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Working towards compliance with international standards

G.K. Brückner

Directorate, Veterinary Services, Private Bag X1, Elsenburg 7607, Western Cape, South Africa

Summary

Developing countries are increasingly coming under pressure to improve their delivery of veterinary services as a prerequisite for entering the competitive arena of international trade in animals and animal products. The demands placed on developing countries by predominantly developed countries to comply with international disease prevention standards have also resulted in increasing demands on the financial, human and technological resources of these developing countries. The minimum requirements of the Agreement on the Application of Sanitary and Phytosanitary Measures and the standards, guidelines and recommendations of international standard-setting organisations, such as the OIE (World organisation for animal health), are evaluated in terms of the opportunities embedded within these guidelines for developing countries. Such an evaluation indicates that the rights and obligations contained in these standards, guidelines and recommendations do not necessarily protect only the interests of developed countries but also encourage developing countries to work towards the levels of compliance and disease prevention required by their potential trade partners. The costs of this compliance can be reduced by exploiting more cost-effective alternatives for delivering services, when dictated by budgetary constraints. International organisations have illustrated on many occasions, and through a variety of development programmes, that they do indeed realise their responsibility towards developing countries in the areas of increased capacity building and technical assistance. If international organisations can refocus their interventions on the actual and specific needs of developing countries, then they can help to expedite the process of compliance with international standards.

Keywords

Agreement on the Application of Sanitary and Phytosanitary Measures – Compliance – Equivalence – Para-professionals – Privatisation – Service delivery – Standards.

Introduction

The year 1995 saw the World Trade Organization (WTO) coming into force, following the signing of the final act of the Uruguay Round of multilateral trade negotiations in Marrakesh on 15 April 1994. Contained in the final act, in addition to the General Agreement on Tariffs and Trade (GATT 1994) and various other agreements, was the Agreement on the Application of Sanitary and Phytosanitary Measures (the 'SPS Agreement'). This agreement was established for the application of food safety and animal and plant health regulations which may directly or indirectly affect international trade (30). The underlying intent in the formulation of the SPS Agreement was to facilitate unhindered international trade in animals, plants and their products without endangering human, animal or plant life.

However, since the Agreement came into force in 1995, it has been the subject of intense international debate, credited with both facilitating and inhibiting trade (9, 10, 17, 31, 38). One possible explanation is that it soon became evident, to both developed and developing countries, that the Agreement is a

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convenient instrument for identifying and applying not only the important trading rights but equally the crucial obligations of countries wanting to trade internationally in animals and animal products.

The perception that the rights and obligations embedded in the Agreement have effectively been used as non-tariff barriers to trade in animals and animal products (1, 20, 25) has been intensified by various events throughout the world which are perceived to pose a threat to animal and human health. Among the events which have contributed to the increase in international sensitivity to potential risks from food of animal origin are the following:

– the outbreak of bovine spongiform encephalopathy (BSE) in the United Kingdom (UK) and further spread of the then unknown disease to other countries in Europe, Japan, Canada and the United States of America

– the rapid global spread of the pan-Asia serotype O strain of foot and mouth disease (FMD) virus at the turn of the millennium, with devastating socio-economic impacts, especially in those countries where outbreaks of the serotype O strain were experienced for the first time

– the extensive outbreak of classical swine fever (CSF) in the Netherlands

– the contamination of animal feed in Belgium by dioxin (7, 27, 28).

Governments and regulatory authorities are increasingly being subjected to public scrutiny and pressure to be accountable custodians of food safety and to manage the risks posed by the importation of animals and animal products.

The sharp increase in the number of notifications to the Secretariat of the SPS Committee since 1995 clearly illustrates how developed countries make full use of the rights and obligations contained in the SPS Agreement (9, 20, 37, 38). This is in sharp contrast to developing countries. While developed countries insist upon the rights and obligations in the Agreement being adhered to, many developing countries are perceived as simply being unable to comply with these international standards (27). As a result, there are diverse opinions on the impact of applying such animal and plant disease control measures to developing countries (7, 9, 10, 17, 25, 29, 32, 38). At one extreme are those who state that developing countries have no choice but to comply fully with international standards. There is an intermediate school of thought which believes a compromise can be reached, to accommodate the needs of developing countries without endangering the disease-free status and comparative trade advantage of other countries. At the other extreme are those who question the ability of developing countries to comply with international standards, if this does not result in improved socio-economic benefits for the producers who must bear the costs of such compliance (17).

Compliance with international standards is an important step in the process of entering international trade but this compliance, and even freedom from disease, does not necessarily guarantee export markets. Neither are technical assistance and financial support a panacea. They cannot eventually guarantee international acceptance or recognition for developing countries (17, 38).

However, the SPS Agreement came into force for this very purpose, i.e. to establish the rules of international trade and thus assist countries to successfully enter into trade negotiations. Investing in improving disease control measures in developing countries to SPS standards depends largely on whether there are also domestic benefits in terms of improving public and animal health. There is an opportunity cost to be considered, i.e. the same money could be spent on alternative investment in production or social problems (25). An estimated 70% to 75% of the poorest people in the world (1.2 billion, living on less than US$1 per day) live in rural areas and are largely dependent on agriculture for their livelihoods (25).

Developing countries are increasingly reliant on the export of food products, as the global trade in processed food grows (20). In sub-Saharan Africa, the agricultural sector contributes 35% of the gross national product of the region. Agriculture also serves as the primary income source for more than 70% of the population and accounts for 40% of the total exports (20). It would therefore be wrong for developing countries not to try to establish a basis for negotiating acceptance of their SPS measures. It would be equally wrong for developed countries to reject such negotiations, or not to want to help developing countries to move towards the accepted standards of disease control.

It would also be wrong and probably naive to expect developing countries to comply fully with international disease control standards before even considering trade negotiations. Standards based on the very latest advances in scientific and technological knowledge may be well beyond the capacity of many developing countries and thus may act to their detriment (10). The purpose of this paper is as follows:

– firstly, to assess the minimum requirements for compliance with international standards

– secondly, to evaluate the possible alternatives for service delivery, so that developing countries can achieve and maintain disease control guarantees as they work towards compliance

– thirdly, to assess the need, possible outcomes and cost implications of compliance

– finally, to assess the possible role of international organisations in assisting developing countries to work towards compliance.

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Requirements for entering the pathway to acceptance of disease control standards

Successful entry into the international trade in animals and animal products is primarily determined by the following:

– international acceptance of the disease control guarantees of the exporting country

– how effectively the exporting country satisfies the desired level of protection for animal and human health of the importing country.

The crucial disease control standards and the guidelines for acceptance or refusal of imported animals or animal products are outlined in the *Terrestrial Animal Health Code* of the OIE (World organisation for animal health), the Codex Alimentarius of the Food and Agriculture Organization (FAO)/World Health Organization (WHO) and the SPS Agreement of the WTO (8, 19, 23, 30). These standards take precedence over all other national, regional or international legislation which regulates disease control measures.

If one accepts the need for compliance with international standards to gain access to the export market, one must also accept that these international guidelines and standards for disease control are intended to be universally applied, are inflexible in terms of desired outcomes and make no provision for the fact that developing countries are not as able to comply as developed countries.

This is probably one of the key reasons why some regard the SPS Agreement and international standards as favouring only the interests of developed countries (24). It is no doubt also why developing countries have participated far less in the setting and contesting of international disease control standards than developed countries (9, 10, 31). Finally, it surely accounts for the fact that most of the trade in livestock and livestock products takes place between developed countries. In fact, developed countries account for more than 88% of the total value of livestock and livestock products traded worldwide (17, 26).

However, the OIE *Code*, the SPS Agreement and the Codex Alimentarius, the three most essential reference documents for disease control measures, do make provision for alternative risk minimisation measures to be considered. These agreements also create options to promote trade not only among countries of equal disease status but also among countries which have differing disease status. Moreover, there are a number of provisions in all three documents which are designed to facilitate the acceptance of animals and animal products from developing countries.

For the purpose of this paper, only the relationship between the SPS Agreement and the standards, guidelines and recommendations of the OIE *Code* which deal with developing countries will be described.

The standards, guidelines and recommendations of the World organisation for animal health

The International Committee of the OIE, consisting of official delegates from 164 Member Countries, annually evaluate and approve the standards, guidelines and recommendations that are presented to them by the *Code* Commission and the Aquatic Animals Commission.

The submissions from these two Commissions represent contributions from the:

– Scientific Commission

– Laboratories Commission

– permanent and *Ad hoc* Working Groups of the OIE

– comments and recommendations from Member Countries.

Without giving a detailed description of the *Code*, it is important to note that it only provides standards, guidelines and recommendations to Member Countries for the formulation of disease control measures. Article 3.2. of the SPS Agreement states that disease control measures which conform to international standards (i.e., such as the standards in the *Code*) shall be deemed to be sufficient for the protection of human or animal health and therefore need not be subjected to a risk assessment.

This important concept is often not fully appreciated by developing countries. Thus, developing countries tend not to challenge an importing country which insists on a risk assessment of a disease control measure in the exporting country, despite the fact that that disease control measure already complies with the international standard.

Standards, guidelines and recommendations are described in the *Code* for the following.

a) General provisions for:

– veterinary interventions

– the obligations and ethics desirable for international trade

– import risk analysis

– disease surveillance

– zoning and regionalisation

– the evaluation of Veterinary Services and import and export procedures.

b) Recommendations applicable to specific diseases with the primary emphasis on disease control measures necessary to mitigate the risks associated with a particular disease. These

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measures enable the exporting country to supply the disease control guarantees required by the importing country for accepting animals or animal products. The measures include:

– requirements for freedom from disease

– guidelines on regionalisation

– specific disease control measures to ensure animal products are safe for trade.

c) Appendices describing standards, guidelines and recommendations for:

– the collection of semen, ova and embryos

– health controls and hygiene management practices in animal-processing establishments

– quarantine stations

– principles for disease surveillance.

d) Model health certificates for live animals and animal products.

The recommendations in the *Code* are supplemented by specific guidelines for diagnostic tests in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (18), which is recognised as a standard international text by the SPS Agreement.

The *Code* is often wrongly interpreted by some developing countries as being prescriptive and discriminating against those countries which cannot comply. This has caused a perception of the *Code* being uncompromising and insensitive to the needs of developing countries.

There are, however, crucial provisions in the *Code* designed to assist developing countries in working towards compliance. Emphasis is placed on the pathway towards successfully entering the export market. Some of these provisions are as follows:

– the evaluation of Veterinary Services

– guidelines for equivalence

– risk mitigation for trade-sensitive diseases.

Evaluation of Veterinary Services

Over the past three years, the International Committee of the OIE has given specific attention to Chapter 1.3. of the *Code*, dealing with important issues, such as the following:

– risk analysis

– evaluation of Veterinary Services

– guidelines for the evaluation of Veterinary Services

– zoning and regionalisation

– animal disease surveillance.

These are crucial issues for any country, but especially for developing countries that are working towards compliance. These issues are also variables that should be taken into consideration when conducting import risk analyses. However, they are also equally important in endorsing the underlying concepts of harmonisation, transparency and equivalence which are expressed by the SPS Agreement. The *Code* is very explicit on how Member Countries should comply with the fundamental principles of Veterinary Service delivery. To quote: 'The Veterinary Services shall conform to these fundamental principles, regardless of the political, economic or social situation of a country' (19).

Although this statement might be perceived as uncompromising, it is also important to note that the guidelines for the evaluation of Veterinary Services allow for a gradual approach. That is, developing countries are encouraged to work towards compliance by addressing the most important issues for Veterinary Service delivery first (3, 4, 5, 11). This also establishes a platform for negotiation with the importing countries.

There are few, if any, developing countries which would be able to comply with all the criteria at once. However, not all of these criteria will be of immediate vital importance for compliance. An importing country should therefore negotiate with the exporting country on which issues are crucial for export certification and which can be dealt with later. This should especially be the case where exports from low-income to middle-income countries are negotiated, or even middle-income countries to other middle-income countries.

This approach could also be considered for regional trade, or for a free trade area. There would be advantages in harmonising standards in a specific region. The standards may be lower than those recommended by WTO rules but at least these countries would have started the process of compliance (26). It is also important that the "Guidelines for the evaluation of Veterinary Services' should be used as a reference document for identifying specific areas of technical assistance which would aid a potential exporting country in its progress towards eventual compliance.

Guidelines for equivalence

The 'Guidelines for equivalence' is an important appendix to the *Code*, which was approved at the 71st General Session of the OIE in May 2003. This appendix supports Article 4 of the SPS Agreement, as well as the Doha Ministerial Declaration, in which the SPS Committee was specifically requested to further the implementation of Article 4 as a matter of urgency (34). The appendix promotes a more flexible approach for interpreting and applying the 'Guidelines for the evaluation of Veterinary Services'. The *Code* recognises equivalence by recommending alternative disease control measures for many diseases. The 'Guidelines for equivalence' now strengthen and confirm this

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approach, which was already implied in the discussion of many diseases described in the *Code*.

This is of special importance for developing countries as it confirms to Member Countries that the concept of 'equivalence' means disease control measures which need not be the same but only achieve the same level of disease protection. In other words, the exporting country does not need to duplicate the disease control measures which operate in the importing country. It needs only to attain the same, appropriate level of protection which exists in the importing country and it is possible for this to be achieved by alternative measures (37). This is an important application for developing countries as they may be able to find more cost-effective, but equally as efficient, disease control and prevention measures in the process of working towards compliance.

Risk mitigation for trade-sensitive diseases

Risk management and risk assessment are key features of the SPS Agreement (9). The *Code* also describes risk mitigation procedures for specific diseases, recommending alternative disease control measures. Such alternative measures could be used to facilitate the export of animals or animal products from countries which, for instance, have not yet achieved the ideal of disease-free status or zones which are free from disease, or from countries for which the achievement and maintenance of disease free zones is not attainable or is too costly, but which are able to mitigate risk through, for example, agro-processing or other pathogen reduction procedures. The disease control measures described for FMD in Chapter 2.1.1. of the *Code* are excellent examples of this approach. A Member Country could, for example, be free from FMD or have disease-free zones, with or without vaccination. Likewise, the Member Country could be infected with FMD but on the pathway towards freedom from infection.

Trading in a variety of products is allowed between countries of different FMD status, provided the risk mitigation procedures described in the *Code* are applied. These procedures can be given as disease control guarantees to the importing country. The enabling environment created by this approach allows, for instance, the exporting of deboned meat from an infected country to a disease-free country or zone, provided specific risk mitigation procedures have been applied and can be certified by the exporting country.

While the *Code* and the SPS agreement strongly encourage Member Countries to harmonise their disease control measures with international standards, the *Code* also recognises countries which are moving towards compliance, by making provision for alternative disease control measures and thus facilitating trade. It is important that both developed and developing countries take full advantage of this when they:

– apply the criteria for equivalence

– consider harmonising disease control measures between countries within a region en route to compliance with international standards

– consider demanding a risk assessment, to determine the level of protection offered by the disease control measures applied in the exporting country.

Developing countries and the Agreement on the Application of Sanitary and Phytosanitary Measures

The SPS Agreement has been the subject of several excellent and well-documented studies intended to, as follows:

– evaluate the impact of SPS measures on developing countries

– explore why developing countries are apparently not able to make full use of the provisions of the SPS Agreement

– determine the concerns and constraints of developing countries in relation to the SPS Agreement

– propose potential solutions to the problems which have been identified (7, 9, 10, 14, 17, 20, 26, 31, 32, 38).

However, in several of these studies, the focus has been on seeking reasons for what went wrong and offering generic or general solutions which are already provided for in the Agreement, in terms of special and differential treatment. What is really necessary is to narrow the focus onto specific problems experienced in developing countries that must be resolved step by step, while gradually working towards compliance with international standards (3, 4, 5, 11, 12, 13). No developing country can be forced into achieving sustainable compliance overnight.

In spite of the Doha Declaration providing flexibility to developing countries, by extending the timeframe for compliance with SPS measures to six months after the publication of a sanitary measure (previously the general guideline had been a "reasonable interval" after publication [30]), time is not the real issue. Far more important is a clear indication of what is needed in the delay period to strengthen the capacity of the developing country to satisfy the SPS requirements of its trade partners (38). It is much more useful to the developing country to know which key performance areas need to be addressed. Specifying time periods, rather than deficient performance issues, places developing countries under pressure and could force them into quick or *ad hoc* solutions that are essentially temporary in nature. Solutions need to be sustainable to ensure credibility in the export market and real progress towards compliance.

Important enabling issues for developing countries

Delegates attending workshops on the SPS Agreement in Zambia, Lesotho and Angola during 2002 and 2003 identified the three most disturbing issues related to the Agreement (2):

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– the inability and lack of expertise in developing countries to scientifically justify a disease control measure if such a measure is not an international standard

– the inability and lack of expertise to challenge disease control measures imposed by developed countries

– the inability and lack of knowledge to assess and conduct import risk analyses.

It is often accepted by default that countries participating in trade or formulating sanitary control measures are familiar with the most essential concepts of the Agreement. The former observations were therefore quite disturbing, as was the failure of delegates to fully appreciate the enabling provisions in the Agreement that could and should be exploited by developing countries. It also appeared that delegates attached more importance to their rights under the Agreement than their obligations. In simulated exercises in which the delegates decided whether to accept or refuse a disease control guarantee from an exporting country, they mostly refused entry (exercising their right), due to this inability to assess risk or gain scientific justification for a disease control measure. This observation confirms other studies, which found that developing countries tend to insist on stricter disease control guarantees when trading with each other, in spite of the parity in disease status (26).

The enabling provisions which facilitate trade for developing countries are not only found in Articles 9 ('Technical assistance') and 10 ('Special and differential treatment') of the Agreement. Article 10 on special and differential treatment is very clear on the desired outcomes (results) and will not be further described here. However, Articles 3 ('Harmonisation'), 4 ('Equivalence') and 6 ('Regional conditions, pest- and disease-free areas'), although not referring specifically to developing countries, are nonetheless crucial for countries which are committed to the pathway towards compliance with international standards.

Article 3: harmonisation

In Article 3, the emphasis is on aligning the disease control measures of a country with international standards. Article 3 also deals with the obligation of an importing country to provide scientific justification for demanding more rigorous disease control measures, resulting in a higher level of protection from that intended by the international standard. The SPS Committee must also monitor the harmonisation of international standards. Article 3 also places an obligation on the international standard-setting organisations, such as the OIE, to develop and review international standards, guidelines and recommendations.

This article of the Agreement, by implication, enables developing countries to question disease control standards imposed on them which are higher than the international standards. Developing countries may also use the SPS Committee to challenge standards which they perceive as being restrictive to trade, and to question the need for a risk assessment if the standard in the developing country is based on an international standard.

Article 4: equivalence

This is probably one of the most debated clauses in the SPS Agreement – not only within the SPS Committee but also by international organisations. The reason for this is that Article 4 offers real advantages for developing countries by furthering the principles of equivalence. These principles must be recognised by developed countries – especially where the appropriate level of protection of the importing country is consistently met by the domestically produced goods of the exporting developing country (38). Not only was the importance of equivalence highlighted at the Doha Ministerial Conference but also reinforced by the OIE, which has incorporated it as an appendix to the *Code* (33, 35, 36). Commitment towards furthering the implementation of Article 4 of the Agreement, from both developed and developing countries, is a powerful enabling instrument for developing countries which could expedite the process of compliance.

Article 6: recognition of regional conditions, disease-free areas or areas of low disease prevalence

The unbiased application of Article 6 appears to remain contentious. While the OIE has made very good progress in setting the criteria for recognising disease-free countries, zones or compartments, some developed countries are reluctant to accept official OIE recognition of disease-free zones for FMD, rinderpest and contagious bovine pleuropneumonia within OIE Member Countries as being an international standard. This issue has been contested before the SPS Committee (38) but without success. Developed countries still insist on conducting a risk assessment to confirm the compliance of the free zone with their own appropriate level of disease control protection.

Article 6 has, nevertheless, great potential for developing countries, particularly in the fields of harmonising disease control measures on a regional basis and promoting intra-regional trade.

Considering service delivery alternatives for developing countries

According to Upton (26), the main justification for improving standards in most developing countries lies in the benefits gained by the domestic economy and society. Overcoming non-tariff barriers and thus being able to export goods to developed countries is an additional advantage.

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Among the benefits gained by the domestic economy are the following:

– improved health and productivity of livestock

– reduced losses from disease epidemics

– improved quality of livestock products

– improvements in public health

– 'spill-over' (unintended) benefits for other elements of the food chain (26).

Imposing the same standards on low-income countries as on developed countries excludes the low-income countries from trade. There is thus a need to develop a sequential approach, in which low-income countries can progress step by step towards improving their animal health services and disease status, and gradually gain access to market opportunities (7). Export-led growth may not immediately aid in alleviating poverty, as the effects of freedom from disease and export growth are often unequally distributed. These effects will only benefit the poorer members of the economy if supported by explicit policies to promote the participation of the poor in the market (17).

The changing international environment has resulted in an increasing demand for food safety and health assurances to facilitate international trade, but also an increased household demand for safe and wholesome food (29). There is no clearly defined response to the enormous challenge of meeting both demands, especially in developing countries (11, 13, 16, 23). Most developed countries and international organisations have responded significantly to the new challenges raised by consumer concerns over food safety. It remains debatable, however, whether these responses will have the same results for the 830 million people in developing countries who do not have secure access to food (25).

Developed countries have encouraged initiatives towards regional and multilateral trade agreements, reducing government support for the farming sector and liberalising market access (24, 31, 35). They have established science-based, food safety regulations in the SPS Agreement (7), which can be challenged, but not without intensive research and comparative evaluation – processes out of reach of many developing countries. The mere fact that some of the standards set by developed countries remain untested or unchallenged has contributed to the general confusion. This uncertainty results from a perception of the establishment of different sets of standards to differentiate between the following:

– quality and food safety

– quality and hygiene requirements

– household food security and international trade

– regional and international trade

– the needs of household and international demand.

For example, current ante- and post-mortem meat inspections and hygiene procedures in the abattoir may be inappropriate or too detailed for some countries in relation to the diseases present in a particular class of livestock (16). For instance, in most standard recommended procedures for meat inspection, the spinal cord and cranium are required to be opened, but the real food safety value added by this requirement in the absence of real food safety concerns, is questionable. In some situations, less intensive procedures may achieve equivalent results.

It is unrealistic to think that the delivery of food safety assurances in developing countries can always reach international trade standards. Simpler procedures may be sufficient to ensure food safety at the basic or 'grassroots' level as the country moves towards compliance with international standards. Application of hazard analysis at critical control point (HACCP) procedures and other manufacturing processes are commendable but must be adapted to local demands, such as the informal slaughter of animals within villages. The primary aim should be to ensure that safe food is offered for sale, even if the animal was slaughtered under a tree. Even under these primitive conditions, the establishment of a hygiene culture should be the aim, applying HACCP and good management practices to ensure that food leaving a place of slaughter poses no health risk (7). If developing countries adopt this step-by-step approach towards compliance, the progression to higher standards will be more rational and acceptable.

It would, however, be wrong to place the burden of compliance only on producers. The retail chain could also play a significant role in educating producers and consumers to move towards compliance. The principle of mutual ownership of a minimum standard to meet consumer demand was well illustrated during the contamination of poultry meat with dioxin in Belgium. Supermarkets in South Africa voluntarily removed imported high-risk products from their shelves to illustrate their mutually-agreed upon commitment to food safety, in spite of the fact that there was no indication from the government that they would be compensated for doing so (22).

Irrespective of whether the initial drive for improved standards is only aimed at adding value to the domestic economy and soothing consumer fears, or whether it is an intermediary step towards exporting, the fact remains that exports are crucial for rural economic growth. Developing countries should therefore strive to be able to provide disease control guarantees which meet the appropriate level of protection required by potential trading partners.

The vital criteria for disease control guarantees remain essentially the same, whether export initiatives are concentrated on only a few products and markets or aimed only at low-income or middle-income countries. Almost all requests for

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health certification of animals and animal products require guarantees for the following:

– the disease situation in the exporting country

– the surveillance systems in the exporting country

– guarantees to maintain the favourable disease situation in the exporting country

– risk mitigation procedures in place to ensure the safety of the product or animal

– diagnostic abilities in the exporting country

– legislation supporting all of the above in the exporting country.

Macro-economic structural adjustment plans are being implemented by many countries (including developing countries) to limit domestic government spending (6). In many instances, public Veterinary Services have been restructured in a way which has had a major effect on animal health services delivery in developing countries (24, 27). The obvious solution to counteract the negative effects of decreasing budget allocations is the privatisation of Veterinary Services, which is described in detail in section 3 of this issue of the *Review* (Levels of service provision: professionals, para-professionals, auxiliaries).

It should, however, be noted that for developing countries, whether they have embarked on privatising services or not, disease control and phytosanitary measures are public goods. Improvements in public health and hygiene and the control of epidemic diseases are generally non-exclusive and non-rival and must therefore depend largely on public investment (26). Governments in many developing countries are not only perceived to be, but are also expected to be, the custodians of public health and a source of protection against threatening animal disease disasters. Government intervention to protect the livelihoods, and very often the primary sources of income, of a substantial portion of the population in many developing countries is considered non-negotiable.

Moreover, it would be difficult to work towards compliance with international standards if alternative solutions for service delivery were not exploited, in spite of budgetary constraints. In most respects, privatisation should be seen as a process that refocuses government veterinary activities on achieving better services for the public, and not necessarily as a method of reducing government expenditure (or government responsibilities).

Public service responsibilities such as surveillance and reporting (which are crucial 'baseline' or fundamental requirements for working towards compliance) are no less required in marginal areas and can be performed effectively through contracts with veterinarians, animal health assistants, animal health technicians and auxiliaries (6, 27). In most instances where this method is chosen, government agencies monitor the private sector delivery of these selected services.

It is important to note that women play a particularly important role in agriculture. Women produce 60% to 80% of the food in developing countries, with the highest proportions of production in Africa (25). They should therefore be targeted to participate in essential veterinary activities, such as disease surveillance and disease reporting.

Exploiting various alternatives for the continuation of service delivery and demonstrating, for instance, a strong commitment to animal health standards through reliable surveillance could aid in attracting outside investment, which may also provide the skills to make better use of the production sector (14).

Using alternative options to deliver or complement existing animal health services, to ensure momentum towards compliance and the maintenance of standards, proved to be successful in many countries. Leyland reports marked improvements in livelihoods, epizootic disease control, disease reporting and surveillance when a system of community-based animal health workers (CAHW) was introduced to complement the delivery of Veterinary Services (15). In Malawi, where CAHWs were used, the savings from increased livestock production reached US$57,000 in one year. In Kenya, 70% more cattle deaths were reported in areas without access to CAHWs. In Ghana, Sudan, Ethiopia and Somalia, CAHWs were directly and indirectly responsible for rapid disease reporting and early detection of diseases (15). Crucial components of disease control guarantees for export, such as epidemiological surveillance, disease control, laboratory diagnostic services and animal disease reporting systems, were all reported to have improved after the introduction of CAHWs. In some instances, these CAHWs provided complementary services to the existing systems of service delivery; in others, CAHWs introduced animal health services into areas where they were previously non-existent (15). In Afghanistan, a community-based Veterinary Service was introduced in which trained veterinary personnel, in district-based veterinary field units, delivered primary health care services such as vaccination, drenching against parasites and other curative treatments at 255 sites. Within two years, this community-based service resulted in a dramatic decrease in neonatal deaths in cattle, sheep and goats, while birth rates and herd sizes increased substantially (7).

In many countries where a disease has been eradicated, the cost of control has long been borne by the private sector. Examples include Morocco, where the delivery of vaccination services by contracted private suppliers reduced the cost by 40% and increased coverage by 27%. The private sector has also incurred the cost of FMD vaccination in Bolivia, Uruguay and Argentina and annual CSF vaccinations in Chile (17).

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However, economies of scale must always be kept in mind. In South Africa, the number of cattle tested by private veterinarians for bovine tuberculosis and bovine brucellosis decreased rapidly after the system changed from a government-subsidised one to a 'user-pays' system. The frequency of routine livestock inspections in South Africa also decreased rapidly from between four and five visits a year per establishment to an average of 1.5 visits a year, after the number of stock inspectors (animal assistants) was reduced by more than 60% and they were replaced by trained animal health technicians. The better trained para-professional personnel rendered a more informed service, but because there were comparatively so few of them, there was no longer the same interaction and communication with the farming community.

Some private veterinarians in South Africa perceive animal health technicians and other para-professionals as unwelcome competition. They do not give due recognition to the important role which para-professionals can play in increasing access to basic animal health care services, especially in remote rural areas where there are generally no private veterinary practitioners in any case.

This issue raises an important but contentious consideration for service delivery alternatives. When moving towards compliance with international standards, a developing country can either build its credibility gradually for eventual acceptance by the importing country, or attempt to satisfy every single requirement of the importing country before seeking to export. The former approach is more willing to compromise while the latter suggests a rigid adherence to regulatory requirements. The European Commission, for instance, requires that an official veterinarian employed by the exporting country should take responsibility for export certification. Importing countries inclined towards the regulatory approach would insist that, for example, export abattoirs could only export if certification was conducted by an official (and preferably permanently employed) veterinarian – even if that particular exporting country was unable to employ sufficient veterinarians on a national level to fulfil the task. Countries with a more compromising approach would negotiate the use of other resources (e.g. in the private sector or sub-national levels of government). These para-professionals could be accredited or legally mandated to perform certification in recognition of the lack of government resources. Successful negotiation on this issue would obviously speed entry into the export market whereas the more rigid approach would hinder it.

The same approach can be used when considering using para-professionals for certain tasks, as opposed to insisting that a particular veterinary intervention can only be undertaken by a qualified veterinarian. At the May 2003 International Committee meeting of the OIE, the Code Commission defined Veterinary Services as: '… the Veterinary Administration, all the Veterinary Authorities, and all persons registered or licensed by the veterinary statutory body'. This is a welcome change. Not only does the proposed definition favour a more compromising approach but it recognises that sources of expertise other than registered veterinarians can deliver a veterinary service – especially in developing countries which lack both human and financial resources.

The cost of working towards compliance with international standards

The cost of compliance can, in general, be regarded as the difference between the disease control status of the exporting country and that of the importing country. The bigger the difference, the higher the cost of compliance. If low and middle-income countries wish to expand into new markets of often higher value (e.g. export markets), they may find that this requires a high level of investment in new infrastructure and institutional improvements (17).

The costs of compliance are determined not only by the additional costs necessary to expand basic veterinary interventions, such as increased disease surveillance, vaccination and border control, but also by the product requirements of the importing country. Developed countries are moving away from mere product compliance or border inspections towards more elaborate process-based procedures that require high quality assurance standards throughout the production process from the point of primary on-farm production until final consumer-ready processing. The increased focus on food safety has also resulted in an ever-increasing cost spiral to improve existing or establish new standards for the following:

– tests for residues of antibiotics, heavy metals and other toxins

– health certification

– legal requirements for continuous or permanent veterinary supervision.

The cost for upgrading hygiene standards in abattoirs in Hungary between 1985 and 1991 is estimated to have been US$41.2 million. In one US factory, the cost of introducing testing and record-keeping to comply with European Union standards is thought to have amounted to US$35,000 (17). In developing countries, such additional costs may constitute a barrier to small-holder or pastoralist owners who wish to raise animals for export, such as the nomadic and transhumant livestock populations in Africa (21).

In summary, it can be stated that the further a country has to go towards disease-free status or compliance with the required level of protection, the more expensive the process will be. Developing countries will also have to spend more on infrastructure and legislation, if compliance or disease-free status contributes to a new or expanded export market. These issues are especially important for developing countries, which need to ensure their financial and economic viability (17).

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The role of international organisations in the pathway to compliance

At the WTO Ministerial Conference in Doha (Qatar, 2001), the WTO, FAO, OIE, WHO and the World Bank issued a joint statement, committing these institutions to help developing countries participate more fully in setting international norms for SPS measures (37). These organisations have also committed themselves to co-ordinating the technical assistance which they give to developing countries as part of this effort (38). The World Bank and the WTO have also jointly established a new fund, called the Standards and Trade Development Facility, to link aid to trade opportunities and help developing countries to contribute to, as well as implement, international standards on food safety and plant and animal health. The aim of this Facility is to facilitate or 'smooth the path' for exports from the developing world to global markets (32). The OIE also signed a co-operation agreement with the World Bank in 2002 to confirm their mutual commitment to increase capacity building in developing countries.

Clear distinctions should, however, be drawn between donor organisations (such as non-governmental organisations), finance institutions (such as the World Bank) and international organisations (such as the OIE). International organisations do not provide finances but assist developing countries to work their way towards compliance. If developing countries are to participate fully in the SPS Agreement, it is crucial that they undertake the following:

– attend the meetings of international standard-setting organisations (such as the OIE and Codex Alimentarius) and actively participate

– attend the meetings of the SPS Committee of the WTO to assist in evaluating the application of the Agreement and to challenge disease control measures which they regard as not being conducive to or in the spirit of the Agreement.

However, it is also clear that merely attending these meetings will not necessarily expedite the way towards compliance (9, 10, 38). It is informed participation which is crucial. The international community must assist in enhancing the capability of developing countries to contribute to the process. It can do this by proposing solutions and criteria which are both scientifically sound and consistent with the technological and developmental conditions in developing countries (38). The time for merely holding information sessions or workshops on understanding international standards or the SPS Agreement has passed.

Specific shortcomings in technological capacities related to a particular product, commodity or process should be identified and resolved by offering technical assistance and building capacity to the developing country or industry concerned. It is also vital that developing countries can participate with confidence in formulating standards or challenging the application of specific disease control measures.

International organisations have illustrated on many occasions, and through a variety of development programmes, training initiatives and other capacity-building commitments, that they do indeed realise their responsibility in assisting developing countries towards compliance. Developing countries should therefore also put their capabilities and technological capacity to the test, through active and purposeful attempts to work towards compliance with international standards and successful entry into the export market.

■

Vers la mise en conformité aux normes internationales

G.K. Brückner

Résumé

Les pays en développement sont soumis à une pression croissante pour rendre leurs Services vétérinaires plus performants, condition préalable à leur compétition dans l'arène du commerce international d'animaux et de produits d'origine animale. Les exigences que les pays plus développés font peser sur les pays en développement en matière de conformité aux normes internationales pour la prévention des épizooties se traduisent par une sollicitation croissante de leurs ressources financières, humaines et technologiques. Les critères minimums, aux termes de l'Accord sur l'application des mesures sanitaires et phytosanitaires et des normes, lignes directrices et recommandations publiées par les organisations en charge d'élaborer les normes internationales,

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notamment par l'OIE (Organisation mondiale de la santé animale), sont évalués en fonction des possibilités qu'ils ouvrent pour les pays en développement. Cette évaluation indique que les droits et les obligations inscrits dans ces normes, lignes directrices et recommandations n'ont pas nécessairement pour seul objet de protéger les intérêts des pays développés, mais qu'ils encouragent aussi les pays en développement à progresser sur la voie de la conformité et du niveau de protection sanitaire requis par leurs partenaires commerciaux potentiels. Les coûts de cette mise en conformité peuvent être réduits en recourant à des systèmes alternatifs et plus rentables de prestation de services permettant de faire face aux contraintes budgétaires. Les organisations internationales ont prouvé à maintes reprises, à travers divers programmes de développement, leur engagement vis-à-vis des pays en développement dans le domaine du renforcement des capacités et de l'assistance technique. Si elles pouvaient maintenant recadrer leurs interventions sur les besoins concrets et spécifiques des pays en développement, elles les aideraient à accélérer le processus de mise en conformité aux normes internationales.

Mots-clés
Accord sur l'application des mesures sanitaires et phytosanitaires – Conformité – Équivalence – Norme – Paraprofessionnel – Prestation de services – Privatisation.

La labor en pro de la conformidad con las normas internacionales

G.K. Brückner

Resumen
Los países en desarrollo están sometidos a una presión cada vez más fuerte para mejorar la prestación de servicios veterinarios, requisito previo para que puedan ingresar en el competitivo mundo del comercio internacional de animales y productos de origen animal. Las exigencias que países preponderantemente desarrollados vienen formulando a los países en desarrollo para que cumplan las normas internacionales en materia de prevención de enfermedades se han traducido asimismo en una creciente demanda de recursos financieros, humanos y tecnológicos por parte de esos últimos países. El autor examina los requisitos mínimos establecidos en el Acuerdo sobre la Aplicación de Medidas Sanitarias y Fitosanitarias y en las normas, directrices y recomendaciones de organismos normativos internacionales como la OIE (Organización mundial de sanidad animal) desde el punto de vista de las oportunidades que esos textos ofrecen a los países en desarrollo. De ese análisis se desprende que los derechos y obligaciones dimanantes de tales normas, directrices y recomendaciones no necesariamente protegen sólo los intereses de los países desarrollados sino que también alientan a los países en desarrollo a esforzarse por alcanzar los niveles de cumplimiento y de prevención de enfermedades que exigen sus eventuales socios comerciales. Cuando las limitaciones presupuestarias lo impongan, el costo de tal empresa puede reducirse instituyendo sistemas alternativos y más rentables para prestar los mismos servicios. Los organismos internacionales han puesto de manifiesto en numerosas ocasiones y a través de muy diversos programas de desarrollo que son en efecto conscientes de la responsabilidad que les incumbe con los países en desarrollo en el terreno de la capacitación y

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la asistencia técnica. Si saben reorientar sus intervenciones hacia las necesidades concretas y reales de los países en desarrollo, esos organismos pueden contribuir a acelerar el proceso hacia el pleno cumplimiento de la normativa internacional.

Palabras clave
Acuerdo sobre la Aplicación de Medidas Sanitarias y Fitosanitarias – Conformidad – Equivalencia – Norma – Paraprofesional – Prestación de servicios – Privatización.

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