

Auxiliary approach to the development of Primary Animal Health Care: policy, regulations and institutional status in Guinea

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I. Background

The Republic of Guinea covers an area of 247,000 km² in the west of the continent. It is located in the humid tropical area and has very high fodder production potential. The country is agro-pastoralist and has a livestock population of 3 million heads of cattle, 1,800,000 small ruminants and 10 millions poultry. Some pigs and equines are also kept.

Guinea has an estimated human population of 7 million of which 282,000 are stockbreeders. The stockbreeding system is extensive, although, for the last years, semi-intensive rearing of chickens and cattle has been implemented.

The main livestock diseases are infectious (CBPP, PPR, etc) and parasitic (internal and external). The last focus of rinderpest was recorded in 1967. Since 1996, Guinea has been committed to the OIE procedure for countries free of rinderpest.

Before 1989, public veterinary services were omnipresent. They were at the same time responsible for the definition of sectoral policies and strategies for development, service providers and producers. From 1989, important reforms have been started, that is to say:

- defining a policy for the farming sector and the stockbreeding sub-sector based on a liberal option of development through privatisation and development of socio-professional organisations;
- reducing public services' personnel from 1,800 to 800 officers;
- redefining the term of office and profiles of public services in stockbreeding in order to adapt those to the new context;
- progressively decentralising the services' functions and regionalising programmes;
- implementing an adapted legislation.

II. Organisation of an animal health care network

The animal health care network in Guinea is based on a tripod system in which the synergy and complementarity are represented from national to local levels, including regional and district levels. They are:

- 1- **Public services for stockbreeding:** represented by the Stockbreeding National Management¹ and its regional, district and sub-district services; are responsible for the definition of policies and strategies, as well as for the monitoring and evaluation of activities. In areas, where there are no private practitioners, they provide for veterinary services and the training of community-based animal health workers (CAHWs);
- 2- **Stockbreeders, their organisations and CAHWs:** through their stockbreeders organisations (national, district and sub-district Coordination Committee and stockbreeders regional federations), private practitioners and public service officers. CAHWs are selected from stockbreeding background (see *Status*). They are often selected by community groups in order to go back and serve the community in question as soon as their training is over;
- 3- **Private operators:** represented by private veterinarians who provide animal health services. They are 43 in the field. They are contracted to carry out some activities assigned to public services (vaccination against CBPP and disease surveillance). They provide for training, supply of inputs and monitoring of CAHWs.

¹ Direction nationale de l'élevage

So, the implementation of animal health programmes has been based on this strategy for intervention. It is in this particular context that the following initiatives have been carried out, this is to say:

- 1- the constitution of more than 1,050 stockbreeders groups with their central organisations at district, regional and national levels;
- 2- the implementation of a network of 12,000 CAHWs to develop accessible animal health care services for the stockbreeders;
- 3- concerning the privatisation of the veterinary profession, the implementation of the Veterinary Board and the Private Veterinarians Association, the definition of a favourable legislation towards the liberal practice of the veterinary profession and the establishment of private practitioners.

III. Role of CAHWs in Animal Health Networks

Status, training and supervision of CAHWs

1. Status

The main features for the selection of CAHWs are the following:

- be a stockbreeder and resident;
- be determined and trusted by his/her peers;
- have an income generating activity in the community;
- show good ethics;
- be literate (French, Arabic, N'ko);
- be available.

2. Training of CAHWs

The various operators providing support for the training of CAHWs are some public service officers (head of post, head of the District Section for Animal Resources² and the Stockbreeding Training Centre³), NGOs and private practitioners. During a national workshop organised in 1992, the training strategy for CAHWs, the content of modules and official trainers have been defined. This gave the opportunity to harmonise interventions and facilitate their supervision in the field.

3. Supervision

The supervision of CAHWs in the field is carried out by two types of actors: public and private veterinarians and stockbreeders:

- 1) Heads of veterinary posts representing the stockbreeding administration, ensuring the respect of the legislation in force and collecting statistics. Public services also contribute to their promotion in the field.

In the district, all CAHWs are recorded at sub-district and district levels (District Section for Animal Resources) in a register; in the form of a file with picture. The training date and subjects learned are specified.

- 2) Private practitioners provide the supply of inputs for CAHWs and monitor their activities in the field. The former are in a good position to assess the quality and the quantity of services provided by CAHWs. So, they organise the retraining of CAHWs according to observed deficiencies.
- 3) Stockbreeders groups: stockbreeders and their organisations contribute to the promotion of CAHWs. They are in a good position to evaluate his ethics and his level of efficiency. They also provide for an other type of monitoring as, according to the legislation in force and in case of repeated complaints, they can ask public services for the dismissal of the CAHW, the withdrawal of his/her licence and the interdiction for him/her to practise.

² Section Préfectorale des Ressources Animales (SPRA)

³ Centre de formation de l'élevage

IV. Justification and need for the involvement of CAHWs in Animal Health Network in Guinea

The following key factors prevailed while using the auxiliary approach to the animal health network in Guinea:

- The stockbreeding system is extensive with large stockbreeding areas often isolated and remote where there is a need for qualified vets;
- The CAHW is from the community and is well accepted and always available;
- The use of CAHWs facilitates the participatory approach to the fight against animal disease;
- The training of CAHWs is of short duration and cheap;
- CAHWs assist private practitioners by carrying out local animal health care services and distributing authorised drugs;
- CAHWs contribute to epidemiological surveillance of diseases, extension of animal health, basic zootechnics and preservation of the environment related subjects.

A. Regulatory and institutional frameworks governing CAHWs in Guinea

The ministerial decree N°980878CAB/MAE on the status of CAHWs has been promulgated in 1998 and incorporated in the Stockbreeding Code⁴. This decree is structured as follows:

- General measures (definition of 'CAHW')
- Selection of CAHWs (status)
- Training and recognition of CAHWs (programme, operator)
- Supervision of CAHWs
- Payment
- Monitoring and evaluation of CAHWs' activities
- Penalties
- Final measures

This decree has been translated in the official national languages and distributed in the field at levels of services, stockbreeders groups, private practitioners and administrative authorities.

B. How can we facilitate a better involvement of CAHWs in the animal health network?

In order to facilitate the involvement of CAHWs in the animal health network, it is necessary to implement the following measures:

1. The government should define clear legislation, in order to avoid any loss of control.

The legislation should:

- ⇒ Specify technical interventions to be carried out and types of drugs to be kept in storage;
- ⇒ Define the content of training modules;
- ⇒ Specify the actors in charge of training, monitoring and evaluation of CAHWs;
- ⇒ Provide for measures to penalise in case of infringement.

2. The stockbreeders' community should be involved from the outset.

Stockbreeders organisations (groups and the Coordination Committee), traditional and administrative authorities constitute a moral guarantee for support providers. This explains why they have a key role to play in the selection, as well as in the promotion of CAHWs and their interventions in their communities.

3. The content of training programmes for CAHWs should be clearly defined.

The content of training modules should be defined at national level as well as the types of drugs and authorised technical interventions.

Training modules will be adapted according to the epidemiological situation of each community. For example, the incorporation of sanitary monitoring for pig breeding in the Forest-Guinea region in the training programmes for CAHWs in this area, whereas in Middle Guinea, because of religious reasons, this subject does not need to be addressed.

⁴ Code de l'élevage

Training programmes should be approved by public service officers who have a better perception of the general situation in the country. Training structures and private operators should be selected according to their proficiency to manage training courses.

4. The private vet should be involved in the monitoring

It is essential to involve the local private practitioner in the supervision, monitoring and retraining of CAHWs. This is of the utmost importance as the private vet, who is permanently in the field, is in a good position to supervise them. By integrating with the private service network, CAHWs contribute to the increase of its revenues.

V. Evaluation of CAHWs in the field

The evaluation of interventions by CAHWs in the field revealed that there are three different scenarios:

A. In areas where there are no or few CAHWs

The situation is as follows:

- Escalation of prices for veterinary drugs;
- Insufficient sanitary coverage of livestock;
- Continuation of activities by public sector agents and other service providers in animal health care and the distribution of inputs;
- Non-existence of a sanitary mandate and difficulty to develop privatisation.

B. In areas where there is only one AHW

- High rate of desertion;
- Cases of loss of control are often observed;
- Cases of unfair competition;
- High rate of non-appearance.

C. In areas where there are CAHWs coming from stockbreeders organisations and supervised by private vets

- CAHWs are more active;
- Private vets are active and provide high quality services;
- Sanitary mandates (vaccination and epidemiological) proficiently carried out;
- Better sanitary coverage in the area;
- Better epidemiological surveillance of diseases;

VI. How to develop policies, regulations and institutional adaptations in order to facilitate Primary Animal Health Care (PAHC)?

In order to facilitate the development of animal health care through CAHWs, it is necessary to implement a series of reforms in countries where it has not been achieved yet:

- The country should pursue a sectoral policy (in animal health) with a clear definition of the objectives as well as the responsibilities of the private sector, public services and beneficiaries (stockbreeders and their organisations).

- The country should have a veterinary legislation adapted to the reality which includes a definition of the role for the service providers involved. This legislation should also facilitate the creation of professional organisations (Board and Association of private veterinarians) in order to make sure that the code of ethics is respected, and also to protect their interests.

- The animal health network should be based on a tripod system with synergistic and complementary interventions by the following actors:

- *Public services* are responsible for the definition of action plans, intervention strategies and the legislation. They should provide for disease surveillance, regulations for the private sector, monitoring and evaluation, etc.
- *Support providers* (private vets, NGOs, projects and others) are responsible for the provision of quality services which are affordable for stockbreeders and their organisations. Notably, private practitioners are in socio-professional organisations (Veterinary Boards and Associations) which facilitate their promotion and the protection of their interests;

- *Stockbreeders and their organisations*, who take advantage of services, should contribute to cost recovery and get involved in disease surveillance;
- *Local animal health care development* through the involvement of CAHWs in order to improve the service providers network. Nevertheless, it is important to channel them through a close monitoring and the application of an appropriate legislation in order to avoid possible losses of control.

VII. Conclusion

Primary Animal Health Care can be carried out by stockbreeders after a short-term training. This approach to animal health proves to be effective, because in most African countries the extensive stockbreeding system and communication problems do not facilitate the availability of a qualified private vet in all communities. However, given the medical specificities, such as dangers related to technical interventions and the handling of some drugs, it is important to take some measures to restrict, not to say avoid, loss of control.