Wildlife health perceptions and monitoring in protected areas

Diego Montecino-Latorre

Mathieu Pruvot

Sarah H Olson

## Introduction

Despite the growing recognition that the health of animals, people and their shared environment are intrinsic and inseparably linked, effective surveillance systems collecting, analyzing, and responding to wildlife health data remain uncommon or deficient. This deficit is especially relevant in biodiverse areas facing land use change and other anthropogenic pressures causing the degradation of landscape immunity (Plowright et al. 2021) and the creation of human-wildlife-livestock interfaces that facilitate pathogen transmission and disease emergence.

Many protected areas overlap hotspots of infectious disease emergence and past emergence events have shown their impact for conservation efforts, ecosystems, and people living within, nearby, and well beyond their boundaries. The lack of wildlife health surveillance at these sites yields fundamental gaps in the conservation of biodiversity and global health security.

Leveraging stakeholders who are already present at key interfaces offers an sound strategy to establish baseline health surveillance at a minimal cost (IUCN and EcoHealth Alliance 2022). Rangers and other natural resource authorities (hereafter “rangers”), are responsible for field conservation and law enforcement in protected areas. On a global scale, they patrol vast territories that encompass critical wildlife-livestock-human interfaces where they can detect injured, sick, and dead animals.

While the concept of leveraging rangers for wildlife health surveillance is not new, there are few documented isolated initiatives that explicitly report the participation of rangers in scanning or syndromic surveillance. These initiatives have effectively demonstrated the potential of patrolling rangers to provide data to assess health risks, conduct trend assessments, and trigger outbreak responses Montecino-Latorre et al. (2020) including for dangerous zoonotic diseases of global concern such as Ebola fever disease (Kuisma et al. (2019).

Technology can support the recruitment of rangers as health sentinels. The “Spatial Monitoring and Reporting Tool” (SMART) is a suite of technological tools designed to administer protected areas by supporting data management, the collection of digital data following user-built data models, and facilitate data communication among key stakeholders. SMART is currently used in over one thousand protected areas in more than one hundred countries under multiple languages (SMART Partnership n.d.) and its user base is continuously growing. Its field-targeted technology, SMART Mobile, is already in rangers’ hands distributed globally supporting the standardized documentation of “incidents” they found during patrols ready to be transferred to decision makers.

This community of SMART-user rangers could be recruited under a common set of SMART-based standards to document “health incidents”. These rangers represent a promising opportunity not only to empower them as planetary health workers but to generate a worldwide network of health sentinels at key interfaces under a common framework and fulfill fundamental gaps in global health security.

However, to date there is a lack of baseline information regarding current health monitoring practices in protected areas, the mandates that rangers have to document health-related events, and existing practical and technical obstacles to leveraging them as health sentinels. For this reason, we conducted a survey targeting protected area managers worldwide belonging to the SMART user community to assess: i) if they consider wildlife health relevant from a One Health perspective, ii) if dead, sick, or injured wildlife and domestic animals are observed in protected areas and recorded by rangers, iii) how are these animals currently documented (when recorded), iv) if these data (when collected) is stored in SMART databases, and v) the current status of SMART components in protected areas.

## Methods

We developed a web-based questionnaire aimed at protected area managers. The survey had five sections. Under section 1, we asked managers to rank their overall agreement with the affirmations: “Wildlife health, including infectious and non-infectious diseases, is important to achieve the conservation goals of the protected areas where I work”, “Human or livestock pathogens can affect wildlife populations inhabiting the protected area I work in”, “Pathogens carried by wildlife inhabiting the protected area I work in can affect public health”, and “Pathogens carried by wildlife inhabiting the protected area I work in can affect livestock health”.

Under section 2, we requested managers to rank the overall frequency of encounters with dead, sick, or injured wildlife in protected areas and their documentation when found during patrols.

Under section 3, we asked managers to rank their agreement with the affirmation “Introduced domestic animals (e.g., dogs, cats, cattle, pigs, cats) are a concern for the conservation goals of the protected areas where I work”. We also assess the presence of domestic animals at these sites and their recording, including health status. Likert scales were used in sections 1 - 3, specifically in those questions involving rankings.

Under section 4, we asked about data storage practices.

Under section 5, we asked about the current state of SMART and its components.

An introductory webpage explained that the survey was voluntary, anonymous, aimed at protected area managers administering SMART data. The webpage also clarified that clicking the “Start the survey” button constituted consent. The survey was built on Google Forms, which has a translation tool. We provided a tutorial on translating it into the preferred language (https://sites.google.com/wcs.org/smarttorecordwildlifehealth/home). The survey was exempt from IRB review (ref #22-53 Wildlife Conservation Society Internal Review Board).

The survey was distributed globally to the SMART Community (SMART Community Forum users https://forum.smartconservationtools.org/) by the SMART Partnership via email in October 2022, and it remained open for three months. As the closing date approached, a reminder was sent to the SMART Community three weeks in advance.

Responses could represent a single or multiple protected areas. However, our analysis focused on responses representing one or two individual terrestrial protected areas to gain insights into specific local realities. Therefore, responses representing more than two protected areas were filtered out. The resulting dataset could have a specific protected area represented by single responses, by responses that included two protected areas, or a combination of both. We duplicated the responses that were representing two protected areas but left a single protected area for each one, so each row in the dataset implied a unique protected area. One of the responses representing the same protected area after this step were filtered out to leave a unique representation completion and consistency of answers, and respondent’s alignment with the intended target audience of the survey.

The protected areas included in the responses were classified as marine or terrestrial based on the World Database on Protected Areas (https://www.protectedplanet.net/en/thematic-areas/wdpa?tab=WDPA). Marine protected areas were removed.

The questionnaire, survey data, data cleaning and filtering, and descriptive analysis scripts can be found at https://github.com/dmontecino/SMART\_survey.

## Results

### General results

The total number of responses was 129.

Seven responses were removed because they included a given name instead of the protected area name and one response was removed because it did not have a protected area name. Twenty-four responses representing more than two protected areas were filtered out and other six were removed because they involved protected areas that were represented once already. Sixteen responses were removed because the respondent did not match the target audience.

The final dataset described below excluded four marine protected areas leading to the removal of another four responses, for a total of 76 protected areas represented by 71 answered surveys (66 responses representing a single protected area and 5 representing two protected areas) from 19 countries.

### Section 1: Perceptions regarding wildlife health and potential consequences of pathogen transmission among wildlife, domestic animals and people

The ranking distribution with the overall agreement with the affirmations odf section is shown in Figure 1.

|  |
| --- |
| Distribution protected area managers responses regarding the importance of wildlife health to achieve the conservation goals of protected area(s) where they work in (row 1), human or livestock pathogens can affect wildlife populations inhabiting the protected area(s) where they work in (row 2), pathogens carried by wildlife inhabiting the protected area(s) where they work in can affect public health (row 3), and pathogens carried by wildlife inhabiting the protected area(s) where they work in can affect livestock health (row 4). |

The most common ranking combination for the four affirmations was “Strongly agree” with the four affirmations (n=9; 12.7%), followed by “Agree” (n=4; 5.6% of the responses). Twenty-eight (39.44%) of the respondents answered either “Strongly agree” or “Agree” to the four affirmations. The ranking combinations and number of responses are provided in Appendix 1.

### Section 2: Overall frequency of encounters with dead, sick, or injured wildlife in the protected areas and their documentation when found during patrols.

Fifty-six responses (78.87%) reported that either dead, sick, or injured wildlife found during patrols are recorded. Twenty out of the 71 respondents (28.17%) answered that dead wildlife found during patrols are not recorded as a specific category. Of this set, only three responses (15%) claimed that dead wildlife are “Never” encountered in the protected area(s). The overall distribution of responses across dead wildlife encountering frequency in the protected area(s) and recording when found during a patrol is shown in Figure 2.

|  |
| --- |
| Distribution of protected area managers responses regarding the recording of dead wildlife found during ranger patrols as a specific category of animals across the overall encountering frequency with dead wildlife in the protected area(s) where they work in. |

Forty-eight out of the 71 respondents (67.6%) answered that sick wildlife found during patrols are not recorded as a specific category. Of this set, only five responses (10.4%) claimed that sick and injured wildlife are “Never” encountered in the protected area(s). The overall distribution of responses across sick wildlife encountering frequency in the protected area(s) and recording when found during a patrol is shown in Figure 3.

|  |
| --- |
| Distribution of protected area managers responses regarding the recording of sick wildlife found during ranger patrols as a specific category of animals across the overall encountering frequency with sick or injured wildlife in the protected area(s) where they work in. |

Forty out of the 71 respondents (56.3%) answered that injured wildlife found during patrols are not recorded as a specific category. Of this set, only five responses (12.5%) claimed that sick and injured wildlife are “Never” encountered in the protected area(s). The overall distribution of responses across injured wildlife encountering frequency in the protected area(s) and recording when found during a patrol is shown in Figure 4.

|  |
| --- |
| Distribution of protected area managers responses regarding the recording of injured wildlife found during ranger patrols as a specific category of animals across the overall encountering frequency with sick or injured wildlife in the protected area(s) where they work in. |

The agreement of protected area managers with the assertion “Wildlife health, including infectious and non-infectious diseases, is important to achieve the conservation goals of the protected areas where I work” in the subgroup of responses reporting sick, injured, or dead wildlife sighting but no recording if found during patrols is shown in Figure 5.

|  |
| --- |
| Distribution of the agreement regarding the importance of wildlife health to achieve the conservation goals of protected area(s) provided by managers of protected areas where sick, injured, or dead wildlife is observed with at least a minimal frequency but they are not recorded if found during patrols. |

All 17 respondents in the subgroup with minimal observation of dead wildlife but no recording either “Agreed” or “Strongly agreed” with the statement. The percentages of respondents that either “Agreed” or “Strongly agreed” with the statement in the subgroups with minimal observation of sick or injured wildlife but no recording were 90.7 and 94.29%.

The methods to record either sick, injured, or dead wildlife found during a patrol (when registered): “Each animal is an individual observation”, “Part of the full count of the species” (stratification of the animals of a specific species per health status), “Present/absent”, and “Recorded in another way” were reported in 94.6, 51.8, 23.2, and 17.9% of the 56 responses that reported the recording of any of these wildlife health status categories when found during patrols. The distribution of the recording methods across healthy, sick, injured, or dead wildlife is shown in Figure 6.

|  |
| --- |
| Distribution of protected area managers responses regarding how healthy, sick, injured, and dead wildlife found during patrols are recorded. |

The most common combination of methods to register either sick, injured, or dead wildlife was the recording of dead wildlife by itself with each dead individual as a unique observation (19.6% of the responses), followed by “Each animal is an individual observation” for the three health categories (10.7% of the responses). The number of responses per method used per health category are provided in Appendix 2.

The number of responses including specific data types collected across sick, injured, or dead wildlife (for the set of 56 responses reporting the recording of at least one of these categories) was 55, 51, 41, 37, 33, 30, 25, 21, 17 for the items Species, Photographs, Suspect cause, Sex, Condition, Age, Anomalies, Other. The distribution of the data items collected per each health status category is shown in Figure 7.

|  |
| --- |
| The recording of different data items across different categories of wildlife based on their health status. The size of the circles is proportional to the percentagez observed. |

### Section 3: Importance of introduced domestic animals for the conservation goals of the protected areas

Fifty managers responded that domestic animals are observed in the corresponding protected area(s; 70.4%). Thirty-five managers of this subset claimed that domestic animals are documented if observed during patrols (70%), but only 9 of these managers reported the recording of the health status of these animals. The distribution of manager responses across the overall ranking of domestic animals as a conservation concern, their documentation, and recording of their health status is shown in Figure 8.

|  |
| --- |
| Distribution of protected area manager responses where domestic animals are observed regarding the recording of domestic animals found during ranger patrols across their overall agreement with domestic animals as a concern for conservation goals in protected areas. The dashed area of the polygons represent the subset of responses without health status of domestic animals recording. The responses included in this figure are those of managers that reported the presence of domestic animals in the corresponding protected area. |

### Section 4: Data storage practices

Health data storage in a SMART database across widlife health status category for the subset of responses reporting the recording of sick, injured, or dead wildlife is shown in Figure 9 (percentages). When sick, injured, or dead wildlife were recorded but their data was not stored in a SMART database (“None of these items are entered in a SMART database”), a range of options were employed instead, including paper forms, reports, and spreadsheets.

|  |
| --- |
| Health data storage practices with respect to the use of SMART in the subgroup of responses reporting the recording of dead, sick, and i injured wildlife across categories of wildlife health status. The size the circles is proportional to the percentages observed. |

Thirty-one of the 35 managers (88.6%) reporting the recording of domestic animal sighted during patrols responded that this information was stored in a SMART database. All managers reporting the recording of health status in domestic animals responded that this information is stored in a SMART database.

### Section 5: Current state of SMART components

Protected area data managers reported that 41 areas had SMART fully rolled-out, 24 had SMART partially rolled-out, and 11 had SMART under pilot. Most common SMART Desktop version used by the time of the survey was SMART 6 reported in 42 protected areas. SMART 7 was already used in 20 by the time of the survey. Older SMART versions (4 and 5) were used in 9 of the 76 protected areas.

## Discussion

We developed a web-based questionnaire aimed at protected area managers around the globe to learn about their perceptions regarding wildlife health; the monitoring of dead, sick, and injured wildlife and domestic animals in protected areas; health data storage practices at these sites; and local status of SMART. We obtained 71 valid responses from protected area managers that involved 76 protected areas administered with the support of a version of SMART distributed in 19 countries. Responses from stakeholders strongly suggest that large amounts of valuable and syndromic no-cost data for One Health surveillance are being lost due to non-collection, non-standard recording, or inadequate management.

Managers usually considered wildlife health as relevant for conservation goals of protected areas and they understand that pathogens can be transmitted and among wildlife, humans, and livestock and impact any of these groups. Several managers confirmed that dead, sick, or injured wildlife are observed at least “very rarely” but 25% to over 50% of them, depending on the wildlife health status category, reported non-recording of these animals when found during patrols. These contradictory answers could be explained by recent global pathogen-driven crises such as SARS-CoV-2, H5N1 Highly Pathogenic Avian Influenza (HPAI), Ebola Fever virus, and African Swine Fever virus that might have sensitized our audience by the time the survey was responded but before eventual new health-associated monitoring objectives could be planned and rolled-out in the represented conservation sites. Most valid responses (24; 33.8%) came from Peru where two major wildlife die-offs have recently occurred: H5N1 HPAI since November 2022 (Paulo citation), after the survey was closed, and the largest oil-spill in its history in January 2022, before the survey was sent. After excluding responses from this country, the distribution of perceptions regarding wildlife health and recording of dead, sick, or injured wildlife remain (Appendix 3), so neither of these die-offs or particular Peruvian responses explained the contradiction.

The subgroup of managers representing protected areas where sick, injured, or dead wildlife found during patrols are recorded provided several methodologies to register these animals (present/absent, individually, or grouped within a species) and they could be different within the same response depending on wildlife health status (e.g., sick versus dead wildlife). Specific information collected also varied across and within each wildlife group (demographic data, signs in animals, etc.) with only species and photographs being consistently recorded. Although harmonization of data is a foundational pillar of wildlife health surveillance systems (Lawson et al. 2021; Sleeman et al. 2012; Stephen et al. 2018; Merianos 2007; Worsley-Tonks et al. 2022; World Bank and Food and Agriculture O…; Pruvot et al. 2023; Machalaba et al. 2021; World Organisation for Animal Health …; World Organisation for Animal Health …; World Organisation for Animal Health …; World Organisation for Animal Health …; Stephen and Berezowski 2022; Ryser-Degiorgis 2013; Hayman et al. 2023; World Organisation for Animal Health …) these responses are not be surprising as data standards have been absent in wildlife health historically and globally (e.g., artois 2009 Machalaba, Heiderich, 2023). This scenario can seriously limit the value of health monitoring data from protected areas, hindering the generation of meaningful information, sharing, and timely health assessments within and across conservation sites or beyond.

Most managers “Agree” or “Strongly agree” with the affirmation “Introduced domestic animals (e.g., dogs, cats, cattle, pigs, cats) are a concern for the conservation goals of the protected areas where I work” and reported the presence of these animals in the protected area(s). Most responses also confirmed the recording of domestic animals but only a minority reported the registration of their health status. Wildlife can be impacted by domestic animals directly through predation, competition, inter-breeding, or disturbance and indirectly through land-use change (citation). Further, pathogen transmission from domestic animals to wildlife can seriously harm biodiversity conservation efforts. Documented evidence has shown that domestic animal sourced pathogens can cause the extinction of species and disrupt entire ecosystems. Examples include Canine distemper and Pest du Petit Ruminants viruses, *Pastereulla multocida* or *Corynebacterium pseudotuberculosis*, *Sarcoptes scabiei* and many others (citations()). In a world with active encroachment into natural habitats, ubiquitous stressors for wildlife, and continuous disease emergence at human-wildlife-livestock interfaces, we encourage the documentation and categorization of domestic animals found in protected areas by health status.

SMART is available to support the management of protected areas; however, health information was not necessarily managed using a SMART database. The alternatives mentioned almost guarantee information sparsity and the loss of health data. Adequate data management, including the use of appropriate databases, is another foundational pillar of wildlife health surveillance systems; however, most countries do not have such systems and flawed data governance remains a common pitfall. Consequently, these responses are also not surprising but it is important to remark that SMART databases are ready to support the adequate management of ranger-collected health data.

Ranger health data has supported risk assessments, establishment of trends, and serve as early warning systems for disease outbreaks and survey responses confirm that rangers can detect non-healthy wildlife including dead animals. Currently, there are approximately 280,000 rangers worldwide and it is estimated that 1.5 million will be needed by 2030 to properly fulfill the goal to protect 30% of the planet. The current and projected number of rangers reveals the unique cost-effective potential of their recruitment as “health sentinels” and address fundamental gaps in global health security.

However, survey responses revealed several issues must be addressed. First, the standardized documentation of dead, sick injured, and health animals is imperative. A clear definition of a health event for the “ranger audience” that encompasses wildlife and domestic animals stratified by health status, free-ranging or not, within a specified spatio-temporal unit must be established. The variables to be recorded from each event must also be defined and they should include environmental findings, photographs, species, health status, anomalies observed, and potential causes of disease, injury, or death among others without adding major burden to their duties. Secondly, a database to guarantee the proper governance of ranger documented health events must be put in place. SMART is a sustainable and long-term developed technology that can help addressing these two limitations and move forward to establish a common set of standards not only within protected area agencies jurisdictions but beyond country boundaries and build a ranger-based army of planetary health workers with their boots on the ground and eyes on the field. Although rangers and SMART are already on site, resources and training to bridge their health monitoring capacities must not be discounted.

The vision to build this army has already started. WildHealthNet, a Wildlife Conservation Society initiative, focuses on creating national surveillance networks and codifying their Standard Operation Procedures (Denstedt et al. 2021, Porco et al. 2023, Pruvot et al. 2023). Under WildHealthNet, rangers are explicitly included as health sentinels in protected areas capitalizing on contemporary SMART technology. Currently, rangers from Lao, Peru, and Guatemala have been integrated into health monitoring using the same standards and rangers from Cambodia and Madagascar will be engaged during 2024.

## Conclusions

The information collected through our survey suggests that: i) protected area managers tend to considered wildlife health as relevant for the conservation goals of protected areas and there is a general understanding from these stakeholders that pathogens can be transmitted among wildlife, humans, and livestock and impact any of these groups; ii) dead, sick, or injured wildlife might not be recorded if found during ranger patrols in protected areas; iii) dead, sick, and injured wildlife found in patrols and documented are recorded following different methodologies within and among protected areas; iv) domestic animals tend to be considered a concern for the conservation goals of protected areas by protected area managers, they are usually observed within their boundaries and recorded, but their health status is mostly not documented; v) health data collected from protected areas supported by SMART might not be properly managed as this information is either not stored or it is partially stored in a SMART database and the alternatives employed are not adequate. Consequently, large amounts of valuable syndromic non-cost data for health monitoring collected by rangers that could be included in One Health surveillance systems are currently being lost. With the right strategies, technology, and investments, rangers can play a crucial role in monitoring health.

## Appendices

### Appendix 1. Frequency of response combinations to the four affirmations of Section 1.

| Wildlife health is important | Human and livestock pathogens can impact wildlife health | Wildlife pathogens can impact human health | Wildlife pathogens can impact livestock health | Number of responses |
| --- | --- | --- | --- | --- |
| Strongly agree | Strongly agree | Strongly agree | Strongly agree | 9 |
| Agree | Agree | Agree | Agree | 4 |
| Agree | Strongly agree | Neutral | Strongly agree | 3 |
| Strongly agree | Agree | Neutral | Neutral | 3 |
| Strongly agree | Agree | Strongly agree | Agree | 3 |
| Agree | Neutral | Neutral | Neutral | 2 |
| Agree | Strongly agree | Neutral | Agree | 2 |
| Strongly agree | Agree | Agree | Agree | 2 |
| Strongly agree | Agree | Strongly agree | Strongly agree | 2 |
| Strongly agree | Neutral | Neutral | Agree | 2 |
| Strongly agree | Strongly agree | Agree | Agree | 2 |
| Strongly agree | Strongly agree | Somewhat Disagree | Agree | 2 |
| Strongly agree | Strongly agree | Strongly disagree | Strongly disagree | 2 |
| Agree | Agree | Agree | Strongly agree | 1 |
| Agree | Agree | Neutral | Neutral | 1 |
| Agree | Agree | Somewhat Disagree | Agree | 1 |
| Agree | Agree | Somewhat Disagree | Somewhat Disagree | 1 |
| Agree | Agree | Strongly agree | Agree | 1 |
| Agree | Agree | Strongly agree | Strongly agree | 1 |
| Agree | Disagree | Disagree | Disagree | 1 |
| Agree | Disagree | Neutral | Agree | 1 |
| Agree | Disagree | Neutral | Neutral | 1 |
| Agree | Neutral | Disagree | Neutral | 1 |
| Agree | Neutral | Neutral | Agree | 1 |
| Agree | Neutral | Neutral | Disagree | 1 |
| Agree | Somewhat Disagree | Neutral | Disagree | 1 |
| Agree | Strongly agree | Agree | Somewhat Disagree | 1 |
| Agree | Strongly agree | Neutral | Neutral | 1 |
| Agree | Strongly agree | Somewhat Disagree | Disagree | 1 |
| Agree | Strongly agree | Strongly disagree | Strongly disagree | 1 |
| Disagree | Agree | Disagree | Strongly disagree | 1 |
| Neutral | Agree | Neutral | Neutral | 1 |
| Neutral | Neutral | Disagree | Neutral | 1 |
| Neutral | Strongly agree | Agree | Agree | 1 |
| Neutral | Strongly agree | Disagree | Neutral | 1 |
| Strongly agree | Agree | Agree | Strongly agree | 1 |
| Strongly agree | Agree | Strongly agree | Neutral | 1 |
| Strongly agree | Disagree | Strongly disagree | Strongly agree | 1 |
| Strongly agree | Neutral | Somewhat Disagree | Somewhat Disagree | 1 |
| Strongly agree | Strongly agree | Agree | Strongly agree | 1 |
| Strongly agree | Strongly agree | Disagree | Agree | 1 |
| Strongly agree | Strongly agree | Disagree | Disagree | 1 |
| Strongly agree | Strongly agree | Neutral | Strongly agree | 1 |
| Strongly agree | Strongly agree | Strongly agree | Agree | 1 |
| Strongly agree | Strongly agree | Strongly agree | Somewhat Disagree | 1 |
| Strongly disagree | Strongly disagree | Neutral | Neutral | 1 |

### Appendix 2. Frequency of response combinations to the recording methods for sick, injured, and dead wildlife of Section 2. Cells without information means that the corresponding health categories were not recorded.

| How sick wildlife is recorded | How injured wildlife is recorded | How dead wildlife is recorded | Number of responses |
| --- | --- | --- | --- |
|  |  | Each animal is an individual observation | 11 |
| Each animal is an individual observation | Each animal is an individual observation | Each animal is an individual observation | 6 |
|  |  | Recorded in another way | 5 |
| Part of the full count of the species | Part of the full count of the species | Part of the full count of the species | 5 |
|  |  | Present/absent | 3 |
|  | Each animal is an individual observation | Each animal is an individual observation | 3 |
|  | Part of the full count of the species | Part of the full count of the species | 3 |
|  | Present/absent | Present/absent | 2 |
| Each animal is an individual observation |  |  | 2 |
| Part of the full count of the species |  | Part of the full count of the species | 2 |
| Recorded in another way | Each animal is an individual observation | Each animal is an individual observation | 2 |
|  |  | Part of the full count of the species | 1 |
|  | Each animal is an individual observation | Present/absent | 1 |
|  | Each animal is an individual observation | Recorded in another way | 1 |
|  | Present/absent |  | 1 |
|  | Present/absent | Each animal is an individual observation | 1 |
|  | Recorded in another way | Each animal is an individual observation | 1 |
| Each animal is an individual observation |  | Each animal is an individual observation | 1 |
| Each animal is an individual observation | Each animal is an individual observation |  | 1 |
| Part of the full count of the species | Each animal is an individual observation | Each animal is an individual observation | 1 |
| Part of the full count of the species | Part of the full count of the species | Each animal is an individual observation | 1 |
| Present/absent | Present/absent | Present/absent | 1 |
| Recorded in another way | Each animal is an individual observation |  | 1 |

### Appendix 3. Figures 1-4 exluding the responses from Peru.

|  |
| --- |
|  |
|  |
|  |
|  |