

## **Primary Animal Health Care in the 21<sup>st</sup> Century: Advocating For The Missing Link In Our Change Strategy**

Lindiwe Majele Sibanda

Regional Programme Manager  
Centre for Applied Social Sciences, Public Policy Programme  
5 Aberdeen Road, Avondale, Zimbabwe  
263-11-204265; [lsibanda@cass.org.zw](mailto:lsibanda@cass.org.zw)

### **1. Introduction**

The harsh macro-economic environment worldwide demands effective and efficient Primary Animal Health Care in the 21<sup>st</sup> Century. There is overwhelming evidence demonstrating the positive role played by community animal health workers (CAHWs). However, these efforts have remained mainly as pilots, not formerly integrated into the formal animal health care systems. There is need therefore to build sustainable vertical linkages between vets, paravets, CAHWs and farmer organisations as they complement each other. There is need also to harmonise primary animal health services particularly in cross border areas.

This requires changing the rules of the game, the policies and possibly creating new institutions. For effective primary animal health care, we need the meeting of minds between the formal and the informal institutions. We need to clearly define: “What it is that we want to see happen and why; who will make it happen; when and how.” Answering these questions will help review the strategies employed in countries that have CAHWs pilot programmes, we need to assess the threats and risks we face, all of which should inform our renewed vision as we seize prevailing opportunities to make it happen.

Making it happen is all about change. Rapid and never ending change is a fact of life in today’s world. Development is about handling change, and about the transition from past to future. Therefore commitment and strategic planning is mandatory at personal, local, national and international levels. Hence making it happen requires CHANGE MASTERS at all levels. This is a different breed that thrives on change, uses change to their advantage both in their personal lives and the surrounding environment. Individual veterinarians and government institutions need to brace up and accept radical changes involved in creating space for providers of complimentary services. Recognising that whilst change at community level can be very rapid, institutional change particularly in public institutions may be slow, hence the process should be professionally facilitated.

On day one of this conference, we revisited the general policy, legislation and institutional issues related to primary animal health care. Evidently, there are no clear policies at national and international level that support community animal health workers. This is mainly because policy formulation remains in the hands of the elite with little and in most countries no involvement of civil society. The voices of smallholder farmers and pastoralist livestock keepers are often not heard.

On day two, we discussed the issue of privatisation and sustainability of animal health care services. We all endorsed the role of the private sector but emphasized the need for functional analysis so that the various roles of key service providers are understood and permitted to play a complementary role.

On day three we dwelt on the role of the international institutions. The OIE needs to appreciate the challenges presented by sparse settlements and the high mobility of pastoralists. Effective primary animal health care can only happen when the role of CAHWs is endorsed by the supreme regulatory body and member countries are provided with guidance in institutionalizing the role of CAHWs into the formal primary animal health care system.

Now that we have reviewed the current status quo of the primary animal health care initiatives, we are now better placed to articulate our vision for the 21<sup>st</sup> century and develop a strategy for making it happen.

## 2. What Is It That We Want To See Happen And When?

Let me pose a few fundamental questions that should help us reflect and articulate our vision.

**What and Why:** What existing policies do we want changed and why?  
What new policies do we want in place?

**Who** Who should participate (key stakeholders/ institutions) in the change process?

- Who is currently involved (key stakeholders) in primary animal health care and what are their roles?
- Who is relevant but not participating and why?
- How can all key stakeholders be involved [(who doing what), (consider the need for vertical and horizontal linkages)]?

**How and When**

- What strategies (pilot programs, research, advocacy) have we employed to make it happen?
- Do we have an Implementation plan (road map) for intervention at the local, national and international levels?

## 3. Challenges We Face In Our Efforts To Make It Happen

In defining issues that require redress, let us reflect on the challenges we face in creating an enabling environment for the community based animal health workers. We discussed most of the issues in the past few days. However it is my hope that we can reduce our long list to a selected few critical do-ables, concentrate our energy on these and make it happen. I will here mention a few issues, a list to which you will add during the group sessions. Some key challenges we face in attempting to institutionalise primary animal health care include:

- ✓ **The continued provision of free or subsidized livestock services** which undermines programs that aim to be financially sustainable. In some countries, state monopoly in the delivery of veterinary services has effectively discouraged any private sector development, and has significantly reduced the opportunity for privatization. Such policies discriminate against private para-professionals who offer the cheapest means of reaching the smallholder farmers.
- ✓ **Restrictive legislation** Government monopoly over the importation and distribution of supplies has proved particularly damaging to the development of the non-government sector.
- ✓ **Unfavorable political climate** Policy makers may believe that there are political risks incurred by encouraging farmers to form organizations.

The reluctance by most governments to move towards the more liberal approach to service delivery suggests that there is a need to set institutional reform within the context of the political economy of institutional change. Therefore reform is contingent upon securing the participation and commitment of the state towards the improvement of the quality of a country's veterinary services. How then can state support for change be secured? We need to create a culture of reform in order to enlist the support of key political interest groups. The focus of the debate in the past has concentrated on defining the appropriate roles for the state and the private sector in the delivery of veterinary services along economic principles; much less attention has been given to the question of how governments can be encouraged to manage change. There remains a need to address empathetically the fears and aspirations of state veterinary services, which undoubtedly extend beyond purely economic arguments.

For most of our African countries, a common obstacle to effective rural development is that the political leaders rapidly lose touch with the real needs of the people, and therefore fail to formulate appropriate policies or create

the relevant and required, effective institutions to facilitate these needs. If the local elite becomes distant from the people, it will be difficult, if not impossible, for them to be aware of the real needs of the people and to give these needs the order of priority that the people would desire.

A further result of this obstacle is that the political leadership will employ irrational and inappropriate processes of policy formulation and decision-making. By and large, these processes do tend to exclude the participation of the people at grassroots level, and this becomes a serious development obstacle: "Effective development involves the people and is not possible without popular participation". Lack of popular participation necessarily results in lack of public support for development activities. Mobilization of public participation, however, necessitates the modification, in some cases, or the complete abandonment, in others, of some moribund administrative or organisational structures and procedures. It may also mean the creation of new institutions and the adoption of more people-, task- and results-oriented procedures and programmes. Such measures call for change rather than continuity. It is only by initiating such change that the political leadership can successfully induce, promote and manage change for development in the whole of society.

#### **4. The Missing Link in our Change Strategy: Participatory Policy Formulation Processes and Advocacy Skills**

##### **4.1 Participatory Policy Formulation Processes**

The current social and economic situation in Africa presents an inescapable crisis of livelihoods. This crisis is exacerbated by inappropriate policies, top-down approaches to policy formulation and poor monitoring mechanisms. Redressing the situation calls for multi-pronged strategies for engaging in public policy processes. Such strategies must be premised on the **re-location of people within the public policy process**. This is because development is for the people and public policy sets the context and environment for all development initiatives.

While the center matters critically in political terms, it is evident that the local is where development initiative and entrepreneurship are most dynamic. Under conditions of high complexity, information becomes much more policy –relevant, when those who gather it are as well those who end up using it. Our method of facilitation should involve a different kind of involvement with the local: invited rather than imposed, directed rather than directive, facilitative rather than manipulative. It should represent professional science in the service of local civil science. *The challenge is to come up with varieties of inside out planning, where the locals are themselves the experts and where the strategy for change is initiated and guided from within the local dynamics. Murphree, 2001.*

The veterinary professionals have a crucial role to play in ensuring that the political leaders at both the national and the local level remain adequately informed about the needs of the people, the prevailing circumstances in the development environment and the requisite information that can be used in policy formulation and decision-making. The watchword is therefore participatory change and advocacy-which I believe are the missing links in our change strategy.

The change process should shift the focus of the effective primary animal health care service debate from mere animal health issues, to social and economic processes. Instead of speaking and acting on behalf of the marginalised livestock owners and CAHWs, the facilitators should seek to encourage and equip affected groups with knowledge and capacity to respond to the realities of their world. Livestock owners and the local communities can create a new social order by participating in the formulation and implementation of animal health policies and other relevant public policies, thus, assuming ownership of decision-making processes. Equality of status and recognition can only be affirmed and achieved through participation in processes of socio-economic and political governance. Collective action of this nature empowers communities to reconstruct their world, identify and name its various tenets, thus equipping them with skills and resources necessary to combat their social exclusion and marginalisation.

This complicated linkage between local communities and national governance needs to be unraveled. Advocacy for policy reform can only succeed if these vertical linkages are created and institutionalised. Citizen interests must be reflected at the local, national and regional levels of policy processes. Particular attention should be paid to questions of representation, ownership and voice, especially at the national level. The main challenge for the programme is how to humanize and operationalise local, national and regional efforts through creating platforms of and for informal dialogue between the poor livestock owners and the policy makers.

At regional level, there is an absence of effort to generate an agenda that embraces the whole region. For instance, whilst Southern Africa is worst affected by the Foot and Mouth Disease pandemic, respective countries still pursue individual strategies to combat and control the disease. This is regardless of the ever-increasing cross-boarder movement by the population of the region, and the high incidence of trade and migrant labour across the region

Contemporary policy challenges transcend statistic concerns and raise critical issues about globalisation and the global political economy, in particular the role of those institutions dealing with international economic policies. National economies do not exist in a vacuum; however, the relationship between the global and the local is inequitable such that the factors that cause poverty at the local level are situated at both the local and global. Key policy issues in this regard relate to trade and naturally sanitary issues become important. To a large extent, these policy issues are externally driven without local ownership and therefore implementation has remained a challenge.

The regional and global level focuses on issues that transcend national boundaries and call for block action from the region. Endorsing the role of CAHWS and bringing them into the mainstream primary animal health systems. This presents an opportunity for proactive policy dialogue. This should also include policy on community access to drugs and the institutionalisation of best practices in monitoring CAHWs. Efforts should be made to assist communities to craft draft policies for presentation to their respective governments and regional statutory bodies such as the African Union, and the New Partnership for African Development Secretariat.

The regional platform is also an opportunity to build alliances with like-minded organisations. This level becomes the stepping-stone for the international level intervention. A collective regional position means greater bargaining power. The regional effort should also focus on building social capital at the local level. This can be done through inter-regional meetings to agree on positions.

Advocacy for policy reform has traditionally been the domain of the political and economic sciences. However it would be analytically myopic for veterinarians to confine themselves to the pure sciences and negate civil society, who are the main agents. No professional association is better placed to undertake this task than the veterinary boards. You have already been doing this, as several of the papers at this conference demonstrate. This task of changing the methodologies and ethos of main-stream development science runs counter however to the interests of the epistemic scientific and bureaucratic community which dominates global debate, and this facilitative role should remain high on your agenda.

For change to happen a large investment is required in time, money and professional commitment. The investment is structural, in facilitating the creation of hierarchical communication flows, which retain a genuine representational voice as they move upward. It is political in that the center should provide genuine spaces for the periphery to participate in the change process. It is academic, in that meetings like this one should also provide a forum for local voices to speak directly to the policy makers. . It is therefore important that we take time to understand how advocacy could expedite change and lead to effective primary animal health care service delivery.

## **4.2\_Advocacy Skills**

### **Four essentials of an advocacy strategy:**

- **THE NEED TO KNOW** and be known by policy-makers and legislators. It is necessary, both to know the officials who make policy decisions in government, and to be known by them. When the lobbyist and the policy-makers know each other, there is a possibility of the development of a bond of trust between them, which enhances the work of the lobbyist and therefore advances the interests of the interest group
- ❑ **THE NEED TO INFORM:** It must be remembered that, for the most part, government is anxious to communicate its activities to the people. The people, on the other hand appreciate being informed in advance of what government is intending to do. Both of these assumptions should be facilitative of the need to inform.

- **THE NEED TO NEGOTIATE:** To negotiate is to make representations to the relevant structures of power and authority whether in the government or in the legislature, so as to influence the policy-making process in the interest of a group or a cluster of groups represented by the lobbyist.
- **THE NEED TO LOBBY:** This is probably the most common approach in dealing with the government and the legislature. We define lobbying as persuading officials to accept a given point of view. This can be achieved by applying pressure on the policy-makers so that they either formulate policies that are favourable to the interest group, or they modify existing legislation and policies to suit the lobbying groups.

The policy process in government involves a number of stages, the most important ones being; *definition, agenda setting, formulation legitimisation, allocation of resources, implementation, evaluation and adjustment or termination*. The benefits of a well-executed advocacy strategy are normally mutual, therefore it is critical to engage into dialogue, the Director of veterinary services cannot do this on behalf of the livestock owners and CAHWs, the messenger must be the very people who are directly affected by the ineffectiveness of the prevailing primary animal health systems.

### **5. Way Forward: We need a plan for making it happen**

Change will happen provided we define what we want and engage all key stakeholders at all the relevant levels. Clearly there are three critical levels.

- The Local, where the producer is based, where the poor reside and where the majority of the beneficiaries are located.
- The National level, where the bureaucrats, the traditional policy makers and the power currently lies.
- The International level, particularly the power institutions such as the OIE, World Trade Organisation (WTO), Food and Agricultural Organisation (FAO) and our very own African Union (AU), where the architects of the rules and regulations of development and poverty alleviation are based.

These are three distinct levels with different dynamics and hence require three different albeit complementary strategies and implementation plans. Using the knowledge gained in the past three days and all the brains in this conference the end should be within reach. I hope as we go into groups later today we will employ our experience in developing strategies for ensuring effective primary animal health care systems for the 21<sup>st</sup> century.

### REFERENCES

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