

## **Veterinary legal reform in Tanzania**

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### **INTRODUCTION**

One of the major challenges faced by the livestock sub-sector in Tanzania is how to utilize opportunities available from the ongoing socio-economic reforms to enable the sub-sector to become one of the major contributors to the national GDP. This is because livestock production is one of the major agricultural activities in Tanzania. As a major local income assurer, the livestock sub-sector contributes substantially to poverty reduction and food security in rural areas. It provides about 30 per cent of the National Agricultural GDP, out of which about 40 percent originates from beef production, 30 percent from milk and another 30 percent from poultry and small stock production<sup>2</sup>. The Tanzania livestock population and distribution has been increasing steadily (ranking third in Africa) in recent decades at roughly same rate as the human population growth. Out of 3.7 million households in the country, 3 percent are pastoralists and 7 percent are agro-pastoralists. Cattle are dominant species, they account for about 75 percent of total livestock population. There are also sheep, goats, poultry, and pigs. Approximately, 99 percent of livestock sub-sector belongs to traditional (small) owners, with big ranches and dairy farms constituting the remaining 1 percent.

Most of the livestock products are for domestic markets. Important exports include live animals, hides and skins. The sub-sector needs to be developed, particularly in the dairy farming and meat processing to meet the ever-increasing domestic and external demand. However, this has to be done within the existing macro economic and legal environment. Pursuant to the current economic policy the Government encourages private investment to take up commercial based functions in the livestock industry, while it concentrates on its core functions. This policy has a direct effect to the veterinary legislation, which also needs to be reformed to meet the requirements of the policy.

The objective of this paper is to review the progress of government economic and legal reforms as far as they affect provision of primary health care in rural areas of Tanzania. Lessons drawn from this review are used to suggest a way forward that will integrate primary health care delivery services in rural areas and facilitate economic development of underserved rural areas.

### **GOVERNMENT REFORMS**

Before 1986, the Government provided most livestock services, both public and private. Consequently, the veterinary legislation, most of which was passed during colonial times, was less significant. Following introduction of a pluralistic political system and free market economic policies in late 1980s, the Government started to embark on several reforms that resulted in hiving off a number of commercial related services to the private sector and concentrating on regulatory, policy formulation and law enforcement functions.

#### **Government Structural Reforms**

Government structural reforms can be grouped under three important categories, namely: Public Sector Reforms, which also include Civil Service Reforms, Agricultural Sector Reforms and Local Government Reforms.

#### ***The Public Sector Reforms***

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<sup>2</sup> Minister for Water and Livestock Development, when presenting Ministry's Budget for 2002/2003 financial year to Parliament in July this year.

The Public Sector Reforms identified functions that will continue to be provided by the central government and those that can best be performed by other actors, namely; the local governments, service boards and/or executive agencies, NGOs and the private sector. The basic vision is that the role of the central government and sectoral ministries shall be confined to policy making, regulation, monitoring, performance assessments and intervention to ensure the legality of public services provision. Actual implementation shall be transferred to local governments, services boards and/or executive agencies, NGOs and the private sector. The re-deployment of sector ministries' staffs to the districts, which started towards the end of 1990s, was part of these reforms.

The implication of these reforms to the enforcement of veterinary legislation will be discussed in details elsewhere in this paper. It is enough to mention at this juncture that these reforms had effects to the division of responsibilities between state veterinary officers and private veterinary officers, especially as far as provision of private good veterinary services in rural areas is concerned.

### ***Agricultural Sector Reforms***

Agricultural sector reforms have a main objective of rationalizing agricultural sector development functions so that they could be operated more efficiently under a changed macro-economic policy. Most of the initial reforms were done through the Agricultural Sector Management Project (ASMP). These include: re-defining the functions of key actors in the sector and putting in place a new management mechanism for the new roles of the agricultural sector ministries. The latter reforms, culminated in developing a new Agricultural and Livestock Policy in 1997. According to the agricultural and livestock policy the Ministry of Agriculture had assumed a new mission according to which it is essentially performing public sector support functions in particular, and spearheading agricultural sector development in general.

Under the agricultural sector reform, several efforts were made to restructure the livestock services delivery system in Tanzania. These include: identification of functions that should be performed by the private sector, public sector, and those that should be shared. However, the Livestock Policy, which is a part of the National Agricultural and Livestock Policy (NALP) of 1997, prefers a cautious approach in implementation of new mandates. For example, as far as privatization of livestock services is concerned, the policy provides under section 3(iii) that: "*privatization of veterinary services and drug supply will be gradual, starting in urban and peri-urban areas where services can easily be provided by the private sector*". The Agricultural Policy envisaged that veterinary service and drug supply in rural areas would remain under government control in the near future.

### ***Local Government Reforms (LGR)***

The Local Government Reforms, which started in 1999, have the main purpose of establishing a new local government system, capable of responding to the current macro-policies, namely, the introduction of multi-party democracy and the adoption of free market economy. Thus, the new local government system is based on political devolution and decentralization of functions and finances within the framework of a unitary state. Under this system local governments are required to be holistic, i.e. multi-sectoral in operations, representing government units with legal status, operating on the basis of discretionary, but general powers.

The legal framework for the implementation of these reforms is provided under the Local Government Laws (Miscellaneous Amendments) Act of 1999. Under this legislation different local government legislation are amended to enable local governments to have almost full responsibility for social development and public service provision within their jurisdictions, facilitation of maintenance of law and order, and issues of national importance such as education, health, water, roads and agriculture.

It is important to note that the three reforms are far from being complete. Local government reforms are taking place at the last end of the process in order to clear out some uncertainties occasioned by the other two reforms. In the light of their new mandates, roles and responsibilities, local governments have to re-define their functions and structure themselves to accommodate the requirements of these reforms. Each local government will initiate and sustain its own restructuring process within the framework of the national reform programs.

### **LIVESTOCK SECTOR REFORM**

More elaboration on the Livestock Sub-sector reforms was provided in the Animal Health Strategy in 1998. The main objective of the animal health strategy is to devise means for efficient utilization of both public and private sectors in accelerating efforts towards reduction of animal diseases, morbidity and mortality and protect livestock and livestock consumers against infections, pests and diseases. The overall principle embedded in the strategy is that farm level disease control is the responsibility of the livestock keeper and services such as drugs, vaccines and inputs should be sought from the private sector. The role of the Government is limited to the

control of epidemic and infectious diseases, sanitary control, inspection and controlling pests and diseases, which are in such a magnitude that individual farmers cannot control. The Strategy provides a summary on how the private and public sectors will share or divide among themselves the livestock services<sup>3</sup>.

### **IMPLICATIONS OF LIVESTOCK SECTOR REFORMS TO THE PROVISION OF PRIMARY LIVESTOCK SERVICES IN RURAL AREAS**

Constraints in the delivery of veterinary services in Tanzania have generated considerable attention in recent years. Efforts towards implementation of these reforms in the livestock sector have demonstrated a struggle by decision makers to try to dismantle the old organizational system and put a clear division between “public goods” services and private veterinary services. Institutional adjustments, which have been taken to address this problem, mainly through several reforms, have resulted in the privatisation of clinical veterinary services and drug distribution, accompanied with attempts to induce government veterinarians to leave government services and enter private practice on a free-for-service basis. However, as the Livestock Policy portrays, successes of such a move will highly depend on ability to cultivate a clientele able to pay for the services. This means (as the trend has started to demonstrate) that privatisation; though a step in the right direction will not in the near future, help the rural poor, notably subsistence pastoralist herders. As such, the hiatus left by the government withdrawal from provision of private veterinary services, will be much more felt in rural areas than in urban or peri-urban areas, where private veterinary services is prominent. Refusal of some livestock keepers to pay fees for services, normally lead to breakdowns in services availability. There is also a potential lack of cooperation or participation of district veterinarians or local government authorities, which undermine the effectiveness of the services delivered.

An alternative approach to reaching the poor with clinical veterinary services, that is, promotion of the use of community based animal health workers (CAHWs), was introduced in Tanzania since early 1990s through a number of donor funded projects<sup>4</sup> and Non-Governmental Organizations initiatives. A sizable success of community based animal health services programmes has been noted. However, experience has shown that if the attempt is to succeed the participation and support of the professional veterinary community at the district, regional and national level is necessary.

However, there are risks associated with community animal health workers introduction. Inadequate investigation capacity of local livestock practitioners that may lead to faulty identification of local needs have been observed. Further, improper selection and training of CAHWs and inadequate monitoring of their field activities normally lead to abuses and failures in animal health care delivery. An unreliable drug supply line and smuggled-in drugs add more problems to the already unregulated system.

Experience in districts that already benefit from services provided by CAHWs shows that privatisation of clinical services delivery can be achieved, at least in part, through the sanctioning and support of para-professional and community-based animal health workers. This gradual transfer of clinical service not only introduces a culture of paying for services in rural areas, but also permits central and local government veterinary departments to re-allocate resources and direct them towards veterinary activities defined to be in the “public good”. Furthermore, training by use of harmonized curricula and guidelines to enable CAHWs to participate in diseases surveillance and supervised clinical services have proved that CAHWs could be useful in diseases surveillance and mass vaccination campaigns.

One major bottleneck to veterinary service delivery reforms in rural areas has been the fact that veterinary legislation has not yet been reformed to go hand in hand with these reforms. While efforts have been initiated to reform the veterinary legislation in the light of the above-discussed reforms, there is still some reluctance to include community animal health workers within the reformed veterinary legal framework. The following part discusses efforts by the Government to reform veterinary legislation in Tanzania and different bottlenecks to full inclusion of community animal health workers in the livestock legal framework.

### **LIVESTOCK LEGISLATION REFORM**

A total of thirteen laws that concern the livestock sector are in existence in Tanzania<sup>5</sup>. Out of these eleven are directly under the Ministry responsible for livestock development, two under the Ministry of health and one

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<sup>3</sup> Appearing in the Annexure

<sup>4</sup> For example the DIFD funded Animal Health Service Project 1998 - 2001

<sup>5</sup> These are: (i) The Animal Diseases Ordinance (Cap. 156 of 1940); (ii) The Veterinary Surgeons Ordinance (Cap 376 of 1958); (iii) The Cattle Grazing Ordinance (Cap. 155 of 1944); The Tsetse Fly Control Ordinance (Cap. 100 of 1943); (iv) The Animal Protection Ordinance (Cap. 153 of 1926); (v) The Animal Pounds

under the Ministry responsible for land. So far the Land Act and the Village Land Act are already reformed to address some of the issues being undertaken under the reform process. They deal especially with allocation of rangeland and land for pastoralist purposes. Bills that are intended to repeal the Pharmaceutical and Poisons Act and the Food (control of quality) Act and establish the Tanzania Food, Drugs and Cosmetics Act and the Pharmacy Act, were read for the first time in Parliament in April this year (2002) and are expected to be read for the second time in the forthcoming November Parliamentary Session. The Animal Ordinance, Veterinary Surgeons Ordinance and the Dairy Industry Ordinance are also being reviewed and drafts of new Bills that will have the effect of repealing these pieces of legislation have been initiated. This paper limits itself mainly to reforms in veterinary legislation that are aimed at giving solutions to the problems of animal health service delivery, especially in rural areas. Relevant legislation to this effect include: the Veterinary Surgeons Ordinance, the Pharmaceuticals and Poisons Act, the Bills for the Tanzania Food, Drugs and Cosmetics Act and Pharmacy Act and to a lesser extent, the Animal Diseases Ordinance.

### **The Veterinary Surgeons Ordinance**

The Veterinary Surgeons Ordinance was enacted over forty years ago. Except for the amendments, which were made in 1963<sup>6</sup>, mainly to streamline the process of registering state veterinarians and introduce exceptional circumstances under which unqualified persons may perform treatment and operations to animals, the Ordinance was never reviewed to suit conditions of the time. The Ordinance recognizes one category of animal health providers, namely, degree holders in veterinary surgery. Under section 3 of the Ordinance “*No person shall, unless he is registered under [the] Ordinance, practice or hold himself out, whether directly or by implication, as a practising, or being prepared to practise, veterinary surgery*”. The only provision that can be used to allow other animal health practitioners to take part in animal health services delivery was introduced in the Ordinance by the 1963 amendments under section 23. The Section allows minor treatment, test or operations specified by order of the Minister, in consultation with the Veterinary Board, to be practised by non-professionals. The section also provides in the schedule exemptions from restrictions, which include the following:

- (i) Any treatment given to animal by owner thereof, other member of the household or a person in the regular employment of the owner;
- (ii) Anything done otherwise for reward, by a person engaged or employed in farming to an animal owned for purposes of agriculture;
- (iii) Anything done in rendering of first aid for purposes of saving life or relieving pain;
- (iv) Anything done by Government or Common Service Organization veterinary employee in the course of his employment on instruction of a veterinary surgeon;
- (v) The destruction of any animal by painless methods.

It may be argued that one can use the above-cited exceptions to allow primary livestock health services providers to practise in rural areas. This argument is defeated by the following factors:

- (i) The exceptions are limited to treatment of own animals, therefore they do not allow any practice that is commercial oriented;
- (ii) They are only flexible to Government veterinary employees who may not be allowed to provide commercial animal health services under the current reforms;
- (iii) They are silent on lower cadres in the livestock health services provision, such as para-veterinarians, para-veterinarians assistants and community-based animal health workers. If it was intended that these exceptions could operate to these cadres, the Ordinance would have said so unequivocally and procedures for their legal recognition and control would have been included in the law;

Thus amendments that were introduced in 1963 in the Veterinary Surgeons Ordinance did not go far enough to introduce changes that could make this legislation operate under the current reforms. In light of the current reforms, the Ordinance still suffers from the following weaknesses:

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Ordinance (Cap. 154 of 1930); (vi) The Hides and Animal Skins Trade Act (Cap. 544 of 1963); (vii) The Dairy Industry Ordinance (Cap. 590 of 1965); (viii) The Fertilizers and Animal Feedstuff Ordinance (Cap. 467 of 1962); (ix) The Land Act (No 6 of 1999); (xi) The Village Land Act (No. 7 of 1999); (xii) The Pharmaceuticals and Poisons Act (No. 9 of 1978); (xiii) The Food (control of quality) Act (No. 10 of 1978).

<sup>6</sup> By Act No. 1 of 1963

- (i) It does not make a distinction between state veterinarians and private or practising veterinarians or ordinary veterinary surgeons and veterinary specialists. This implies that once registered under the Ordinance any veterinary surgeon could practise as a veterinary surgeon. Under the current reforms where functions of state veterinarians have been differentiated from those of private veterinary practitioners, incidences have been observed of conflict of interests by state veterinarians, being regulators and supervising the provision of public services, while at the same time operating animal health clinics and drug shops. This is indeed prevalent in urban and peri-urban areas of Tanzania.
- (ii) The second weakness is that the Ordinance does not recognize lower level cadres of animal health services provision, who are, as shown above, very instrumental in the provision of these services in rural areas. As such, it does not provide for the required qualifications and intervention boundaries for each of the para-professional cadre.
- (iii) The Ordinance remains silent when it comes to the powers of the registered veterinary surgeons as far as use of veterinary drugs and equipment are concerned. For example, while the Ordinance defines the terms “practice of veterinary surgery”, it does not specify whether veterinary surgeons can dispense veterinary drugs or medicines in the process of practising veterinary surgery. This is different from similar legislation in other countries<sup>7</sup>.

### **The Pharmaceuticals and Poisons Act**

The Pharmaceuticals and Poisons Act was enacted in 1978 to control importation, manufacturing, distribution and dispensing of both human and animal pharmaceuticals and poisons. The Act establishes a Pharmacy Board under the Ministry responsible for human health. Its main functions include: registration and control of pharmacists, regulating manufacturing, importation, sale and distribution of pharmaceuticals and poisons. Further, the Act, under sections 15 and 16 prohibits persons other than registered pharmacists to carry on the business of a pharmacist. The sections also prohibit persons other than registered pharmacists in the course of any trade or business to manufacture or dispense any drugs except under the immediate supervision of a pharmacist. Under the Act no person can obtain a license to sell Part II poisons unless he is a registered pharmacist.

The Pharmaceuticals and Poisons Act is criticized as being inadequate because it does not provide for a legal environment for animal health services provision, mainly because it excludes veterinary surgeons from the business of selling or dispensing veterinary drugs. Another normally forgotten weakness in this legislation is that it does not provide for a legal mechanism whereby primary animal health service providers in rural areas, who are currently dealing in animal drugs supplies, could be regulated. Further, the Act does not provide a mechanism on how it will be linked or coordinated with the Veterinary Surgeons Ordinance.

### **Animal Diseases Ordinance**

Another legislation that concerns provision of animal health services, mainly for public good purposes, is the Animal Diseases Ordinance. The main objective of the Ordinance is to control the introduction and spread of animal diseases in Tanzania. The Ordinance was enacted more than fifty years ago; it thus contains some terms with colonial connotations, which need to be amended.

The Ordinance provides for appointment of Director of Veterinary Services, Veterinary Officers and Assistant Livestock Officers and gives them powers as inspectors to control the introduction and spread of notifiable diseases. The Ordinance also provides for measures that could be taken in such controls and obligations of livestock owners.

Although the Ordinance was supposed to define public goods activities that are supposed to be performed by state veterinary officers or their assistants, its weaknesses in the implementation of the current reforms include the following:

- (i) Appointment of Director of Veterinary Services, Veterinary Officers, Assistant Livestock Officers or Inspectors is not linked with their professional qualifications;

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<sup>7</sup> For example, the South African Veterinary and Veterinary Para-veterinary Professions Act, of 1982 has a section on dispensing of medicines.

- (ii) Field Livestock Officers or Para-veterinary professionals, most of whom are acting as regulators in districts, wards and villages in rural areas are not recognized by the Ordinance;
- (iii) Services that were considered as public good services such as compulsory dipping, vaccination, meat inspection, which under the current reforms have been earmarked that could be contracted out to private sector, are still the responsibility of state veterinarians;
- (iv) The Ordinance does not provide for the establishment of Diseases Free Zones in order to facilitate trade in livestock products.

### **BOTTLENECKS TO FULL INCORPORATION OF PRIMARY LIVESTOCK SERVICES DELIVERY IN THE TANZANIA VETERINARY LEGISLATION**

As the pressure for implementing the structural and sectoral reforms continue to rise, especially in rural areas, many people start to recognize and appreciate the important role primary animal health services providers in rural areas play and the need to have them regulated gains support. In one workshop of different stakeholders in animal health service the following declaration was made:

*“We, the participants of the workshop, representing the various stakeholder groups concerned with animal health care delivery in Tanzania, unanimously agree that: para-veterinarians and community-based animal health workers have a vital and essential role to play in delivering reliable animal health care services to the people of Tanzania.*

*In order to further the full realization of this potential role, we unanimously recommend that the legal framework governing the delivery of veterinary services in Tanzania, be changed so as to legally recognize, define, sanction and regulate the status and activities of para-veterinarians and CAHWs, who will work under the supervision of the veterinary surgeons of Tanzania”<sup>8</sup>.*

An optimist may observe that attainment of a legal framework that recognizes, defines, sanctions and regulates the status and activities of para-veterinarians and CAHWs in Tanzania may be in place soon. The now much felt need to reform the legal environment for veterinary services provision, in order to enforce changes in the macro-economic policy, may hasten the pace. Nevertheless, there are a number of bottlenecks that tend to slow the pace. These include:

#### **Fear of dilution of a veterinary profession**

Following recognition of the important role played by para-veterinarians and community-based animal health workers, a national debate now centres on the weight in terms of legal recognition these cadres should have in the veterinary surgeons legislation. On one extreme there are those who argue that: *“proliferation of unskilled labour to practice veterinary medicine needs to be stopped and promote only services provided by semi-skilled and skilled personnel, because veterinary profession requires highly skilled personnel normally obtained through rigorous training at Universities”<sup>9</sup>*. This group supports total exclusion of community-based animal health workers in the legal framework for veterinary health service delivery. The group claims that the idea of CAHWs is temporary. The emerging livestock training institutions will produce qualified veterinary or para-veterinary professionals who will soon fill the gap.

It is submitted that most of those who accept the above point of view are veterinary surgeons. Some are university lecturers who have never practiced in rural areas. The argument by this group is thus more of a fear of dilution of the veterinary profession than an attempt to suggest a pragmatic solution.

On the other hand, those who advocate for inclusion of CAHWs in the legal framework argue that after enforcement of the current reforms, which have resulted in the liberalisation of trade in veterinary drugs and also in recognition of private veterinary practitioners and their availability in most Tanzanian rural areas, legal recognition of community-based animal health workers is an inevitable result of the reforms. Legal recognition of CAHWs is necessary to control abuses in provision of animal health services in rural areas and in order to ensure the safety and efficacy of veterinary drugs, which enter the country through black markets. In turn, this will ease the regulatory work of state veterinarians, who currently are not many in rural areas, to ensure the

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<sup>8</sup> Proceedings of a **Workshop to Formulate a Legal Framework for the Provision of Animal Health Services by Community-Based and other para-veterinary Personnel in Tanzania**, held at the TANESCO Training Centre – Morogoro, Tanzania between 27<sup>th</sup> to 31<sup>st</sup> March 2000.

<sup>9</sup> SUAVET CONSULT Report on the proposal of amendments to the Veterinary Surgeons Ordinance (2001)

quality and authenticity of the drugs and vaccines offered for sale. Further, this group argues that the view that CAHWs service is a temporary development or transitional, does not show how long that “temporary development” is going to be in the foreseeable or near future. They therefore continue to maintain that any change in the veterinary legislation should accommodate the CAHWs who will work under supervision of veterinarians.

### **Lack of sustainability**

Most programs for establishing and supporting community-based animal health workers are donor supported or are operated by non-governmental organizations, which obtain their resources from external sources. This raises many questions to their sustainability. Some districts have started incorporating community-based animal health services in their development programs<sup>10</sup>. It will take time before these programs are fully appreciated and owned by most decision makers at the district and central government level.

Implementation approaches of community-based programs will have to be reviewed. Some projects assisting community-based animal health workers programs adopted the approach of starting in the community in rural areas, expecting that the resultant changes will influence decision and policy makers to adopt the system. Not much evidence is available pointing to the success of this approach.

### **Unclear Government Policy**

There have been unclear policy positions as far as provision of animal health services in rural areas is concerned. The current position of the livestock development policy that: “privatisation of veterinary services and drug supply will be gradual, starting in urban and peri-urban areas where services can easily be provided by the private sector”, implies that animal health services delivery in rural areas will continue to be provided by the government (or local governments). However, in an effort to implement government reforms, the government has stopped to provide veterinary drugs and other services, which are considered private good services. Under the local government reforms district authorities are in a process of contracting out private animal health delivery services. Districts’ resources are limited and cannot support provision of private good services. Moreover, there are few state veterinarians in districts, almost one per each district who is normally overwhelmed with public good services.

The trend therefore shows that given these shortcomings, the government is prepared to allow practice of a certain degree of veterinary services by lower cadres than veterinary surgeons, but it is hesitating to make a policy commitment to this effect.

## **THE WAY FORWARD**

### **Legal Reforms: an Unfinished Agenda?**

In order to enforce several reforms currently taking place in the country, legislation on animal health services is being reviewed. The review of the Pharmaceuticals and Poisons Act is almost complete. Two Bills, as a result of the review, namely the Tanzania Food, Drugs and Cosmetics Act and the Pharmacy Act, have already been read for the first time in Parliament to effect these changes.

### ***Reforms in the Pharmaceuticals and Poisons Act***

The Bill for Tanzania Food, Drugs and Cosmetics Act proposes recognition of veterinary surgeons as persons who can be licensed to sell, distribute or dispense drugs. However, it does not recognize other lower cadres in this respect.

A general provision is proposed in the Bill to allow the Minister, on advise of the Food and Drugs Authority, and by order published in the Government gazette, to allow the selling, supplying, dispensing of drugs by persons other than those specified in the Act, but only in the public interest. The provision also mandates the Minister to provide for conditions for allowing such persons to practice, in the regulations. According to this provision the words “public interest” mean and include facilitation of accessibility of the public to drugs within a specified area.

It is expected that the regulations that will be made under the Act, will shed more light to the categories of personnel other than veterinary surgeons, who will be accepted for selling or dispensing veterinary drugs and areas specified for that matter.

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<sup>10</sup> For example Kahama District in Shinyanga Region

Reforms that have been introduced in the Pharmacy Act include recognition of lower cadres of practitioners in pharmacy. Under this Act, Pharmaceutical Technicians will be enrolled and Pharmaceutical Assistants will be enlisted and their activities will be controlled by the Act.

### ***Reforms in the Veterinary Surgeons Ordinance***

Review of the Veterinary Surgeons Ordinance is now in progress. A debate whether to include community-based animal health workers in this legislation is by no means closed. However, there is an indication that the approach used in the revision of the Pharmaceuticals and Poisons Act is mostly preferred. Proposals that are widely accepted in the revision of this Ordinance include the following:

- (i) Introduction of the notion of “veterinary specialist”;
- (ii) Recognition of enrollment and control of para-veterinarians;
- (iii) Recognition of enlisting and control of para-veterinary assistants;
- (iv) Empowering the Minister to issue regulations providing for exemptions to practice by other persons.

### **The Way Forward**

The discussion in this paper has shown that the redefinition of private and public tasks and adequate regulatory framework in the provision of animal health services in rural areas in Tanzania is still ongoing. This implies that putting in place an adequate legal framework to manage and control effects of reforms is a function of many factors. The reform process itself poses three problems that must be solved in order to provide livestock owners in rural areas a secure living and guaranteed rural income:

- Creation of efficient livestock inputs (drugs) markets, which must go hand in hand with development of roles, capacity and regulatory framework of community-based animal health workers who are better adopted to work in rural areas;
- Appreciation of the repercussions of economic reforms on the domestic economy of pastoralists, which could lead to initiating deliberate efforts of integrating them in the reform process;
- Addressing, in a particular way, specific problems of weak productivity of livestock farming in pastoralist areas in order to enable them to fully cover the financing of desirable services, both for public and private good.

Thus, in order to achieve the objective of enhancing the capacity and regulatory framework of primary level animal health workers in Tanzania, efforts geared towards its realization should be an integral part of the country’s poverty reduction strategy. To this regard, livestock could be seen on one hand as a means of alleviating poverty, and, on the other hand, as an economic activity to be supported because of the contribution it makes in meeting rapidly growing demand. However, the response to this demand can be assured by means other than rural development itself. For example, without specific policies and implementation measures on primary animal health care, Tanzanian livestock development will tend to continuously become urban or per-urban. The real stake of a rural development policy based on livestock farming thus must aim at integration of rural people and their impoverishment into the ongoing sectoral reform development process. This relates much to addressing seriously a question of articulating the systems of production, processing and marketing by giving the pastoralists the technical, commercial and organizational means to be partner-operators or employees in a rapidly growing livestock sector, and not regarding them as competitions or alternatives that will be progressively excluded or be put under the category of exception to the general principles of livestock development policy.

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**ANNEXTURE**

**Responsibilities of Public and Private Sectors for Animal Health Services**

<b>Livestock Service</b>	<b>Public</b>	<b>Private</b>	<b>Comments</b>
AI	<b>R*</b>	+++	GoT regulates/controls semen importation
Animal Welfare	<b>R+</b>	++	NGOs/Associations- pressure groups
Breeding	+	++	
Certification	++	+	Private Contract
Clinical Services		+++	
Compulsory testing	++	+	Private Contract
Diagnosis/Reporting	++	+	Private Contract
Diagnostic support		+++	Private laboratories
Drug and Vaccine Production/distribution	<b>R</b>	+++	
Embryo transfer	<b>R</b>	+++	GoT regulates/controls embryo importation
Emergency Diseases Response	++	+	Private contract
Emergency planning	+++		
Export Inspection	++	+	Private Contract
Extension	++	+	
Food Hygiene/Meat Inspection	<b>R++</b>	+	Private Contract
Herd Health		+++	
Marketing		+++	
Monitoring	+++		GoT Epid. Unit
Notifiable Diseases Control	++	+	Private Contract
Policy/Planning	+++		
Quarantine	<b>R++</b>	+	
Registration of Veterinarians/Paravets and Village/Community Animal Health Workers	<b>R+++</b>		Legislation still under review
Research	++	+	
Surveillance	+++		
Tick control		+++	
Training	++	+	
Tsetse/Trypanosomiasis Control		+++	
Vaccination	+	++	Private Contract
Zoonosis Control	++	+	

\*: **“R”**, means: “Regulatory”

**Source:** MAC, “*An Animal Health Strategy Plan for Tanzania*”