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QUALITY ANIMAL HEALTH SERVICES ADAPTED TO PASTORALISM IN WESTERN AFRICA



- Based on the guidelines of the OIE, a harmonization of national and regional framework regarding animal health is indispensable so herdsman in Western Africa, in particular in the Sahel region, can benefit from quality animal health services at an affordable price.
- Special attention should be given to the systems defining the roles, functions and status of community animal health workers (CAHWS) and their indispensable interactions with private veterinarians. Systems associating CAHW and veterinary doctors are indispensable to ensure the quality health service for animals.
- A better recognition of the needs of in animal health of livestock breeders is essential for the elaboration of an animal health system capable of providing customized quality animal health services. At the regional level, existing structures such as the veterinary commission of the West African Economic and Monetary Union (UEMOA) offer interesting, however insufficient paths. Priority should be given to participating local structures in the image of the local and private veterinary services (LPVS).

Although pastoralism has important functions at the heart of many countries and communities in Western Africa, a lot of persistent challenges prevent pastoralism from reaching its full potential. In January 2016 a meeting was organized by the VSF-International network and its partners in Bamako within the framework of a global consultation on pastoralism. This gathering included over 80 representatives of the pastoralist civil society who identified important challenges and solutions related to pastoralism. The declaration that resulted from this meeting highlights the importance of securing land and access to means of production as well as the need for adapted basic services (such as education and human and animal health).

Among the recommendations in the same declaration, emphasis is placed on the need to "(...) increase access to basic social services for herders (human health, training and education, drinking water) and technical services (such as animal health), by means of a system adapted to the mobility of populations (mobile services noticeably (...))." Thus in order for an animal health system to be efficient and provide quality health services in the Sahel, adaptation to the needs of pastoralism is required. Among these needs mobility and transhumance are of vital importance. This animal health system should therefore be accessible to pastoralists who often live in vast remote regions that are scarcely populated and are unlikely to attract veterinary doctors.

At the national level, certain concerned countries are already developing these kinds of systems. However, these vary considerably from one country to another, which poses a problem for herders who practice transhumance across borders. It is therefore crucial that legislative texts are harmonized at both the regional and national level and aligned with the instructions and recommendations of the OIE.

Therefore, in order for these systems to be efficient, challenges faced by nomadic herders have to be included in the drafting of the policies and measures that concern pastoral communities.

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SITUATIONAL ANALYSIS

Pastoralism

In Western Africa numerous communities survive on livestock, and especially on pastoralism. Pastoralism is a way of life based on adapting to the environment by moving. Pastoral communities cover great distances to reach quality pastures and water. This mobility is important for production, commercialization and survival in periods of crisis, such as droughts. Therefore, pastoralism gains great importance in several regards, due to its social and cultural role, considerable micro and macroeconomic value, contribution to food security and sovereignty and its important environmental services.

In Western Africa, home to a regional bovine stock of over 65 million heads, over 200 million ovine and goats, and 2.6 million camelids, pastoralism proves to be a fundamental activity which adds value and offers opportunities to fight poverty. In the Sahel region, pastoral and agro-pastoral systems account for over 80% of animal-based products. Transhumant pastoralists alone supply 70 to 90% of bovines and 30 to 40% of sheep and goats. They provide 65% of bovine meat, 40% of sheep and goat meat and 70% of milk. The importance of pastoralism is also confirmed elsewhere in its contribution to GDP growth.

In the landlocked countries in the Sahel, such as Niger, Mali and Burkina Faso, the livestock subsector contributes to 35 to 40% of the agricultural GDP and 15% of the global GDP. Given the importance of pastoralism in these countries, it is reasonable to assert that its contribution to the GDP is major. Therefore, good coverage by animal health services is crucial for pastoralism to reach its full potential.

Animal Health and Pastoralism in Western Africa

From the colonial times to the present day animal health systems have gone through important changes in Western Africa. In colonial times, a pyramid structure was put in place to ensure technical veterinary services by the state. At the top one could find the representatives in charge of drafting the policies. At the centre, there were representatives coordinating activities of agents carrying out tasks. Assigned to the villages, the agents were in close contact with livestock keepers and provided them with all forms of animal health services at no cost.

After gaining independence, the states inherited this pyramid model along with the technicians and veterinarians. Between the 1960s and the 1980s, European veterinarians were gradually replaced by local ones. This process was accelerated through the recruitment in the public sector of new graduates trained mainly in the USSR, Europe, and Africa (Senegal, Maghreb, etc). During this period, the veterinary profession was ensured by professionals of different categories in animal health, all taking part in the administration: veterinarians, livestock engineers and para-veterinarians (technicians, assistants, auxiliary nurses...).

There are numerous achievements in this period: good vaccination coverage, eradication of Rinderpest, creation of an effective circuit for the distribution of medication, etc. As for the limitations to the model, at the origin of its collapse, they reside mainly in the absence of a self-funding mechanism.

Throughout the 1980s and 1990s, with the imposition of structural adjustment policies by international donors such as the IMF and the Worldbank, the government abandoned its role of animal-health service provider to focus on its kingly functions. The veterinary profession was liberalized and private operators established themselves, providing (now for-profit) animal-health services to herders. Initially limited to the sale of medications, private veterinarians were mandated by the state to practice mass prophylaxis against diseases of obligatory declaration. However, in many cases, the withdrawal of public services was done in a brutal manner, with no immediate replacement by the private sector and no strategy for a gradual transition towards the private entities. Overnight, herders found themselves devoid of any services.

Challenges and Potential Solutions for an Animal Health System Adapted to Pastoralism

The evolution of animal health services in Western Africa as described above has strongly influenced the current situation, which is problematic for many pastoralists on many fronts.

Firstly, economic and physical accessibility is insufficient. The current models still do not manage to ensure health

coverage on a local, national or even international scale because of the withdrawal of public services and the inadequate support offered by private services. The inequality of access to animal health services is striking, resulting in three types of zones: agricultural zones of high density of veterinary services favouring high-intensity production; agro-pastoral zones of medium density; and the zones of near-zero density. These last pastoral zones are the most disadvantaged when it comes to access to animal health services. Nevertheless, several solutions exist to counter this problem, such as the implementation of incentive policies for veterinarians to relocate to pastoral zones. However, this solution might prove to be unsatisfactory due to the low number of veterinary doctors in many Western African countries. Another solution might be to organise a network of paraprofessionals which allows a better access to animal health services for herders. Among these paraprofessionals, we find the community animal health workers (CAHW). This term is used to designate non-graduate paraprofessionals who have been trained in basic animal health techniques. These herders originate from their local communities and act as "providers of basic veterinary services" at a minimal cost for their communities. Thus they assume a crucial role in providing animal health services that are economically and physically accessible. In the history of local animal health services, three types of community animal health workers have been tested: the public technical service CAHW, the mobile CAHW and the CAHW under the supervision of a private veterinarian. The test results showed that the third option provided the best quality health service.



Unfortunately, there seems to be little consideration of the pastoral communities' needs. As a matter of fact, it's essential that the animal health services respond to the needs identified by the communities. Their needs are many and concern mainly targeting diseases, locations to gather their livestock, vaccination periods (adapted to the epidemiology of diseases, specificity of vaccination techniques and transhumance) and prophylaxis programmes to make herders take part in vaccination campaigns. To achieve this, collaboration between veterinary services and livestock keepers and pastoralist organizations is necessary.

Finally, the gap between the existing regulatory framework and the herders on one hand, and the low coherence among the frameworks between countries on the other hand, highlights the problems of access to services for herders throughout their transhumance.



FUNDAMENTAL PRINCIPLES FOR QUALITY VETERINARY SERVICES

In order to have a good understanding of how quality veterinary services can respond to the needs of pastoralism in Sahel and the challenges mentioned above, it is important to define the general criteria an animal health system must meet as well as the services it must ensure. The evaluation tool Performance of Veterinary Services (PVS), developed by the OIE, identifies the criteria and specifies 612 competencies that quality veterinary services must meet. The purpose of the PVS is “to help veterinary services characterize their performance level, to identify their deficiencies and weaknesses in their ability to meet international norms of the OIE, to develop a shared vision with their beneficiaries (notably from the private sector), to define priorities and conduct strategic initiatives” (OIE, 2009). On the other hand, the OIE published the Terrestrial Animal Health Code, of which chapter 3 focuses on the quality of veterinarian services. In this code, many principles are retained to evaluate the quality of veterinary services. Impartiality, faculty of discernment (necessary for a professional assessment), sufficient human and financial resources and communication are important in the context of pastoralism in the Sahel region. These principles below are linked to the PVS tool and the challenges previously mentioned.

The first one is related to impartiality –interpreted in the sense of a territorial non-discrimination– (i) of the deployment of a category of paraprofessional veterinarians with the purpose of ensuring better access to animal health services and (ii) the communication and interaction with the beneficiary groups, the herders in this case. Thus, quality veterinary services must cover the entirety of the country or region and respond to the needs of users of this service, regardless of their location. It does not necessarily mean that private veterinarians are expected to disperse in a more equally geographical manner. Rather one might perceive this as a duty performed by the state, besides their duties of coordination, regulation and control. This can effectively attract activity of private operators to poorly-served regions, notably through the adoption of incentive measures facilitating private veterinarians setting up practice in remote zones, or even the promotion of an encompassing model highlighting the value of paraprofessionals (veterinary technicians and CAHW), who are more willing to work in these pastoral zones. Respecting this principle of impartiality is crucial in the Sahel, where the majority of livestock keepers are nomadic herders located in areas that are difficult to reach,

which are unattractive for private operators of veterinary services.

Impartiality can then be linked to access to animal health services, a major challenge for livestock keepers and pastoralists in Western Africa. But access also affects two other principles in the Terrestrial Animal Health Code: the faculty of discernment and human resources. With respect to these principles, the PVS recognizes two categories of actors: veterinarians and other professionals with university qualifications (i) and veterinary paraprofessionals and other technical personnel (ii). Veterinary paraprofessionals are thus recognized by the OIE as an essential link of veterinary services. However, the organization establishes certain demands regarding this category of actors, among which a uniform structure subjected to regular updates and an efficient procedure for the nomination of officials and performance evaluation. The act (rights to exercise and functions), training and control of paraprofessionals therefore have to be regulated by the veterinary legislation of each country. However, in Africa, the status of community animal health workers, which is a sub-category of paraprofessionals, and their institutional footing, is not clearly defined and the national legislations vary. In some countries, for example, their activities are even illegal. Subsequently, the region gathers an important number of agents whose level of training, technical capacities and framework modality differ from one country to another, and even within the country.

A final crucial aspect is communication. In the context of pastoralism in Western Africa, communication with pastoralists and livestock keepers is particularly important for epidemic-surveillance systems. Pastoralists and livestock keepers are key players in pointing out any suspicion of diseases and, in turn, the veterinarians –both private and public– must regularly inform them of the results of the surveillance programs because these will be agents in the implementation of the response programs when necessary. In the context of pastoralism in Western Africa, this puts livestock keepers/pastoralists and their organizations in direct contact with veterinary services. This relation between pastoralists and livestock keepers and veterinary services is equally important for the elaboration of veterinary legislation. Pastoral organizations act as representatives of pastoral breeders communities and thus have a duty and a right to communicate with veterinary authorities of each country for the elaboration and modification of veterinary legislation.

ROLE OF REGIONAL AND SUB REGIONAL INSTITUTIONS ON MATTERS OF ANIMAL HEALTH IN WEST AFRICA

In the previous parts, many challenges have been identified as inescapable in order to ensure quality animal health services adapted to the needs of pastoralism in Western Africa. Solutions have been equally proposed and linked to the framework provided by the PVS and the principles of the Terrestrial Animal Health Code of the OIE. This framework can equally be analysed at the regional level, by the institutions for integration, which role is to implement the guidelines of the OIE. Notably, it is the Economic Community of Western African States (ECOWAS) and the Western African Economic and Monetary Union (UEMOA).

The Framework

The ECOWAS and the UEMOA are the most pertinent organizations for regional integration in the context of pastoralism in Western Africa. For several years now, the two institutions have taken the initiative to harmonise the legislative texts in their member countries in the subjects of transhumance, health and well-being of both terrestrial and aquatic animals. The UEMOA has passed several rulings concerning veterinary medications and animal security. These regulations allow for the establishment of framework of permanent communication between member nations and the Union on the aforementioned subjects. As for the ECOWAS, its decision on the regulation on transhumance between the member states has been the most important one in the context of pastoralism in Western Africa. Transnational transhumance is thus allowed between all countries of the ECOWAS, requiring an International Transhumance Certificate (ITC) issued by the organization. This certificate, which must be renewed annually, allows for control of the movement of transhumant pastoralists, ensures the health protection of herds and notifies in time the populations in the reception zones of the arrival of transhumant pastoralists.



Gaps

We can conclude that both the ECOWAS and the UEMOA provide for frameworks and resources allowing for the elaboration of quality animal health systems, even more than they rely on the Terrestrial Code of the OIE. At the heart of their institutions, forums for discussion are even set out to facilitate the direct exchange between the liaisons, such as the Veterinary Commission of the UEMOA. Nevertheless, while regional initiatives already exist, numerous challenges remain to be tackled in order to guarantee quality animal health services to pastoralists in Western Africa. It is above all necessary to enforce the harmonisation process. This process must be conducted both internally and externally. Indeed, some elements have not been addressed in the regulations, such as the Community Animal Health Workers (CAHW). These play a crucial role in ensuring physical and economic accessibility in the pastoral regions of Western Africa. However, their status has not been clearly defined. So, even if most regulations are based on the rules of the OIE, serious shortcomings persist and must be confronted. Concerning the CAHW, the elaboration of a framework clarifying their statute/role, their training and supervision is indispensable. For now, several countries such as Burkina Faso and Mali have made no mention of the CAHW in their legislation. Therefore, these agents operate in the shadows and have no institutional foothold.

In addition to this internal harmonisation, an external harmonisation must be considered. Indeed, given the transnational nature of transhumance, livestock keepers are not limited to the borders of ECOWAS/UEMAO states. A harmonization of rules concerning animal health systems within the zones of UEMAO, ECOWAS and also Economic Community of Central African States (ECCAS) is thus necessary to establish common standards for animal health services in countries visited by pastoral herds.

A second shortcoming concerns the role of pastoralists and refers to the principle of communication in the Terrestrial Code of the OIE. UEMOA rules address this principle and despite net progress in several countries, the inclusion of herders during the drafting of legislation and the clarification of their role as vital elements of the veterinary service system is yet to be promoted.

The implementation of regulations by regional integration institutions by member states constitutes a final challenge. In certain cases, these may not even be applied. The unilateral decision by Benin in 2003 to close its borders to transhumant pastoralists arriving from Burkina Faso and Niger illustrates this problem. This measure was in clear contradiction of the International Transhumance Certificate (ITC) of the ECOWAS, which allows for free movement of livestock keepers and their herds throughout the ECOWAS zone.

CONCLUSION

In order to establish an animal health system that is able to provide quality services to herders in Western Africa, one must keep in mind several guidelines. First of all it needs to be based on a framework that follows the guidelines of the OIE. Secondly the principle of impartiality and the deployment of animal health systems associating veterinarians with para-veterinarians in pastoral zones are of vital importance when it comes to tackling the existing challenges. Furthermore the animal health system's problem of geographical coverage must be taken into greater consideration by regional institutions for integration as well as the states involved. Via the deployment of veterinary para-professionals under the supervision of veterinary doctors in pastoral regions, both physical and economic accessibility to animal health services can be ensured. However, in order to get the most out of the advantages of a network of veterinarians and veterinary para-professionals, the status of CAHW must be clearly defined and harmonized in the member countries. The role and organization of the CAHW –and their framing by veterinary doctors– must be particularly specified, just as with their training and supervision. The guidelines of the OIE concerning para-veterinarians can direct and structure this harmonization. Besides this internal harmonization –which is also concerned with other subjects such as animal well-being and the concept of One Health– it is equally important to promote an external harmonization and thus a better agreement between different legislations. Finally, in order to ensure an animal health system that is adapted to the needs of herders, the latter must be included in the elaboration and execution of legislation that affects them. Initiatives and bodies exist already, such as the Veterinary Commission of the UEMOA, however much effort is still needed when it comes to promoting the participation of herders through their representative structures which are the peasant organizations.

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LPVS AND ANIMAL HEALTH IN NIGER: BEST PRACTICE

In order to offer quality animal health services, accessible (both physically and economically) and durable to livestock keepers, particularly the most vulnerable, Vétérinaires Sans Frontières Belgium conceived and developed the approach of “Local and private veterinary services (LPVS).” The term designates a concept in community animal health, primarily designed for landlocked zones. The denomination of “service” underlines its role as the counterpart of a community. The term “veterinary” refers to the qualified personnel in the field of animal health. The term “private” means it is an agent independent from the state. And the term “local” means it is a service close to livestock keepers.

The LPVS is composed of three parts that gather many active elements, which has the livestock keepers and their organizations at the center. The first component is concerned with the practical aspect: a PVSP is composed of a veterinary clinic and a network of community agents in animal health under the supervision of a veterinary doctor. This component thus provides animal health services to livestock keepers. Its installation requires respecting a procedure that goes from the selection of the veterinarian to the training of the CAHW, through the organization of specific trainings.

The second component is concerned with control. The LPVS functions under the supervision of the relevant ministry and technical services of the state. It is one of the basic principles of the LPVS, which relies on the privatization of veterinary services and the emphasis of the state on its kingly role regarding animal health services. The control is equally ensured by the association of herders who have a right to examine the activities, the follow-up and the quality of the services offered and provided.

The third component is concerned with raising awareness of the organizations of herders, local authorities, etc. This aspect is important in order to disseminate information on basic animal health, the importance of prevention, the role and place of the CAHW, etc.

In Niger, the development of LPVS began in 2003. Thanks to the support of different technical and financial partners and the involvement of the Ministry of Livestock, new LPVSs saw the light of day throughout the years. In 2014, Niger had 16 LPVSs with a network of about 545 operational CAHW, spread out over 29 departments and covering about 49% of the livestock population. The LPVS approach is now acknowledged as ideal for Niger to ensure quality animal health services to local livestock keepers.

The LPVS approach also benefits from a legislative foothold, which allows for it to be spread out widely over the territory of Niger. In a ministerial order defining the missions of the LPVS and their conditions for installation, a clear division of the roles and responsibilities of public and private veterinary services is included. The legislation mentions the CAHW, recognizing them as key players. They benefit from a judicial status, must undergo standardized training and obtain a certificate allowing them to exercise their profession. The monitoring framework and supervision of the CAHW are also clearly defined by law. It also equally states that paraprofessionals can only operate under the supervision of private or public veterinary services.

The example of the LPVSs and their legal footing in Nigerien legislation can thus inspire other countries in the region and incite regional integration institutions to harmonize the gaps between the existing frameworks.

