

How to promote joint participation of the public and private sectors in the organisation of animal health programmes

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Summary

It is generally accepted that the first recorded outbreaks of foot and mouth disease (FMD) in South America occurred around 1870. The disease emerged almost simultaneously in the province of Buenos Aires (Argentina), in the central region of Chile, in Uruguay and in southern Brazil, due to the introduction of livestock from Europe. Argentina set up an agency for the control and eradication of FMD in 1961, Brazil began disease-control activities in Rio Grande do Sul in 1965, Paraguay and Uruguay initiated similar programmes in 1967, Chile in 1970 and Colombia in 1972. A common characteristic was observed in all early national FMD programmes, namely, they were developed, financed, operated and evaluated by the public sector, without major participation from the private sector, except when buying vaccines and abiding by the regulations. In 1987, the Hemispheric Foot and Mouth Disease Eradication Plan (PHEFA: Plan Hemisférico para la Erradicación de la Fiebre Aftosa) was launched and the private sector played a prominent role in achieving the eradication and control of FMD in several countries. However, this model of co-participation between the public and private sectors has suffered setbacks and a new approach is being developed to find ways in which local structures and activities can be self-sustaining.

Keywords

Animal disease control – Foot and mouth disease – Private veterinary service – South America – Veterinary Service.

Introduction

Foot and mouth disease (FMD) was first recorded in South America around 1870, almost simultaneously in Buenos Aires (Argentina), Chile, Uruguay and southern Brazil. Almost a century elapsed before the first attempts to control the disease were observed in the sub-continent. Argentina initiated the first campaign in 1961, Rio Grande do Sul in Brazil in 1965, Paraguay and Uruguay in 1967, Chile in 1970 and Colombia in 1972, just to mention a few (4).

A common characteristic of all national FMD programmes in South America until the mid-1980s was that they were all developed, supported and evaluated by the government,

without any direct participation of the private sector in the payment of vaccines.

In some countries, FMD control activities were just a component of the package of veterinary services delivered to the community, while in others they were developed as separate structures with specialised personnel and an additional budget. In every case, the responsibility for FMD control/eradication lay with governments for more than thirty years (8).

In order to maintain government investment and involvement in FMD eradication programmes, the participation of the livestock sector was vital, but the sector had to be convinced of the importance of its participation. The Hemispheric Foot and Mouth Disease Eradication Plan (PHEFA: Plan Hemisférico

para la Erradicación de la Fiebre Aftosa) included the active participation of the sector as one of the key strategies for maintaining eradication programmes.

National foot and mouth disease eradication programmes: the concerted approach

The coverage and rate of development of national FMD control/eradication programmes during the 1970s and 1980s, were dependent on the availability of government resources (material, staff and funds). Some countries relied on international loans to initiate programmes, there was little community participation in disease surveillance and outbreak control, and animal movement control was difficult to enforce.

Notwithstanding these problems, the national FMD programmes were able to drastically reduce the prevalence of FMD types O, A and C from 2,141 outbreaks in 1980 to 1,249 in 1989. Chile became free of the disease in 1981, there were two further outbreaks, but on both occasions the disease was eradicated (3). Some of the setbacks the programmes encountered during that period were as follows:

- a) during the 1980s, government organisations suffered a reduction in resources, which affected the quality of the programmes and the progress that had been achieved up to that point
- b) changes in government policies relating to FMD programmes, which affected the availability of funds
- c) excessive centralisation of the structure of national FMD programmes, e.g. both resources and control policies were generated centrally. Little decision-making was made at regional or local levels and the private sector was not involved
- d) limited programme coverage: 30% of herds were covered in 1960 and 40% in the early 1970s. Programmes relied on the availability of funds and were geared towards highly productive areas in an attempt to concentrate actions where results could be demonstrated from the increase in exports. Hence, areas where small livestock owners were in the majority or where the provision of veterinary services was more expensive, did not receive the same coverage. This resulted in increased levels of risk for the area and the entire country
- e) resources were linked to an immediate objective, i.e., the achievement of a disease-free zone or country. This policy, though effective, suffered setbacks with the reoccurrence of the disease in countries/areas such as Argentina, Uruguay and southern Brazil. The FMD prevention activities were not

enforced well enough to keep the disease from reoccurring.

The end of the Uruguay Round of trade negotiations, the creation of the World Trade Organization (WTO) and the acceptance of the WTO Agreement on the Application of Sanitary and Phytosanitary Measures, led the private sectors of those countries with a surplus in beef and milk production to seek conditions for securing new markets. The creation of the PHEFA, with its focus on the regionalisation of FMD control and the active participation of the livestock sector, was a result of this need.

The Hemispheric Foot and Mouth Disease Plan: community participation and joint management models

The PHEFA was launched late in the 1980s as a result of the political commitment of countries in South America to eradicate FMD from the continent. This was based on knowledge of FMD ecosystems (characterisation of livestock production systems and disease prevalence) (2). The plan was developed with the co-operation of the Panamerican Center for Foot and Mouth Disease (PANAFMOSA: Centro Panamericano de Fiebre Aftosa). The PHEFA was responsible for creating and maintaining FMD-free areas, increasing the availability of meat and milk, augmenting the efficiency of the livestock sector and allowing countries to seek new markets for their animal products (7). Traditionally, the livestock sector was considered a part of the animal health activities conducted by governments. Most of the difficulties in implementing FMD programmes, as discussed earlier, were a result of this. The livestock sector had a key role to play in the new PHEFA approach. They participated in the administration of campaigns, and particular attention was given to small livestock owners, because they usually resisted animal health programmes, which increased the risks for larger herds. With the new approach, farmers participated in certain activities, such as vaccination campaigns. National FMD programmes tried joint ventures with associations of farmers at local levels, and at least one national FMD programme included the livestock sector as a complementary but active component of the official Veterinary Services (1).

The great advantage of this approach was that it was now possible to devise strategies that were tailored to local disease control/eradication needs, i.e. strategies that were in accordance with local characteristics and the political balance among the participants. Vaccination became the first activity to be performed jointly. Local committees were usually composed of the local associations of farmers, and representatives from the

national animal health authority, the municipality, the veterinary schools, the state veterinary board, and any other politically important livestock associations. The committees also benefited from the assistance of a private veterinarian, under an accreditation scheme which was instrumental in improving disease surveillance in many countries.

The immediate results were positive and between 1991 and 1997 vaccination rates for cattle in South America leaped from 65% in 1990 to 94% in 1996. On average, more than 75% of the cost of the annual FMD campaigns, which corresponds to two vaccine cycles, is paid for by the livestock sector. The growing participation of farmers in national FMD programmes led to the development of co-operation models that were 'exported' to other countries and adapted to local circumstances, eventually producing new models of co-operation.

The jointly administered vaccination campaigns enjoyed a considerable amount of success and there was a marked decrease in the number of FMD cases recorded. Nevertheless, the shared management model was not completely successful. Vaccination programmes did not provide local committees with very much money to invest in local Veterinary Services because the success of the programmes meant that there was no need to continue vaccinating. In other words, the shared management experience became extinct due to its own efficiency in bringing down disease levels. As can be seen in Figure 1, the amount of

money destined for national FMD programmes in South America, from the public and private sectors, diminished as areas and countries were declared free of FMD. The main constraints of this model, and the reason that several local committees disbanded, can be summarised as follows:

- the over-dependence on funds generated by vaccination campaigns
- the lack of alternative models for the generation of funds to finance committees
- the lack of importance given by local organisations to other activities, such as disease surveillance
- the lack of commitment to other local social needs
- the excess of funds obtained from vaccine fees that distorted the objectives of some local committees
- the political power that stemmed from the participation of the private sector sometimes disrupted channels of communication with governments.

Future developments

The lessons learned from the above-mentioned problems led to the search for an alternative source of long-lasting funds which were independent of public sources. Some countries created alternative sources of funds, such as those raised from levies on the slaughter of animals and milk processing. The funds

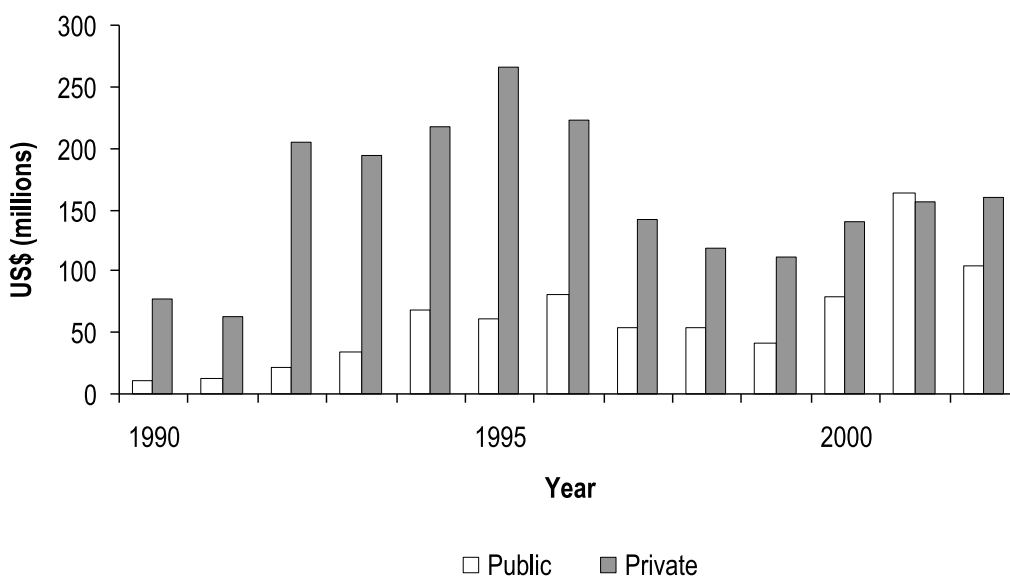


Fig. 1
Public and private expenditure on foot and mouth disease eradication programmes in South America, 1990-2002

collected were for the purpose of creating and strengthening local committees, which were centrally co-ordinated but had local flexibility in scheduling and implementing animal health related activities. The novelty of this approach was that the funds were still used to conduct vaccinations, but were also invested in the strengthening of Veterinary Services, research on animal health problems, the training of personnel and community education campaigns.

During the 2000-2001 FMD outbreaks in Argentina, very few of the local committees were in operation. Approximately 370 of these institutions were re-mobilised by the National Service of Livestock, Plant Health and Food Security (SENASA: Servicio Nacional de Sanidad y Calidad Agroalimentaria) to support the emergency vaccination campaign, and these institutions are now in the process of restructuring (8). To circumvent the problems of the old strategy, a proposal for the creation of new sources of finance, developed by SENASA and representatives of the committees, has been tabled for discussion.

One of the key strategies of disease control is the control of the transit of animals. This becomes important when cattle are transported between areas of differing animal health status. When the animal health situation is the same throughout the country, the first activity to be abandoned is usually animal transit control, due to the inherent costs. Most of the control exercised on transit is that of a fiscal nature; sometimes this is not shared with the animal health authorities. The money raised from transit control is one of the potential sources of future funding for local committees. These funds are usually channelled to the government, but if they were to be re-directed to the committees, they could then play a role in the enforcement of transit regulations. ■

The achievements in South America between 1995 and 2000 (6, 7) prove that FMD eradication is attainable, even though the reoccurrence of FMD in the Southern Cone proved once again that the disease is not simply a country-specific problem but a transboundary disease, and as such, national FMD programmes should share management with other members of the community and establish a strong link with other national plans within regional boundaries.

For a Veterinary Service to respond to future challenges in disease eradication, it should be able to build a social network which allows the programmes to be managed in association with the community. It should also focus on a productive county approach, so that local priorities and expectations in terms of diseases that afflict local production or community health are met. It should be accessible to all farmers, large or small. It should be supported by different funding sources, such as fees on animal movement and fees on services given to the community within the framework of national animal health programmes, such as those for bovine brucellosis and tuberculosis. Finally, it should be capable of developing and maintaining a nation-wide surveillance system.

Comment promouvoir la coparticipation des secteurs public et privé dans l'organisation des programmes en santé animale

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Résumé

Le premier foyer rapporté de fièvre aphteuse est survenu en Amérique du Sud vers 1870. La maladie, introduite par l'entrée de bétail venu d'Europe, est apparue presque simultanément dans la province de Buenos Aires, en Argentine, dans le centre du Chili, en Uruguay et dans le sud du Brésil. L'Argentine a mis sur pied une agence pour le contrôle et l'éradication de la fièvre aphteuse en 1961 ; le Brésil a initié des activités de contrôle de la maladie dans l'État de Rio Grande do Sul en 1965 ; le Paraguay et l'Uruguay ont commencé des programmes similaires en 1967, le Chili en 1970 et la Colombie en 1972. Les premiers programmes nationaux de lutte contre la fièvre aphteuse avaient comme caractéristique commune d'avoir été développés, financés, mis en œuvre et évalués par le secteur public, sans participation majeure du secteur privé, sauf en ce qui a trait à l'achat de

vaccins et à l'observation des réglementations. En 1987, on a lancé le plan hémisphérique d'éradication de la fièvre aphteuse (PHEFA : Plan Hemisférico para la Erradicación de la Fiebre Aftosa), dans lequel le secteur privé a joué un rôle important pour l'éradication et la prophylaxie de la maladie dans plusieurs pays. Cependant, ce modèle de coparticipation des secteurs public et privé a rencontré certaines difficultés et on travaille au développement d'une nouvelle approche permettant l'autonomie des activités et structures locales.

Mots-clés

Amérique du Sud – Fièvre aphteuse – Prophylaxie – Service vétérinaire – Service vétérinaire privé.



Cómo promover la coparticipación de los sectores público y privado en la organización de programas de sanidad animal

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Resumen

Se reconoce que el primer foco notificado de fiebre aftosa ocurrió en América del Sur alrededor de 1870. La enfermedad apareció casi simultáneamente en la provincia de Buenos Aires, en la Argentina, en el centro de Chile, en el Uruguay y en el sur del Brasil, y fue introducida por la entrada de ganado proveniente de Europa. La Argentina creó una agencia para controlar y erradicar la fiebre aftosa en 1961, el Brasil inició actividades de control de enfermedades en el Estado de Rio Grande do Sul en 1965, el Paraguay y el Uruguay empezaron programas similares en 1967, Chile en 1970 y Colombia en 1972. Se puede observar una característica común en todos los primeros programas nacionales de fiebre aftosa: han sido desarrollados, financiados, ejecutados y evaluados por el sector público, sin mayor participación del sector privado, salvo para la compra de vacunas y la observación de la reglamentación. En 1987, el Plan Hemisférico para la Erradicación de la Fiebre Aftosa (PHEFA) fue lanzado y el sector privado tuvo un papel importante en el éxito de la erradicación y el control de la enfermedad en varios países. Sin embargo, este modelo de coparticipación de los sectores público y privado ha encontrado dificultades y actualmente se está desarrollando un nuevo enfoque mediante el cual las estructuras locales y las actividades puedan ser autosostenidas.

Palabras clave

América del Sur – Control de enfermedad animal – Fiebre aftosa – Servicio Veterinario – Servicio veterinario privado.



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