



Protecting Livestock – Improving Human Lives

ESTABLISHMENT OF ANIMAL HEALTH INDUSTRY ASSOCIATIONS (AHIA) IN SUB- SAHARAN AFRICA

A SCOPING STUDY SYNOPSIS REPORT

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Undertaken by:



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Contents

1. Background and Context	2
2. Similarities across countries	2
3. Country peculiarities	4
3.1 Nigeria	5
3.2 Senegal	8
3.3 Tanzania	10
3.4 Uganda	13
4. Looking ahead	16

List of Tables

Table 1: Key considerations and rankings of countries

1. Background and Context

Timely availability of appropriate, quality inputs and advisory services is critical to delivering agricultural transformation in Africa but is confronted with a multiplicity of institutional (mostly governance) challenges. In livestock sector specifically, there is urgency to find solutions to pervasive governance challenges encountered in the accessibility and availability of veterinary health products (such as vaccines and therapeutic drugs), animal breeding services (e.g., artificial insemination), animal feeds, equipment and associated advisory services. It is well recognized that the current sub-optimal supply chains of these inputs and advisory services is principally a manifestation of dysfunctional institutions and institutional arrangements along these supply chains. Specifically, the need for public-private engagements that would strengthen the livestock sector's "*doing business environment*" through increased interactions and collaborations among input manufacturers, distributors and retailers and responsible government agencies and departments is crucial for advancing progressive policies, laws and regulations.

The Global Alliance for Livestock and Veterinary Medicines (GALVmed) is a registered charity organization working to make livestock vaccines, medicines and diagnostics accessible and affordable to the millions in developing countries for whom livestock is a lifeline. GALVmed is especially keen to see strong private-private and public-private dialogues that will lead to collaborations that facilitate access and affordability of legitimate animal health vaccines and products to counter the use of illegal, low quality and fake products in some markets. In this regard, GALVmed engaged Emerge Centre for Innovations – Africa (ECI-Africa) to explore (through a scoping study) the need for, and feasibility of, Animal Health Industry Associations (AHIA) in select countries in Africa – as means of driving the Industry's collective private sector agenda and engagements with government and other actors to address policy and regulatory issues constraining the industry's enabling environment to access and deliver animal health products. The scoping study was conducted in four countries, namely **Nigeria, Senegal, Tanzania and Uganda**. The study approach involved a combination of desk reviews, key informant surveys and online questionnaire surveys. Results compiled from these sources were presented for feedback in virtual validation workshops in each of the four countries. Details of the findings and conclusions are presented in separate reports for each of the countries.

This summary report presents a synopsis of the findings of the scoping study in three parts: 1) Similarities across the four countries; 2) Peculiarities of each country, focusing on findings; and 3) Way forward (possible next steps for each country, and an attempt to prioritize the countries if choices have to be made).

2. Similarities across countries

While the historical and current contexts, including size and governance structures of the animal health industries in the four countries are quite different, the study found substantial similarities in terms of the major underlying issues and their causalities. The major common challenges and opportunities are summarized in this section.

2.1 Challenges

- Inadequate enforcement and/or inconsistent application of existing policies and legislation. Two aspects of regulation and control are needed: the regulation of *products* (medicines, vaccines, and other inputs) and the regulation of *delivery of services*, e.g., the provision of clinical services, preventive healthcare for livestock (e.g., vaccinations), artificial insemination, etc. These two are strongly interrelated. However, they are sometimes handled by different units or departments with inadequate coordination mechanisms. Where collaboration is weak, enforcement is a much bigger challenge, affecting the entire supply chain, and ultimately the consumer (livestock keeper). There is need to strengthen the law enforcement arm to curb illegal practices - such as importation of cheap substandard products and repackaging of expired products.
- Poor compliance by stakeholders (private, public and civil society) to legislative provisions. A quote from a stakeholder in Senegal speaks to the general situation across these countries: *“There is a tendency for every actor to proceed as they like, following their interests, regardless of what the law says as long as there is an opportunity to improve one’s competitive position in the marketplace”*. In general, monitoring of processes to ensure compliance is inadequate, and hence the rampant non-compliance across countries.
- Insufficient collaboration and coordination among critical stakeholder groups, especially between private and public sector players. In the private sector reference was variously made to unhealthy competition among business service providers and input suppliers, and a disconcerting sense of supremacy by veterinary associations in their dealings with other stakeholders; and in the public sector lack of collaboration was expressed in terms of overlapping roles of various agencies and inadequate information sharing.
- Stakeholders are generally aware of, and some express concerns about, fraudulent/counterfeit, substandard illegal products currently being sold in the market, and the fact that use of these products is not only uneconomical (because they have low efficacy), but also portend risk to farmers, consumers and herds/flocks.
- Inadequate and irregular funding to the public sector activities e.g., in vaccination campaigns, coupled with the absence of clear strategies and plans to develop the livestock sector has hindered successful implementation of stated investment plans for the sector, including animal health.
- Access to animal health inputs and services by small producers is limited by a combination of local availability and affordability challenges. Lack of infrastructure such as storage facilities for drugs and inadequate access to cold chain along supply chains is a major challenge, especially for remote locations where the majority of smallholder producers live. Moreover, the impact of ineffectual regulatory function and poor compliance by service providers is greatest at the retail and last-mile levels, and the inefficiencies and fraudulent practices increases costs for bottom of the pyramid consumers.
- Lack of forums and other mechanisms for escalating smallholder voice to the right levels – to regulators, private sector, and NGO/CBO service providers.
- There is recognition of need for better collaboration and coordination among stakeholders to address the major challenges as critical step in transforming the industry in each country. However, there is inadequate and variable understanding among stakeholders of what an operational AHIA would really

look like and how it would help address the current bottlenecks without adversely affecting some of their vested interests. Specifically, stakeholder perspectives about establishment of AHIA tended to be clouded by some sort of fear that such a body would erode their ability to fight for their own interests.

- Prospects for sector-wide support for the establishment of AHIA through strengthening/restructuring existing candidate associations are low. This is mainly because of a combination of actual mistrust based on historical baggage as well as a sense that establishment from scratch would enhance early stakeholder acceptance (of a new association).
- Sustainability of resourcing: Stakeholders in all countries considered that dependence on either donors or government for support will not be sustainable. At the same time, the frequently suggested alternatives - member contributions and income generating activities - have not worked well for many private sector led associations or similar entities.

2.2 Opportunities

- Animal health professionals and para-professionals in all the four countries are already organized in some form of professional associations, and there also exist various types of trade or business associations (of supply chain actors). These present platforms that can be built upon.
- In all countries there is a general awareness about the concept of national apex associations which provide industry or sector voice and promote the collective interests of stakeholders; examples were provided in other sectors – crops, manufacturing, and general commerce and industry. When probed, even stakeholders who are not fully supportive of the AHIA seem to understand that it has potential. The concern by the majority of such stakeholders is whether it will really work, or that they may lose out if it is not ‘organized well’.
- Context specificities of countries: Country contexts present unique value propositions that should be leveraged as part of the process of framing both the need for, and form of, an AHIA. To harness opportunities presented by these country peculiarities will require tailored approaches for each country!

An important conclusion of this scoping study is that the process for establishing AHIA in each country has to frame the conversation in such a way that the diverse stakeholders will be able to see (with adequate clarity) that such an association will address many of the challenges they currently face, that it will not take away what they already have – except practices that adversely affect the industry - and that at the end of the day the benefits will outweigh losses to individual sector players and the industry as a whole. This is important because the first reaction of some of the existing industry associations whose mandates cover subsets of issues or components of the industry was to see an AHIA as a threat – and it takes quite some explaining for these stakeholders to understand how benefits of such an entity would accrue to them.

3. Country peculiarities

This section summarizes, for each of the four countries, specific challenges and opportunities that are unique to the country and considered important in informing choices and design of future interventions. The section also presents proposed next steps based on the findings. While there are similar themes and sequencing logic in the *next steps* proposed for each country, there are important differences in both

context and content of the steps which justify the (nuanced) framing of separate next steps for each country. These would be lost in generic statements of next steps for all countries. Quality stakeholder consultations to ensure participatory design of function and structure of the AHIA and the formation of an interim steering committee (ISC) - to provide leadership, ensure stakeholder ownership and act as the champions - as early as possible in the process are two critical success factors.

3.1 Nigeria

3.1.1 Background

Despite having one of the largest livestock populations in the continent - 19.5 million heads of cattle, 41.3 million sheep, 72.4 million goats, 7 million pigs, and 145 million chickens (FAOSTAT, 2018) - the livestock industry in Nigeria suffers from low productivity. The sector accounts for less than 10% of the Agricultural GDP and 3% of the National GDP despite the rapidly growing demand for livestock products.

Nigeria operates a federal system of government with three tiers – Federal, State and Local governments – and all have the responsibility to administer/deliver animal health inputs and services in respective jurisdictions. The private sector on the other hand is highly fragmented but is currently in charge of more activities in marketing and distribution of veterinary drugs, vaccines, equipment, and feeds, as well as provision of routine clinical services (including vaccination) and advisory/consultancy services than the public sector.

3.1.2 Findings

The institutional landscape of the animal health industry in Nigeria is crowded and complex. The regulatory system consists of several agencies with overlapping mandates, and there are many associations of professional actors, some with exactly the same objectives, differing only in name, but 'fighting' each other. There is also a large number of associations of other value chain actors – from input producers to retailers, many seeing each other as competitors and doing what they can to 'win'. This is further complicated by the three-tier government structure.

There are several and conflicting laws and policies governing the livestock sector as well as weaknesses in collaboration and coordination and poor communication among the various public authorities, so that accreditation/control and delegation of sanitary mandate to the private sector or NGOs is not working well. The policy, regulatory, institutional and other flaws (many, directly a consequence of the crowded field) have been exploited for economic gains by the different interests and have inevitably created conflicts over claims to professional and statutory mandates and responsibilities in the provision of animal health inputs and services in the country.

A significant majority of animal health industry stakeholders consider the idea of an AHIA for Nigeria as timely. They see such an association as means for facilitating stakeholders to come together for the common good of the industry. In their view an AHIA can serve as a platform for joint representation of the input suppliers with the regulatory bodies and can stimulate or awaken the regulatory agencies to their responsibilities. It can also catalyse the harmonization of the legal frameworks guiding the industry for a win-win situation. The input suppliers and manufacturers particularly want to have an industry association that can serve as a platform for joint representation with the regulatory bodies.

Key Challenges

- Gaps and conflicting provisions in the existing legislation – resulting from influences by different bodies/groups seeking to protect or promote their vested interests. There are, at least, 18 different laws related to animal health inputs and services in Nigeria. Some of these laws have been dubbed deficient, conflicting/contradictory, and even obsolete.
- Lack of clarity on mandates of various public sector institutions with regard to several animal health matters. Examples include the Federal Department of Veterinary and Pest Control Services (FDVPCS), the National Agency for Food and Drug Administration and Control (NAFDAC), the Veterinary Council of Nigeria (VCN), and the Pharmacy Council of Nigeria (PCN)
- Overlapping mandates and conflicts among various associations and factions of the professional and technical groups/bodies in the country. For example, the Nigerian Association of Animal Health and Husbandry Technologists (NAAHHT) posit that their classification as veterinary para-professionals is derogatory, preferring their own nomenclature and they are proposing a separate body apart from the Veterinary Council of Nigeria (VCN) and a separate law to guide their practice, and as a way “to escape *‘the lordship’* of veterinarians in VCN”.
- Animal health industry is a large and crowded space with many actors – making it difficult for the regulator (in its current form and scope) to have a handle on all that is happening.
- There is a lack of clarity on government responsibilities towards the private sector animal health field service providers. Private actors, including producer organizations and traders’ associations are, on paper, supposed to collaborate with the government services at the Local, State, and Federal levels. In practice, there is a scarcity of platforms or mechanisms to ensure that these stakeholders comply with relevant regulations to promote the common interest of the animal health industry.

Opportunities

- Unlike the private actors in the animal health industry, the public sector is well structured (even if this is not fully and effectively operationalized); All the three tiers - Federal, State and Local governments – have the responsibility to administer/deliver animal health products and services in their respective jurisdictions. There is opportunity – through governance mechanism such as AHI - to leverage on this structure to put in place a coordinated and effective delivery.
- The One-health concept is a growing interest in the livestock industry in Nigeria and provides a window of opportunity to unify players in human and livestock medicines and to tackle the long-standing issues around control of zoonotic diseases.

3.1.3 Next steps

Step 1 - Addressing on-going mandate wars: There are currently some turf wars going on among a multiplicity of major relevant associations – both the veterinarians and pharmacists. The AHIA establishment process cannot successfully proceed without addressing these conflicts and must start with a dialogue aimed at understanding their causes and framing this as symptomatic of the underlying need for overall institutional reform to improve governance that will help create a thriving industry. Thus, the first step should consist of convenings of ‘round table’ stakeholder consultations that target the decision-making levels of the concerned institutions and aim primarily to help clarify current mandate conflicts. Indeed, for Nigeria, just helping the country to address the on-going mandate wars among the various

institutions would be a major achievement, not to mention that this, in any case, is a required first step towards the establishment of a functioning AHIA in the country.

Step 2 - Towards an acceptable function and form for an AHIA in Nigeria: The conflict resolution step should be designed to initiate awareness creation around what a functional industry association could do not only to forestall conflicts but also, and importantly, to create conditions and systems that ensure that individual institutions have space to operate and succeed in ways that lead to a thriving collective industry. With mandates clarified, the next step should be to ensure that the various institutions involved in regulation of (aspects of) animal health industry (see above) are fully on board. This may require a combination of 'bilateral' and 'roundtable' conversations with leaderships of these institutions. This step will require engagement of strategically identified influential private sector champions to amplify the collective governance vision for the industry.

Step 3 – Broader stakeholder convening: With mandates clarified and regulators on board, this step should begin convenings of the broader industry players (private sector, civil society and public sector). The size and complexity of the Nigerian animal health sector requires significant thoughtfulness on how to approach this step. The actual sub-steps will be informed by learnings and decisions/conclusions from the above steps, for example, on the structure of the AHIA at Federal, State and Local Government levels. An interim steering committee (ISC) should be formed at appropriate point during this step. Overall, the goal of this step will be to start the design and engineering of the AHIA - articulation of the purpose, objective and focus at the various levels, and initial stub at its structure.

These consultations (throughout the steps above) should include the following specific issues explicitly:

- There was concern by stakeholders about the use of 'Association' given that many of the existing bodies in the industry have been registered as 'associations'. There was concern that some of these entities could resist the AHIA idea due to fears that the body would supplant them. Alternative institution types – e.g., "Forum" or "Network" – were suggested. However, there was clear recognition that, whatever name is used, the AHIA needs to be established as a legal entity that is recognized, and that, to be effective it needs to be an apex body with strong membership and voice so that it can effectively help to 'bring sanity in the animal health industry'.
- There are still questions on how the AHIA could be effectively organized to cover the three-tiered country structure. For example, should there be one umbrella body (at federal level) with branches or 'chapters' at State and/or Local Government levels? Or should each State have a separate association? Etc.
- Stakeholders expressed need to better define the product and service boundaries of the 'Animal Health' Industry Association: For example, while artificial insemination (AI) is not about animal health, it is delivered principally by veterinary professionals, and it makes sense that it be explicitly covered by an AHIA.
- When all is considered, for Nigeria, the framing of the AHIA establishment conversation has to bear in mind that the complexity of the animal health institutional landscape may well require 'fresh start' with an institution that bears no historical baggage so as to win the confidence of all stakeholders; given the current existence of 'camps' in the industry and levels of mistrust that has built up between these camps over the years, any affiliation to existing entities will be a risky move – even after the mandates have been clarified and there is no evidence of visible disagreements or animosities.

3.2 Senegal

3.2.1 Background

Senegal has a rapidly growing animal health industry and an increasing demand for livestock products. The annual growth rate of the veterinary pharmaceutical alone is estimated at 14% with inputs worth 5.4 billion (10 Million USD) traded in 2019. The livestock sector contributes about 37% of agricultural value added and 5.5% to national GDP. The livestock input market is dominated by 27 pharmaceutical companies, six of them accounting for 86% of total market share.

The key players in the distribution of livestock pharmaceuticals and inputs include importers/wholesalers, veterinary practitioners, human health pharmacies, and depots for veterinary drugs. The key service providers are veterinarians (DVM), veterinary technologists (ITE), livestock technical agents (ATE), and livestock auxiliaries or community-based animal health workers (CAHWs). The Veterinary Board and the Ordre des Docteurs Vétérinaires du Sénégal (ODVS) are major players in various domains of the industry (see *findings* below), including responsibility for the creation of an enabling environment for better cooperation among private veterinary practitioners and between them and the public sector, and responsibility for advocacy work on behalf of all veterinarians.

3.2.2 Findings

The majority of stakeholders agree that there is need for an AHIA in Senegal to help address the current challenges and to facilitate the development of a thriving industry. Such an association should have a coordinating role among all sectors (public, private, NGOs, and livestock keepers) and should act as the sole interlocutor and voice for industry stakeholders. However, the concept itself is new to the majority of stakeholders in the country. This is partly because privatization process is still relatively young, and the sector actors are still not yet fully organized. The co-creation of relevant solutions to local problems is one of the main motivators for stakeholder support for the establishment of an AHIA – to have a formal mechanism through which multiple stakeholders of various professional profiles (responsible for different industry components) can cooperate for the greater good of the industry and country, including advocacy for adaptation of the regulations to the realities on the ground, and ensuring their effective enforcement.

Key Challenges

- Private sector delivery of animal health inputs and services is relatively new in the country – and many stakeholders are still unfamiliar with, and unsure about, consequences of pursuing an approach that will lead to an industry that has ‘private sector dominance’.
- Increasingly, powerful pharmacies control the largest share of the market of veterinary inputs, and this is happening outside the purview of the Directorate of Veterinary Services. This trend is reinforcing the fear of private sector dominance. There are some concerns that some of these powerful companies may undermine the AHIA establishment process.

- Unhealthy competition between veterinarians and pharmacists as they scramble to deliver services beyond their respective legal scopes or mandates.
- Lack of clarity in the animal health accreditation mandate (as defined in the *Mandataire*) is considered to have created mistrust between private and public sector field service providers. The *Mandataire* is supposed to define scopes of coverage (what services and where) by public and private sector service providers. There are also apparent conflicts of prerogatives of service providers especially at the level of veterinary technologists (ITE), livestock technical agents (ATE), and livestock auxiliaries or community-based animal health workers (CAHWs).
- Gaps in policy and regulatory environment: Some stakeholder opined that policy and regulatory gaps are partly responsible for the difficulties the country is facing in making major inroads in the control or eradication of livestock diseases.
- A fundamental question is how an AHIA is positioned relative to the ODVS. Under the provision of the law, the ODVS has the power to adjudicate over conflicts among practitioners, overseeing applications for licenses and responsibility for creating an environment of cooperation among private veterinary practitioners and between them and practitioners in the public sector. In addition, the remit of the ODVS extends to defining the service fees, acting as the guarantor of ethics in the profession, and being the interlocutor for the State in the formulation of opinions on the veterinary profession, public health, and broader livestock development matters. It is widely considered by stakeholders that ODVS is likely to consider an AHIA as a threat to its 'supremacy'.

Opportunities

- Privatisation of veterinary service is not yet as embedded and widespread as it is in some SSA countries and is backed by a formal regulatory framework. It is not too late to put in place structures and systems that will ensure the evolution of a well-organized and functional private sector led industry
- Increasing recognition of the need for, and actual emergence of, 'collective action' groups of practitioners coming together to face their difficulties, address problems of their members collectively at the local level. Examples include the Association of Veterinarians in Northern Senegal and the Association of Veterinarians in Central Senegal

3.2.3 Next steps

Despite the strong stakeholder support – with a sense of urgency - for the establishment of an AHIA in Senegal, a government representative (during the stakeholder webinar) suggested that other means of addressing coordination and compliance issues be explored first. In his opinion, 'it is easier to create structures than to make them work'! In addition, a key potential issue to be addressed in the establishment of an AHIA in Senegal will need to be its relationship with the Ordre des Docteurs Vétérinaires du Sénégal (ODVS).

Nonetheless, at the end of the process stakeholders proposed that a consultative process be put in place that involves the majority of critical industry players and ensures that representation by all institutional categories (including the regulator) is at the right (high) level.

This process should also be designed to help create/deepen awareness and understanding on how an apex organization could help address the challenges in the animal health industry. Some stakeholders proposed that the establishment of the AHIA could get inspiration and benefit from a close look at the

structures of the “Mouvement des Entreprises du Sénégal” (MDES), RENADES (Multi-sector associations), and Investors Club of Senegal. The following steps should be considered:

Step 1: Engagement of ODVS to help its leadership to better understand the AHIA concept and its relevance to Senegal, and to gauge its position. ODVS senior leadership was not available for engagement during the scoping study. Appropriate private sector players should be engaged as champions to help move this process along – by helping the regulators to see the relevance of an AHIA for the country. Step 1 will be important in determining whether to proceed or not.

Step 2: Deepened public sector engagement: If the ODVS is in agreement with the AHIA idea (at least in principle, even if there are still grey areas that need clarification), the next step should be to engage other regulators (the Directorate of veterinary Services and other agencies whose mandates have implications for animal health industry), in a process championed (or at least fully blessed by ODVS), to achieve full understanding, ownership and commitment by key public sector players. Influential and passionate champion private sector players will also need to be engaged to support this process to demonstrate industry demand for this ‘institutional reform’.

Step 3: Function and Form: This should be a full stakeholder engagement process during which public sector leaders express their support for the establishment of an AHIA and challenge private sector players to take leadership of the process. This process should include examination of existing similar institutions in other sectors (e.g., MDES and RENADES, and culminate in the formation of an interim steering committee ISC), formulation of vision, purpose, objectives, membership and sustainability. Registration and, ultimately, launch would then follow.

3.3 Tanzania

3.3.1 Background

The livestock sector in Tanzania contributes about 7.4% of the country’s GDP. The country currently has an estimated 848 veterinarians, 1752 paraprofessionals, 2085 professional assistants, 1709 veterinary centers, 12 veterinary service companies, 7 importers and wholesale dealers, 4 manufacturers and 2 vaccine production plants. The country is home to 30.5m cattle, 18.8m goats and 5.3m sheep. Other livestock include 1.9m pigs, 38.2m local chickens and 36.6m improved chickens. The livestock sector employs about 50% of Tanzania’s population which is equivalent to 4.6 million households whose incomes depend on livestock.

The Veterinary Council of Tanzania (VCT) is the national veterinary statutory body, regulating the veterinary profession and practice in the country. The VCT is the sole authority effecting registration, enrolment and enlistment under the Veterinary Act, monitors the performance of veterinarians, paraprofessionals and paraprofessional assistants. The VCT also links and represents the country in OIE and other regional and international bodies. Veterinary services have been a major component in all national livestock policy documents, formulated in 1983, 1997 and 2006.

The scope of *animal health inputs and services* cover prevention, control and treatment of domestic animals and wild animals, and also include zoonotic diseases, veterinary public health and environment, safety of foods of animal origin and animal production - which covers animal nutrition, breeding and pharmaceutical products such as acaricides. The animal health inputs and service supply chain starts from

manufacturers (domestic and international), through to wholesale pharmacies, retail pharmacies, drug shops and finally to the consumer (farmer or animal owner).

3.3.2 Findings

Most stakeholders are in favour of the AHIA idea and would like to have a strong AHIA that will be able to promote ethical veterinary practice and enhance the animal health industry value chain and its contribution to national economy. Some stakeholders were not sure if there was need for a new institution and suggested that existing associations could be examined and restructured to serve the same purpose.

Key Challenges

- Turf wars among various veterinary associations in their dealings with other stakeholders; particularly for the veterinary para-professionals, the resulting lack of collaboration was mentioned as a major hindrance towards provision of services.
- High cost of registering drugs and vaccines coupled with stringent regulations by the registrar of veterinary pharmaceuticals, especially for new entrants in the industry.
- Inadequate staffing of animal health programs at all levels.
- Disease control programs tend to be reactive – for example, vaccinations being done when outbreaks have occurred. This is, at least in part, a consequence of the staffing challenge.
- Lack of timely reliable data to inform the matching of supply and demand for drugs and vaccines.

Opportunities

- In 2019, Tanzania launched the Tanzania Livestock Masterplan (TLMP) to guide livestock-sector investments in improving health services, genetics, feed and water resources, industry and factory and to improve the business environment. New regulations of 2019 and 2020 aim at rectifying some of the weaknesses in the structure under the Decentralization by Devolution policy.
- Recent regulatory reforms emanating from the *Blueprint for Regulatory Reforms* to improve the business environment. These reforms are being credited with significant increase in growth of the livestock sector. In the last three years, the sector has grown faster than in previous years with a rate of 5% in 2019 relative to 2.6% in 2017. Private sector investment in large scale beef and dairy farms has increased. The establishment of a private sector desk at the Ministry level is one of the interventions which has created an opening for increased public-private sector dialogue and partnerships.
- The livestock identification, registration, and traceability regulations and the introduction of registration of industry practitioners makes it possible to better monitor disease outbreaks and industry efficiency; increased use of mobile communication is also improving disease reporting.
- Other positive developments in the national livestock industry related to delivery of animal health services include: Establishment of guidelines for delivery of AI services, compulsory vaccination, and dipping, the review of the role of central government in provision of extension services, reinstating public control on dipping and reducing land use conflicts between crop farmers and livestock keepers, and the VCT enrollment of paraprofessionals and paraprofessional assistants.

3.3.3 Next steps

Stakeholders agree that there is a compelling need for the establishment of an AHIA in Tanzania, as a platform that brings together players in the industry to communicate, identify challenges, co-create solutions. That is, working collectively towards solutions that deliver benefits to all industry actors. This platform will also act as a unifying voice of industry players. Indeed, stakeholders consider that the association would contribute to vibrancy and sustainability of the animal health industry by strengthening collaboration between the public and private sector players, and in this way has potential to address the current supply chain issues which are responsible for the high transaction costs that make inputs unaffordable to farmers and also reduce profit margins for traders along the supply chains. The AHIA should be established as an apex body with strong membership, clout, voice and recognition so that it can have influence at the highest possible level of government.

Stakeholders suggested that further consultations are needed. From the onset, the process needs to pay attention to issues around stakeholder ownership, a compelling value proposition and a membership structure that is informed by a deep understanding of the current and emerging institutional landscape in Tanzania, including distinction between institutions that are members and those – e.g., regulators – which are critical partners but not members.

Some stakeholders proposed that The Veterinary Input Suppliers Association of Tanzania (VISAT) could be strengthened to form the anchor for the AHIA. However, the majority preferred that an entity should be established from scratch. Stakeholders also opined that the new apex AHIA learn some lessons from existing umbrella associations such as the Tanzania Association of Pharmaceutical Industry (TAPI) and the Tanzania Pharmaceutical Manufacturers Association (TAPMA).

The proposed roadmap towards establishment of an AHIA consist of the following steps:

Step 1 – Engagement of the regulators. This step should focus on engaging the Veterinary Council of Tanzania (VCT), the DVS, the Tanzania Food and Drugs Authority (TFDA), the Tanzania Medicines and Medical Devices Authority (TMDA), the Tanzania Bureau of Standards, and other public sector bodies whose mandates are relevant for animal health inputs and services to deepen understanding of the AHIA concept, and to their full commitment and support, including in helping mobilize other industry stakeholders. This process should also initiate conversations around whether or not the AHIA should be formed from scratch or build on exiting entities such as VISAT.

Step 2 - Broader stakeholder consultation: A participatory process for designing the AHIA. Stakeholders proposed the formation of an interim steering committee (ISC) – partly informed by engagements in step 1 - to steer the process. It is important that such an ISC be created only after a good understanding of issues, including a sense of institutional and individual dynamics which could undermine the process. This understanding should be achieved in Step 1 so that step 2 can facilitate ISC formation and operationalization. This step should lead to a good understanding of the views of stakeholders that will inform step 3.

Step 3 – Function and Form: The formulation/refinement of vision, purpose, objectives, membership and sustainability through a participatory process led by the ISC; and finally, move towards registration and launch.

3.4 Uganda

3.4.1 Background

The livestock sector in Uganda contributes 9% of the agricultural GDP which translates to 3% of the national GDP. The actual size of the veterinary pharmaceutical industry is not documented.

The animal health industry in Uganda is mainly governed by the Department of Veterinary Services (DVS) of the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) which formulates, reviews and implements national policies, plans, strategies, regulations and standards, controls and manages epidemics and disasters and supports the control of animal diseases, pests and vectors. The Ministry of Health oversees the public health aspects, drugs, and vaccines while the local governments at district levels are responsible for the employment of the public animal health service providers, and are in charge of vector and disease control, as well as enactment of by-laws and other regulations at the local level. The decentralized district level services are provided by multiple public institutions (MAAIF and the Local Government, mostly through provision of staffing), NGOs, international aid organizations, and private sector animal health professionals.

Despite the clear public sector structure, animal health inputs and services are inadequate and veterinary pharmaceuticals and biologicals (vaccines and semen) are often unavailable during critical periods.

As in other countries, the scope of animal health inputs and services coverage is very wide and includes disease prevention, control and treatment as well as pharmaceutical products such as acaricides, safety of foods of animal origin and animal production (including nutrition and breeding). Public sector staff are critical in the field delivery of inputs and services, but private sector service providers are increasingly the major players.

3.4.2 Key findings

Stakeholders called for the establishment of an AHIA that is inclusive and anchored on “*working together to address common industry challenges*”. Reference was made to how a recently instituted *One-Health Platform* has attempted to bring together various players including players in the livestock, human health, and environment. Indeed, the One-Health concept and its institutionalization (as a platform) exemplifies how different players with common interests can be unified to strengthen the overall objective of a vibrant public health industry. Industry stakeholders see the need to incorporate a diversity of players to strengthen the agenda and impact of the proposed association. The envisioned association would benefit from the diversity of expertise and rich experience of the national and multi-national organs including the National One-Health-Platform, the WTO, the OIE, the FAO, GALVMed and NGOs actively involved in livestock input and trade support in the country.

Challenges

- The actors in the animal health inputs and services - regulatory agencies, public sector and private service providers, and NGOs – have highly variable and mostly inadequate capacities, especially at local (district/village/community) levels.
- Fragmented and disjointed policies: Lack of systematic processes for identifying and addressing policy gaps has created myriads of conflicting policies. For example, development partners such as the World Bank, link certain project funding to development of specific policies. In response policies are

developed without systematic analysis of what is available and implications. In MAAIF, no single policy has been financed from the government budget for a long time. Interestingly and ironically, in 2019, the Speaker of Uganda National Assembly said that *“Parliament had not received any bill from MAAIF in the previous 15 years!”*. In addition, although there are several policies and regulations that are supposed to govern practices in the animal health industry, conflicting clauses, non-clarity, gaps, and lack of enforcement of these policies are hindrances to the efficient running of the industry.

- Decentralization coupled with underfunding has broken competent authority chain of command. Consequently, policy makers ‘are not on the ground’ and end up misrepresenting the facts of the sector
- Lack of awareness by (smallholder) producers of which animal health products and services are supposed to be provided free of charge and which ones they are expected to pay for. *“The Government needs to clarify to the farmers that, with the exception of named vaccinations, all other veterinary services are private and that farmers must pay”*.
- Capacity gaps: There is shortfall in the number of staff available to cover all aspects of the policies. Moreover, replacement rate of public sector staff is lower than exits, creating an overwhelming workload for staff and compromising implementation of policies and regulations. New challenges include imports of Chinese products whose labels are not translated into English or local languages.

Opportunities

- Although coordination is generally lacking, some aspects of coordination at inter-district level such as animal movement are getting better, particularly with regard to vaccinations for poultry and small animals. There are lessons which can be learnt here.
- Privatization policy has led to enhanced availability and variety of inputs and services in response to demand. This has enabled specialized products and services to be available in the market and is creating increased demand. For example, new specialties of veterinary services for ostriches, apiculture, and game have emerged.
- Community-based Animal Health Workers (CAHWS) are now permitted to operate and deliver inputs and services in hard-to-reach remote areas like (e.g., Karamoja) and NGOs are able to put together training programs for veterinary extension personnel in these areas.
- Animal health products are being registered by the regulatory National Drugs Authority (NDA) following guidance from MAAIF. MAAIF has established a system of registration of importers of inputs, and the process of importation of inputs that require approval through MAAIF has been streamlined: MAAIF determines products that are relevant based on data that proves and justifies importation. This knowledge-based decision-making is expected to improve quality assurance on importation and registration of products in the market.
- There is a recent awakening around value addition of livestock products - leading to local production of yoghurt, ice-cream, sausages, honey etc. For example, there are now 12 private milk processing plants (responding to and boosting local demand for dairy products in a way that could not be done by the one government plant established back in 1964).

The aspiration stakeholders have of the proposed AHIA is that it should have the same recognition and influence as the Uganda Manufacturers’ Association which has high profile and clout in the country.

3.4.3 Next steps

While there was consensus by key stakeholders about the need for an AHIA in Uganda, it was recognized that more consultations is needed. The suggested steps are summarized below:

Step 1 – Engagement of the regulatory authorities at senior levels. While public sector stakeholders were involved in the scoping study, it was clear that a deeper engagement of agencies responsible for developing and operationalizing policies and regulations is crucial. This step aims to ensure ownership, commitment and explicit support for the establishment of an AHIA, especially by the MAAIF (specifically the DVS), the National Agricultural Advisory Services (NAADS), and the National Drugs Authority (NDA).

Step 2 – Broader stakeholder engagement: Stakeholders emphasized the need for a detailed stakeholder mapping and analysis to serve the dual purpose of determining the level of involvement and getting ownership by potential members. The mapping should be conducted as part of the stakeholder consultation design. Indeed, it is expected that consultations will themselves help identify ‘who is absent but should be engaged’. In addition to obtaining stakeholder perspectives on the industry challenges, opportunities, possible solutions, etc., another important outcome of these consultations will be the formation of an interim steering committee (ISC) that will drive the process going forward.

Step 3 – Function and form. The ISC should then lead a participatory process of formulating the AHIA vision, purpose, objectives, membership and structure, resourcing plans, etc. Registration and, ultimately, launch would then follow. Stakeholders emphasized that the purpose, objectives, and value proposition of the association must be crafted in a manner that speaks to interests and concerns of members (with a clear “*what is in it for me*”) at individual and organisational levels.

Looking ahead, stakeholders proposed that the ISC be hosted initially by an existing institution. While there were some concerns about possible conflict of interest issues with such arrangement, stakeholders considered that hosting by an existing organization to help speed up the operations will be necessary. During the validation meeting, the Uganda Veterinary Association (UVA) was nominated as a candidate body to host the interim secretariat of the association at early stages – by providing office space, logistical support, and physical address. This proposal fully recognized that UVA is not just a prospective member but is a major player in the industry and one whose practices and interests could be influenced by the establishment of a functioning AHIA. Thus, there is clear conflict of interest possibility that will need to be managed. It was emphasized too that this interim hosting role should not be interpreted to mean that UVA is being asked to transform itself to be the AHIA. Indeed, some members were not comfortable even with this interim arrangement, opining that a veterinary body should not midwife an animal health association as it represents only a small portion of animal health industry. Clearly, the early consultative steps will need to carefully look at the pros and cons of this and other options for interim hosting arrangement. Importantly, the AHIA should get operationalized with its own independent office as soon as possible during the establishment stage to avoid a situation in which it is seen as ‘a tool for UVA to further its own goals and agenda’.

Stakeholders suggested that the proposed association should be a legal entity - an association registered in accordance with the laws governing registration of associations in the country, and that it should not be a loose ‘Network’ or ‘Forum’ as had been suggested by some. There was also strong emphasis that the

AHIA would need to be an apex body that has country-wide recognition and respect and can legitimately speak and be heard by the highest office of government.

4. Looking ahead

As alluded to above, the challenges that call for establishment of AHIA in the four countries are quite similar. However, the different country contexts present varying levels of complexities. Thus, levels of effort required to establish such an association and probabilities of successful operationalization vary between countries. **Table 1** is an attempt to rank countries on a combination of level of effort required and probability of success and provides considerations that have informed the rankings – from rank 1 (modest effort and high likelihood of success) to 4 (significant effort required, and lowest likelihood of success).

Table 1. Key considerations and rankings of countries

Country	Rank	Key considerations
Uganda	1	<ul style="list-style-type: none"> Near unanimity by stakeholders on need for an AHIA Institutional landscape is not too complex - relatively small industry, with few institutions involved, and one institution (DVS) has overall regulatory responsibility. Evident passion and commitment by stakeholders to support the process – including offer by UVA to provide interim hosting
Tanzania	2	<ul style="list-style-type: none"> Near unanimity by stakeholders on need for an AHIA Stakeholders are already familiar with AHIA concept – and a similar institution (VISAT) already exists. Institutional landscape is not too complex – one institution (VCT) has overall regulatory responsibility and number of key institutions are relatively few
Senegal	3	<ul style="list-style-type: none"> There is good support for the AHIA idea, but stakeholder understanding of the concept is still variable/inadequate. Strong monopoly companies likely to resist the idea. The AHIA idea is likely to be viewed by OVDS as a challenge to its supremacy as the shaper of the industry; this is likely to be the biggest hurdle which, if overcome, the rest should be manageable
Nigeria	4	<ul style="list-style-type: none"> Although majority of stakeholders support the AHIA idea, there are a few but strong opposing views or indications by some influential and critical stakeholders. A large and complex institutional landscape, with substantial mistrust and on-going wars around institutional mandates; the 3-tier government structure is an added complication. Sorting out current mandate disputes and deep mistrusts is important and will itself require significant effort and time