar, however, items were reported to be  
156 recorded more consistently (e.g., age, anomalies, and condition in the three health categories;  
157 Table S1).

158 **Presence of domestic animals in protected areas, the documentation of their health status,**  
159 **and the perceived threats of domestic animals to conservation goals**

160 Fifty-two local PADM s (71%) responded that domestic animals were found in the corresponding  
161 PAs. Among them, 67% reported that domestic animals were documented if observed during  
162 patrols, but only 26% reported recording their health status (Figure 3). Forty-two local respondents

163 reporting domestic animals in the PAs (81%) either agreed or strongly agreed that domestic  
164 animals are a conservation concern (Figure 3). Twenty-seven of them (64%) answered that these  
165 animals were documented. Most respondents claiming that domestic animals are not found in the  
166 corresponding PAs also either agreed or strongly agreed that they are a conservation concern.

167 Eight non-local PADM s (62%) responded that domestic animals were found in the PAs. Among  
168 them, seven (88%) reported that domestic animals were documented if observed during patrols, of  
169 which only two (29%) reported recording their health status (Figure S3).

### 170 **Health data storage practices in protected areas**

171 Seventy-two, 54, and 65% of local PADM s reporting the documentation of either injured, sick, or  
172 dead wildlife stored all these data in a SMART database. Paper forms, reports, and spreadsheets  
173 were employed when non-healthy wildlife were documented but their data was not stored in a  
174 SMART database.

175 Thirty-one of the 35 local respondents (89%) recording domestic animals during patrols indicated  
176 that this information was stored in a SMART database. The health status of domestic animals,  
177 when documented, was also stored in a SMART database.

### 178 **Discussion**

179 We developed a web-based questionnaire aimed at globally distributed PADM s to learn about their  
180 perceptions regarding WH; the monitoring of dead, sick, and injured wildlife and domestic animals  
181 in PAs; and health data storage practices. Regardless of any geographic biases in this study, the  
182 responses suggest that valuable syndromic WH and, consequently, One Health surveillance data  
183 are being lost due to non-collection or inadequate management. Even when WH data are collected  
184 and properly managed, the usefulness for surveillance is likely limited by the diversity of methods  
185 employed to record them.

186 PADM s largely considered WH as relevant to the conservation goals of PAs and most of them  
187 confirmed that dead, sick, or injured wildlife were encountered “Very rarely” or more frequently.  
188 However, the documentation of these animals was not always conducted, and it was less common  
189 in responses from local data managers. This contradiction could be explained by recent global  
190 pathogen-driven crises such as SARS-CoV-2 and H5N1 Highly Pathogenic Avian Influenza virus  
191 (Nicola et al. 2020; Leguia et al, 2023) that might have sensitized our audience by the time the  
192 survey was distributed but before health-associated monitoring objectives could be planned and  
193 rolled out. These findings could also suggest a lack of knowledge or resources to act on their  
194 understanding of the importance of WH for conservation goals. Although only 13 non-local  
195 responses were included in the final dataset, the larger proportion of non-local responses reporting  
196 the documentation of non-healthy wildlife could suggest differences between the expectations of  
197 managers in an administrative role and field realities in PAs. Protected area management agencies  
198 should take a more active local role to identify and correct weaknesses in WH data collection.

199 We noted a general agreement among PADM s regarding the conservation threat that domestic  
200 animals (e.g., dogs, cats, cattle) present. Although we did not explicitly ask why domestic animals  
201 are a conservation concern, most PADM s also agreed with the statement “human and wildlife  
202 pathogens can impact wildlife health” either when these animals were found in the PAs or not  
203 (Figure S4 and S5). This finding might imply that pathogens are part of the reason why domestic  
204 animals are considered a conservation concern. Pathogen transmission from domestic animals to  
205 wildlife can seriously harm biodiversity conservation efforts including in PAs (e.g., del Valle  
206 Ferreyra et al. [2022]) and they add to the direct and indirect pressures on wildlife from domestic  
207 animals, such as predation, competition, disturbance, and land-use change in- and out-side of PAs  
208 (du Toit 2011; Gompper 2013). While most local PADM s reported the presence of domestic  
209 animals in PAs, their documentation was not consistent and only a minority responded that their  
210 health status was recorded. The contradiction between perceived conservation risk of domestic  
211 animals and documentation of their presence and health status could be explained by the same  
212 drivers mentioned above.

213 Adequate management of data and harmonization are foundational pillars for WH monitoring  
214 (WOAH 2010, 2015, 2018; Sleeman et al. 2012; Ryser-Degiorgis 2013; Stephen 2018; Lawson et  
215 al. 2021; Machalaba et al. 2021; Giacinti et al. 2022; Stephen & Berezowski 2022; Hayman et al.  
216 2023; Heiderich et al. 2023). However, we found that paper forms and Excel sheets are used to  
217 store data from sick, injured, or dead wildlife even when SMART was available. Also, we found  
218 diverse structure and attributes in WH data that was collected. The lack of harmonization across  
219 PAs within and beyond country boundaries can limit the value of collected health data as regional,  
220 national, or across border health assessments could be unfeasible. Similarly, the longitudinal  
221 assessment of wildlife health trends in a single PA is not possible when data is recorded differently  
222 over time. These findings are aligned with historical pitfalls in WH surveillance’s data governance  
223 (e.g., Avery-Gomm et al. 2016; Lawson et al. 2021; Heiderich et al. 2023; WOA H 2023).

## 224 **Recommendations**

225 Leveraging existing PA human resources that can detect morbidity and mortality in animals offers  
226 a sound and cost-effective strategy to establish a minimal baseline of WH monitoring. Rangers can  
227 detect injured, sick, and dead animals in PAs and the few documented initiatives that explicitly  
228 report ranger participation in WH monitoring have demonstrated their potential to provide data to  
229 assess health risks and trends or trigger responses to disease outbreaks of global and conservation  
230 concern (Kuisma et al. 2019; Vila et al. 2019; Wolf et al. 2019; Montecino-Latorre et al. 2020;  
231 Orozco et al. 2020; Porco et al. 2023). Rangers also have contributed to a healthier planet through  
232 emergency medical assistance, contact tracing, and public health education (Singh et al. 2021;  
233 Stolton et al. 2023). Currently, there are approximately 280,000 rangers worldwide and it is  
234 estimated that 1.5 million will be needed by 2030 to adequately protect 30% of the planet  
235 (Appleton et al. 2022). The present and projected number of rangers reveal their unique potential  
236 as a worldwide distributed “One Health workforce” that could drastically improve the general

237 global absence of WH and One Health surveillance (Machalaba et al. 2021; Worsley-Tonks et al.  
238 2022; Delgado et al. 2023; Hopkins et al. 2024).

239 Our recommendation is to include WH monitoring within the remit of rangers. The global  
240 integration of this workforce into WH monitoring could be supported by SMART or the World  
241 Commission of Protected Areas (WCPA) of the International Union for Conservation of Nature,  
242 all of which support best practice management of PAs. Indeed, the WCPA has established a two-  
243 year Task Force to integrate One Health in PAs and vice versa which includes WH surveillance  
244 activities in PAs (Hopkins et al., 2024). This Task Force makes explicit the contemporaneous  
245 relevance to develop WH surveillance policy in PAs to support the conservation of biodiversity  
246 and global health.

247 Technology can enhance ranger integration into WH surveillance systems. The engagement of a  
248 large community of SMART-using rangers to document “health incidents” in PAs represents a  
249 promising opportunity to create a technology-supported worldwide network of WH sentinels  
250 (Worsley-Tonks et al. 2022). Other platforms such as EarthRanger could also support the  
251 integration.

252 However, there are key issues that must be addressed before. First, a definition of a health event  
253 optimized for rangers must be established. The minimal set of variables to be recorded from each  
254 health event and their documentation method must be harmonized across jurisdictions. Specific  
255 variables and options can then be tailored to individual PA realities. Second, rangers need to be  
256 trained to recognize and document health events encountered during their patrols. Third, a database  
257 to guarantee the governance of ranger-documented health events must be available. SMART  
258 technology is ready to support the management of harmonized syndromic health data, provided  
259 that adequate resources for planning, training, and expert support are available. PADM's working  
260 with fully implemented SMART should have the capacity to properly manage and query health  
261 data and coordinate their distribution with other relevant parties, such as environmental agencies  
262 and organizations, veterinary services, and public health managers.

263 Efforts to address the issues mentioned above and build this workforce have already started.  
264 WildHealthNet, a Wildlife Conservation Society (WCS) initiative, focuses on creating national  
265 surveillance networks and codifying their Standard Operating Procedures (Denstedt et al. 2021;  
266 Porco et al. 2023; Pruvot et al. 2023). Currently, WCS is supporting the integration of rangers into  
267 WH monitoring using the same standards in Lao, Peru, Cambodia, Guatemala, and Madagascar.  
268 Additional efforts are underway through the Wildlife Health Intelligence Network (Noguera et al.  
269 2024) whose objectives include building a larger community of practice that supports the scaling  
270 of local WH surveillance globally, and the establishment of WH data collection and management  
271 standards. We strongly recommend taking steps towards the global adoption of ranger-based WH  
272 monitoring in PAs, utilizing a unified methodology and standards to support biodiversity  
273 conservation and improve the health of all.



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## Tables and Figures

*Table 1. Distribution of the method of documentation to register either healthy, sick, injured, or dead wildlife found during ranger patrols reported by local protected area data managers (“Individual observation”, “Part of the full count”, “Present or absent”, “Another way”) and the recording of specific data items for each wildlife health status across documentation methods.*



\* The black line shows the 50% reference.

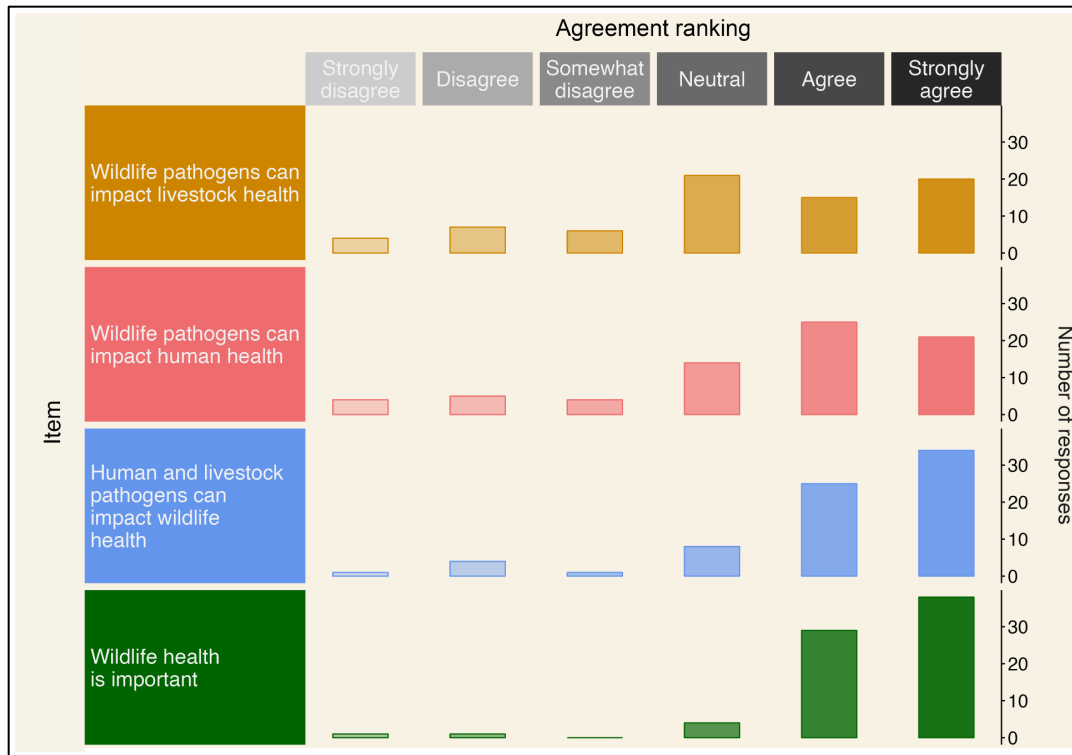
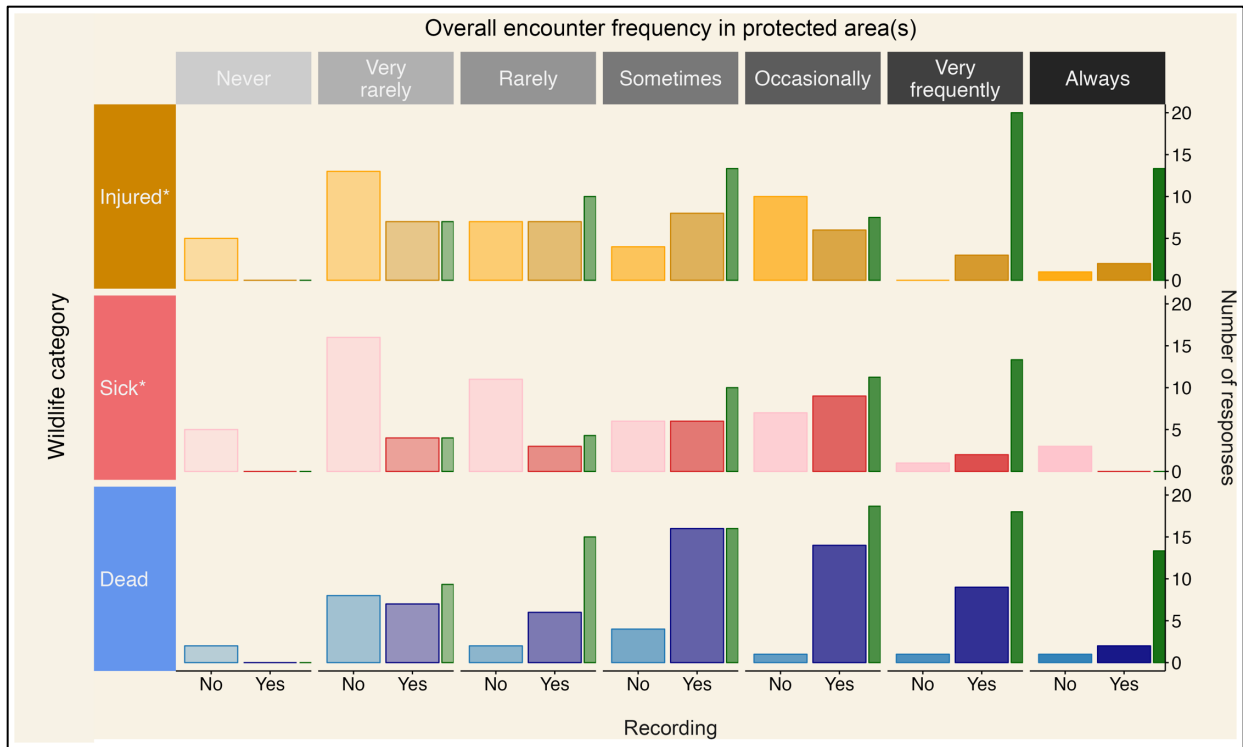


Figure 1. Distribution of the level of agreement (grey scale) among local protected area data managers with statements: ‘Pathogens carried by wildlife inhabiting the protected area(s) where I work in can affect livestock health’ (brown), ‘Pathogens carried by wildlife inhabiting the protected area(s) where I work in can affect human health’ (red), ‘Human or livestock pathogens can affect wildlife populations inhabiting the protected area(s) where I work in’ (blue), and ‘Wildlife health is important to achieve the conservation goals of the protected area(s) where I work’ (green).



485 \* The overall encountering frequency for sick and injured wildlife was requested in a unique question, therefore, rows  
 486 one and two show the same total number of responses per encountering frequency.

Figure 2. Distribution of local protected area data manager responses regarding the encounter of or injured (brown), sick (red), dead (blue) wildlife in the protected area(s) where they work and the recording (bright color) or non-recoding (pale color) of these animals when encountered. Green bars represent the proportion of responses that reported the recording of wildlife per wildlife category and encounter frequency.

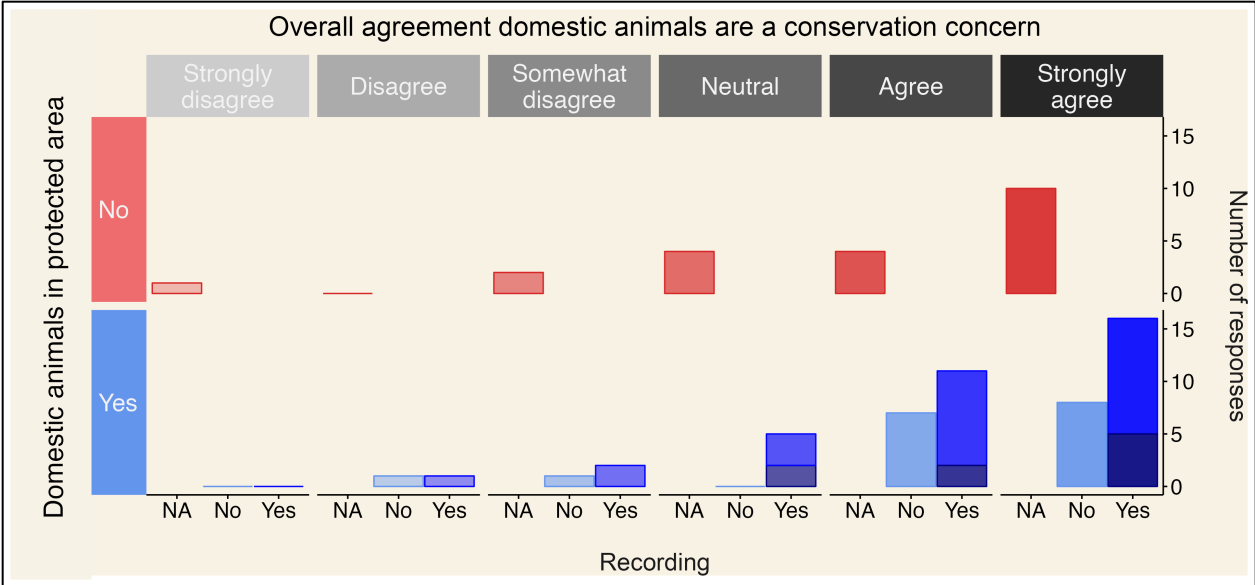


Figure 3. Distribution of the level of agreement among local protected area data managers with the statement: ‘Introduced domestic animals (e.g., dogs, cats, cattle, pigs, cows) are a concern for the conservation goals of the protected areas where I work’ for the groups that reported the absence (red) and presence (blue) of domestic animals in the protected area(s) and their recording of the latter. Darker segments in the bars within the “Domestic animal in protected area > Yes response” category (x-axis) represent the number of responses that documented health status as part recording the presence of domestic animals.