



Supporting Animal Health in Karamoja

The critical role of veterinary governance

Introduction

Across pastoralist areas of East Africa there have been substantial changes to the provision of veterinary services since the 1970s, characterized by the gradual introduction of private sector service providers and community-based delivery systems. In part, these changes were driven by economic studies that showed how the private sector should be a more efficient and sustainable option than government for the delivery of clinical veterinary services in rural areas, while also recognizing the key role of the public sector in regulation, coordination and other tasks. At the same time, some countries have also experienced decentralization of government, with associated changes in the structure and management of government veterinary services.

The Karamoja region of Uganda has made notable progress in some aspects of veterinary service development and disease control during the last 20 years. Uganda has shown clear commitment to veterinary privatisation relative to some other countries, and has been part of the successful global campaign to eradicate rinderpest. In Karamoja this included the use of community-based delivery systems, with leadership by government and supported by the African Union. There has also been a long process of assessing the relevance of community-based animal workers (CAHWs), leading to the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) endorsing CAHWs in Karamoja in around 2014.ⁱ However, the potential benefits of privatization and community-based approaches have not been fully realized, and the control of important livestock diseases is still a major challenge. As noted in a previous Evidence Brief, “Using livestock population estimates and prices for Karamoja, and an average annual disease mortality estimate of 10%, the value of disease-related mortality in the region would be in the order of US\$ 92 million per year”.ⁱⁱ

Recent reviews and evaluations point to at least two persistent challenges at the institutional level in East Africaⁱⁱⁱ, and specifically in Karamoja:^{iv}

- Weak policies and legislation, especially in terms of the formal recognition of CAHWs, and, limited quality control of veterinary medicines
- Limited coordination of private veterinary service providers, government and NGOs in Karamoja, and between local and national authorities.

This Evidence Brief discusses how these veterinary governance issues affect services and disease control in Karamoja, and proposes how coordination can be strengthened.

International standards, veterinary governance and critical competencies

International standards are available to assist countries to control animal diseases of national economic importance, and reduce the risk of disease spread through international trade in livestock and livestock products. These standards are set by the *Office international des epizooties* (OIE, or World Organization for Animal Health)^v, and include the concept that the capacity of a country to control diseases relates to the performance of its veterinary service, encompassing both public and private sectors, and paraprofessionals such as CAHWs. Therefore, an OIE tool is available to enable the systematic assessment of veterinary services^{vi}; Uganda is a member of the OIE. For the purpose of this Evidence Brief, the following selected critical competencies from the OIE tool are relevant.

OIE critical competency	Highest level of advancement
Veterinary para-professionals and other technical personnel	There are effective management procedures for formal appointment and performance assessment of veterinary para-professionals.
Competencies of veterinary para-professionals	The training of veterinary para-professionals is of a uniform standard and is subject to regular evaluation and/or updating.
Coordination capability - “The capability to coordinate resources and activities (public and private sectors) with a clear chain of command, from the central level to the field level ...”	There are internal coordination mechanisms and a clear and effective chain of command for all activities, and these are periodically reviewed/audited and updated.

Veterinary governance and community-based animal health care

Across East Africa there is a substantial body of evidence to show that when properly trained, equipped and supervised, CAHWs can play an important role in the provision of basic veterinary care, especially in pastoralist areas.^{vii} In Karamoja, a recent evaluation of CAHWs has produced similar findings.^{viii} However, it is important that CAHWs do not function as a standalone veterinary service provider, but are integrated into systems that ensure their proper selection, training, and supervision by higher levels of veterinary worker. These requirements are reflected in the OIE critical competencies related to the training and performance assessment of paraprofessionals. In addition, CAHWs need to be formally appointed, and this requires legal recognition of CAHWs in veterinary legislation. Unfortunately, the formal recognition of CAHWs in Uganda remains unclear because although there appears to be a level of endorsement for their use in Karamoja by MAAIF,ⁱ CAHWs are not included in legislation. This situation enables a certain level of support to CAHWs by District Veterinary Officers and NGOs in Karamoja, but can create confusion because some actors view CAHWs as illegal.

According to a recent review of veterinary services in Karamoja:

“CAHWs operate informally, and legislation and policies such as the Veterinary Surgeons Act, the National Drug Policy and Authority Statute, 1993, and the National Veterinary Drug Policy issued by MAAIF in 2002 do not recognize CAHWs as a provider of any aspect of animal health services. The failure to formally recognize CAHWs creates risks for any actor who wishes to work with them, even government DVOs who use CAHWs for vaccination. At present, CAHWs are illegal workers and under the law are not supposed to receive payment for their services. The current status of CAHWs also prevents their adequate monitoring and technical support using any kind of official guideline”.^{iv}

Two countries with legislation that supports CAHWs are Ethiopia and Sudan, and notably, both countries are major exporters of livestock and meat derived from pastoralist areas.

Veterinary governance and coordination

The OIE critical competencies include coordination of veterinary resources and actors, with clear line management from central to local government. The two examples below illustrate the importance of coordinated veterinary services and disease control.

Service delivery – good practice for the design and implementation of CAHW systems became available in the early 2000s and included guidance on initial needs assessments, selection and training of CAHWs, and options for linking CAHWs to private veterinarians or paraprofessionals.^{ix} However, in Karamoja in 2016 wide variations were evident between different NGO projects in terms of CAHW selection and training, and approaches to linking CAHWs with the private sector and ensuring adequate supply of medicines. It was reported that most NGOs were far from meeting the standard good practices.^{iv} Although a new regional-level effort by government to coordinate CAHW projects might be possible, and could involve working closely with DVOs and NGOs, such an initiative becomes problematic if CAHWs are not legally recognized in Uganda.

Transboundary animal disease control – by definition, transboundary animal diseases (TADs) exist in populations across national borders, or can spread across borders from one country to another. Specific TADs are recognized by the OIE as having important economic impacts, especially in relation to international trade. The control of these diseases requires strong coordination within and between countries, and the design and implementation of harmonized in-country and cross-country strategies and activities. TAD control needs to be coordinated between Karamoja’s seven districts, between Karamoja and the rest of Uganda, and between Karamoja, northwest Kenya, and South Sudan. A further challenge with TAD control is that effective disease surveillance is needed to detect and respond to disease outbreaks, and provide information to guide disease control strategies. Disease surveillance for TADs needs to be organized at a national level, and involve direct and mandatory reporting from local government veterinarians to a central government epidemiology unit.

At present, District Veterinary Officers are not employed centrally by MAAIF, but locally by the District Service Commissions, and they report to their respective Chief Administrative Officers. This arrangement hinders effective disease reporting, and according to some analysts, this arrangement creates conflicts of interest.^x



Conclusions

The strengthening and sustainability of veterinary services in Karamoja depends heavily on government commitment to appropriate policy and legislative change, enforcement of regulations, and coordination. Community-based delivery systems can add value to other private sector services, but in the long term, the viability and performance of these systems depends on legal recognition of CAHWs, followed by relevant regulatory and supervisory support. It will be very difficult for government or other actors to effectively coordinate and develop a coherent and effective CAHW system across Karamoja, and with strong links to private sector and government, unless CAHWs are officially recognized as one type of veterinary paraprofessional. Strong coordination is also needed to develop appropriate strategies for the control of TADs and other diseases, to assign relevant roles to different actors, and harmonize control efforts with neighbouring areas of Uganda, and neighbouring countries.

Options for strengthening veterinary governance in Karamoja include:

- Centrally in MAAIF, create a new desk specifically tasked with supporting the coordination of veterinary services and disease control across Karamoja's seven districts, including liaison with NGOs. Under this desk, support specific activities to coordinate and strengthen CAHWs, including the development and use of minimum standards and guidelines, and training courses that follow good practice. Also support a common approach among NGOs and private sector for linking CAHWs to private, licensed veterinary pharmacies.
- Clarify the legal status of CAHWs in Karamoja, and if needed, support MAAIF to update veterinary legislation.
- Support cross-country learning for MAAIF and other actors, including visits to countries where CAHWs have been legalized in pastoralist areas.

Disclaimer

This Evidence Brief was produced by the Karamoja Resilience Support Unit and does not necessarily represent the views of USAID or the United States Government.

More information

For more information on the Karamoja Resilience Support Unit please visit www.karamojaresilience.org

Endnotes

- For example, see <http://www.galvmed.org/wp-content/uploads/2015/09/East-Africa-Review-of-Policy-Regulatory-and-Administrative-Framework-for-Delivery-of-Livestock-Health-Products-and-Services-March-2015.pdf>
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- Abebe, D. (2017). *Veterinary Services in Karamoja, Uganda: A review*. USAID/Uganda Karamoja Resilience Support Unit, Kampala <http://karamojaresilience.org/publications/item/veterinary-services-in-karamoja-uganda-a-review>
- The *Office international des epizooties* (OIE), or World Organization for Animal Health, is the intergovernmental organisation responsible for improving animal health worldwide. It is recognised as a reference organisation by the World Trade Organization (WTO) and in 2017 has 181 Member Countries. The "OIE Code" provides guidance on the control of animal diseases, especially as they relate to international trade. The Code also includes guidance on the structure, management and quality assessment of national veterinary services. <http://www.oie.int>
- Specifically, the OIE tool for the Performance of Veterinary Services: http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_A_Tool_Final_Edition_2013.pdf
- For example, see <https://sites.tufts.edu/capeipst/community-based-animal-healthcare-and-privatisation/impact-assessments-and-research/>
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