



# Animal Health Policy and Practice: Scaling-up Community-based Animal Health Systems, Lessons from Human Health

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## EXECUTIVE SUMMARY

### Background

Delivering services in rural and marginalised areas of developing countries has been and remains of great concern in the development arena. Although such services exist in many sectors, the literature concerning community-based health workers in the human health sector is especially rich. Similarities between human and animal health systems, especially regarding economic analysis and funding mechanisms have been reviewed previously while other authors have studied their structures and delivery channels. This study focuses on the extensive experience in the human health sector regarding policy implications of community-based health initiatives.

While the two systems do not share the same ethical dimensions, they have gone through similar situations, especially regarding finance. Interestingly, their governance greatly differs. Most developing countries were constrained by structural adjustment programmes to cut spending. On the human health side, international organisations and ministries of health launched a worldwide initiative in 1978 in Alma Ata to ensure that primary healthcare (PHC) was available in rural areas. From this initiative arose the 'community-based health worker'.

Although the same budgetary constraints affected the animal health (AH) sub-sector, authorities have not attempted a similar coordination of animal health services (AHS), especially in rural and remote areas. And, a decade after the World Bank released privatisation guidelines for the livestock sector in 1991-92 with the aim of improving AH systems' efficiency and effectiveness whilst reducing public expenditure, the results have not proved to be as expected. NGO-led community-based animal health (CAH) activities expanded in marginalised rural areas, but with few linkages with the ill-equipped national animal health systems (NAHS). Debate regarding community-based schemes in the AH field started as a consequence of the rapid increase of these initiatives. By contrast, the human health sector underwent policy analysis at the ministerial and institutional levels at a much earlier stage.

### Justification

It is therefore not surprising that concerns similar to those raised in the human health field are currently being debated in the area of AH. Issues such as the quality of care, accessibility and sustainability are at present hotly debated in the animal healthcare arena at the national and international level. This discussion arises from two main causes. First, significant effort is currently focused on institutionalising CAH systems in developing countries. One of the aims is to obtain wider and more coherent AHS coverage at the national level as a prerequisite of regional and/or bilateral trade agreements. Second, community animal health workers (CAHWs) are seen as important players in achieving poverty-reduction development goals for the livestock-dependent poor.

Although research has been undertaken on several technical aspects of CAH systems as a consequence of the privatisation process, little attention has been given to policy analysis. As a consequence, CAH services tend to be weakly linked to national structures, making it difficult to integrate rural areas into NAH programmes. This study focuses on the reasons why CAH systems have often been excluded from the wider AH policy debate and why interest is currently increasing in their inclusion. It is argued that financial constraints and the privatisation process are not the only reasons for the apparent hesitant support CAH initiatives have received.

## Objectives

The objectives<sup>1</sup> of the review are fourfold:

1. To place CAH programmes within the context of animal health policy.
2. To elaborate the criteria against which CAH initiatives should be evaluated within a national animal health system (NAHS).
3. To identify regional differences between CAH initiatives.
4. To elaborate policy recommendations on how to support CAH systems and integrate them into a wider national animal healthcare structure.

## Conclusions

### *To objective 1*

At the same time that PHC was implemented, NGO-led CAH systems started growing in rural areas to overcome the lack of AHS delivery and fill the supply gap for these services. While ethical objectives drove PHC, economic growth remained at the centre of CAH initiatives. And, whereas PHC was perceived by local communities and researchers as top-down, CAH programmes were community generated. While the AH sector lacked institutional focus, the human health counterpart lacked participatory rural appraisal methods to increase community involvement in implementation.

Comparative analysis of the animal and human health sectors reveals gaps in the evolution of CAH systems within the animal health system. These are mainly institutionalisation of CAHWs, monitoring of these community workers and governance in animal health service delivery in rural and remote areas. CAH systems thus have to be put into a wider policy context labelled primary animal healthcare (PAHC) to improve existing service delivery in rural areas through CAHWs.

### *To objective 2*

Six main criteria have been devised to guide assessment of CAH initiatives within the context of PAHC delivery. These criteria are equity, efficiency, accessibility and quality of services provided, human resources and financial resources. Given the similarities between human and animal health service delivery in rural areas, these criteria need to be taken into account when considering the scaling-up to the national level of community-based programmes. Choices and valuation of trade-offs between them will be heavily influenced by political decisions at the national and/or local level.

### *To objective 3*

Although the literature on CAH systems in certain geographical regions such as Latin America and West Africa is relatively scarce, regional differences have been highlighted. Most of the reviewed initiatives prioritise the sustainability of CAH systems, but monitoring models differ. Whereas in Asia most initiatives link CAHWs with government staff, in East Africa linkages are more likely to be established with private veterinary practitioners, resulting in significantly lower government involvement than in Asia. It seems, however, that the need to institutionalise CAHWs is now

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<sup>1</sup> To attain these objectives, a review of selected community-based animal health systems has been performed (see table 1) in addition to the extensive literature existing on PHC initiatives. The main criterion for CAH programmes inclusion was their intention of up scaling CAH initiatives towards a primary animal healthcare (PAHC) system (i.e. their integration in a wider national animal health policy).

recognised internationally and that reluctant members of the veterinary profession, especially in East Africa, are becoming more aware of the usefulness of these workers in delivering services in rural areas.

#### ***To objective 4***

Scaling up CAH systems into a nationwide delivery scheme requires support at several levels. Policy recommendations for the national animal health system to strengthen the process are the following:

- Clearly state the NAHS overall animal health objectives;
- Facilitate a platform for dialogue between NGOs and existing national structures for coordinating field activities and so obtain more equitable and consistent AHS delivery in rural and remote areas;
- Improve equity in the PAHC system by promoting the institutionalisation and recognition of CAHWs and a standardised curriculum<sup>2</sup> for CAHWs defining training periods and tasks while maintaining enough flexibility to adapt services to the AH needs of different parts of the country.

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Pro-Poor Livestock Policy Initiative (PPLPI)

Website: <http://www.fao.org/ag/ppipi.html>

Working Paper: <http://www.fao.org/ag/againfo/projects/en/ppipi/docarc/wp22.pdf>

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<sup>2</sup> When these have not already been implemented.