

The inception and development of basic animal health systems: examples of German development co-operation

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Summary

About thirty years ago the financial, logistic and manpower resources of veterinary and animal production services in the developing world were stretched to the limit. Epizootic disease control was their main and often only field activity, which left livestock owners to manage their daily production and health problems alone. To meet their requirements, Veterinary Services in these countries came under increasing public and political pressure to modify and adjust their approaches.

This gave rise to a series of workshops in Africa (e.g. Bujumbura in Burundi and Blantyre in Malawi) and South-East Asia (e.g. Singapore, and Khon Kaen in Thailand), most of which were organised and facilitated by the German Agency for Technical Co-operation (GTZ) in close collaboration with French and British development co-operation agencies and universities. These workshops stimulated discussion with the key stakeholders and, thus, were most beneficial in supporting the process of developing alternative approaches.

This paper reports in particular on the outcomes of the regional workshops held in Bujumbura, Burundi, in 1984, Blantyre, Malawi, in 1985, Bangui, Central African Republic, in 1988, Khon Kaen, Thailand, in 1989, Schmitten, Germany, in 1991, and Mzuzu, Malawi, in 1996 and 2000.

For more than two decades, concepts of community-based livestock services in general, and primary animal health activities (PAHAs) in particular, have been developed and established in various developing countries. Over the years the PAHA concept has proved to be effective and has shown that livestock-keeping communities clearly benefit from such programmes.

In presenting key features from some prominent and successful project examples (GTZ-supported projects in Thailand, Malawi and Somalia) it can be demonstrated that such approaches are not static but rather dynamic, requiring open minded innovative partners on both sides. Over the last few years, the delivery of PAHA has become the domain of non-governmental organisations. The propagation and application of this approach in various developing countries with limited veterinary infrastructure is supporting a privatisation process within the existing governmental veterinary structures, thus, allowing veterinary departments more freedom to focus on their core functions.

Keywords

Basic animal health system – Community-based animal health care – Developing country – Development co-operation – Disease control – History – Primary animal health care – Village animal health care.

Introduction

When examining the history of national Veterinary Services in industrialised and developing countries, it should be remembered that they were established to control major epidemic animal diseases such as rinderpest, haemorrhagic septicaemia, anthrax and other major fatal diseases. In fighting these diseases, remarkable progress has been made all over the world. One should be aware, however, that these activities involve considerable resources in terms of finance, facilities and trained manpower. Due to the limited supply of such resources, traditional veterinary and animal production services cannot be provided cost-effectively to livestock keepers in villages in many areas of the developing world (13).

Disproportional spending of already scarce funds has aggravated this situation. Services are paralysed in some countries, where heavily subsidised services (or free services) with no, or insufficient, cost-recovery systems are the prevailing practice. Under such circumstances, only a small proportion of the budget is left for operational funds, vehicle and equipment maintenance, drugs, vaccines and acaricides (17). Field work is therefore only focused on a limited number of disease related tasks. Veterinary field staff do not have the resources to undertake disease control activities, except when major epidemics occur.

Common diseases and problems such as parasitism and nutritional disorders are usually overlooked and emphasis is placed on epidemic diseases, which occur only occasionally in any one place. Accordingly, farmers are more concerned about the effects of recurrent endemic diseases affecting their animals than they are about occasional outbreaks of epidemic diseases (14). In the past this resulted in conflicting opinions between farmers and Veterinary Services. In order to meet the requirements of livestock owners, Veterinary Services in these countries came under increasing public and political pressure to modify and adjust their approaches (8). This came at a time when structural adjustment programmes were being discussed by economists as a way of re-distributing public and private goods and, thus, finding a way-out of the economic dilemma encountered in the early 1980s (37).

The identification of problems and deficiencies at department level, and their subsequent correction, was a difficult process for many Veterinary Departments; very often, it was only possible through outside assistance within the framework of national or international, donor-sponsored technical co-operation projects. Consequently, professional flexibility, creativity, and more importantly, 'an open mind' to adopting new approaches and techniques, became essential for local and seconded animal health and production specialists if they were to succeed in their transformation efforts.

A series of workshops and seminars on veterinary epidemiology, organised in the late 1970s and early 1980s in

South-East Asia, were most beneficial in supporting this process of developing alternative approaches. The main objective was expanding low cost strategies for improving animal health in village production systems, as well as implementing sustainable concepts for improving animal health and production at farm and national level (35).

As a result, various models and approaches have been developed over the last twenty-five years which can be applied to developing countries which have a limited veterinary services infrastructure (the first experiences were reported in 1991 by de Haan and Bekure [9, 10]).

Most of these models were designed to complement and extend conventional delivery systems by giving short-term training in basic veterinary and animal husbandry techniques to farmers and other livestock keepers who have been appointed as primary animal health care workers by the village community. These trainees, after initial training, are supplied with a paramedical kit so that they can treat village livestock and give general animal health and production advice on prevention and treatment of diseases of economic importance in their home area.

Objective

The aim of this paper is to give a brief overview of the trends in the development of basic animal health care systems over the last few decades, by means of:

- describing why the donor community is motivated to invest in basic animal health care systems
- summarising the various meetings organised to discuss such systems with the key stakeholders
- presenting three successful examples of the adoption and further development of basic animal health care systems in different animal production systems in Asia (Thailand) and Africa (Malawi, Somalia).

Basic animal health care workshops

Overview

Issues regarding these newly developed approaches, such as concept development, implementation, the economics of the programme (cost-recovery) and acceptance by the livestock farming community, were major topics at an International Workshop on Epidemiological Techniques in Khon Kaen (Thailand), organised jointly by the German Foundation for International Development (DSE: *Deutsche Stiftung für*

Internationale Entwicklung) and the German Agency for Technical Co-operation (GTZ: *Deutsche Gesellschaft für Technische Zusammenarbeit*) in 1984. There had been some earlier workshops in Asia such as the 'First Workshop on Epidemiological Techniques for Veterinarians Working in ASEAN Countries [Association for Southeast Asian countries]', in Malaysia in 1979, and the 'First follow-up workshop on epidemiological techniques for veterinarians working in ASEAN countries', in Singapore in 1981, both of these were also organised and sponsored by the GTZ and the DSE. These workshops prepared the ground and prompted the adoption of the epidemiological approach within the primary animal health care programme of the Thai-German Animal Health Project (TGAHP).

Table I presents the historical sequence of GTZ seminars, meetings and workshops in which the design of, and experiences with, the implementation of basic animal health services (BAHS) were the primary focus. This table also includes details of other technical co-operation agencies, such as those from France and the United Kingdom (UK), as well as from developing countries, who have acted as joint organisers and subsequent implementers. The World Bank and the European Union have played a prominent role in the development and implementation of the approach from the very beginning and continue to do so. Besides numerous African and Asian countries, other participants have included the Food and Agriculture Organization (FAO), the Organisation of African Unity/Inter-African Bureau for Animal Resources, several pharmaceutical companies and various university institutes and departments.

Bujumbura workshop 1984

The first international seminar organised in sub-Saharan Africa to review and recommend new livestock development strategies for the region was held in Bujumbura, Burundi, in 1984. This was at a time when an emergency vaccination campaign had been launched to fight the recent rinderpest outbreak in West Africa. (In 1963, international efforts launched the largest eradication programme in the history of veterinary medicine, the Joint Programme 15 [JP 15], to combat rinderpest. It was thought that the disease had been eradicated in 1971 but it reappeared in the early 1980s.) It was generally agreed at the seminar that existing veterinary systems in West Africa had not changed sufficiently, if at all, to meet new demands. Amongst other issues of priority, the newly emerging concept of a 'BAHS-structure' was the central focus of discussion. The services still focused primarily on controlling epizootics, as they had since their establishment sixty to eighty years previously; however, they were no longer sufficiently equipped with the necessary resources. Other major tasks at that time were the inspection of food and by-products of animal origin, the distribution of pharmaceuticals and breeding issues; most of the national budgets allocated only 0.2% to 1.5% to the livestock sector. In addition to the problems of inflation and the

decrease in the available budget, the financial situation of national Veterinary Services was further aggravated by the increase in personnel costs, which consumed 75% to 90% of the total budget. The number of veterinary staff varied considerably in different countries and different ecological zones; however, even when the numbers were sufficient, there were insufficient funds available to perform efficient field work.

Veterinary inputs (veterinary medicines, vitamins, minerals, veterinary instruments, laboratory and livestock equipment) were controlled by governmental monopolies; furthermore, those inputs were distributed free of charge (a few countries have now started to sell certain products to livestock owners [33, 34]). The development of private initiatives was hindered in many countries due to the lack of appropriate legislation.

Most of the seminar participants described similar experiences. The emergence of new technical concepts for improving national animal health and productivity and the change of attitude amongst the livestock farming community were very encouraging. Livestock owners started to accept paying for veterinary products as they recognised the benefits of veterinary interventions and effective vaccines, and pilot projects demonstrated that farmers associations, through which veterinary and other products were distributed, could work efficiently.

By analysing the problems encountered in the African livestock sector it was possible to define strategies for the development of this sector.

The principal objective was, and still is, food self-sufficiency, which involves the following:

- protecting and improving the environment
- making adjustments aimed at improving the balance of payments
- creating jobs.

The technical, financial and political objectives of the livestock sector were as follows:

- to develop animal products within the country
- to strive towards a positive foreign trade balance by reducing imports of animal products and developing their export
- to maintain employment in rural areas while creating new jobs.

The pursuit of these new objectives involved the following:

- considering the interests and priorities of livestock owners
- encouraging the establishment of farmer organisations, such as associations and co-operatives
- supporting the establishment of private enterprises in the veterinary sector

Table I
International seminars organised and/or co-organised by the German Agency for Technical Co-operation (GTZ) to discuss necessary changes to improve animal health and production services

Place and year	Workshop	Organisers	Participating countries and organisations
Khon Kaen, (Thailand) 1984	Second Specialist Workshop on epidemiological techniques in animal health for veterinarians working in ASEAN countries	GTZ; DSE; DLD; Ministry of Agriculture and Cooperatives, Thailand	Australia; Malaysia; Thailand; United Kingdom; United States of America; other ASEAN countries; Kenya; Somalia DLD; DSE; GTZ; University of Minnesota; University of Queensland, Brisbane; Freie Universität, Berlin; VEERU, University of Reading, United Kingdom
Bujumbura (Burundi) 1984	Politique nouvelle pour le développement de l'élevage en Afrique au Sud du Sahara. Le rôle des auxiliaires d'élevage en Afrique, regional seminar for francophone African countries	CTA, the Netherlands, GTZ; IEMVT, France	Benin; Burundi; Cameroon; CAR; Ethiopia; Côte d'Ivoire; Mali; Mauritania; Niger; Senegal; Somalia; Togo CTA; European Union; ACP General Secretariat; GTZ; IEMVT, France; Ministère de la Coopération, France; OAU/IBAR; World Bank
Blantyre (Malawi) 1985	Seminar on primary animal health care in Africa, regional seminar for Anglophone African countries	CTA; CTVM, University of Edinburgh, United Kingdom; GTZ; ODA, United Kingdom	Botswana; Cyprus; Ethiopia; Gambia; Ghana; Kenya; Lesotho; Malawi; Mozambique; Somalia; Swaziland; Tanzania; Uganda; Zambia; Zimbabwe CTA; CTVM, University of Edinburgh, United Kingdom; Department of Foreign Affairs, Development Cooperation Division, Ireland; European Union; FAO; Federal Ministry of Economic Co-operation, Germany; GTZ; International Livestock Centre for Africa; Ministry of Agriculture and Fisheries, the Netherlands; ODA; OAU/IBAR, OIE (World organisation for animal health); World Bank
Bangui (CAR) 1988	Politique nouvelle pour le développement de l'élevage en Afrique au Sud du Sahara. Vers une nouvelle structure pour la santé animale en Afrique	GTZ; IEMVT, France	Benin; Burundi; CAR; Ethiopia; Gambia; Ghana; Guinea; Côte d'Ivoire; Niger; Rwanda; Sierra-Leone; Somalia; Chad; Togo; Tunisia GTZ; Bayer AG, Germany; European Union; IEMVT, France; Rhône-Mérieux, France; Ministère de la Coopération, France; OUA-IBAR; World Bank; University of Reading, Department of Agriculture, United Kingdom
Khon Kaen (Thailand) 1989	International Seminar on animal health and production services for village livestock	GTZ; DSE; DLD; Ministry of Agriculture and Cooperatives, Thailand	Australia; Germany; Indonesia; Kenya; Lesotho; Malaysia; New Zealand; Sri-Lanka; Thailand; other ASEAN countries; Togo; United Kingdom; United States of America Massey University, New Zealand; Freie Universität, Berlin; VEERU, University of Reading, United Kingdom; University of Minnesota; Khon Kaen University; Chulalongkon University; Kasetsart University
Schmittgen (Germany) 1991	Primary animal health care – practical experiences, principles and procedures, concepts and strategies	GTZ	Germany GTZ-experts
Mzuzu (Malawi) 1996	Primary animal health activities in southern Africa, regional seminar for southern Africa	DSE; GTZ; DAHI, Malawi; Ministry of Agriculture, Malawi	Botswana; Egypt; Lesotho; Malawi; Madagascar; Mozambique; Namibia; Republic of South Africa; Swaziland; Tanzania; Zambia; Zimbabwe DSE; Department of Tropical Veterinary Medicine and Epidemiology, Freie Universität, Berlin; GTZ; Department of Veterinary Clinical Science, Massey University, New Zealand
Mzuzu (Malawi) 2000	Follow-up seminar	GTZ, Malawi-German Basic Animal Health Services Project; DAHI, Malawi; Ministry of Agriculture, Malawi	DAHI, Malawi; Foundation for Improvement of Animal Health, Mzuzu, Malawi; SADC-Animal Disease Control Project, Malawi (sponsored by the European Union); DANIDA-Malawi; Directorate of Veterinary Services, Windhoek, Namibia; Department of Pharmacology and Toxicology, Onderstepoort Veterinary Institute, Republic of South Africa; Vetaid Mozambique; GTZ; Massey University, Department of Veterinary Clinical Sciences, Palmerston North, New Zealand; FAO

ACP: African, Caribbean and Pacific
 ASEAN: Association of Southeast Asian Nations
 CAR: Central African Republic
 CTA: Technical Centre for Agriculture and Rural Co-operation
 CTVM: Centre for Tropical Veterinary Medicine
 DAHI: Department of Animal Health and Industry
 DLD: German Department of Livestock Development

DSE: German Foundation for International Development
 FAO: Food and Agriculture Organization of the United Nations
 GTZ: German Agency for Technical Co-operation
 IEMVT: Institut d'Élevage et de Médecine Vétérinaire des Pays Tropicaux
 OAU/IBAR: Organisation of African Unity/Inter-African Bureau for Animal Resources
 ODA: Overseas Development Administration
 VEERU: Veterinary Epidemiology and Economics Research Unit

- introducing payment for veterinary medicines and other products by the beneficiary, while limiting subsidies for promoting new methods of livestock development

- reducing governmental spending on the above mentioned activities, thereby allowing for the funding of other necessary operations, which could not be financed under the existing system.

The basic principles of this new approach were the abolishment of free animal treatment and subsidised medicine distribution (33, 34), except for List A diseases, and the encouragement of private initiatives.

It was widely believed that one of the most important steps towards improving services for livestock owners was the introduction of auxiliary animal health workers. Therefore, it was suggested that the respective governments should legalise the new structure and clearly define the responsibilities of auxiliaries by indicating the following:

- the profile of the auxiliary
- the precise framework of their work
- the level, method, and period of training
- the relationship between the auxiliary and the public services
- the inputs for their work and the form of its administration.

Obviously, these recommendations have to be handled with the utmost flexibility, taking into consideration the specific situation of a country: its livestock industry and the socio-economic and political situations. The participants in this seminar (representatives of the livestock services) all agreed on the idea of implementing such a system.

Blantyre workshop 1985

The discussions at this seminar in May 1985 centred on the World Bank Technical Paper entitled 'Animal health services in sub-Saharan Africa – alternative approaches' (8).

Four alternative approaches were proposed by the GTZ, the United Kingdom Overseas Development Administration (ODA), the FAO and the World Bank:

a) The GTZ proposal was based on the recommendations of the Bujumbura seminar discussed above

b) The ODA recommended a fee recovery service. According to their proposal, veterinary field staff would be supplied with prophylactic and therapeutic drugs, which they would then sell for a profit to farmers. This profit would go to the field staff as direct financial incentives. Staff would be encouraged to provide better services to farmers because this would result in increasing their own financial benefits. However, these field staff would still be on the payroll of the government. Furthermore, the Veterinary Service would be allowed to operate a revolving fund, or a similar system, so that a

continuous and adequate drug supply could be assured. The price of drugs and price policies would have to be transparent for all participants in this system

c) The FAO analysed the ratio of veterinarians to livestock units and the availability of professionally trained manpower in different African countries. They proposed establishing privatised professional veterinary associations which would work together with the State Veterinary Service to promote private veterinary services to livestock owners. The veterinary association could arrange credits for establishing private veterinary enterprises, register and license private work, set up price lists for veterinary interventions, act as a disciplinary committee, etc. If they are well equipped and assured of a minimum income, private veterinarians can provide the vast majority of field veterinary services. If tasks such as vaccination are contracted out to the private sector, the State Veterinary Services can concentrate on performing their role of caring for the national herd/flocks and public health

d) In the above mentioned technical paper, the World Bank described the deteriorating quality of animal health care offered by State Veterinary Services. The main problems described were ineffective vaccination campaigns, the inability to enforce sanitary laws and regulations, government monopolies that have frequently stifled the availability of drugs, and the lack of financial resources. The World Bank recommended a combination of policy changes, as follows:

- increasing cost recovery for services and inputs provided, increasing operational and equipment budgets concomitant with the importance of livestock in the economy and, if and where necessary, a reduction in staff numbers (to reduce the amount of money spent on personnel and thereby increase the funds available for other activities)

- easing of monopoly restrictions on many government tasks and encouraging private sector involvement (especially in regard to curative treatments and drug distribution) thus allowing the development of a free market system.

Provided a positive government attitude towards the implementation of these necessary reforms was developed, it was hoped that there would be donor support in technical matters such as the following:

- analysing the existing situation and preparing national plans for restructuring livestock services

- funding equipment and various training schemes for monitoring training methods and the role of veterinary research laboratories

- developing adopted initial training programmes and in-service training systems for veterinarians and para-veterinarians

- research

- temporary funding of non-salary recurrent costs as part of restructuring the service.

The participants of the workshop voiced a common understanding of the reasons behind the deterioration in the quality of the veterinary health services of sub-Saharan Africa in the last two decades. There were differences in the proposed schemes for the reconstructing and refinancing of animal health services, but even though approaches were different, the following points were agreed upon by all participants:

- cost recovery for services and inputs must be implemented, or where already in place, must increase
- revolving funds must be put in place
- privatisation should be encouraged
- professional associations, producers co-operatives or similar organisations must be established.

However, there were delegates who rejected the idea of introducing para-veterinary services.

Although final recommendations could not be achieved at this seminar, some of the views expressed by the delegates were as follows:

- some degree of cost recovery from farmers is essential to prevent veterinary services from declining into chaos
- each country should closely examine and discuss proposals put forward by donor agencies
- donor agencies should stand ready to assist in implementing changes
- senior officials from the World Bank should critically review the specific situation in each country concerned and country-donor dialogues should be urgently initiated
- proposals from the seminar should be communicated to governments for future discussions.

Bangui workshop 1988

This seminar focused on establishing para-veterinary systems. It was argued that the concept of BAHS already existed, since farmers were left to treat their individual animals while governmental services were preoccupied with the control of epidemic diseases. Therefore, it was suggested that auxiliaries be trained to take over individual animal treatments for groups of farmers on a private basis. However, as the misuse of veterinary products by non-professionals could cause problems such as drug resistance, it was also suggested that any new system should include farmers associations, supported by veterinary professionals, to control the work of para-veterinarians and veterinary inputs.

The seminar also discussed economic and financial issues as well as epidemiological studies of animal health problems and their classification according to their importance.

The CAR presented their experiences with livestock breeders associations at local and national level by giving details of the National Project for Livestock Development, a successful project which has received support from the World Bank since 1980.

The recommendations of this workshop for the development of a new structure of animal health services are listed below.

Auxiliary animal health workers

Organised procedures for selecting auxiliary personnel and defining their responsibilities should be developed, and systems of training and payment should be agreed upon.

Farmers organisations (co-operatives, associations or similar)

The legal status of farmer co-operatives and similar organisations should be determined, the active participation of members should be encouraged, and the activities of these associations should be extended to include the marketing of products.

Administration

In the context of the development of the livestock sector the veterinary profession should be evaluated. The animal health and production services should foster an environment favouring the establishment of interest groups.

The seminar recommended that farmers and livestock producers should be organised at a local level, that training for auxiliaries should be made available and that the flow of information from the field to the government should be organised more efficiently.

Privatisation

Given that governments did not have the necessary funds to sufficiently support animal production and health services, the seminar recommended the establishment of professional associations and the creation of a legal structure and economic environment that would encourage private practice.

Veterinary medicines

A system for the distribution of the drugs necessary for BAHS should be launched, thereby overcoming monopolies and general subsidies. The distribution of black-market drugs should be curbed and criteria for deciding which drugs are suitable for use by auxiliaries should be established. Reasonable drug prices should be determined and information on sources of good quality veterinary products should be disseminated.

Evaluation and follow up

The BAHS should be evaluated continuously, in order to determine efficacy and detect emerging problems, such as

problems with the quality and effectiveness of drugs. In each country an organisation should be established to carry out such evaluations.

Costs and benefits

The revenue from taxes on products from the livestock sector should be used for the development of this sector. Revolving funds at governmental level should be used exclusively for their intended purpose and in such a way that the amount of funds does not decrease over time.

A cost benefit study should be carried out as an essential prerequisite for the sustainability of BAHS projects and should examine the following five elements:

- a) farmers (considering in particular the costs of animal health interventions)
- b) farmer associations
- c) auxiliaries
- d) services
- d) community.

The farmers associations should have their own revolving fund, which would serve to buy and sell inputs. The benefits of this fund could be used to pay the salaries and training costs of auxiliary workers.

The government should maintain a price policy that encourages farmers to produce profitably.

Khon Kaen workshop 1989

At this workshop, the deficiencies in the provision of veterinary services to village livestock were examined in detail and substantiated with figures. It concluded that the following changes were unavoidable and would have to take place if improvements were to be made:

- decentralisation of national Veterinary Services
- delegation of responsibilities
- active participation of farmers
- self-help measures at village level
- relief of government funding through different forms of privatisation, increased cost-sharing among livestock owners and self-financing systems such as primary animal health activities.

It was stated, however, that none of these changes would happen without the full support of national Veterinary Services.

This seminar focused on the TGAHP, as an example of the new approach to veterinary service delivery (farmer-funded, village-based services had already been tried in North-East Thailand,

with limited initial support from the government). The service principles, its practical management, the extension programme, the factors influencing its adoption and its benefits for village livestock were presented and discussed. Papers outlining experiences of implementing the primary animal health care approach in Africa (Togo, Lesotho) were also presented.

In addition, a number of papers also discussed epidemiological techniques and analysis, livestock disease surveillance and information systems, and experiences of disease control programmes in village livestock.

A GTZ representative and the Director General of the Thailand Department of Livestock Development (DLD) both presented policy papers on livestock development and improvement in which they emphasised the importance of the provision of basic health care to village livestock.

Schmittgen workshop 1991

This workshop evaluated the field projects implemented by GTZ and its partners in Africa and Asia. It was acknowledged that primary animal health care delivery systems, operating with trained animal health auxiliaries to complement government Veterinary Services, are run with great success in a number of developing countries in Asia and Africa. This field-proven approach deserves further attention and development so that it can meet the growing need for veterinary services in the partner countries of the South.

The following preconditions for the implementation of a BAHS-programme were particularly emphasised:

- losses in livestock production from poor health, at farm and national level, must be identifiable and controllable, and thus, reducible
- the area in which a BAHS-programme is to be implemented should be an area in which existing veterinary services or private practitioners cannot currently meet the needs of all the livestock farmers who require their services
- surplus and/or more market-orientated production must be used to generate additional income for farmers and other livestock producers
- the community must be willing to accept having services and husbandry advice provided through an adequately trained animal health care worker (auxiliary) from their village or neighbouring area
- the community must be prepared to pay for animal health care and accept a self-financed, self-managed animal health care programme; where a revolving drug fund system can be established, its operational principles should be based on cost recovery and preserving the value of the fund
- and, finally, the government must enable farmers and pastoralists to help themselves irrespective of changing

budgetary restraints, i.e. primary animal health care programmes must be approved by governments, and legislation must allow the introduction of animal health care workers.

All GTZ co-operation and project policy since 1991 has been based on the principles established during this workshop.

Mzuzu workshop 1996

The seminar focused on restructuring policies of animal health delivery systems. Specialists from various countries made contributions and the experiences of different nations were exchanged. Malawi, as the host country of the seminar, presented its approach to BAHS, which followed the original concept recommended at the seminar in Bujumbura. The seminar also particularly emphasised the importance of cost recovery and the need for epidemiological work.

Follow-up seminar in Mzuzu 2000

There were various BAHS-type projects in Africa and Asia (based on the Basic Animal Health Service Project [BAHSP] in Mzuzu) (23) and this follow-up seminar provided a forum for the representatives from these projects to exchange experiences. The seminar stressed in particular the importance of proper up-to-date extension methods that can reach the target group at community level. Special emphasis was given to the participation and role of women at community level, as well as within the organisational structures (at village livestock committee, executive committee and/or board of directors level) of farmers associations. There was also an important discussion on the economic viability of the Foundation for the Improvement of Animal Health (FIAH) in Mzuzu: the economic situation both nationally and internationally was worsening and there was therefore a need for restructuring to reduce administrative costs.

Basic animal health service projects in Thailand, Malawi and Somalia

Some examples of successfully translating theoretical concepts into practice are given below.

The Thai example

One of the first approaches towards a BAHS-programme was developed in the early eighties in Northeast Thailand by the former TGAHP, which started its work in 1978. With its overall objective of assisting the Thai DLD to improve animal health and production in Northeast Thailand, the first task was to

establish a diagnostic laboratory. As ample experience was available, this was easily achieved. The second major task was to set up an animal health service, focusing on disease outbreak investigations, applied research activities, the development of pre-extension programmes, and occasional provision of clinical services.

While the diagnostic service developed into a routine responsibility, the provision of the animal health service was a more complicated task; this was not surprising considering the scarce resources (two qualified veterinarians and one vehicle) allocated for an area of approximately 170,000 km². It was soon realised that it would be unrealistic to establish the same type of animal health service as in countries which have large veterinary staff and financial support. The challenge was to obtain manpower and money for an animal health service without sufficient government support.

The only solution for creating a sustainable animal health service appeared to be to finance it through the individuals with the largest interest in such a service, i.e. the animal owners themselves; and to place farmers in a situation where they could help themselves to solve their most pressing livestock problems. The hypothesis was that this could be achieved if the Government made inexpensive drugs constantly available for sale to farmers in their villages, and if farmers received extension services from trained fellow farmers (village key men), who would teach the benefits of using these drugs (30, 31). The principles of this programme were the self-reliance and self-interest of farmers, training and extension advice provided by the Government, built-in incentives, and a constant drug supply in the villages, provided by a revolving fund (28, 29).

Encouraged by the recommendations of the 'Workshop on Epidemiological Techniques for Veterinarians Working in ASEAN Countries' organised in 1981 in Singapore by DSE and GTZ, the TGAHP started to develop a new concept which contained the first elements of a Primary Animal Health Care Programme.

Without detailed knowledge of all the factors contributing to poor animal health and production, the above mentioned objective could not be achieved. To obtain detailed information on animal health and production problems, a series of epidemiological surveys had to be carried out (24, 25, 36). Results from these surveys led to further applied research activities performed during the course of the development of various pre-extension programmes. These activities involved the identification of important animal health problems in the region, the formulation of practical disease control measures and technical recommendations focusing on livestock diseases of economic importance. The next important step was to test the acceptance of these measures by local farmers by means of a two year pilot trial, and, finally, the presentation of a disease control programme suitable for implementation by veterinary

extension services run and paid for by the farmers themselves and guided, assisted and administered by the DLD.

In the course of a series of controlled field trials, it was demonstrated that a significant reduction of calf mortality rates was possible through well-timed anthelmintic treatment, while the strategic prophylactic treatment of adult buffaloes against liver fluke in problem areas resulted in significant reduction of the prevalence of *Fasciola gigantica*. At the same time, technical recommendations, which have subsequently been developed, could be tested for effectiveness and practicality (16, 40). Farmer acceptance of the programme could be judged according to their willingness to participate and to pay for the drugs used in the pilot trials (29).

Convincing Thai and German authorities of the feasibility of the new BAHS concept was a difficult process. There was no precedent for administrators at departmental level to refer back to, and, as a result, they were cautious when making decisions. However, the enthusiasm of farmers during pilot trials eventually led to the introduction of the BAHS-programme on a large scale, initially as a worm control farmer self-help scheme, which was launched in 1984, to provide full programme coverage in two of the seventeen provinces in Northeast Thailand (29).

By 1991, BAHS had been implemented and consolidated in about 9,000 villages in seven provinces. In these areas, there was a total of 2.2 million heads of buffalo and cattle, which is close to half the bovine population in the region. In 1992, about 2,100 keymen had been trained, each being in charge of about 1,000 animals.

At the same time, new animal health programme components were introduced such as mange control, eye worm treatment, wound treatment, mineral supply and, later, Newcastle disease vaccination. In order to minimise possible confusion among staff and farmers, each new component and each new drug was preceded by extensive investigations, experimental trials and manpower training before it was introduced (22).

The success of this approach was based on combining the interest and self-reliance of farmers with a regional veterinary infrastructure. During implementation, a combination of village keymen (auxiliaries), training and extension services, built-in incentives, and reliable drug supplies in the villages, which were provided through a drug revolving fund (DRF) (which had been initially located at the DLD in Bangkok) was used. Due to bureaucratic obstacles, the fund had to be relocated into the region a couple of years later to facilitate its administrative procedures of drug purchase and replenishment (22).

This arrangement, where farmers were assisted by a programme which combined farmer co-operation with the existing resources of the DLD, was known as the BAHS in Northeast Thailand (32). It was one of the first Primary Animal

Health Assistance programmes in the world, and probably the first of its kind in a developing country. The programme did not make any profits but was able to recover its costs.

Critical features of the programme were the development of an effective extension effort, and the payment of a commission on drug sales to the keymen, so that there was a private enterprise incentive for them to carry out their responsibilities. There was also involvement at all levels of the field veterinary service in the distribution of drugs (to all keymen supervised and operating in their respective area), and keymen received incentive payments related to the amount of drugs distributed. Extension programmes were designed to take account of local cultural factors, and to combine regional promotion (through television and other media available in the village) with personal extension efforts by each of the keymen (27).

Through the programme, farmers received help and extension services from village keymen, who in turn received regular training, refresher training and supervision from extension veterinary specialists trained in administrative, technical and methodology issues. Initially, hired local consultants assisted with extension methodology (whose importance should not be underestimated during the launching of the programme). By delivering animal health care advice to small-scale farmers and establishing a continuous link between veterinary services and the livestock farming community, the programme increased access to veterinary services and assisted farmers in improving the health and productivity of their livestock.

The Malawi example

The BAHSP in Malawi, which started in 1989, was initiated by the Government of Malawi in response to the 1985 Blantyre workshop. The Malawi Basic Animal Health Project was based on a revised version of the model used in North-East Thailand (15) but the organisation and management of the DRF was privatised. This new approach contributed directly to rural development within northern Malawi (27).

Much like the Thai Project, initial survey results indicated poor health and productivity in livestock due to high disease pressure, inadequate farm and pasture management, seasonal deficiencies of fodder supplies, malfunctioning Veterinary Services and insufficient supplies of veterinary drugs. Against this background, a custom-made BAHS-programme, based on the principles of self-help, was designed to assist the Malawi Department of Animal Health and Industry (DAHI) to improve animal health and production in the northern region of Malawi. Again, in order to make the livestock sector more productive and less vulnerable, the main challenge was to develop a low-cost strategy and a sound design specifically tailored to fit local conditions (26, 31, 36).

The programme was launched in July 1993. It took the form of an eighteen-month 'pilot trial and farmers acceptance test'. A

total of 33 village health workers and thirteen veterinary assistants were involved in promoting the programme and assisted in the formation of 46 livestock farming committees involving approximately 1,500 farmers (22).

Simultaneously, a private organisation to supply farmers with essential veterinary drugs was established. This was done by incorporating a DRF and its organisational and administrative structures into a farmer-owned non-governmental organisation (NGO), namely, the FIAH, which was then registered as a legal entity (41).

The task of the Foundation was two-fold. Firstly, the continuous expansion of the BAHS-programme through the establishment of new village livestock committees to give the whole northern region of Malawi full BAHS coverage. Secondly, the implementation of sound financial management practices to ensure that the value of the revolving fund was preserved.

A revolving fund capital in the form of veterinary drugs worth DM 230,000.00 (US\$143,000.00) was progressively channelled into the Foundation to back-up initial drug supplies during large-scale programme implementation.

Again, the overall acceptance of the programme exceeded expectation and proved that farmers were willing to pay for services. By the end of November 2000, when the German co-financed project support came to an end, the programme served approximately 12,500 farmers (households), organised in 180 village livestock groups (23). They were regular users of the whole range of services offered by the programme, including the supply of essential veterinary drugs for tick and trypanosomiasis control; deworming of young stock; wound treatment; village poultry disease control; and control of mastitis and mineral deficiencies. The well-timed application of drugs was combined with a package of animal husbandry and management advice to assist livestock farmers in improving their productivity and, at the same time, avoiding overstocking. Another 75,000 farm households were also using some programme services on a less regular basis.

It became clear to both government and private stakeholders that the operation of the DRF had had a substantial impact on animal health and productivity for a considerable part of the rural population in the northern region of Malawi (19). This view was supported by the outcome of an opinion poll covering 288 farmers in early 1999. BAHS users had a significantly more positive judgement on the current state of animal health and production when compared with previous years than farmers who were not using BAHS (18, 20, 21).

Economic analysis showed that BAHS was profitable at the macro and micro levels. The results indicated, however, that the operation of the DRF alone would not be sufficient to alleviate the poverty of 'the poorest of the poor' in a substantial way. The non-economic impacts of BAHS, although not easily

quantifiable, were very important. Based on observations in the field, the programme had contributed substantially to the increase in organisational and management skills and self-confidence of the Village Livestock Groups. It had also assisted in enhancing the institutional capacity of the DAHI and was contributing to livestock policy and strategic development (7).

The increasing demand from the farming community for supplementary activities enabled FIAH to support a number of additional ventures. For instance, farmers were assisted in rehabilitating dams in order to stabilise the provision of water in specific areas. The Foundation started producing feed-concentrates that were highly sought after. Farmers themselves initiated income generation schemes through the establishment of a fodder bank and seed production. In view of improved village poultry health and production, women were also actively encouraged to form their own interest groups.

Over the years, FIAH made excellent progress and the DRF brought about a tremendous improvement in the drug supply situation. Despite this positive development at livestock farming community level, FIAH was still very far from recovering the costs of its DRF operations. Between 1996 and 1999 cost recovery rose from 48% to 77% (without GTZ subsidies). Due to worsening economic frame conditions, the Kwacha had been devaluated dramatically during this period; thus, it was impossible to close the gap, despite FIAH's efforts to embark on additional income generating activities (feed milling, producing layers and broilers).

Because of the growing number of these additional income generation activities, FIAH could not focus on its core functions, and in April 2000, it became apparent that the organisation was facing three major problems:

- a) The complex organisational structure, with four levels of decision-making (pre-annual meetings at sub-district level prior to the annual general meeting, quarterly executive committee meetings and in addition, whenever necessary, a series of ordinary or extra-ordinary meetings of the board of trustees) and the comprehensive control system for the DRF, were resulting in costs that could not be met through drug sales if drug prices were to remain competitive.
- b) There were clear indications that farmers had a strong interest in the services FIAH was offering, but very little, if any, interest in FIAH as a farmers association. The vision of bottom-up decision-making had yet to become a reality. The course of the Foundation was still mainly determined by management and project staff.
- c) The objectives, potentials, and constraints of the major stakeholders, and hence of FIAH, were not sufficiently clear. Should FIAH concentrate on the DRF or widen its activities? Should FIAH be a commercial service provider or a representative member's organisation? Should FIAH strictly

adhere to cost recovery for all activities, even if this means concentrating on the 'better' farmers?

In summary, it can be concluded that the development of FIAH was too fast and not sufficiently participatory. This is very understandable when considering that the principles of democracy and decentralisation were only introduced to Malawi in 1994. For many years, people were told what they had to do. Newly developed concepts of community participation in a development process, self-reliance and self-responsibility were initially perceived with mistrust due to lack of experience.

In view of decreasing project durations, ever-optimistic project planners and the resulting pressure on project implementing teams, world-wide worsening economic conditions and high inflation rates and their resulting negative impacts on cost recovery, FIAH can only hope to be sustainable in the long term if it undertakes a critical review and revision of objectives, activities and structure in an intensive and radical organisational development process. As the task ahead is huge and the resources limited (project support through BAHSP was terminated in November 2000), FIAH must strengthen links with other stakeholders by setting up strategic alliances (7).

The original FIAH vision has remained unchanged: improving health and production in livestock farming, while taking into account the needs of rural communities. However, the FIAH experience confirms lessons learned from many other agricultural and rural development projects: there is no shortcut to development; if the vision is to become reality, time that was saved earlier will now have to be invested in taking corrective measures.

The Somali example

Services performed by the Somali government veterinary structure in the 1980s were subject to budgetary constraints. Moreover, priorities in livestock disease control were, if identified at all, poorly defined. Figures on human resources in the government Veterinary Service clearly indicated a pressing need for additional, well-qualified manpower, and even then, the demand for services was such that it was unlikely that the public sector alone could meet the preventive and curative animal health services needs of all pastoral livestock producers. Innovative approaches and strategies had to be developed to overcome these difficulties (3).

In 1986, as part of the German contribution to the multi-component and multi-donor Central Rangelands Development Project, the GTZ created the nomadic animal health auxiliary-system (NAHA-system), the 'Somali answer' to primary animal health care delivery.

For pastoral livestock producers at grass-root level, i.e. in the *degaan* (traditional communal grazing area) and the 'villages' in the Central Rangelands of Somalia (from where about 60% to 80% of the country's goat exports and 30% to 40% of its sheep exports originated), this project was highly welcome. In areas which boasted nothing more than a few black market drugs, inappropriate or well past the expiry date, and a handful of old, barely serviceable syringes, the herdsmen could not fail to be struck by the differences that the NAHA-system introduced. Selecting trainees for the system was a community-based process and monitoring the performance of 'their' NAHAs became an integral task of village committees and associations (1).

The impact on animal health manpower and on the livestock/staff ratio was striking. With the NAHA programme raising manpower by between 50% and 550%, the veterinary livestock unit/supportive staff (veterinary assistants) ratio also fell by 20% to 50%. Figures for the Central Regions were by then approaching recommended levels without placing additional financial burdens on the government budget.

Auxiliaries received practical training in the field, which was preferable to a formal classroom situation. Training needs had already been identified on the basis of an epidemiologically sound baseline survey on disease and production, and on empirical findings in the course of field work. The opportunity for continuous problem-orientated training was much appreciated by the NAHA.

Curative services delivered to nomadic-pastoral livestock producers through the NAHA-system were evaluated in 1987, in the two districts which were fully operational at that time. An average of seven injections against infectious diseases of small ruminants per day compared quite well to the average of twelve treatments per day performed by full-time professional staff in the government service. One call a day to a camel or cow with *dukan* or *gosh*a (the vernacular terms for trypanosomosis) became part of the daily routine of a NAHA. The main focus of the work of the NAHAs was treatment with anthelmintics, often as a curative measure against worms and diarrhoea, but also used in a prophylactic way for all gastro-intestinal parasites. While not every single dose was administered by the auxiliary himself, he was the one to give advice to the livestock owner as to proper dosage and use. This, combined with the swiftly visible effect of the drug – shiny coat, weight gain, and better performance of the treated animal – led owners to pursue a 'strategic deworming policy'. Rams and bucks to be sold for export to the Arabian Peninsula were dewormed and then separated from the rest of the flock for finishing. After the NAHAs provided evidence of their skills in castrating male animals using the Burdizzo emasculator, this service was much in demand by pastoralists. The figures were impressive: a total of 8,889 animals were castrated between February 1987 and

November 1988, which amounted to one castration performed every two days by each NAHA (3).

To assess the further potential of this primary animal health care programme a human resource survey was carried out among the NAHAs themselves. The survey revealed that their capacity was not yet fully exhausted. The activities of NAHAs were determined primarily, indeed almost exclusively, by the prevailing disease situation in their *degaan* and 'villages'. While bearing in mind their year-round involvement in livestock raising, their working capacity for veterinary activities was naturally subject not only to major seasonal variations, but also to livestock density, range conditions, infrastructure, topography and management practices. Though caution should always be exercised when interpreting an individual's own perception of his or her workload, the maximum amount of work NAHAs calculate that they can do – four trypanocide treatments, 41 antibiotic treatments and 47 anthelmintics applications per day – is achievable, and could well be stepped up by a proposed factor of six given an uninterrupted, adequate supply of appropriate drugs.

However, for this to succeed, two conditions must be met: there must be a functioning revolving drug fund and an operational disease intelligence system. Disease intelligence was always closely linked to supervision of manpower and drug management, in terms of information retrieval in the field. As experience with the NAHA programme has shown, primary animal health care delivery in nomadic-pastoral areas can form a solid basis for identifying disease patterns, monitoring the endemic situation (particularly the endemic stability of tick-borne infections), and recognising likely constraints to production (2). Should an epidemic break out, a powerful task force would already be deployed in the field and could take prompt action.

As demonstrated, the implementation of this primary animal health care programme (the NAHA-system) was making a significant contribution to the benefit of nomadic-pastoral livestock producers in Central Somalia until its interruption by the civil war. The programme had increasingly gained in popularity and served as a model for a similar programme initiated by the French in northern Somalia. The concept itself had stimulated a discussion process among other donors and NGOs working in rural self-help programmes (5).

Since NAHA services were not subject to rigid regulations, other disease prevention activities, such as support in vaccination campaigns, could have been incorporated into their work as required. The disease intelligence system already established at herd/flock level could have been expanded to become a regional livestock health surveillance system (the usefulness of this system for contagious caprine pleuropneumonia surveillance has been demonstrated and

described elsewhere [2, 3, 4, 6]). In this way, the government Veterinary Service would have benefitted from the potential and the flexibility of the system in a cost-effective way. By complementing the government Veterinary Service, rather than competing with it, the NAHA-system could have continued to meet demand in the field, and possibly opened up new avenues to the private sector for innovative animal health delivery.

Table II briefly summarises the key characteristics identified in the projects described above using the criteria established at the Bujumbura workshop (42).

Discussion and conclusions

In any country with a limited veterinary infrastructure and a low budget allocation for veterinary services and where the animal disease situation is not too complex, basic animal health systems can be established. The technicalities, however, need to be adjusted to the local disease situation and to the socio-cultural environment of the country; the preconditions for the implementation of a BAHS programme, as described by the GTZ at the 1991 Schmitzen workshop, have to be considered. Given this, it certainly was and still is worthwhile promoting primary animal health care programmes to improve livestock health and production, with the ultimate aim of full ownership of such programmes by the beneficiaries, the farmers, pastoralists and other livestock keeping households.

However, policy- and decision-makers, as well as project implementers, should be fully aware that a programme of this nature cannot be implemented within a short period. If more time and care is taken on the baseline investigations, the design of technical aspects and the planning of administrative and organisational components, the chances of success will be higher.

This brief historical overview of the development of basic animal health care systems over the last three decades in Asia and Africa has demonstrated the various degrees of attention and actual involvement of the donor community. The main emphasis has been on the leading role that the GTZ had in initiating, developing and propagating the BAHS approach in its field projects and within and among the then major European donors.

In presenting key features from some prominent and successful project examples it can be shown that such approaches are not static but rather dynamic; they do, however, require open-minded, innovative and dedicated project partners on either side.

Historically, in the North, such projects were part of the work of government organisations. This has changed substantially

Table II
Key characteristics of German Agency for Technical Co-operation (GTZ) projects as identified according to criteria established at the Bujumbura workshop in 1984 (42)

Criterion	Characteristics identified
Profile of the auxiliary	Resident in the area, rooted in and supported by the community Trusted by all stakeholders, informal leader Strong appreciation for livestock, livestock farmer himself Mature and healthy independent male or female person (no official functions, e.g. village headperson, etc.) Able to read and write Volunteer, appointed by community
Precise frame of work	From simple individual animal treatment for clearly defined diseases to disease control on a larger scale Depending on the scale identified by an animal health specialist Always supervised by a veterinarian
Level, method, and period of training	Depending on activities to be performed: basic animal health services philosophy (self-help, cost-recovery, non-profit, main focus on prevention and control of livestock health and production problems of economic importance in the area); administration of drugs and book-keeping Basic training complemented regularly by refresher training Training always in the field/community setting with particular focus on the participation of women; intensive training of technical staff based on participatory extension methodology (PEM) – train the trainers to establish a primary animal health activities (PAHA) system Trained PAHAs, supervised by trainers, establish regular village meetings and dialogue (applied PEM: livestock farmer training focused on actual health/production problems at village level)
Relation between the auxiliary and the public services	The auxiliary should not be a member of a public service Officially recognised by authorities Clear defined role within community and public service
Input for their work and the form of administration	Administered through self-organisation or a non-governmental organisation Supervised by veterinary experts Start-up kits are provided Drug support is assured Drug/money revolving structure is helpful Incentive scheme as recognition of their commitment: a percentage of the turn-over from drug sales Organisational and management training for local staff in charge of drug revolving fund administration The legal aspects of establishing a privatised organisation representing the interests of farmers are considered and local laws are respected when maintaining a PAHA system Traditional authorities (chiefs) are in favour of programme and therefore continuous support is secured There is a need to establish long-term professional backstopping systems beyond the actual time frame of project implementation

over the last few years; now, the delivery of primary animal health care activities has become the domain of NGOs in Europe, as well as in the partner countries of the South. It is hoped that this organisational shift and its implications for daily project work, will still allow for, and eventually even promote, the further development and adaptation of primary animal

health care according to the needs of the livestock keeping communities in the countries concerned.

La création et développement des services de base de santé animale : exemples de la coopération allemande pour le développement

K. Leidl, M.P.O. Baumann & F. Schenkel

Résumé

Voici une trentaine d'années, les ressources financières, logistiques et humaines des services de l'élevage et des services vétérinaires des pays en développement atteignaient leur point de rupture. La lutte contre les épizooties constituant leur principale et souvent unique activité de terrain, les propriétaires d'animaux étaient souvent abandonnés à eux-mêmes pour gérer au quotidien leur production et les problèmes sanitaires. Toutefois, la population et les milieux politiques n'ont cessé d'accroître la pression sur les Services vétérinaires pour les amener à modifier et adapter leur démarche afin de répondre aux besoins des éleveurs.

Cette évolution a été le moteur d'une série de séminaires organisés en Afrique (par exemple à Bujumbura, au Burundi, et à Blantyre, au Malawi) et en Asie du Sud-Est (par exemple à Singapour et à Khon Kaen, en Thaïlande), avec la participation de l'Agence allemande de coopération technique (GTZ) avec la collaboration étroite d'universités et d'organismes français et britanniques de coopération pour le développement. Ces séminaires ont eu un impact positif sur la recherche de démarches de remplacement en stimulant les échanges entre les parties concernées.

Cet article porte plus spécifiquement sur les acquis des séminaires régionaux qui se sont tenus à Bujumbura (Burundi) en 1984, à Blantyre (Malawi) en 1985, à Bangui (République centrafricaine) en 1988, à Khon Kaen (Thaïlande) en 1989, à Schmitten (Allemagne) en 1991 et à Mzuzu (Malawi) en 1996 et 2000.

Divers concepts de services communautaires de l'élevage et plus spécifiquement d'activités primaires en santé animale, voient le jour et se répandent depuis plus d'une vingtaine d'années dans plusieurs pays en développement. L'efficacité du concept d'activités primaires en santé animale s'est confirmée au fil du temps et ses effets bénéfiques sur les communautés d'éleveurs ont été clairement démontrés.

La présentation des caractéristiques principales de quelques grands projets couronnés de succès (la GTZ a appuyé plusieurs projets en Thaïlande, au Malawi et en Somalie) a prouvé que ces démarches n'étaient pas statiques, mais bien dynamiques, et qu'elles exigeaient de part et d'autre des partenaires innovateurs et d'esprit ouvert. Au cours des dernières années, la prestation d'activités primaires en santé animale est devenue le champ de prédilection des organisations non gouvernementales. Lorsqu'elle sous-tend un processus de privatisation au sein des structures vétérinaires publiques, cette démarche, qui est répandue et adoptée dans plusieurs pays en développement à infrastructure vétérinaire réduite, permet de soulager les Services vétérinaires qui peuvent alors se concentrer sur leurs fonctions essentielles.

Mots-clés

Coopération pour le développement – Histoire – Pays en développement – Prophylaxie – Service communautaire de santé animale – Service de base de santé animale – Service primaire de santé animale – Service villageois de santé animale.



Gestación y desarrollo de sistemas de sanidad animal básicos: los ejemplos de la cooperación alemana para el desarrollo

K. Leidl, M.P.O. Baumann & F. Schenkel

Resumen

Hace una treintena de años, los servicios veterinarios y de producción animal de los países en desarrollo estaban exprimiendo al máximo sus magros recursos financieros, logísticos y humanos. La lucha contra las enfermedades epizoóticas era su principal y a menudo única actividad sobre el terreno, cosa que dejaba solos a los ganaderos ante sus problemas cotidianos de producción y sanidad animal. Para dar respuesta a sus exigencias, la opinión pública y los círculos políticos de esos países empezaron a presionar cada vez más a los Servicios Veterinarios para que modificaran y adaptaran sus planteamientos.

Tal situación fue el punto de partida de una serie de talleres celebrados en ciudades de África (por ejemplo Bujumbura [Burundi] o Blantyre [Malawi]) y el Sudeste asiático (como Singapur o Khon Kaen [Tailandia]) y organizados y propiciados en su mayoría por el organismo alemán de cooperación técnica (GTZ), en estrecha colaboración con instituciones francesas y británicas (universidades y organismos de cooperación para el desarrollo). Esos talleres fomentaron el diálogo con una serie de interlocutores básicos y resultaron por consiguiente muy útiles para apoyar el proceso de concepción de fórmulas alternativas.

Los autores exponen en particular los resultados de los talleres regionales celebrados en Bujumbura (Burundi, 1984), Blantyre (Malawi, 1985), Bangui (República Centroafricana, 1988), Khon Kaen (Tailandia, 1989), Schmittgen (Alemania, 1991) y Mzuzu (Malawi, 1996 y 2000).

Durante más de dos décadas se han ido elaborando e implantando en varios países en desarrollo los conceptos de servicios de ganadería de ámbito comunitario, en general, y de sanidad animal primaria, en particular. Con el paso de los años se ha demostrado que este último concepto resulta eficaz y que las comunidades ganaderas salen claramente beneficiadas de los programas que lo aplican.

Describiendo las características básicas de una serie de importantes y fructíferos proyectos (por ejemplo los que el GTZ apoyó en Tailandia, Malawi y Somalia), los autores ponen de relieve que las soluciones de este tipo no son estáticas, sino dinámicas, y que exigen una mentalidad abierta e innovadora por ambas partes. En los últimos años las organizaciones no gubernamentales han ido asumiendo las labores de sanidad animal primaria. La difusión y aplicación de esta fórmula en varios países en desarrollo con escasa infraestructura veterinaria está facilitando las privatizaciones dentro de las instituciones públicas del ramo, y con ello dejando a los correspondientes ministerios un mayor margen de maniobra para dedicarse a sus funciones básicas.

Palabras clave

Atención zoonosológica de ámbito comunitario – Atención zoonosológica primaria – Atención zoonosológica rural – Control de enfermedades – Cooperación para el desarrollo – Historia – País en desarrollo – Sistema de sanidad animal básica.



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