

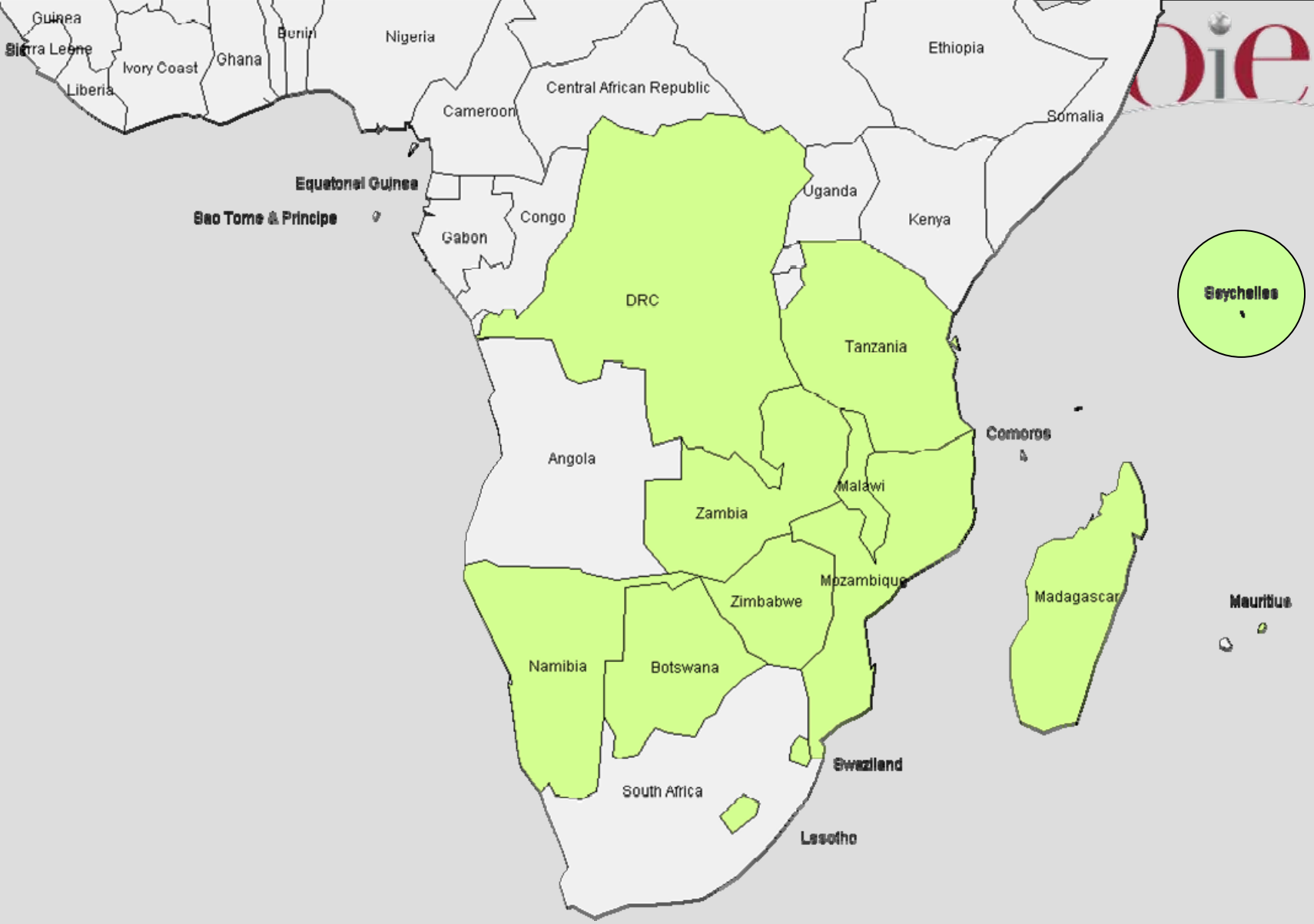


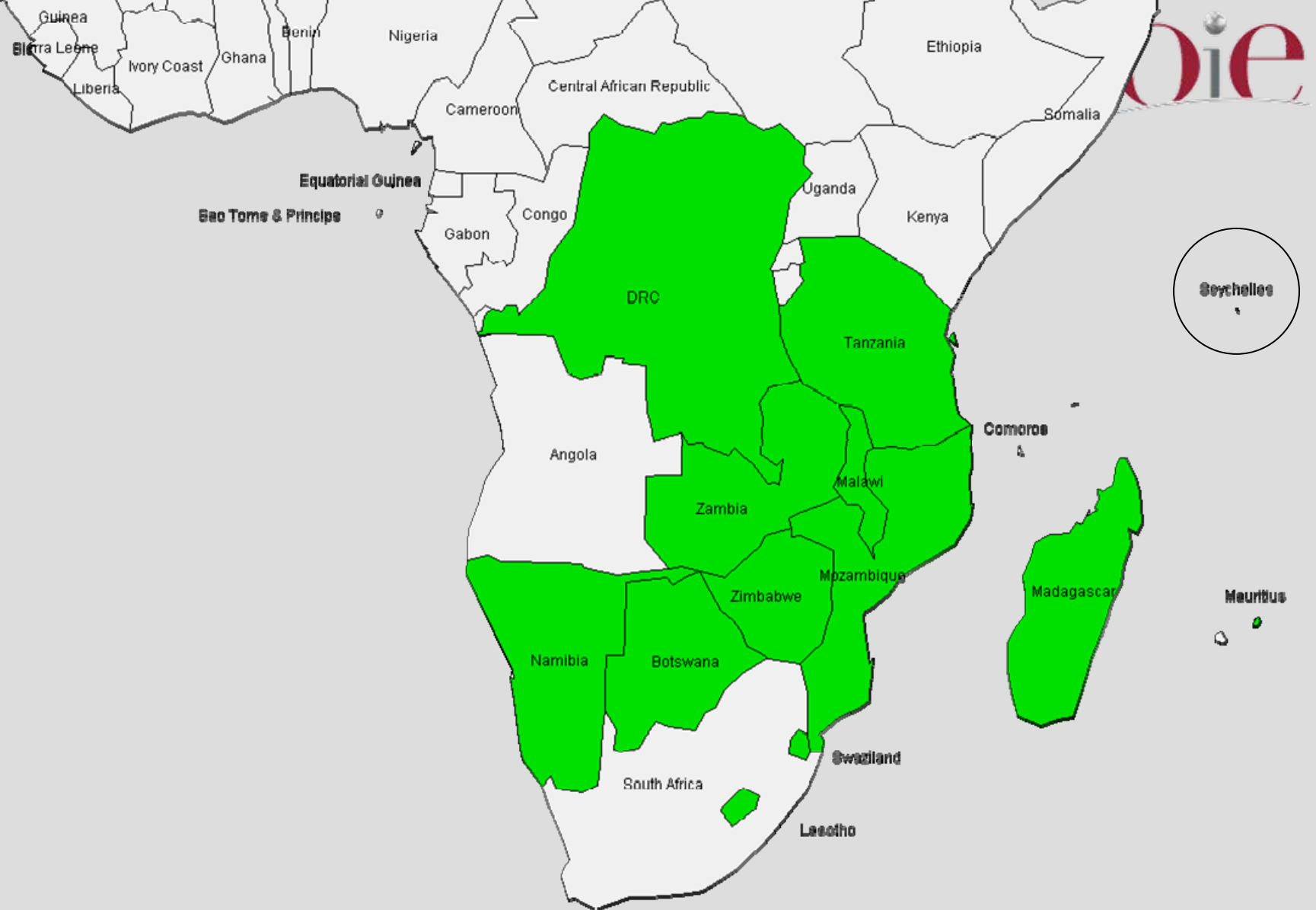
Dr. Patrick Bastiaensen
OIE Sub-Regional Representation Southern Africa

Performance of Veterinary Services
Outcomes of PVS missions conducted
in SADC Member States from 2007 – 2010.

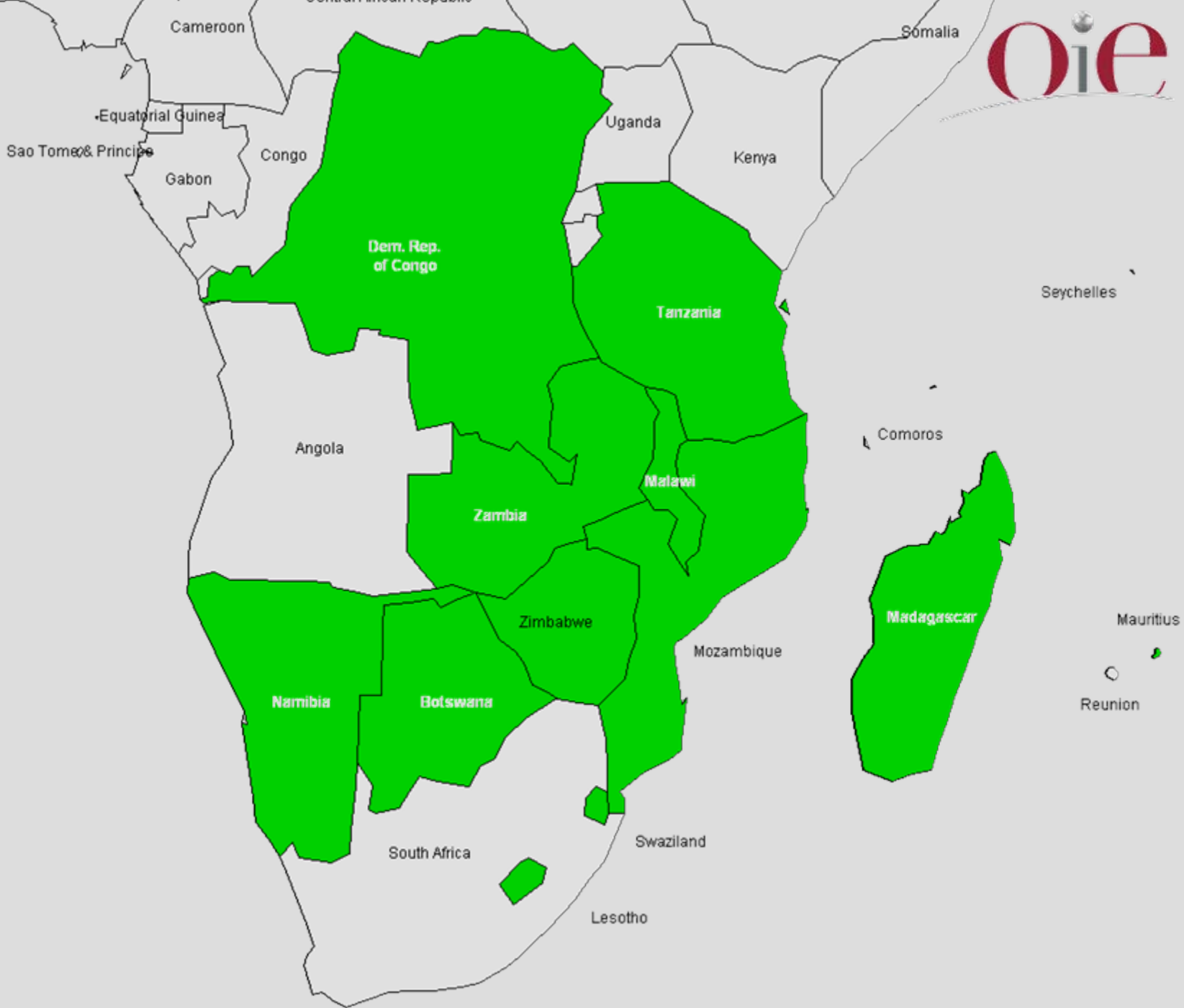












BW : Botswana
(conducted in March 2010, report validated in December 2010)

DC : D.R. Congo
(conducted in July 2007, report validated in June 2008)

LS : Lesotho (conducted in June 2007, report validated in March 2008)

MG : Madagascar (conducted in June 2007, report validated in February 2008)

MW : Malawi (conducted in June 2007, report validated in February 2008)

MU : Mauritius (conducted in January 2009, report validated in May 2009)

MZ : Mozambique (conducted in January 2008, report validated in March 2009)

NA : Namibia (conducted in August 2008, report validated in April 2009)

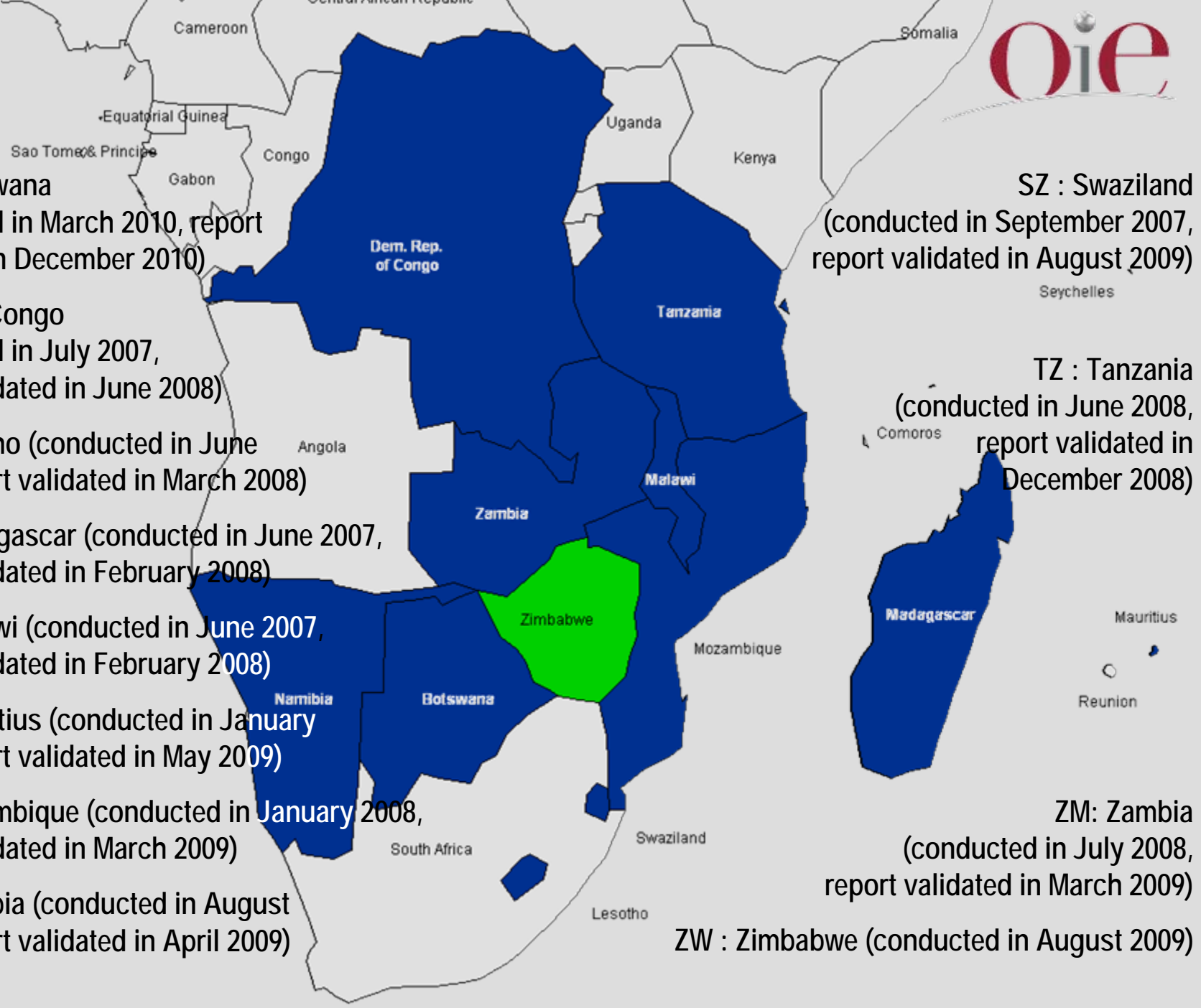
SZ : Swaziland
(conducted in September 2007, report validated in August 2009)

Seychelles

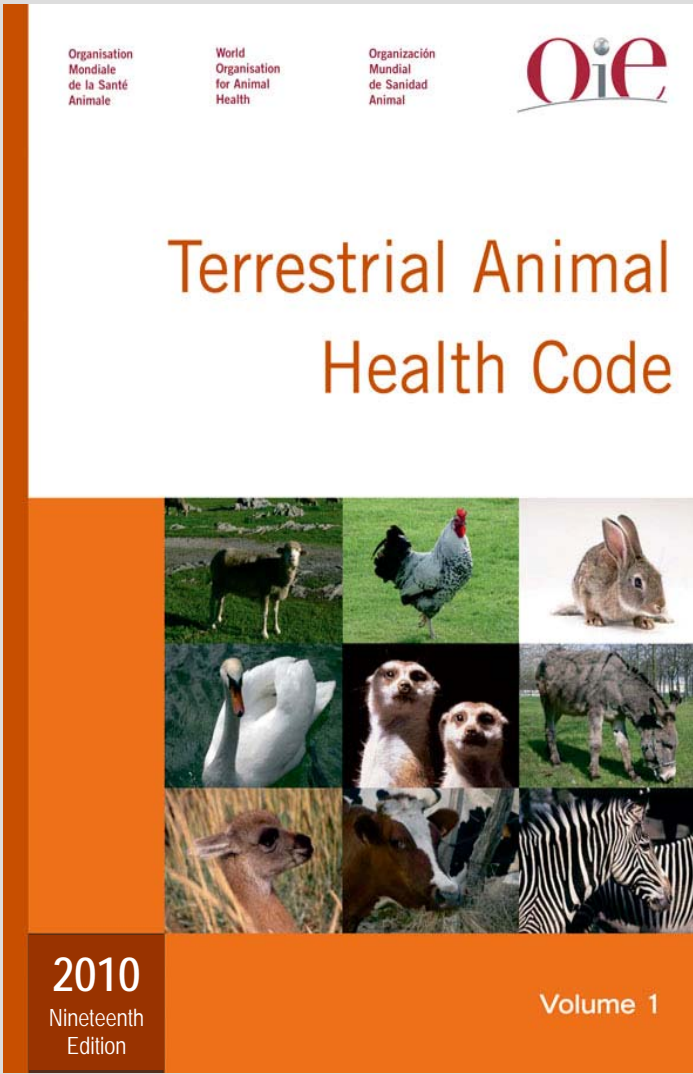
TZ : Tanzania
(conducted in June 2008, report validated in December 2008)

ZM: Zambia
(conducted in July 2008, report validated in March 2009)

ZW : Zimbabwe (conducted in August 2009)



Referential : The Code ▲ ▼ Chapter 3.1.



Fundamental components (4)

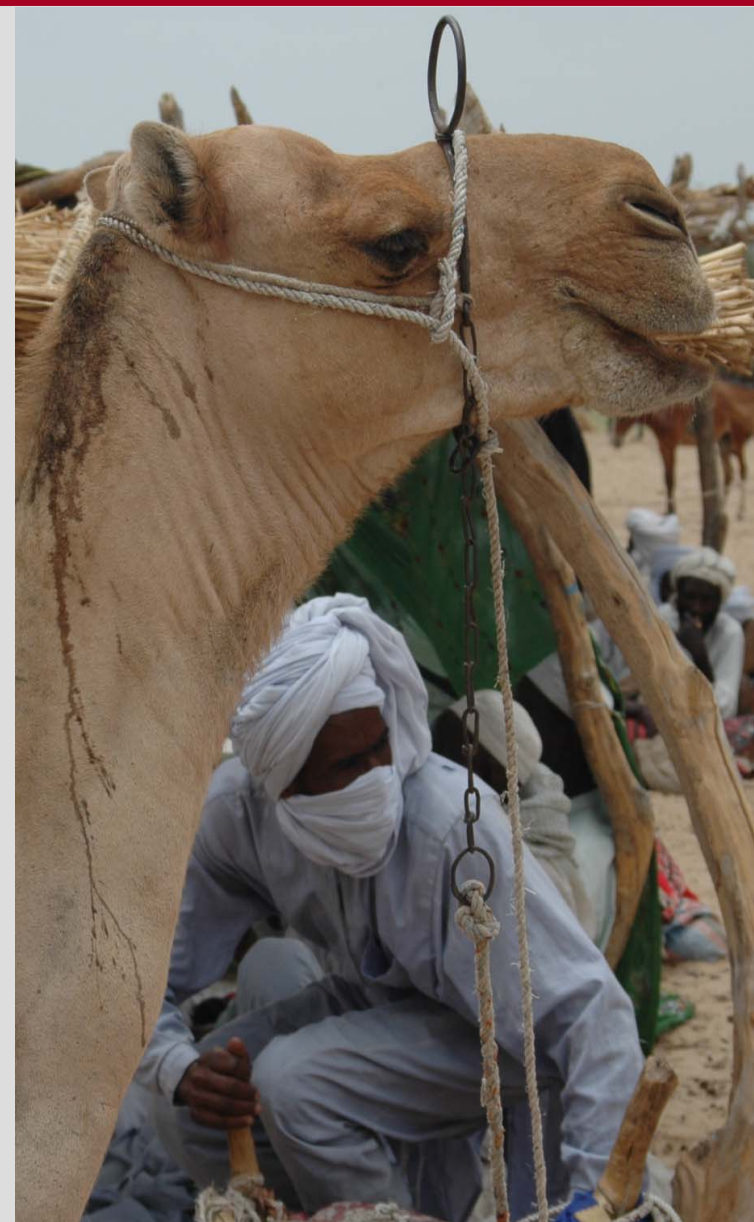
- Human, physical and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Market access



Critical competencies (46) : example

Technical authority and capability

- **Veterinary laboratory diagnosis**
- **Laboratory quality assurance**
- **Risk analysis**
- **Quarantine and border security**
- **Epidemiological surveillance**
- **Early detection and emergency response**
- **Disease prevention, control and eradication**
- **Food safety**
- **Veterinary medicines and biologicals**
- **Residue testing**
- **Emerging issues**
- **Technical innovation**
- **Identification & traceability**
- **Animal welfare**



Critical competencies : example

Quarantine and border security

- A. Definition : *The authority and capability of the VS to prevent the entry and spread of diseases and other hazards of animals and animal products.*
- B. Levels of advancement



Critical comp

Quarantine and border security

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

The Veterinary Service cannot apply any type of quarantine and border security procedures for animals or animal products with their neighbouring countries or trading partners

The VS can establish and apply quarantine or border security procedures; however, these are generally based, neither on international standards, nor on a risk analysis.

The VS can establish and apply quarantine or border security procedures based on international standards, but the procedures do not systematically address illegal activities relating to the import of animals / animal products.

The VS can establish and apply quarantine or border security procedures which systematically address legal pathways and illegal activities.

The VS work with their neighbouring countries and trading partners to establish , apply and audit quarantine and border security procedures which systematically address all risks identified.

Number of border posts

The Veterinary Service cannot apply any type of quarantine and border security procedures for animals or animal products with their neighbouring countries or trading partners

AND

Documented evidence of quarantine measures taken

The VS can establish and apply quarantine or border security procedures; however, these are generally based, neither on international standards, nor on a risk analysis.

AND

Documented evidence of legislation complying with international standards

The VS can establish and apply quarantine or border security procedures based on international standards, but the procedures do not systematically address illegal activities relating to the import of animals / animal products.



**INDICATORS
(cumulative)**

The VS can establish and apply quarantine or border security procedures which systematically address legal pathways and illegal activities.

The VS work with their neighbouring countries and trading partners to establish, apply and audit quarantine and border security procedures which systematically address all risks identified.

Fundamental components (4)

- Human, physical and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Market access



Fundamental components (4)

- Overall, whether in-transition countries, or developing countries within the SADC region, PVS assessments led very often to similar conclusions as to the main constraints veterinary services face in today's Southern African and global environment. One of them is definitely the **chain of command** between the *Chief Veterinary Officer* and his/her field staff, often lost during institutional reforms favouring indiscriminate decentralization of powers to local authorities.

Fundamental components (4)

- Outdated and/or inadequate **legislation** is often perceived a constraint to effective law enforcement, especially in areas such as food safety, residue control and the use of veterinary drugs. It also contributes to an erosion of the veterinary profession, with more and more tasks being handed over (or taken over) by under- or non-qualified individuals. Finally, any farmer's compensation plan must be under-build by adequate legislation for it to become operational.

Fundamental components (4)

- Another serious impediment to the development of veterinary services, especially the public veterinary services, is the current (in some cases) and expected (in all cases) **shortage of qualified manpower**. Most, if not all SADC member countries face imminent collapse of their veterinary services, due to retirement waves of professionals who came to occupy their positions after independence. Another reason for concern is the shortfall of scholarships

Fundamental components (4)

- Two indirect consequences of this human resources challenge is that **supervision of veterinary para-professionals decreases** and that **new areas of engagement of veterinary services**, such as food safety, identification and traceability, registration and control of veterinary drugs and biologicals, animal welfare, aquatic animal disease surveillance and control and wildlife disease surveillance and control are insufficiently exploited and often voluntarily left to other authorities under the Ministries of Health or Fisheries to name but a few.

Fundamental components (4)



- The same applies to some extent to **outreach** policies to farmers, private vets and other stakeholders, whether through communication or statutory, formal coordination mechanisms. Both are insufficiently developed, except in countries like Namibia or Swaziland. **Health accreditation of private vets** to deliver public-sector services too is still underutilized.

Fundamental components (4)

- **Funding** is generally regarded as inadequate, either in absolute terms, either in relative terms, i.e. to address the wide scope of issues and mandates that are those of a modern veterinary services. *Even countries claiming that funding is adequate (e.g. Namibia), often disregard the fact that budgets are based on expected staffing and that they ‘save’ money on un-allocated positions in the veterinary services’ flow chart.* In Botswana, funding is adequate, but was adversely affected by the international financial crisis, because of the economy’s dependence on mineral resources.

Fundamental components (4)



- Even in exporting countries, OIE-promoted tools such as **compartmentalization** or **containment-zoning are under-utilised** and deserve more attention, especially in the light of diminishing financial resources and staff availability

Fundamental components (4)

- Human, physical and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Market access



Human, physical and financial resources

Critical competencies	A	B	C	D	E	F	G	H	I	J	K
I.2.a Competencies of veterinarians	4	1	2	2	1	2	3	4	4	3	3
I.2.b. Competencies of veterinary para-professionals	4	1	2	1	3	1	2	4	3	3	4
I.3 Continuing education	3	2	1	2	2	2	2	3	2	2	2
I.6 Coordination capability of the VS	4	2	2	2	3	3	2	3	3	2	2
I.8 Funding	4	1	1	1	2	3	2	2	3	1	1
I.9 Contingency funding	3	1	1	1	3	3	1	3	4	1	2
I.10 Capability to invest and develop	3	1	1	1	3	2	1	2	2	2	2

Human, physical and financial resources

Critical competencies	A	B	C	D	E	F	G	H	I	J	K
I.2.a Competencies of veterinarians		1	2	2	1	2	3			3	3
I.2.b. Competencies of veterinary para-professionals		1	2	1	3	1	2		3	3	
I.3 Continuing education	3	2	1	2	2	2	2	3	2	2	2
I.6 Coordination capability of the VS		2	2	2	3	3	2	3	3	2	2
I.8 Funding		1	1	1	2	3	2	2	3	1	1
I.9 Contingency funding	3	1	1	1	3	3	1	3		1	2
I.10 Capability to invest and develop	3	1	1	1	3	2	1	2	2	2	2

Human, physical and financial resources

Critical competencies	A	B	C	D	E	F	G	H	I	J	K
I.2.a Competencies of veterinarians		1	2	2	1	2	3			3	3
I.2.b. Competencies of veterinary para-professionals		1	2	1	3	1	2		3	3	
I.3 Continuing education	3	2	1	2	2	2	2	3	2	2	2
I.6 Coordination capability of the VS		2	2	2	3	3	2	3	3	2	2
I.8 Funding		1	1	1	2	3	2	2	3	1	1
I.9 Contingency funding	3	1	1	1	3	3	1	3		1	2
I.10 Capability to invest and develop	3	1	1	1	3	2	1	2	2	2	2

Human, physical and financial resources

- **Competencies of veterinarians** : with the exception of three countries, where veterinarians' practices, knowledge and attitudes usually allow undertaking specialized activities as may be needed by the VS (level of advancement 4), the competencies of veterinarians in most countries vary from practices, knowledge and attitudes that usually allow undertaking all professional/technical activities of the VS (level 3) to a variable standard that usually allow for elementary clinical and administrative activities of the VS, but nothing more (level of advancement 1).
- **Veterinary para-professionals** (anything from meat inspectors and animal health technicians and nurses to vaccinators and community-based animal health workers) represent a similar pattern of competencies, with the best and most homogeneous competencies found in 40% of countries (levels of advancement 3 or 4) and the worst and most heterogeneous competencies found in 3 countries, where training of this category of staff is almost non-existent and at best, informal (level 1)
- **Continuing education**: in most countries the VS have access to CE (internal and/or external programmes) on an irregular basis but it does not take into account needs, or new information or understanding (level of advancement 2).
- **Coordination capability of the sectors and institutions of the VS** (public and private) : with the exception of one country (level 4), there are informal or irregular coordination mechanisms for some activities, with an unclear chain of command (level of advancement 2) or at best with a clear chain of command for some activities, but these are not coordinated / implemented throughout the country (level of advancement 3).

Human, physical and financial resources

- **Funding** : with the exception of some small countries, where the funding for the VS is clearly defined, regular, and deemed adequate for their base operations (though not always for new or expanded operations; level of advancement 3), most countries regard their funding as either clearly defined, but inadequate (level 2) or not defined at all, and allocated irregularly (level 1).
- **Contingency funding** follows the same pattern as the (recurrent) funding, mostly poorly or not defined and inadequate to cover the actual needs (levels of advancement 1 and 2) , with the exception of again some small countries, which claim that contingency and compensatory funding arrangements with limited resources have been established and that additional resources for emergencies may be approved but that this approval is through a political process (level 3). Only one Kingdom is said to have adequate resources which can be released in an emergency situation, through a non-political process on a case-by-case basis (level 4).
- **The capability to invest and develop** is regarded as relatively low with either no capacity at all, or at best (level 2) occasional and irregular allocations, mostly provided for by extra-budgetary resources. In one country however, the VS regularly secures funding for improvements in operational infrastructure, through extraordinary allocations from the national budget or from other sources, but these are allocated with constraints on their use (level of advancement 3).

Fundamental components (4)

- Human, physical and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Market access



Technical authority and capability

Critical competencies	A	B	C	D	E	F	G	H	I	J	K
II.1 Laboratory diagnosis	5	2	1	1	2	2	2	2		1	1
II.2 QA of laboratories	5	-	-	-	-	2	1	2	-	1	1
II.3 Risk analysis	2	1	1	1	1	2	2	2	2	1	1
II.4 Quarantine and border security		2	1	1	2		2	3		2	1
II.5 Epidemiological surveillance	2 - 4	3	2	2	2	1 - 2	2	3		2 - 3	2
II.6 Early detection and emergency response		2	1	2	2	1	1	2		3	2
II.9 Veterinary med. products	3	1	1	2	2	2	1	2	3	2	1

Technical authority and capability

- **Laboratory diagnosis** is inadequate in that it either provides for clinical diagnosis either (post-mortem) or only reliable lab diagnosis for a limited number of the major animal diseases and zoonoses, either domestically or by sending samples to a foreign laboratory (which requires extra financial resources). This corresponds to levels of advancement 1 and 2. In a few cases Vet. Services have access to and use a laboratory to obtain a correct diagnosis for diseases of zoonotic or economic importance both present and not present in the country, but known to exist in the region and/ or that could enter the country (level 4), while the best laboratory capacity is encountered in Botswana (level 5), though financial resources are entirely dependent from government allocations, without much financial autonomy.
- **Quality assurance of laboratories**, as a critical competency, was only introduced in the OIE PVS Tool in (late) 2007 and was not assessed in DRC, Lesotho, Madagascar, Malawi and Swaziland. In the remaining countries, quality assurance approaches vary from inexistent (level 1) to scattered : only some laboratories used by the public sector VS are using formal QA systems (level 2). In one country however, thanks to SANAS and ISO accreditation, the level of advancement is 5.
- **Risk analysis capacity** is poorly developed in all countries, where none (level 1) or only a few risk management decisions are taken based on sound scientific evidence (level 2).

Technical authority and capability

- Quarantine and border security** is better developed in some of the smaller states it would seem, with countries claiming that VS can establish and apply quarantine and border security procedures which systematically address legal pathways and illegal activities (level 4), whereas another small Kingdom, entirely surrounded by the Republic of South Africa, cannot apply any type of quarantine or border security procedures for animals or animal products with their neighbouring countries or trading partners (level 1).
- Epidemiological surveillance** Overall member states assessed conduct passive and active surveillance for some relevant diseases and have the capacity to produce national reports on some diseases, but not covering all susceptible populations (level 2) or can rely on networks in the field, whereby samples from suspect cases are collected and sent for laboratory diagnosis with evidence of correct results obtained. These VS have a basic national disease reporting system and their active surveillance is applied in all susceptible populations and/or are updated regularly (level of advancement 3). Again, only one small country claims to conduct passive surveillance and report at the national level on most relevant diseases. Appropriate field networks are established for the collection of samples and submission for laboratory diagnosis of suspect cases with evidence of correct results obtained. Stakeholders are aware of and comply with their obligation to report the suspicion and occurrence of notifiable diseases to the VS (level of advancement 4).

Technical authority and capability

- **Early detection and emergency response.** Again with the exception of two (level 4) or three (level 3) countries, most countries claim that the veterinary services have either no field network or established procedure to determine whether a sanitary emergency exists or the authority to declare such an emergency and respond appropriately (level 1) or that they have a field network and established procedures and authorities, but lack the necessary legal and financial support to respond appropriately (level 2).
- **Veterinary medicines and veterinary biologicals.** With the exception of two countries (level 3), most countries assessed have at best a limited capability to exercise administrative control (including registration) over the usage, including import and production, of veterinary medicines and veterinary biologicals (level of advancement 2) or must accept that the veterinary services have no control over the regulation of the usage of veterinary medicines and veterinary biologicals (level of advancement 1). This of course doesn't mean that there is no regulation in place, but it might be entrusted to other authorities or agencies, within the realm of e.g. the Ministry of Health or the Ministry of Trade and Industry.

Fundamental components (4)



- Human, physical and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Market access



Interaction with stakeholders

Critical competencies		A	B	C	D	E	F	G	H	I	J	K
III.2	Consultation with stakeholders	2	2	1	2	2	2	2	3	3	1	2
III.4	Accreditation Autorisation Delegation	3	1	3	3	1	1	2	1	1	1	2
III.5	Veterinary Statutory Body	2 - 3	1	4	3	2	4	1	4	4	4	1
III.6	Participation of producers and other stake- holders in joint programmes	2	1	1	2	2	1	1	3	3	1	2

Interaction with stakeholders



- **Consultations with stakeholders** are genuinely well developed in Namibia and Swaziland where the veterinary services maintain a formal consultation mechanism with stakeholders (level 3). Most other countries do not engage in consultations with stakeholders (level 1) or engage only in an informal manner (level 2).
- **Accreditation / Authorisation / Delegation** is either well-developed or not developed at all. Countries having engaged the services of the private sector in the delivery of certain traditional public sector services accredited for clinical services, artificial insemination and drug distribution, in one case wildlife surveillance (level 3) or are envisaged for vaccination campaigns in the near future (level 2). In the other countries, public sector tasks and authorities are still conducted and exerted by public sector personnel exclusively (level 1).

Interaction with stakeholders

- **Veterinary Statutory Bodies** exist and are operational in 7 countries only (level 3 or 4), are in the process of being established in 2 countries and are still absent in one country (level 1). In some countries, the VSB deals with private sector veterinarians only and does not include the supervision of veterinary para-professionals (level 3). In other countries (level 1), the existing Veterinary Board is not autonomous as it reports to the Director of the Ministry who controls the Register.
- **Participation of producers and other stakeholders in joint programmes.** As for the consultations with stakeholders, these are genuinely well developed in Namibia and Swaziland, especially with regard to producers (farmers) Level of advancement 3. In all other countries, producers and stakeholders only comply with, but do not actively participate in programmes (level 1) or are at best informed of programmes and assist the VS to deliver the programme in the field.

Fundamental components (4)



- Human, physical and financial resources
- Technical authority and capability
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- Market access



Market access

Critical competencies	A	B	C	D	E	F	G	H	I	J	K
IV.1 Preparation of legislation and regulations, and implementation	4	1	2	2	2	2	2	3	3	2	1
IV.2 Stakeholder compliance with legislation and regulations	3	1	1	1	2	1	1	3	4	1	1
IV.8 Zoning	5	1	1	1	2	1	1	4	3	2	2
IV.9 Compartmentalisation	2	1	1	2	2	1	1	3	2	2	2

Market access

- **Preparation of legislation and regulations, and implementation of regulations :** most VS in the SADC region will concede that they have the authority and the capability to participate in the preparation of national legislation and regulations, but that they cannot implement resultant regulations nationally (level 2). In one country, even this authority and capability is lacking (level 1).
- **Stakeholder compliance with legislation and regulations :** in at least 5 countries, poor legislation, conflicting legislation, the lack of legal powers to exert sanitary police measures and inadequate coverage of the national territory make it difficult for the veterinary services to exert control on stakeholders' compliance and take repressive or penal measures (level 1).

Market access

- Zoning** : except for Botswana and Namibia, which have defined and implemented zoning for FMD (and CBPP, in the case of Namibia) and attained recognition by the OIE (*Veterinary Cordon Fences*) and Swaziland which has basically managed to shield off its entire territory from surrounding countries harbouring FMD-infected buffaloes, all other assessed countries can't claim to be in a position to apply zoning (level 1) or as necessary, can identify animal sub-populations with distinct health status suitable for zoning, but haven't done so (yet) (level 2).
- Compartmentalization** : again, except for Namibia where entrepreneurs apply compartmentalisation in quarantine farms, game farms and the pig industry (level 3), little development is recorded in the other countries, where either the capacity is there (level 2) or not (level 1), but where no compartmentalisation systems or integrations exist to date. Even in Namibia, there is no evidence that compartmentalisation has led to international recognition (and hence, exports, commensurate with level of advancement 5).



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(WSPA) (FAO) (IFAD)

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