



Protecting Livestock – Improving Human Lives

Delivering quality livestock health services to small holders through para professionals: policy perspectives

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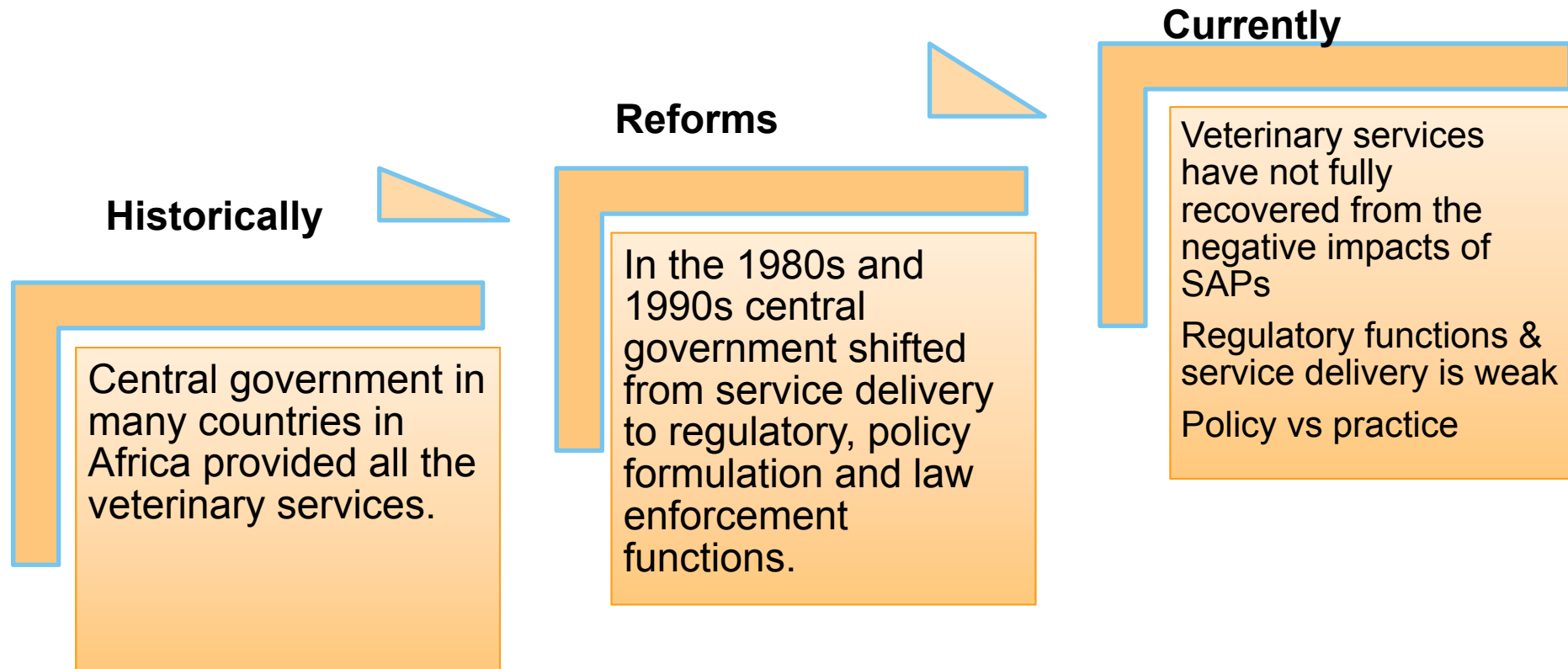
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Delivery of veterinary services in Africa

- Veterinary services in many African countries have typically been provided by the public sector
- SAPs led to decline in funding to many public vet services
- Quality and availability of public vet subsequently declined in many countries
- Reform programmes assumed that non-core govt services would be financed and delivered by private sector
- After decades of “experimentation” with privatisation, private vets are yet to adequately fill the gap left by diminished public service
- Livestock production in Africa is predominantly by small holders most of whom are based in rural areas

Delivery of veterinary services in Africa



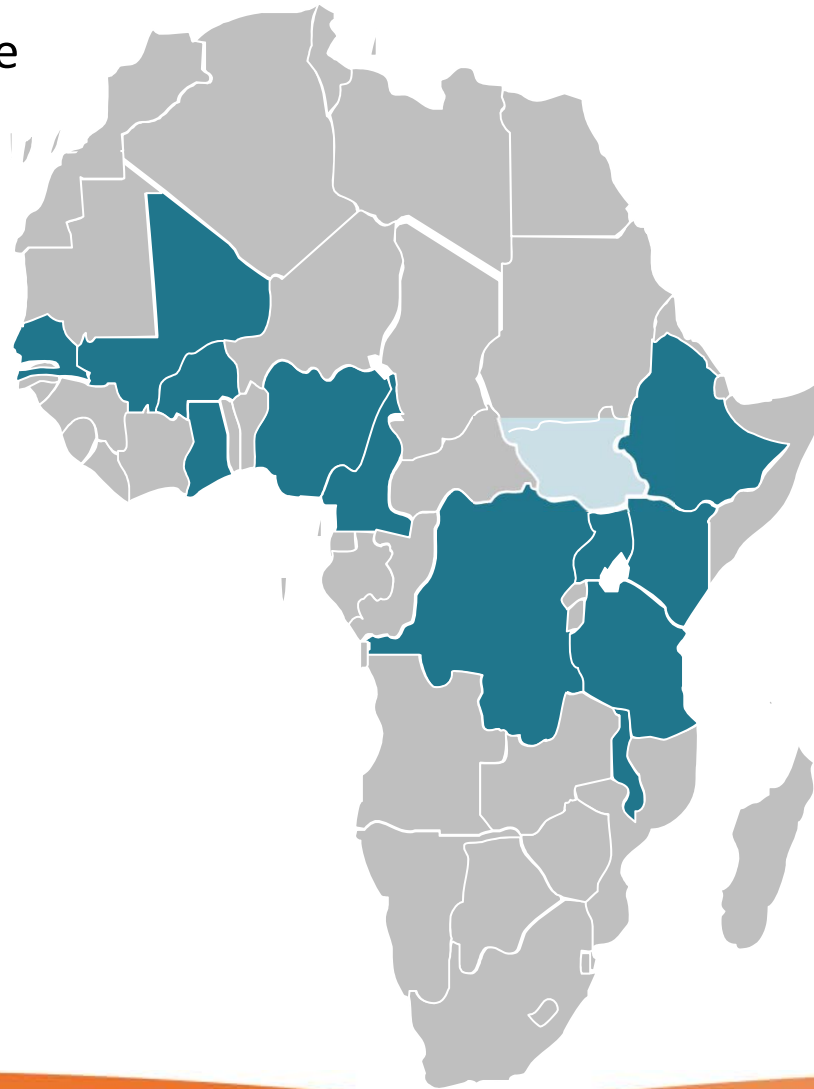
SAPs: privatisation and deregulation of veterinary services occurred without adequate institutional framework

The problem

- Insufficient livestock health service providers in rural areas:
 - Decline in public spending in veterinary services
 - Insufficient numbers of veterinary professionals trained in veterinary schools
 - Lack of commercial incentives for private vets investment in servicing rural areas - private vets typically operate in urban and peri-urban areas leaving rural/remote areas under serviced
- Unmet need filled by paravets, CAHWs and other para professionals
- OIE guidelines provide for operation of paraprofessionals under the responsibility and direction of a veterinary surgeon - this doesn't always occur

Understanding policies on paraprofessionals

GALVmed commissioned a study in 2013/4 to review the policy, regulatory & admin framework under which actors involved in the delivery of livestock health products & services operate in the specified countries.



East and Southern Africa:
Kenya, Uganda, Tanzania,
Ethiopia, Malawi

West and Central Africa:
DRC, Cameroun, Mali,
Senegal,
Burkina Faso, Ghana, Nigeria

	Issue Prescriptions	Sell/distribute products	Vaccinate animals	Medicate/treat	Use field diagnostics
Kenya	Vet surgeon	Pharmacist	Vet, registered paravet (under supervision), animal owners, paravets employed by govt or registered vets have delegated autho to vaccinate without supervision	Vet, registered paravet (under supervision), animal owners, paravets employed by govt or registered vets have delegated autho to vaccinate without supervision	Vet, paravet
Uganda	Vet surgeon	Pharmacist	Vets, AHAs, AHTs (under supervision), animal owners	Vet	Vet
Ethiopia	Vet surgeon	Vet, paravet	Vet, AHTs, animal owners	Vet, paravet	Vet, paravet
Tanzania	Vet surgeon	Pharmacist, vet	Vet, paravet, animal owners	Ministry appointed inspectors, vet, enrolled paravet, enlisted assistant paravet, animal owners or their employees	Vets, paravet, assistant paravet
Malawi	Vet surgeon	Pharmacist	Vet, paravet, animal owners	Vet, paravet, animal owner	Vet, paravet
DRC	Vet surgeon	Pharmacist, vet	Vet, paravet (under supervision), animal owners	Vet, paravet (under supervision)	Vet, paravet
Cameroun	Vet surgeon	Pharmacist, vet	For priority diseases, only govt vets, otherwise vets, paravets (under supervision)	Vet, paravet, animal owner	Vet, paravet, biologist
Burkina Faso	Vet surgeon	Pharmacists, vets	Vet, paravet (under supervision), poultry vaccinators	Vet, paravet (under supervision)	Vet, biologist
Ghana	Vet surgeon	Pharmacists, vets, registered inspectors	Vet, paravet (under supervision),	Vet, paravet (under supervision), CAHWs	Vet, paravet
Nigeria	Vet surgeon	Pharmacists, vets	Vet, paravet (under supervision), CAHWs	Vet, paravet (under supervision)	Vet

Diverse categories & training



Category	Veterinary surgeon	Veterinary Paraprofessional (VPP)	Assistant Paraprofessional (AP)	CAHWs
Countries	e.g. Kenya, Uganda, Tanzania, Malawi	e.g. Kenya, Tanzania and Malawi	e.g. Tanzania	Parts of Uganda, Malawi and Ethiopia
Qualification for registration	Degree in Vet. Medicine (recognized)	≥ 2 year training in animal health/Diploma in animal health	A certificate in animal health	Not defined
Veterinary practice (diagnosis, medication and vaccination etc.)	Veterinarians registered and licensed by Veterinary Board.	VPP registered and licensed by Veterinary Board to work under supervision of vet surgeons. (Only allowed to offer basic treatments)	AP registered and licensed by Veterinary Board to work under supervision of vet surgeons. (Only allowed to offer basic treatments)	Not legally recognized in many of the countries
Restriction in veterinary practice	None but must be registered (and licensed as necessary) by the Veterinary Board	Supervision by registered veterinary surgeon	Supervision by registered veterinary surgeon	Not recognized legally in many of the countries

Policy	Practice
<ul style="list-style-type: none"> • Where VPPs are recognised, they can only offer limited treatments without supervision of registered veterinary surgeons • In some countries, NGOs in animal health services must employ a registered veterinarian • CAHWS not legally recognized in many countries 	<ul style="list-style-type: none"> • There are often inadequate models/mechanisms for supervision of VPPs • NGOs don't always employ a vet and often use CAHWS to treat and vaccinate livestock • CAHWS operate especially in rural and pastoralist areas • Village vaccinators are used in some countries and these seem to deliver
<ul style="list-style-type: none"> • It is an offence to sell livestock health products that are not registered • Only registered and licensed Pharmacists are authorized to dispense vet medicines in licensed premises • Livestock health products under Part 1 poisons can only be sold on presentation of prescription from a registered veterinarians • Drug inspectors from National Drug authorities should ensure compliance with drug regulations • It is an offence to engage in veterinary practice if not registered by Vet Board 	<ul style="list-style-type: none"> • Drug inspectors do not provide adequate services to ensure compliance with drug regulations • Unregistered products, low quality / fake products are sold in all the countries • Unauthorised persons sell Part I poisons (antibiotics, vaccines etc.) • Pharmacists sell Part I poisons in the absence of prescriptions from veterinary surgeons • Weak enforcement hence unauthorised sale of products to animal owners thus undermining disease control • Veterinarians practice without registration

- Paraprofessionals including CAHWs are critical to improving access to animal health products and services
- These are mostly not recognised, accredited, and regulated in many African countries
- Different levels of paraprofessionals are not easily distinguishable. There is a need to characterise them and define qualifications and training – this should be mindful of individual country needs
- In defining limits of authority, **ALL** actors (including CAHWs) need to be considered
- There is need for **pragmatic** models for supervision of paraprofessionals including CAHWs by veterinary surgeons
- It is not enough to have laws and regulations, implementation/enforcement is equally important - compliance

GALVmed experience with partners



Partner	Product	Vet	Paravet	CAHW	Vaccinator	Total personnel
Africa – A	ECF	10	35	0	0	45
Africa – B	ECF	4	13	0	0	17
Africa – C	ND	6	79	114	0	199
Africa – D	ND	1	2	160	0	163
Africa – E	ND	2	6	47	0	55
Total Africa		23 (5%)	135 (28%)	321 (67%)		479
Asia – A1	ND	1	0	96	0	97
Asia – A2	ND	1	0	0	195	196
Asia – B	ND	1	3	0	20	24
Asia – C	ND	1	0	80	36	117
Asia – D	ND	3	6	37	200	246
Asia – E	ND	1	1	0	125	127
Total Asia		8 (~1%)	10 (~1%)	213 (26%)	576 (71%)	807



GALVmed

- is respectful of, and works within, international and national legislation and regulatory processes
- engages thought leaders and policy makers to sensitise them on areas constraining delivery of quality livestock health products and services
- works with appropriate authorities and partners to advance causes supportive of sustainable delivery of livestock vaccines

- India: Supporting work led by Animal Health Department through the National Skills council – developing occupational standards/standardised curriculum for CAHWs
- Nepal: already recognises and regulates CAHWs. GALVmed is supporting the inclusion of GALVmed priority diseases in the CAHWs training curriculum
- Africa: ????

10 years from now...

