



## Policy Note (October 2007)

### Animal Health Service Delivery and Veterinary Public Health

This ALive Policy Note on **Animal health service delivery and veterinary public health** is the result of a multi-stage participatory and consultative process of elaboration that involved the key actors in the livestock development sector in Sub-Saharan Africa. The final workshop for validation of this paper was held on 26 February 2006 in N'Djamena, Chad.

***The recommendations were endorsed by the ALive Executive Committee on September 20, 2007.***

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#### Executive Summary

After emphasizing the importance of animal disease control for economic growth and poverty reduction, briefly presenting the corresponding policies implemented to date in Africa, and analyzing the primary constraints, this Policy Note proposes a number of specific recommendations to bring about the establishment of a multi-stakeholder animal health system that will enable all livestock farmers, especially the poorest, to have access to quality animal health care services that are: (i) sustainable; (ii) carried out by competent persons, (iii) conveniently located; (iv) financially affordable; (v) use effective veterinary inputs; and (vi) ultimately, in compliance with professional ethics, regulations, and international standards.

Veterinary Services' activities related to the prevention and control of transboundary diseases and zoonoses are considered a global public good. As such, they should have sufficient funds allocated in the national budget or the support of international donors.

Emphasis is placed on the pressing need for appropriate legislation and its strict implementation using national animal health systems, which allow for (i) early detection; (ii) transparency and notification; and (iii) rapid response to outbreaks of animal disease.

This Policy Note especially recommends that animal health measures be put in place to provide adequate territorial coverage thereby making quality services accessible to all, especially to nomadic farmers - the most disadvantaged in terms of access to veterinary services.

Veterinary public health policies and regulations must be formulated to enable States to have strong veterinary services that meet the minimum quality standards of the World Organization for Animal Health (OIE). These policies must take the financial capacity of States into account.



## Animal Health Service Delivery and Veterinary Public Health

### Introduction

In Sub-Saharan Africa, livestock represents on average 10 percent of national GDP and 30 percent of agricultural GDP, and is therefore one of the key sectors of the economy. Moreover, over 200 million poor derive all or a part of their income from livestock. The place of livestock in agricultural employment, its role in the economic welfare of rural families, as well as the nutritional importance of food products of animal origin make this sector one of the drivers of poverty reduction and a means of achieving the Millennium Development Goals.

African livestock development is, however, seriously constrained by animal diseases, with major economic, nutritional, and health consequences for households, countries, and even the entire planet in the case of highly contagious diseases such as foot and mouth disease and avian influenza.

As elsewhere, animal disease control in Africa therefore has two important justifications, one being socioeconomic, namely the preservation of economic capital at the individual (the farmer's sole wealth) and community (national livestock) level, and the other being health-related, that is, public health protection (zoonoses and food safety) at the national and international levels. A third important (and emerging) justification is the preservation of the environment (biodiversity and management of the external effects of livestock activities).

Animal health services, which ultimately seek to control animal diseases, generally include: (i) the provision of veterinary care for animals; (ii) the distribution of veterinary medicinal products; and (iii) advice and training for farmers. While the latter two services can be provided entirely by private veterinarians<sup>1</sup> or veterinary para-professionals<sup>2</sup> in areas where they have the capacity, responsibility for providing animal health care will depend on the nature of the disease. Thus, the prevention and control of animal diseases with a view to the economic development of livestock production industries (especially "intensification" diseases) do not fall within the sovereign duties of the State, and are therefore also the responsibility of the private veterinary sector (provided it has the capacity). However, the prevention and control of animal diseases considered "priorities"

(zoonoses or diseases with a strong economic impact, subject to veterinary inspection – see [OIE list](#)) relate to the concept of national and/or global public good and are therefore the responsibility of the State and its Veterinary Administration. The management of animal health in this case falls within the sphere of veterinary public health.

The delivery of services in the field of animal health therefore involves a large number of stakeholders, especially those from the private and, when appropriate, public veterinary sectors (together comprising the Veterinary Services).<sup>3</sup> As their roles are closely linked, although obviously different, they should operate within a true animal health system, in which the powers and mandates of the various stakeholders should be clearly defined and a functional chain of command established. This is especially crucial in Africa because of: (i) the high disease pressure and hence a greater need than elsewhere for effective control of animal diseases; and (ii) the inadequacy of human resources, which means that, where necessary, the State can either replace the private sector or delegate to it some of its public service tasks.

This Policy Note focuses, therefore, on the supply of animal health services made available to meet the needs of African farmers, emphasizing this supply–demand interaction. The mechanism that, in the case of priority diseases, requires the intervention of the official veterinary services is not directly dealt with here, except in cases where they interact directly with the farmers.

**After emphasizing the importance of animal disease control for economic growth and poverty reduction, briefly presenting the corresponding policies implemented to date in Africa, and analyzing the primary constraints, this Policy Note proposes a number of specific recommendations to bring about the establishment of a multi-stakeholder animal health system which will enable all livestock farmers, especially the poorest, to have access to quality animal health care services that are therefore: (i) sustainable; (ii) carried out by competent persons; (iii) conveniently located; (iv) financially affordable; (v) using effective veterinary inputs; and (vi) ultimately, in compliance with professional ethics, regulations, and international standards.**

<sup>1</sup> **Veterinarian:** means a person registered or licensed by the *veterinary statutory body* of a country to practice veterinary medicine/science in that country (see [OIE Code](#)).

<sup>2</sup> **Veterinary para-professional:** means a person who, for the purposes of the *Terrestrial Code*, is authorized by the *veterinary statutory body* to carry out certain designated tasks (dependent upon the category of *veterinary para-professional*) in a country, and delegated to them under the responsibility and direction of a *veterinarian*. The tasks authorized for each category of *veterinary para-professional* should be defined by the *veterinary statutory body* depending on qualifications and training, and according to need (see [OIE Code](#)).

<sup>3</sup> **Veterinary Services:** means the governmental and non-governmental organizations that implement *animal* health and welfare measures and other standards and guidelines in the *Terrestrial Code* in the country. The Veterinary Services are under the overall control and direction of the *Veterinary Authority*. Private sector organizations are normally accredited or approved to deliver functions by the *Veterinary Authority* (see [OIE Code](#)).

**Veterinary Authority:** means the Governmental Authority of a Member Country, comprising *veterinarians*, other professionals and para-professionals, having the responsibility and competence for ensuring or supervising the implementation of *animal* health and welfare measures, international veterinary certification and other standards and guidelines in the *Terrestrial Animal Health Code* in the whole country (see [OIE Code](#)).



## Animal Health Service Delivery and Veterinary Public Health

### Issues at stake

#### • Impact of animal diseases

At the national level, animal diseases can have extremely important economic, health, nutritional (especially in Africa), and environmental consequences:

- (i) Direct economic consequences are losses, deficiencies in, or the slowing down of animal production and/or productivity (immediate or long-term effects), which directly affect farmers' incomes and, ultimately, the vulnerability and poverty of a part of the population (primarily microeconomic effects);
- (ii) Indirect economic consequences have an impact on stakeholders upstream or downstream of livestock production industries (resonance effect), on stakeholders in other animal production industries (trade embargoes), or various other sectors, for example tourism, which is affected if there is a major zoonosis (spillover effect), and, ultimately, on the consumer, because of consumer price increases, linked to temporary shortages of foodstuffs and the need for compensatory imports (primarily macroeconomic effects);
- (iii) Health consequences are linked to the zoonotic nature of some animal diseases, which are transmissible by direct or indirect contact from animals to humans or through contaminated foods of animal origin (presence of germs or toxins), or to the presence of residues of veterinary medicinal products, which could endanger the consumer's health;
- (iv) Nutritional consequences pertain to the deficit in the production of animal proteins for home consumption or for the national market; and
- (v) Environmental consequences are the result of poor use of animal health tools (for example, the selection of germs pathogenic for animals and humans, through inappropriate use of antibiotics, residues, etc.).

These direct consequences for human health, or the consequences of nutritional deficiencies, create new economic constraints in terms of the cost of public health, deficiencies, and the loss of human productivity.

Furthermore, with the significant increase in international travel and interregional and intercontinental trade in animals and foods of animal origin, the disease transmission risk is constantly increasing. Climate change also leads to increased circulation of pathogens and their vectors.

Of particular note, the maintenance within a continent of a reservoir of animal diseases that for the most part have been eradicated in other parts of the world, poses a risk that is difficult to manage even for countries that are the most

advanced in terms of animal disease control, countries that have switched from medical prophylaxis to sanitary prophylaxis, based on surveillance, early warning, and emergency intervention. As a result of these health strategies, animals are now individually more susceptible to diseases: the risks of exogenous contamination can therefore not be ignored. The recent episodes of foot and mouth disease in Great Britain serve to illustrate this point.

#### • Importance of animal disease control and the implications for animal health service delivery

##### • Importance for the farmer's income

The survival of the rural poor, particularly pastoralists, very often depends on their livestock. It is therefore crucial that wherever they happen to be, they can have access to animal health services; and that the services are affordable, considering their limited purchasing power.

In view of the potentially dramatic consequences of animal diseases and the well-established link between poverty and animal diseases,<sup>4</sup> their control – and consequently the delivery of animal health services – should be an essential component of development, poverty reduction, and sustainable economic development programs. This theme in particular should be placed very high on the action agenda of the various donors, namely, state-guided Poverty-Reduction Strategy Papers (PRSPs).

##### • Importance of early detection of animal diseases for rapid containment

The consequences of animal diseases and in particular of certain zoonoses (for example, avian influenza in its pandemic form) can be such that they must be contained as early as possible, when the measures only affect a restricted geographical area (at the farm or village level). The cost of crisis prevention, which entails surveillance, early detection, and rapid response activities, is very considerably less than that of crisis management, which entails controlling and eradicating the disease. Two requirements for this are:

- The indispensable presence of a national network of animal health service providers, conducting passive (consulted by the farmer for a sick animal) or active (state-delegated task) surveillance activities; and
- Basic training for farmers on the main animal diseases, to enable them to recognise early symptoms: farmers are the first sentinels, alerting at the first signs of animal diseases. This means that, in addition to caring for the animals, animal health service providers also have an important role to play in terms of providing extension services, as well as training and advice for farmers.

<sup>4</sup> Conference of the OIE Regional Commission for Africa, Maputo 2003



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Furthermore, the main implications of animal health acquiring the status of a global public good are the States' obligation to establish and finance disease prevention and control activities; and in order to achieve this, they should have access to financing (national budgets with or without the support of international funds, for example, the World Animal Health Fund). The establishment of an early detection and rapid response system falls within the framework of these obligations.

- **Importance of the national livestock's health status in terms of trade in animals and animal products**

The establishment under the WTO of regulations for international trade in animals and animal products based on sanitary requirements<sup>5</sup> and no longer on tariffs or quantitative requirements<sup>6</sup> means that all exporting countries are now obliged to certify in a credible manner the good sanitary status of animals or products of animal origin that they wish to export. For its part, the importing country is authorised to ensure the validity, authenticity, and reliability of certifications received by conducting, if necessary, a quality assessment of its trading partner's Veterinary Services. In this regard, the importing country can be guided by the recommendations published by the OIE in its *Terrestrial Animal Health Code*.<sup>7</sup>

Knowledge at all times of the health status of the national livestock is now required for the health certification of animals and animal products destined for export, and this certification is delivered by the Veterinary Administration. This knowledge requires the involvement of stakeholders in the field as well as the flow of health information from the field to the Central Veterinary Administration (quality of information, and speed of transmission). In this particular case, the establishment of a national network of animal health service providers is essential for the credibility of the certifying Authority.

- **Consequences: animal health service providers – concept of an animal health system**

At the national level, the various animal health stakeholders are divided into four main categories:

- **State representatives:** these are public service employees. They possess different levels of expertise: veterinarians, livestock engineers, livestock technicians, livestock assistants, depending on their level of training.
- **Service providers:** the services provided can be (i) immaterial: diagnosis and treatment prescription, advice on livestock rearing; or (ii) material: application of

veterinary treatments or prophylactic measures, and sale of veterinary medicinal products.

They also come from different socio-professional categories, possessing different levels of expertise: veterinarians, technicians, assistants, healers, and empirics. Currently, they may belong to the public sector as well as the private sector.

- **Clients:** these are the consumers/demanders of services, and comprise individuals (farmers) or legal entities (farmers' associations).

Currently, at the field level, there is no clear separation of tasks between these various categories of stakeholders: this situation creates confusion and numerous conflicts of interest (see chapter 5 – Analysis of present situation).

- **An animal health system** can be defined as the bringing together of all the stakeholders in animal health, from those in direct contact with the animals, to the heads of public administration services responsible for animal health.

According to the terminology adopted by the OIE, the distinction is made within this public service between the central and decentralized *veterinary administration*, and the *veterinary authorities* in the field, who are responsible for the implementation of field activities.

In addition to the public service, there are other animal health professionals with varying levels of training employed in the private sector. Their sphere of intervention depends on their level of training (veterinarians, veterinary para-professionals, community-based animal health workers).

Through various mechanisms for the transfer of public authority, some of them may be mandated by the *veterinary administration* to perform specific official duties and, for a part of their activities, to act as official *veterinary authorities*.

One of the best known authority transfer mechanisms is the **animal health accreditation mandate** (*mandat sanitaire*), which is widely used in francophone Africa.

Farmers can, individually but more especially through certain health associations, also be regarded as part of a country's animal health system when they are involved in the dissemination of health information, or on their own initiative take precautionary health measures in the event of an epidemic (limiting contacts between animals), or because of their early warning role (notifying an animal health care provider).

<sup>5</sup> Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement)

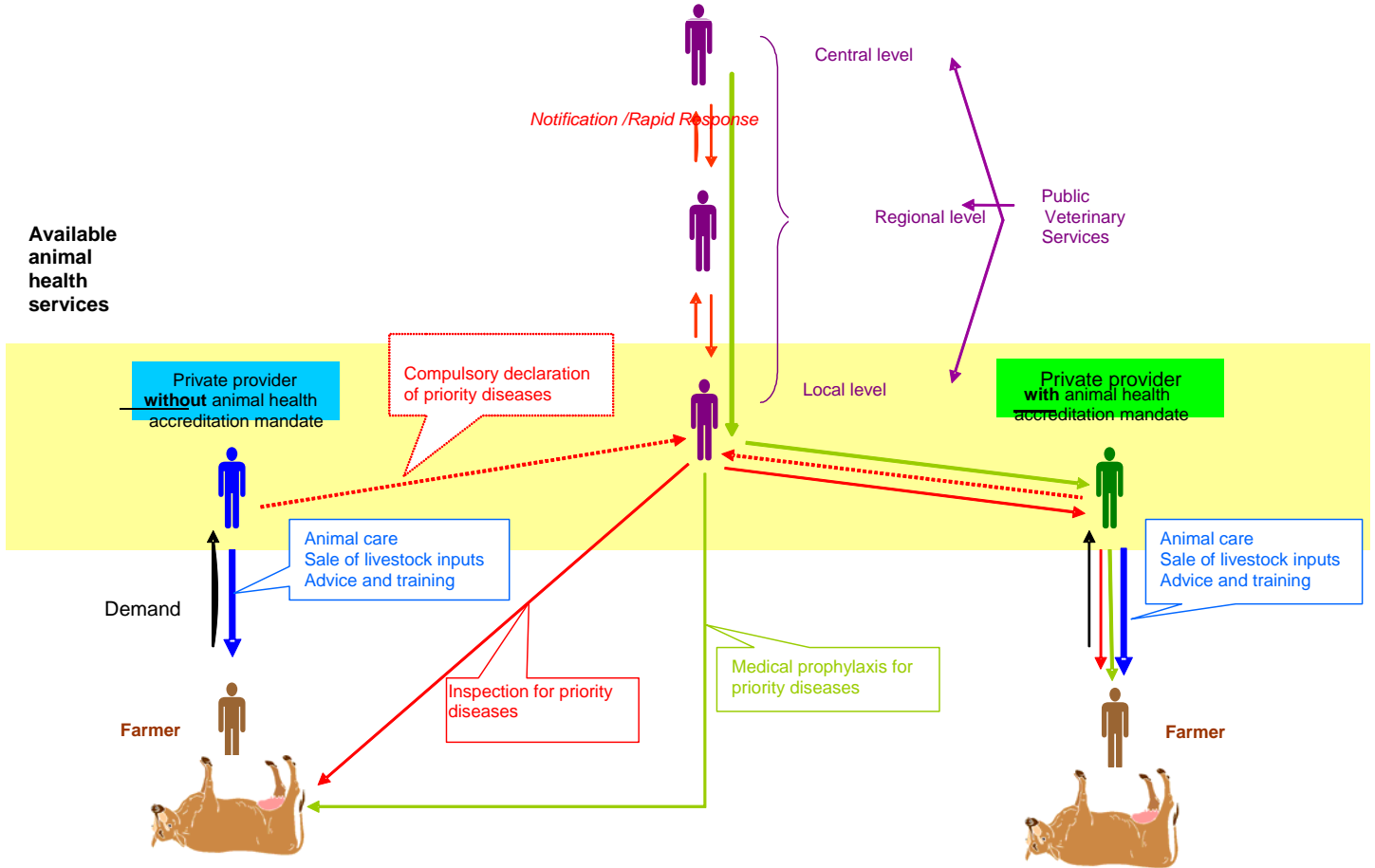
<sup>6</sup> Old GATT agreements in existence since 1948 (General Agreement on Tariffs and Trade)

<sup>7</sup> *Terrestrial Animal Health Code*, Chapter 1.3.3.



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Summary Diagram of Provision of Animal Health Services





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### Past and present policies

- **After independence – predominance of public service in animal health delivery**

During the three decades following independence in most African countries, the provision of veterinary services was the exclusive responsibility of the public service. The latter brought together various categories of animal health workers, from veterinarians to the various veterinary para-professionals (technicians, assistants, nurses, auxiliary personnel, etc.). The state veterinary service provided free care and inputs to farmers (although the beneficiaries generally contributed in kind – accommodation and meals).

This approach to animal health management had the advantage of providing a service of public interest paid for by the nation, with a territorial network independent of any profitability criteria. It was extremely costly for the State and therefore difficult to sustain.

- **1980s-1990s – Structural adjustment and promotion of the “training and visit” system**

Precipitated by the structural adjustment policies promoted by the Bretton Woods institutions, which were designed to streamline public expenditure and were supported by various international donors in the early 1980s and especially during the 1990s, veterinary “privatisation” operations were undertaken - if not imposed - in most countries of Sub-Saharan Africa.

Although this streamlining of public expenditure was fully justified, the policies were generally implemented in a radical and sudden manner, without the necessary accompanying measures (especially the emergence of a private veterinary sector). Specifically, the policy of reducing the number of public sector employees – in practice amounting to a freeze on recruitment – did not result in a rapid and significant decrease in the excessive human resources in some countries’ public service, while depriving them of the dynamic contribution of young graduates. Veterinary extension services were merged with agricultural services and their specific features removed to make way for more general systems (the “Benor training and visit” system, which diminished the responsibility of the Veterinary Services). Lastly, the reduction of budgetary allocations – without the accompanying measures – resulted in the late payment of civil servants, as well as a dramatic reduction in veterinary services’ operational resources and capacity for intervention: in addition to the termination of food hygiene activities, animal health activities were restricted to vaccinations for some of the major diseases (rinderpest/contagious bovine pleuropneumonia, without reaching the necessary

vaccination coverage rates of 80 percent),<sup>8</sup> with financial support from leading donors. In addition, the decentralisation of services, which weakened the concepts of a national chain of command and the involvement of public sector veterinarians in private sector service activities (clinics), clearly led to a reduction in the effectiveness of the Veterinary Services in terms of controlling outbreaks of contagious diseases because of a reduction in early detection, notification, and rapid response activities.

The poorest categories of farmers were the first to suffer from this reduction in the availability of veterinary care, and they were plunged into problematic situations in terms of their direct income, nutritional balance, and access to the marketing system for their animal products.

- **The mid-1990s – Restructuring of public veterinary services/emergence of private services**

With major support from the European Union and under the coordination of the African Union/Inter-African Bureau for Animal Resources (AU/IBAR), several successive regional programs to combat rinderpest were carried out, ranging from systematic mass vaccination (PC15, PARC), to active surveillance for the disease and even the virus (PACE). Behind the objective of eradicating rinderpest was the desire to equip States with new tools to control animal diseases, with the establishment of epidemiosurveillance networks, early warning mechanisms, and emergency plans. Institutional support was provided to States for the reorganization of their national animal health systems, with a view to aligning their official veterinary systems with the international quality criteria for veterinary services published by the OIE, in terms of organization, human resources, equipment, and management. Bearing in mind the transboundary nature of the major animal diseases, support was immediately included in a regional framework.

Similarly, the emergence of a private veterinary sector was encouraged by the launch of “veterinary service privatisation” policies (meaning the “privatisation of the provision of veterinary services”). These included the following principles:

- The State retained responsibility for defining national policy on animal health and veterinary inspection, and monitoring its enforcement, as well as responsibility in international sanitary certification.
- The private sector was given responsibility, in keeping with national strategies, for the provision of animal health services, including the distribution of veterinary medicinal products and some compulsory vaccination campaigns.
- The private sector came to be considered, through different state-authority transfer mechanisms (especially the animal health accreditation mandate), as part of the *veterinary*

<sup>8</sup> Charles Nicolle’s Law.



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*authorities* and could thus play, at the field level, an official role in animal health and sanitary certification.

- Privatisation was accompanied by a cost recovery policy for the provision of animal health services, elevating the African farmer to the rank of new economic player in animal health.

The process of reorganizing veterinary systems is therefore well underway in many countries, and the emergence of a private veterinary sector is now a reality. Nevertheless, the effects of structural adjustments are still evident: the meagreness of the national budgetary allocation for livestock in particular, resulted in a situation of dependence on international funding, leading to an *ad hoc* intervention policy that is implemented by various stakeholders (NGOs, institutional donors) often using different approaches.

- **2000s – Current policies and prospects**

Livestock development, especially animal health policies, is not treated as a priority by national and international policymakers. The sector is hardly ever mentioned in Poverty Reduction Strategy Papers and as a result, has little chance of being included in investment projects. The sector has, above all else, suffered from the lack of a common long-term development vision, a lack of lobbying and promotion given the importance of the issues at stake, and has been hampered by results which are long in coming and hard to measure, thereby discouraging some donors.

Recent or current episodes of highly pathogenic avian influenza and Rift Valley fever have helped to draw these policymakers' attention to the importance of controlling animal diseases. In broader terms, the worrying prospects of the emergence and re-emergence of diseases, 75 percent of which are of animal origin (and 80 percent are potentially zoonotic), justify the long-term strengthening of veterinary services as a whole.

Moreover, since the control of animal diseases is now regarded as a global public good, developing countries can benefit from international financing to fund their animal health policy.

Some regional initiatives, such as NEPAD's CAADP programme or ALive, can also help to place livestock and animal disease control back on the agenda of policymakers. WAEMU's activities have facilitated significant advances in the harmonisation of legislations and the control of veterinary drugs.

Consequently, the current context is quite conducive to the development and implementation of animal health policies.

This development has received full World Bank backing, especially through the support provided to the OIE, ALive, and developing countries.



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### Impact of past policies: analysis of the present situation

The result of the animal health policies implemented in Africa in recent years (see previous chapter) is not completely satisfactory, despite several positive advances, such as the presence in the field of a diverse network of stakeholders (public services, diagnostic laboratories, wholesalers and distributors of veterinary medicinal products, private veterinarians, veterinary technicians, community-based animal health workers [CAHWs], producers, and their associations), and various examples of commercial success.

First and foremost, it should be noted that in many countries the process of privatising the provision of veterinary services has been misinterpreted, especially because of the ambiguity of the expression used to describe the process ("privatisation of the veterinary services"). Privatisation is still perceived as a withdrawal of the State and a simple transfer of its functions to the private sector, whereas it is really a fundamental reorganization of animal health systems.

The current situation reveals that, at the level of farmers and especially the poorest ones, animal health delivery is generally:

- not geographically accessible;
- not financially accessible;
- of poor quality; and
- accompanied by the inefficient prescription of veterinary medicinal products.

These four points form the basis of the following sections. They are the result of many combined factors, more clearly illustrated in the "problem tree" diagram presented on page 16.

- **Geographical inaccessibility of animal health services**

Depending on the African country, the veterinary network can be very irregular. Of particular note are:

- areas with a high density of veterinarians; generally economically strong areas such as cotton-producing areas or urban and peri-urban areas; and
- areas with a low density of veterinarians, which might even be completely bereft of private veterinarians, especially pastoral areas.

This is due to the:

- **Insufficient number of veterinarians**

First of all, the projected qualitative and quantitative management of professional human resources (public and

private) that the sector needs has not yet materialised, resulting in a veterinary pool that is generally inadequate to meet the needs of the entire territory.

The veterinary profession is undervalued and is therefore unattractive and poorly remunerated, especially in private practice. As a result:

- (i) veterinarians establish themselves in private practice for lack of better opportunities and somewhat reluctantly; young graduates tend to seek out niches that are better paid and involve fewer constraints (agri-food industries, production activities, research and consulting firms, and projects);
- (ii) there is a "brain drain" in the profession, especially to international organizations or Western countries, where salaries are significantly higher.

Besides, the incentive policies to encourage young veterinarians to go into private practice are often insufficient to make this type of activity attractive. Specifically, the support provided by the State is inadequate or poorly targeted, and start-up loans are difficult to repay because of inordinately large investments in comparison to turnover.

Finally and above all, being a private veterinarian is currently not sufficiently viable (difficulty of earning a decent living) for the following major reasons:

- Cost recovery is insufficient: It is obvious that through the privatisation policies the notion of market economy was introduced into animal health management. However, a market economy and public service are often not compatible, and in areas that are economically disadvantaged or remote, real cost recovery from farmers is hardly likely, to the detriment of the veterinary health network;
- The animal health accreditation mandate, which could provide additional income and above all ensure the sustainability of some veterinary practices through multi-year campaigns, is inadequately remunerated. Generally speaking, the funds allocated by States to control animal diseases are limited and, in particular, the financing of activities linked to animal health accreditation mandates remains inadequate;
- Private veterinarians are subjected to unfair competition from other stakeholders:
  - from public service employees: the public service has difficulty in making its employees cease all activities that compete with those of private veterinarians in the areas where the latter have established themselves, because of the additional income that these public service employees earn



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from these activities (low salaries in the public sector);

- from community-based animal health workers (CAHWs): the CAHWs compete in areas where commercial or contractual relations have not been established with private veterinarians (because the CAHWs preceded the private veterinarians); and
- from the sale of veterinary medicinal products: the retail sale of veterinary medicinal products by wholesalers who have the option of reducing their profit margins, and peddling in the markets by informal stakeholders who can sell medicinal products of dubious quality at low prices, constitute unlawful competition with private veterinarians.

This unfair competition is due to three main reasons:

- legislative and regulatory deficiency in the definition and distribution of clear mandates between private and public veterinarians; specifically, the exact limits of animal health accreditation mandates and the procedures for issuing and monitoring them remain vague;
- the “failure” to enforce these laws when they exist; and
- poor organization/structuring of the veterinary profession, which does not have representative organizations (professional bodies, trade unions, associations) capable of defending its interests, especially with regard to the issue of unfair competition. The statutory veterinary body is very often mostly comprised of public sector veterinarians who do not necessarily always take the best interests of private practitioners into account.

- **Failure of government to bridge the service gap**

In cases where there is no network of private veterinarians in a given geographical area, the State has a duty to take over this role, which is essential in order to guarantee equal access to animal health services. It is only in this case that it is justifiable for public sector employees to conduct private activities and this “temporary exemption” should be clearly identified as such in law and abolished as soon as a private veterinarian is established in the area.

- **Poor definition of area of intervention**

In some countries, the size of the areas for which the animal health accreditation mandates have been issued does not take into account the capacity of the mandate holder to cover the area properly. As a result, even if in theory there is a veterinary network, the poor definition of the animal health accreditation mandate prejudices animal health delivery, limiting it to annual vaccination campaigns.

- **The non-practice of veterinary medicine in the strict sense of the term**

A purely commercial approach by some veterinarians has been observed: those who focus their activities solely on the dispensing of veterinary medicinal products (“urban veterinary pharmacist”), which is more lucrative, to the detriment of animal care activities and the provision of advice to farmers and their associations.

- **Lack of information**

Some newly established private veterinarians do not promote themselves sufficiently. Furthermore, nomadic farmers who are constantly moving are difficult to reach and despite local radio, they may not be informed of a compulsory vaccination campaign. With very few exceptions, the development of a rural veterinary clientele, as seen elsewhere in developed countries, has not occurred.

- **Financial inaccessibility of animal health services**

The economic aspirations of private veterinarians are sometimes deemed incompatible with the solvency of their clients. The mark-ups on drugs are sometimes quite unreasonable. These unethical practices indicate the absence of a statutory veterinary body whose mandate would entail the verification of acceptable pricing practices.

Furthermore, farmers are often inadequately organized into professional associations capable of entering into government-approved contractual arrangements with private veterinarians. As a result, farmers pay for each service, which is more onerous than a monthly payment based on the number of animals (furthermore, contract policies help to promote the sustainability of service provision at the community level and are more effective because the veterinarian can then monitor the animals).

Finally, farmers do not always seem psychologically prepared to pay the full cost of animal health services: it is sometimes difficult for them to make the transition from “completely free services” (previously a state service) to “full payment for services”.

- **Poor quality of animal health service delivery**

- **Illegitimacy of certain providers**

The weak purchasing power of the farmers often forces them to turn to persons untrained in animal health: a large number of more or less legal stakeholders having no official link with the veterinary authority offer their services to producers. Thus, former vaccinators or animal health technicians having left public service take advantage of their local reputation to establish totally independent animal health practices, without either the legitimacy or the training to do so. There has been much agreement on the importance of community-based animal health workers (CAHWs) as intermediaries in the



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context of community-level services for remote or difficult areas. However, they must comply with the recommendations formulated for them by the OIE.

- **Insufficient training of some animal health service providers**

It has frequently been noted that private veterinarians lack expertise in the areas of advisory support for intensified livestock rearing and in the cross-cutting tasks that, as development stakeholders, they must undertake (training producers, offering extension services, supporting professional agricultural organizations, managing projects, etc.). The source of these deficiencies probably lies in the initial training programs in the veterinary sector and the lack of ongoing training for practising veterinarians.

The same applies to community-based animal health workers, whose technical expertise leaves a lot to be desired: quality problems in the design and implementation of CAHW training programs have often been pointed out, with non-targeted training content that is unrelated to specific operational activities and has no connection with clearly recognised official job responsibilities. These responsibilities are sometimes too ambitious given the time allotted for training, and sometimes too restrictive, confining the CAHWs to activities that do not completely address the needs of producers (inadequate knowledge of the main prevailing diseases) and the public services (no consideration is given to the duties related to epidemiosurveillance and detection). The absence of coordination in the training of CAHWs at the national level also leads to the proliferation of heterogeneous programs that put in place stakeholders with skills that are too variable to allow them to be included in a policy implemented at the national level.

Finally, it should be noted that some private veterinarians, who need assistants to help them develop their business and fulfil their duties, give preference to a relationship based on trust rather than on professional competence and therefore, often employ family members or close relatives with no particular training in animal health.

Public sector veterinarians are also victims of the absence of a national training policy.

- **Inadequate supervision of certain stakeholders**

Serious lapses have been observed whenever the linkages between the veterinary authority and the CAHWs have not been sufficiently clarified and formalised. It is not unusual that, supported by projects, these stakeholders are brought in without any concern for consistency with the national mechanism or the sustainability of the system into which they have been placed. When the projects end, the trained

CAHWs are left to their own devices, with no monitoring or supervision.

- **Inefficacy of veterinary medicinal products**

It is common practice to distribute fraudulent drugs that are less effective, or not effective at all in comparison to the authorised veterinary medicinal products. The livestock farmer with weak purchasing power may be driven to favour this type of product. The fraudulent distribution of veterinary drugs indicates inefficiency and a lack of coordination and resources in the official control services (public veterinary services, the fraud service, and indeed the customs services in the case of imported drugs). The use of fraudulent drugs also results from the farmers' lack of knowledge of the laws and the absence of any extensive dissemination of information to them, which, in turn, prevents the establishment of a type of "social control" aimed at restricting the distribution of these illegal drugs.

Certain stakeholders, in particular peddlers, deliver drugs based on a mere description of symptoms by the farmer and this mode of delivery carries a high risk of diagnostic error and the administration of incorrect treatment.

Finally, farmers are not always sufficiently trained in dosages, withdrawal times, or conditions for the administration and conservation of the drugs prescribed. This leads to improper use of drugs, which impairs their efficacy and may lead to long-term harmful consequences (residues, resistance).



## Animal Health Service Delivery and Veterinary Public Health

### Policy recommendations

The general objective of these recommendations is to create a credible, long-term, efficient, effective, and progressive animal health system that provides as many producers as possible with access to conveniently located, quality animal health services. It is very important to separate the two broad components of any animal health policy: the delivery of animal health services to producers and veterinary public health. The "objectives tree" diagram on page 17 summarises the main components of an animal health policy.

**Definition 1 – Animal health service delivery** (veterinary care and inputs, provision of advice, training of farmers/producers, and extension services) pertains to the control of diseases that act as a constraint to the development of animal production. These activities are indispensable for the development and economy of the animal production industries.

**Definition 2 - Veterinary public health** relates to sovereign duties (epidemiology, food hygiene, risk management, compulsory vaccination, consumer protection, accreditation, delegation, certification, and controls). Policies in this area must take into account the changes taking place (urban concentration, rules governing access to international markets). These missions are the responsibility of the State and therefore of the official veterinary services.

### • General recommendations

**Recommendation 1** – Animal health measures must be established to provide adequate territorial coverage thereby making quality services accessible to all (and especially to transhumant herders, the most disadvantaged in terms of access to veterinary services).

Animal health service delivery and veterinary public health have their own set of problems and must therefore have their own distinct policy and strategies, which will include a clear definition of the role and the responsibilities of each category of stakeholder.

**Recommendation 2** – Each country must define specific policies for veterinary public health, on the one hand, and the provision of services to the livestock sector, on the other hand. These must be developed based on a precise analysis of needs, and in particular using the "OIE-PVS" tool<sup>9</sup> (Evaluation of the Performance of Veterinary Services) developed by the OIE.

<sup>9</sup> Formerly "Performance, Vision and Strategy"

### • Recommendations on animal health services

The policy in this area must be developed in consultation with all the stakeholders in these industries, taking into account the characteristics of each area (type and importance of livestock production, diseases present, categories of stakeholders). It must be realistic and set forth the relative importance that will be given to training of livestock farmers, CAHWs, and support for private veterinarians.

**Recommendation 3** – Policies on the delivery of animal health services to the livestock sector must be developed in consultation with all stakeholders in these industries, and must include the distinction between diseases that concern the public and those that concern the private sector.

The role of the State in this area is to guarantee that these services are available, that they are of high quality, and accessible to all (at the community level, and at a cost compatible with producers' incomes). To this end, the strategy generally advocated is to entrust most of this mission to the private sector: private veterinarians, when available, or, failing that, CAHWs and the livestock farmers themselves. When appropriate, concepts such as the Participatory Disease Surveillance (PDS) initiative should be included in these strategies in a spirit of close cooperation between the veterinary authorities, the livestock farmers, consumers, and private veterinarians.

**Recommendation 4** – These policies must rely on the support of the private sector as much as possible, with the State retaining the role of providing guidance, coordination, facilitation, information, control, regulation, and enforcement in particular with respect to diseases having a major economic or cross-border impact and to zoonoses.

### • Guidance function

The implementation of incentives helps to guide the activities of private operators so as to facilitate implementation of the livestock development policy, while at the same time providing them with additional income. These incentives may be aimed at encouraging persons to move into difficult areas or to work in the following fields:

- Training<sup>10</sup> producers and CAHWs: in addition to the technical aspects of animal health, training topics must include information on the relevant laws and regulations and the organization of the veterinary system.

<sup>10</sup> Needs analysis of training and training programs carried out in consultation with livestock farmers, payment of the training service provider when livestock farmers are trained, monitoring by conducting surveys of the work done, choice of topics for immediate and visible results, program design based on the teaching by objectives approach, and provision of training using adult-specific training techniques.



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- Support for agricultural organizations: in the case of livestock farmer groups, private operators (and in particular private veterinarians) should be able to provide assistance and advice in the areas of: (i) capacity building for producers to enable them to participate in the development and social control of public policies for developing the livestock sector and animal health; and (ii) management of animal health-related activities (stock management and use of veterinary drugs, organization of collective preventive measures).

Veterinarians must have the necessary skills to carry out these missions, which must be developed during their initial training or, failing this, in the course of ongoing organized training in the countries concerned.

**Recommendation 5** – Guidance: the State may use incentives to guide the activities of private operators. These incentive measures should seek, in particular, to encourage them to set up in practice in unattractive areas or play a lead role in training producers and supporting farmers' associations. The State must ensure the delivery of quality services to all by becoming directly involved in areas where there is no private sector.

### • Coordination and regulation function

The roles, linkages, and relationships between the different stakeholders operating in the animal health sector must be clarified. In accordance with the recommendations of the OIE, this work must, if possible, be done within consultative frameworks to be put in place and encouraged by the authorities. These forums should meet regularly, and bring together representatives from the livestock sector, the private veterinary profession, and the official services. At that time, the laws relating to veterinary practice and veterinary pharmacy should, if necessary, be strengthened and specify the linkages and complementarities between stakeholders.

In particular:

- With reference to the public services, it is necessary to redefine and better formalise the functions of public service employees, taking into account the new privatisation-related division of tasks. The job descriptions of staff in decentralized services will differ (and the differences be clearly explained), depending on the presence or absence of private veterinarians. Wherever a private veterinarian has set up in practice, the public employees must immediately refocus their activities on the different levels of control (on the sale of veterinary drugs, the implementation of animal health accreditation mandates, and enforcement of the regulations concerning the practice of the veterinary profession), and cease any activity that competes with the private sector.

As an accompaniment to these changes, which often meet with some resistance, it is important to emphasise the

enhanced status of these new missions and to provide ongoing training in order to provide the necessary expertise to carry them out. The remuneration of public service employees must be commensurate with the responsibilities entrusted to them. Privatisation, often perceived as a mere slogan, must be seen as a new distribution of responsibilities in which the public sector has its place and must play a key role.

- With regard to community animal health workers, it is essential to:

- Clarify their position: the CAHW, by definition, is a producer trained in animal health to deliver animal health services in a given geographic area, under the direction of a veterinarian.

- Clarify their status: CAHWs may participate in the implementation of the veterinary public health policy (epidemiology, in particular) but cannot be invested with responsibility for its implementation, nor stand as a proxy for the public authority. CAHWs work under a private contract with a group of producers or a private veterinarian and are authorised by the veterinary statutory body to practise for a given period of time and in a given area. The limits of their powers and authority as well as the rules with which they must comply (particularly concerning the utilisation of drugs) are set out in the terms of the contract.

- Specify their areas of assignment: these must be defined to suit the particular circumstances of each case. The CAHW is likely to be working in the areas of animal health service delivery (control of the prevailing diseases), or veterinary public health (epidemiology, inspection, etc.), under the direction of the veterinary authority. Apart from these technical functions, the CAHW acts as a catalyst for the participation of producers in negotiations with the other stakeholders and on sector policies;

- Ensure the quality of their training: training must focus on the roles entrusted to the CAHWs and the skills required to perform them. The content and pedagogical quality of the training must enable the CAHWs to fully perform their roles. This presupposes training programs that are sufficiently long (generally ranging from six to nine weeks) run on a sandwich basis. Training programs must be harmonised at the national level.

### **Recommendation 6** – Coordination and regulation:

- the State must establish coordination frameworks that bring together representatives from the livestock sector, private veterinarians, as well as representatives of veterinary professional bodies and the public veterinary services. In so doing, it must ensure that the roles and powers of each category of animal health stakeholder



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are clearly set forth, based on OIE standards, as well as the relationships that must be established between them;

- the State must ensure that each category of stakeholder has the necessary tools (veterinary statutory body among others) and the necessary skills to fulfil their respective roles. It must therefore encourage quality training and the dissemination of information that will enable these skills to be acquired;
- the State must ensure that all stakeholders are informed about the regulatory framework and institutional arrangements.

### • Control function

The priorities under this heading have been delineated according to the aspects associated with:

- rehabilitation of the veterinary drug market; and
- control of the activities and practices of the stakeholders involved in the area of animal health (private veterinarians, sanitary veterinarians, salaried para-veterinarians, community-based animal health workers, producer groups, illegal participants).

These control functions must be performed for the most part by official veterinary service employees.

Any individual breach must be the subject of an investigation by a commission, which could comprise representatives of the national professional veterinary body, where one exists, the public services, private veterinarians, veterinary para-professionals, livestock farmers' associations, and CAHWs.

**Recommendation 7** – Control function: the State, whose priority should be the delivery of quality veterinary services, must establish strict control measures to:

- rehabilitate the veterinary drugs market by clamping down on fraudulent imports, the use and sale of counterfeit drugs, hawking by illegal operators, illegal retail sales, and in particular, by ensuring that veterinary drugs are entirely under the control of veterinarians;
- ensure that all regulations relating to veterinary activities are validated by the Veterinary Body (where one exists) and comply with current regulations as well as OIE recommendations.

### • Recommendations relating to veterinary public health

**Recommendation 8** – Veterinary public health policies and regulations must be developed to enable States to have strong veterinary services, which meet the OIE's minimum quality standards. These policies must take the financial capacity of States into account.

**Recommendation 9** – Veterinary Services' activities related to the prevention and control of transboundary diseases and zoonoses are considered a global public good. As such, they should have sufficient funds allocated in the national budget or with the support of international donors.

A suitable political and financial commitment from States is vital in order to guarantee at least the minimum credibility of the mechanism in relation to international requirements. The political and economic expediency of this can be illustrated by comparing the cost of the system to the public purse with the cost of real or theoretical health crises or export blockages.

The aim is to provide complete territorial coverage in a credible manner through a network of stakeholders using coordinated activities and having clearly defined powers.

**Recommendation 10** – With respect to a global public good, the responsibility of the State in the area of international cooperation must be emphasised. The veterinary administration is responsible for the implementation of the veterinary public health policy at the national level, and at the international level acts as the guarantor of the quality of veterinary services (health status report, certification).

Subject to certain conditions, some of these missions may be delegated to private veterinarians under animal health accreditation mandates granted for a given period and in a given area, or to groups of farmers certified by the State, for example, Animal Health Groups [*Groupements de Défense Sanitaire*]. The holders of the animal health accreditation mandates are to be partly remunerated from public funds to assume these functions. They are legally bound to comply with the terms of the contract. They can rely on a network of para-veterinary professionals, if the contract clauses allow this, but, in any case, they are solely responsible for the due performance of these activities and must respect the principles of independence, impartiality, and competence.

The missions under this mandate should not be limited merely to conducting compulsory vaccination campaigns but be extended to epidemiosurveillance and food hygiene, integrating, if necessary, state support for the activities that relate to the notion of a public good.

Nevertheless, issuance of an animal health accreditation mandate cannot by itself guarantee good territorial coverage. It must be accompanied, on the one hand, by an obligation on the part of the mandate holders to have the necessary resources to cover their zone and, on the other hand, by controls to ensure that the obligations under the mandate are strictly complied with.



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**Recommendation 11** – The veterinary administration may delegate certain veterinary public health missions to private operators on the following conditions:

- delegation of responsibilities can only be made to certified veterinarians holding an animal health accreditation mandate or to farmers' associations [*organisations professionnelles d'éleveurs*, OPE] certified to that end by the State in conjunction with statutory professional bodies;
- the respective obligations of the State and of the holder of an animal health accreditation mandate must be clearly set out in an official document, as well as the procedures to monitor compliance with the engagements undertaken;
- These operators may rely on para-professional technical staff to implement the activities stemming from these missions. The latter should be under the direct supervision and control of the holder of the animal health accreditation mandate or certified farmer's organizations, who assume full and total legal liability for them;
- these operators may be remunerated from public funds to implement the delegated missions. In disadvantaged regions, an additional incentive mechanism may be put in place;
- there must be a single chain of command for conducting veterinary public health activities; this should be clearly set out in a formal document.

Without in any way delegating its power, the public or private veterinary authority may seek the support of para-professionals (salaried technicians or CAHWs) by entering into various types of contracts with them to perform public service missions, with the said persons working under its direct supervision and control. In the area of epidemiosurveillance and early warning, it is clear that CAHWs may be major stakeholders inasmuch as they are located at the very source of the health information, though this will only be the case if the training they receive takes this function into account.

**Recommendation 12** – Systems in place for the prevention and detection of, and rapid response to, outbreaks of animal diseases must be sustainable and offer coverage to the entire national territory by the maintenance of a satisfactory level of vigilance. Epidemiosurveillance must include abattoirs. To accomplish this, there must be a strong public and/or private veterinary sector as well as structured and trained professional farmers' associations to ensure good geographical coverage.

An accurate status report must be made regularly through an evaluation (or self-evaluation) of veterinary services so as to provide the information needed to develop the system.

It will often be necessary to re-evaluate the distribution of human resources within the public sector according to the veterinary public health policy-related needs and the presence or absence of private operators capable of receiving an animal health accreditation mandate. This analysis may be based on the census data:

- on animal health stakeholders:
  - o type of stakeholders: public/private, certified veterinarians/para-veterinarians, providers with/without an animal health accreditation mandate;
  - o type of activities, location and intervention area;
- on livestock, by species, administrative area, and by season;
- on available health data (abattoirs, epidemiosurveillance networks).

**Recommendation 13** – The systems on which the public health policy relies must be regularly evaluated to ensure they maintain their efficiency, and to validate their reliability and compliance with OIE standards.

**Recommendation 14** – All public and private stakeholders involved in veterinary public health activities must have access to training and information that will enable them to have the necessary skills to perform their role.

**Recommendation 15** – Humanitarian emergency situations, where the authority of the State no longer exists may justify the taking of pragmatic temporary measures pending restoration of sovereign duties.

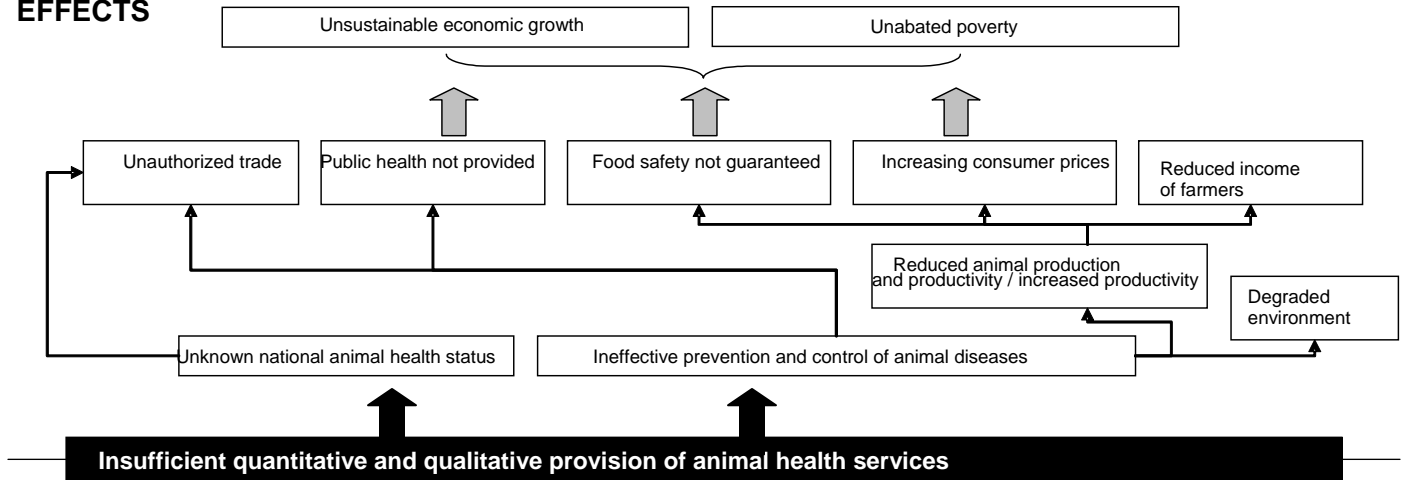


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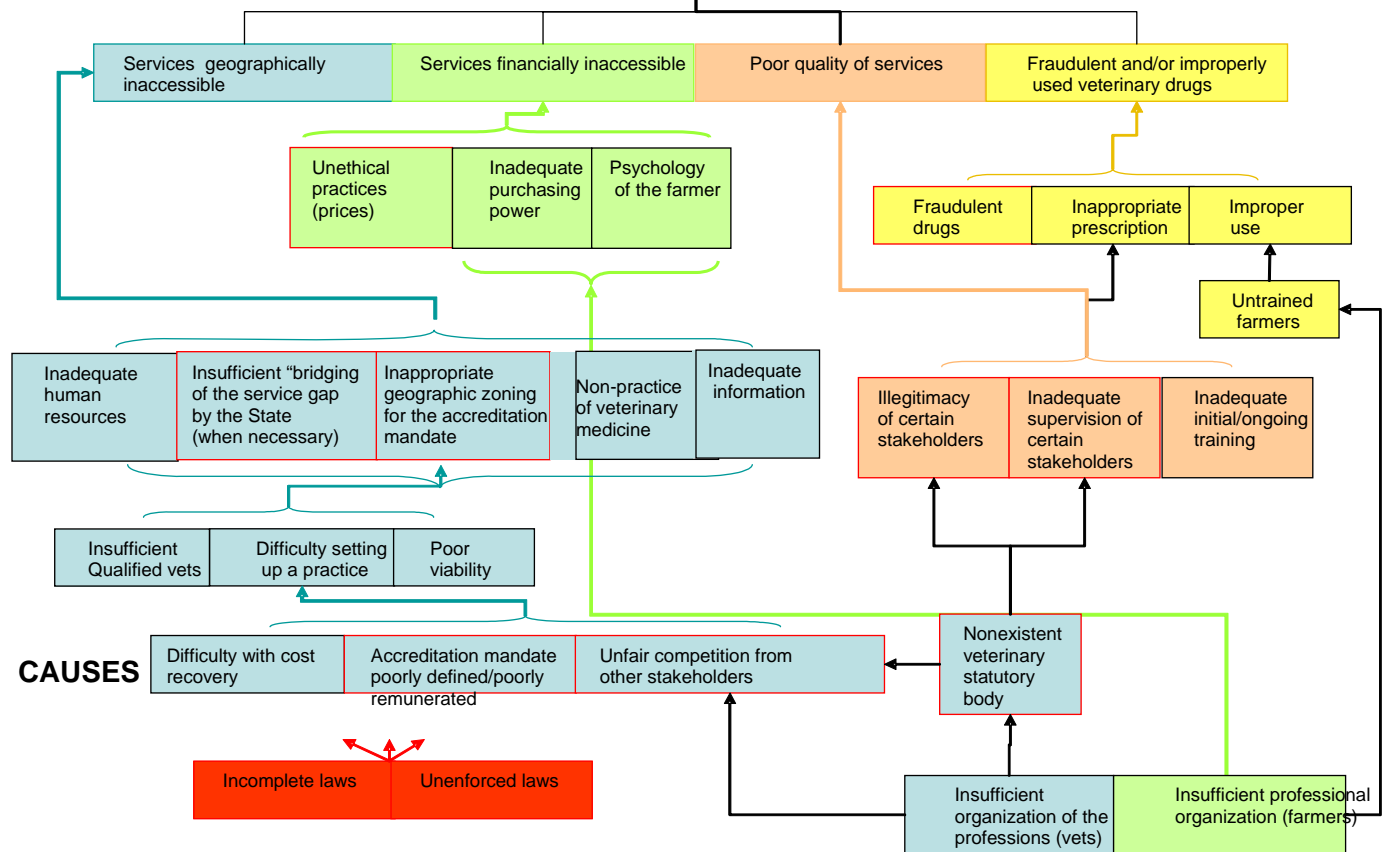
## Summary diagrams

### • Problem Tree

#### EFFECTS



#### Insufficient quantitative and qualitative provision of animal health services

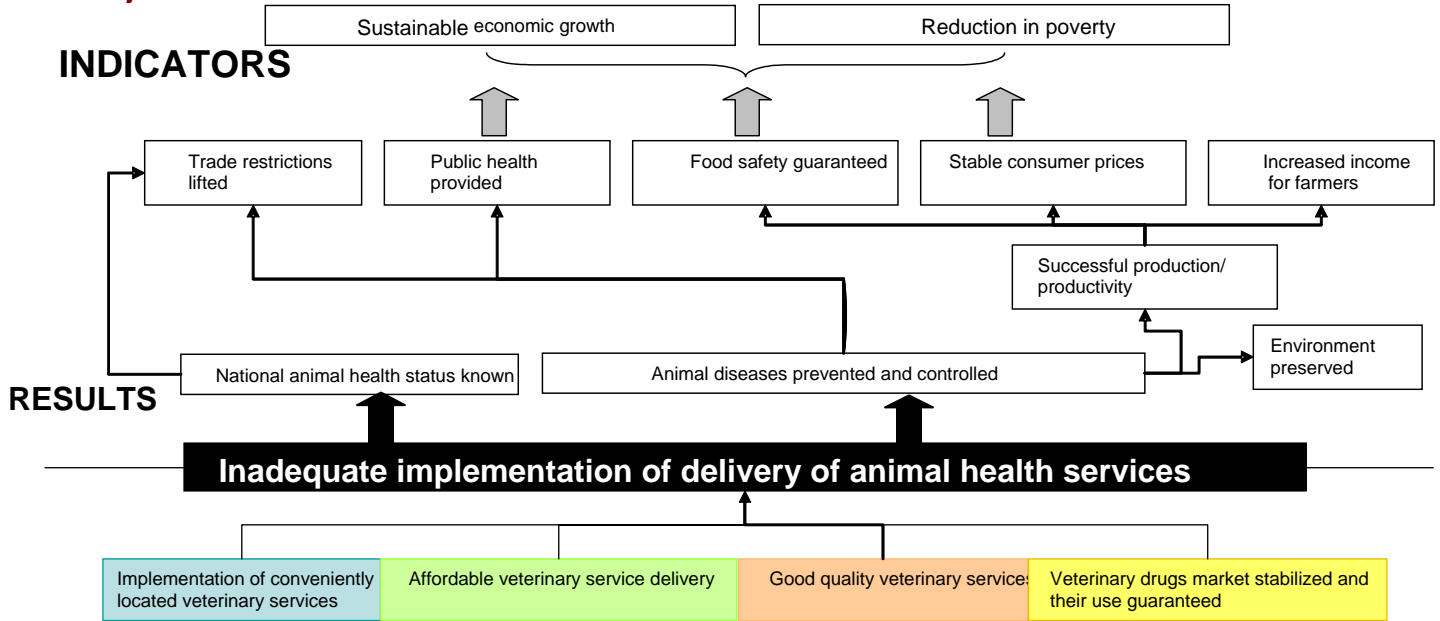


#### CAUSES



## Animal Health Service Delivery and Veterinary Public Health

### Objectives Tree



### OBJECTIVES

