



Protecting Livestock – Improving Human Lives

# ESTABLISHMENT OF AN ANIMAL HEALTH INDUSTRY ASSOCIATION (AHIA)

## NIGERIA



*A SCOPING STUDY REPORT*

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Undertaken by:



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## ACRONYMS

ACVN	Association of Christian Veterinarians Nigeria
AHI	Animal Health Industry
AHIA	Animal Health Industry Association
ANVAI	Association of Veterinary and Allied Industry
APVMP	Association of Private Veterinary Medical Practitioners
ASAN	Animal Science Association of Nigeria
CAHW	Community Animal Health Worker
DVPCS	Department of Veterinary and Pest Control Services
ECOWAS	Economic Community of West Africa States
FAO	Food and Agriculture Organization of the United Nations
FCT	Federal Capital Territory
FDAPHS	Federal Department of Animal Production and Husbandry Service
FDLPCS	Federal Department of Livestock and Pest Control Services
FDVPCS	Federal Department of Veterinary and Pest Control Services
FGN	Federal Government of Nigeria
FMARD	Federal Ministry of Agriculture and Rural Development
FMoE	Federal Ministry of Environment
FMoH	Federal Ministry of Health
GDP	Gross Domestic Product
JP	Joint Project
KII	Key Informant Interview
MACBAN	Miyeti Allah Cattle Breeders Association of Nigeria
MDA	Ministries, Departments and Agencies
NAAHHT	National Association of Animal Health and Husbandry Technologists
NAFDAC	National Agency for food and Drug Administration and Control
NAFPRI	National Animal Production Research Institute
NAQS	Nigeria Agriculture Quarantine Service
NGO	Non-Governmental Organization
NIAS	Nigeria Institute of Animal Science
NSAP	Nigerian Society of Animal Production
NVCN	National Veterinary Council of Nigeria
NVMA	Nigeria Veterinary Medical Association
NVRI	National Veterinary Research Institute
OIE	World Organization for Animal Health
PAN	Poultry Association of Nigeria
PCN	Pharmacy Council of Nigeria
PSN	Pharmaceutical Society of Nigeria
SAVAN	Small Animal Veterinary Association, Nigeria
TAD	Trans-boundary Animal Disease
VCN	Veterinary Council of Nigeria

## EXECUTIVE SUMMARY

This scoping study report gives detailed insights into the Nigeria livestock industry and informs the need for and modality of establishment of an Animal Health Industry Association (AHIA) in the country. The report is based on a desktop review of animal health industry (literature, policy and legislation) and feedback from key industry stakeholders obtained through key informant interviews and structured questionnaires. The key highlights of the report include history and evolution of animal health industry in Nigeria, the current context, structure, function, and size of the industry as well as the case for establishment of an Animal Health Industry Association (AHIA) as an apex body to provide a collective voice to industry players and provide coordination among stakeholders.

Structured animal health services in Nigeria began in the 1900s as a colonial response to the scourge of rinderpest and it continued post-independence with direct management of veterinary drug supply by government agencies up to the early 1980s. This state-controlled and subsidized supply chain secured the quality of products and services, but it could not continue due to budgetary constraints. However, despite the financial constraints, the numbers of qualified professionals continued to increase, but most of such trained hands did not want to work in the rural areas and the public sector could not employ a large enough number of them either, so most of them ended up in urban, private practice. The private animal health sector in Nigeria became bigger and took charge of more activities in the marketing and distribution of veterinary drugs, vaccines, equipment, and feeds, as well as the provision of routine clinical services (including vaccination) and advisory services.

The public sector animal health service is fairly organized and the private actors, including producer organizations, traders' associations, etc. on paper, were supposed to collaborate with the government services at the Local, State, and Federal levels. Key industry challenges that have hindered and continue to hinder the growth and contribution of the industry to the national economy include: low quality and affordability of the animal health products and services available to consumers, gaps and conflicting provisions in the existing legislation (resulting from influences by different bodies/groups seeking to protect or promote their interests), weaknesses in collaboration and coordination among the various competent authorities (e.g. NAFDAC, NIAS, PCN, FDVPCS, VCN) which has aggravated the issue of product adulteration/substitution and illegal importation of animal products, conflicts among various associations and factions of the professional and technical groups/bodies in the country, and inadequate enforcement of regulatory provisions leading to adulteration, counterfeit and sub-standard products in the market.

There is a general agreement among the key industry stakeholders that an AHIA is needed. A wider stakeholder consultation is, however, needed to deepen the understanding of the animal health sector in Nigeria. Such consultations are critical in reaching decision-making levels in some key institutions and deepening the understanding of the AHIA concept across the board so as to reach a consensus on its establishment.

An AHIA can catalyse the harmonization of the legal frameworks guiding the industry for a win-win division of roles and responsibilities between different institutions/bodies involved and facilitate a collaborative strategy of control/regulation of animal health services and products in Nigeria. If it is eventually decided, it is recommended that the AHIA should be an all-inclusive secondary association, led and owned by the private sector actors as members, with the public sector as partners. The AHIA should be the point of

liaison or cooperation between the different stakeholder groups involved in the animal health industry, both in the products/inputs and in the services segments. Each member group/company should have equal status through representatives duly appointed/mandated at their primary group/company level. This will reduce the chances of developing a crisis of confidence. Governance of the AHIA should not be under guarded or “birthed” or influenced by any government agency or any of the member groups/companies for the same reason. The process of establishing an AHIA should include a robust participatory stakeholder engagement to identify and address turf wars currently playing out among various entities in the complex animal health industry landscape in Nigeria. Indeed, ***addressing current mandate conflicts will itself be a major achievement for the animal health industry in the country!*** Stakeholders consider that establishing the AHIA as a private sector driven and owned for-profit association would enable it to provide paid services and this will help it to become financially sustainable.

## History and evolution of the animal health industry

The emergence of structured animal health services in Nigeria began in the 1900s as a colonial response to the scourge of Rinderpest disease that devastated Nigeria’s cattle population at the time. This led to the establishment of the Department of Veterinary Research in Zaria in 1913 and later the National Veterinary Research Institute (NVRI) in Vom, near Jos in 1923. The forty years of NVRI between 1924 and 1964 saw a gradual transfer of veterinary technology to indigenous Nigerian workers by colonial and post-independence expatriate staff. It was part of this transfer that brought about the formation of the Veterinary Council of Nigeria (VCN) in 1952 and the Nigerian Veterinary Medical Association (NVMA) in 1963. By the time of independence in 1960, the funding and maintenance of animal health services had become the prerogative of the Federal Government of Nigeria at a time of the simmering political crisis of the Nigerian Civil War which lasted from 1967 to 1970. After the civil war, Nigeria joined several international projects like the Joint Project (JP) 15 and JP 28 and similar campaigns to control and eradicate major epizootic diseases between 1965 and 1979 (NVRI, 2004). During these periods, and up to the early 1980s, veterinary drugs and vaccines mostly passed through state-administered systems that largely secured the authenticity and quality of products. The tightly controlled and subsidized supply chain during this period left little room for substandard animal health products and services.

This system of direct management of veterinary drug supply by the government began to decline by the 1980s, mainly because the State was increasingly unable to increase budgets to meet the increasing needs of veterinary services. At the same time, the number of qualified veterinarians and para-veterinary professionals in Nigeria began to increase significantly as additional educational institutions were created (NVRI, 2004). However, many of such trained hands did not want to work in the rural areas and the public sector could not employ a large number of them either so that they mostly ended up in urban, private veterinary practice (Babalobi, 2007). According to Kingsley (2015), little or nothing was offered in the way of regulation of the private animal health sector, leaving the space wide open. Self-help became inevitable as several actors (e.g., merchants, importers, retailers, vaccinators) took their self-decided roles in the system. Despite the establishment of NAFDAC in 1993 and a Veterinary Medicines and Allied Products Directorate of NAFDAC in 2013, the situation has not significantly improved (Kingsley 2015). Thus, it is not an exaggeration to say that the animal health industry in Nigeria from the 1980s to date has seen a sort of deregulation, but is still functioning poorly (FMoH, FMARD, and FMoE, 2019). Meanwhile, two major

sectors – poultry and cattle production - had begun to experience some level of growth. Commercial poultry was becoming a major industry in the South of the country and the Fulani cattle herders became increasingly able to navigate the tsetse fly-infested, but better grazing and watering areas across the country. The Poultry Association of Nigeria (PAN) thus emerged as a common front in the late 1980s and early 1990s to address the recurring challenges of the sector, especially in the area of egg and meat marketing and scarcity of feed resources. The Myetti Allah Cattle Breeders Association of Nigeria (MACBAN) had existed before then as a socio-cultural advocacy group for the Fulani tribe, the major herders of cattle. Other livestock producer groups and professional bodies had developed separately in the interests of their different species and professional focus.

## **Current content and context of the industry**

The composition of livestock herds in Nigeria is estimated at 19.5 million heads of cattle, 41.3 million sheep, 72.4 million goats, 7 million pigs, and 145 million chickens (FAOSTAT, 2018). Despite these numbers, low productivity is highlighted by the Federal Ministry of Agriculture and Rural Development (2018). Livestock accounts for less than 10% of the Agricultural GDP and 2 - 3% of the National GDP. The majority of livestock farmers live in rural areas, come from the poorest income groups, and keep small herds/flocks (FAO and ECOWAS, 2016). As growing in-country demand is predicted for nutritious products from livestock such as meat, milk and eggs, Nigeria has the potential to improve its economy by developing the livestock sector (FAO, 2019). Animal health is a particularly important aspect of this development. Access to quality medicines, vaccines, and other livestock productivity-enhancing inputs, technologies and services will help farmers, especially smallholders, raise healthier animals, secure a more productive and sustainable food and nutrition supply and income which are critical to the economic development of the country and the well-being of its people. However, the reality of the Animal Health Industry in the present day Nigeria is that the sector landscape has many challenges (NVRI, 2004). Strengthening the synergy of Animal Health Industry actors will have a positive and significant impact on livestock production and productivity in Nigeria.

### **2.1 Actors and services offered**

#### **2.1.1 The public sector governance structure of the animal health industry**

Unlike the private actors in animal health industry, the public sector seems fairly organized. 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 products and services in respective jurisdictions. The Federal level takes more responsibilities than the federating units at State level (36 units plus 1 Federal Capital Territory (FCT)) and Local governments (768 local governments and six FCT area councils totaling 774 units). The 36 states are grouped into 6 geo-political zones so that the FCT is approximately in their centre (FMoH, FMARD and FMoE, 2019).

The detailed governance structure of veterinary service in Nigeria is described by Gongora et al. (2019 pp.10-17). The control of animal diseases is the responsibility of state governments while the Federal Veterinary Services deal with national policy formulation and implementation. The Federal Government (FG) takes the lead for the control, management, and eradication of trans-boundary animal diseases as well as other diseases of national importance especially when they assume epidemic proportions. The

Official Veterinary Services is a technical department of the Federal Department of Veterinary and Pest Control Services (FDVPCS), in the Federal Ministry of Agriculture and Rural Development (FMARD) of Nigeria. Different federal parastatals and agencies are also involved in the official veterinary services. They include:

- NAQS: Nigeria Agricultural Quarantine Services, a parastatal body in the FMARD in charge of border control, interstate control posts and quarantine service.
- FDAPHS: Federal Department of Animal Production and Husbandry Services in the FMARD.
- NVRI: National Veterinary Research Institute in the FMARD responsible for diagnosis and confirmation of animal diseases and vaccine production in Nigeria.
- VCN: Veterinary Council of Nigeria responsible for regulating the veterinary profession.
- NAFDAC: National Agency for Food and Drug Administration and Control in the Federal Ministry of Health (FMoH) in charge of food safety and registration and control of veterinary medicines and animal feed.

The FDVPCS, previously the Federal Department of Livestock and Pest Control Services (FDLPCS), was established as a department in July 2014 when the Livestock Department was re-structured, creating the Department of Animal Production and Husbandry Services and the Department of Veterinary and Pest Control Services. The FDVPCS functions as the policy adviser to the Government on all Animal Health, Safety, and wholesomeness of food of animal origin for human consumption and Pest Control Services.

The National One Health Strategic Plan 2019-2023 mentions that the states are in charge of lower-level development, research, training and disease control activities, provision of clinical services, livestock product quality control (as in meat inspection), extension services and development of regulations in line with the federal regulations, policies and protocols. Local governments mainly participate in mobilization, extension services, and operational actions in close coordination with the State level.

### 2.1.2 Private sector involvement in the supply chain

The levels of an organization described for the government/public sector largely excludes the private sector as currently there are no statutory regulation or formal agreements to accredit/authorize/delegate official tasks or sanitary mandate to the private sector or NGOs (Gongora et al., 2019). Neither the current Animal Diseases (Control) Act (2004) nor the proposed revised version (of 2018) contains any powers for delegation of authority (sanitary mandate) to the private sector (Gongora et al., 2019). The clarity about government responsibilities towards the private sector animal health providers is poor (FMoH, FMARD and FMoE, 2019). In his 'last mile survey' of veterinary drug retail outlets, Elelu (2017) observed that even those without relevant qualifications are involved.

Private actors, including producer organizations and traders' associations, on paper, are supposed to collaborate with the government services at the Local, State, and Federal levels. But 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 in Nigeria. **Table 2** below summarizes the major private and public sector actors relevant to the animal health industry in Nigeria.



The historical development of the industry can explain the level of involvement and form/type of engagement of the private sector in animal health input and service delivery in Nigeria. Accurate data is lacking, but one interviewee puts a value of Nira (N) 1 trillion per annum on the market for animal medicines and vaccines in Nigeria. Another interviewee claimed to have done a desk review that puts the worth of the vaccine market in Nigeria at about N16 billion per annum. In terms of the level of private sector involvement, one interviewee in this study suggested that the private sector actors combined take charge of more animal health care activities than the public sector, including marketing and distribution of veterinary drugs, vaccines, equipment and feeds, as well as the provision of routine clinical services, consultancies, and preventive care for livestock. Section 5 of this report summarizes the major players in the private and public sectors.

An OIE evaluation in 2019 reported that there have been 8,834 veterinarians registered with the Veterinary Council of Nigeria since its establishment in 1952. However, the register has not been updated for a while and therefore this number might not be accurate; it might be more in the neighborhood of 3,000 veterinarians who renewed their license in 2018. The report also went further to say that the majority of the registered veterinarians are in the private sector. Faramade et al. (2016), reported specifically that 78.9% of private veterinary practices in southwestern Nigeria operate in urban and semi-urban areas, explaining the shortage of veterinarians in rural areas. To serve the rural or last mile, the VCN is facilitating a community animal health workers (CAHWs) scheme, the aim of which is to have certified and licensed CAHWs at the community frontline level.

Despite this level of involvement of the private sector, there is no provision for the delegation or regulation, nor is there appropriate clarity about government responsibilities towards the private sector animal health accreditation or sanitary mandate (Gongora et al., 2019). This means that there is a wide personnel gap that is being filled by non-professionals and other actors so that there is little, if any, compliance with relevant regulations that will promote the common interest of industry actors.

## 2.2 Current policies and legislation

Garba et al (2011), listed 18 different laws related to animal health inputs and services in Nigeria and claimed that by omission or commission, some of these laws are deficient, conflicting/contradictory, and obsolete. One particularly important example is the clarity on coverages and limits of the mandate of the Veterinary Council of Nigeria (VCN) in the Veterinary Surgeons Decree (40). **Table 1** summarizes the existing laws considered in this scoping study as most important in explaining the on-going legislative challenges.

**Table 1: Analysis of existing laws**

Existing Laws	Regulatory Body	Descriptions and some conflict issues
1. Veterinary Surgeons Decree (37) of	VCN	<ul style="list-style-type: none"> <li>This law gives VCN the regulatory mandate over veterinarians, veterinary education, and veterinary practice premises.</li> </ul>

Existing Laws	Regulatory Body	Descriptions and some conflict issues
1969 as amended Decree (40), 1987 now an act of the National Assembly		<ul style="list-style-type: none"> <li>• This law is silent on VCN’s legal mandate over veterinary or animal health para-professionals and for requiring continuing education from registered professionals.</li> <li>• Several types of professionals are trained (in veterinary medicine, animal science, animal husbandry/health/production, agriculture, pharmacy, etc.) but no law guides their practice, except for the veterinarians.</li> <li>• Other professionals, aside from the veterinarians (including untrained persons) exploit this lacuna – if there is no law, there is no offense.</li> <li>• Other professionals, aside from the veterinarians posit that their classification as veterinary para-professionals is derogatory, preferring their own nomenclature.</li> <li>• Different bodies or associations of veterinary para-professionals are proposing separate laws to guide their practice and for a way to escape what they regard as the “lordship” of veterinarians in VCN.</li> </ul>
2. Animal Disease Control Act (Decree 10) 1988	FDVPCS/ FDLPCS	<ul style="list-style-type: none"> <li>• The law empowers the FDLPCS to issue a permit for the importation of livestock, livestock products, and biologics.</li> <li>• The law provides that veterinary vaccines shall be handled - sold or administered - only by a Veterinary Surgeon or “prescribed officer.”</li> <li>• The NAFDAC law also empowers NAFDAC to issue a permit for the importation of same/similar livestock products and biologics.</li> <li>• Non-vets, argue that a “prescribed officer” can be any other professional relevant to the animal health industry or even a pharmacist<sup>1</sup>, but the vets consider that extension as a direct infringement on their professional responsibilities; remember that the vets had enjoyed this sole responsibility from the 1920s</li> </ul>
3. National Agency for Food and Drug Administration and Control (NAFDAC) Decree (15) of 1993, amended 1999 Cap1; dissolved the food and drug	NAFDAC	<ul style="list-style-type: none"> <li>• Until 1993, the various existing pharmacy legislations, including the Pharmacists Council of Nigeria Decree were specific on roles of the pharmacist in control and handling of ‘drugs’ but silent on veterinary/animal medicines.</li> <li>• The NAFDAC Council consists of the Chairman, Pharmacy Council of Nigeria, or his representative. Chairman, Veterinary Council of Nigeria was not included.</li> <li>• Vets, who have been in control of handling the sale of vet drugs see the pharmacy-related laws from 1993, including the NAFDAC Law and other amendments proposed as usurping their roles; don’t forget the</li> </ul>

<sup>1</sup><https://psnypg.org/news/2018/05/veterinary-pharmacy-and-related-matters-contribution-from-aminu-abdulsalam-yinka/>

Existing Laws	Regulatory Body	Descriptions and some conflict issues
administration and control dept. in the Federal Ministry of Health		underlying economic interest in veterinary medicines described by Kingsley (2015).
4. Nigerian Institute of Animal Science (NIAS) Act 2015	NIAS	<ul style="list-style-type: none"> <li>• The law empowers the NIAS to regulate and register farms, breeder farms, hatcheries, etc.</li> <li>• The Animal Diseases Control Act also empowers FDLPCS to regulate same/similar facilities<sup>2</sup></li> </ul>
5. Nigerian Agricultural Quarantine Service (NAQS) Establishment Act of 2018	NAQS	<ul style="list-style-type: none"> <li>• The law empowers the NAQS to regulate the import and export of animals.</li> <li>• The Animal Diseases Control Act and the NAFDAC Law also empower FDLPCS as well as NAFDAC to regulate the same<sup>3</sup></li> </ul>

**Sources:** (Kingsley, 2015; Gongora et al., 2019; Garba et. al., 2011)

**Table 2** summarizes the major institutions relevant to the animal health industry and scores their involvement in the on-going conflicts regarding Animal Health Industry (AHI) regulatory issues. The scores which range from 0 (not involved/affected) to 5 (very highly involved/affected) are explained in **Table 3**.

**Table 2: Analysis of existing bodies and institutions in the animal health industry**

Categories/Roles; (all private except where indicated)	Name of Stakeholders (list not in any order)	Score (0 - 5)
<b>Industry Associations</b>	Nigerian Society of Animal Production (NSAP) amalgamated	1
	Association of Veterinary & Allied Industry (ANVAI) ( <i>currently moribund</i> )	1
<b>National Associations of Producers/ Farmers/ agribusinesses</b>	Myetti Allah Cattle Breeders Association of Nigeria (MACBAN)	0
	Poultry Association of Nigeria (PAN)	0
	Smallholder Poultry Forum	0
	National Sheep and Goat Farmers Association	0

<sup>2</sup><https://www.livestonews.com.ng/articles/the-damaging-conflict-between-animal-scientists-and-vets/>

<sup>3</sup> The OIE Evaluation of 2019 suggested a Certification Committee among relevant MDAs NAQS, FDVPCS, NAFDAC etc. to address import and export certification of animals and animal products to have a single window strategy.

<b>Professional Associations</b>	Nigerian Veterinary Medical Association (NVMA) <sup>4</sup>	5
	Other smaller veterinary associations like Small Animal Veterinary Association, Nigeria (SAVAN), Association of Private Veterinary Medical Practitioners (APVMP) etc.	2 to 4
	Animal Science Association of Nigeria (ASAN)	3
	Nigerian Association of Animal Health and Production Technologists (NAAHHT)	4
	Pharmaceutical Society of Nigeria (PSN)	5
<b>Agrovets</b>	Several thousands of small and medium corporate businesses and individuals involved in the frontline of marketing (distribution and retail) of animal health products and provide prescription/advisory services and direct use of animal health inputs on the farms.	2 to 4
<b>Human Pharmacy Stores</b>	Human pharmacy shops are now beginning to market veterinary or animal health products and provide prescription/advisory services	2 to 4
<b>Regulatory Bodies (all public)</b>	Veterinary Council of Nigeria (VCN)	5
	Nigerian Institute of Animal Science (NIAS)	3
	Pharmacy Council of Nigeria (PCN)	5
	Federal Department of Veterinary/Livestock and Pest Control Services (FDVPCS) <sup>5</sup>	5
	State departments or ministries of animal health or veterinary services	3-4
	Local government units for animal health	3-4
	National Agency for Food and Drug Administration and Control (NAFDAC) <sup>6</sup>	5
	National Animal Production Research Institute (NAPRI)	2

<sup>4</sup> The Nigerian Veterinary Medical Association (NVMA) is resting so much on the powers of VCN. NVMA's national headquarters is located in the VCN Building in the Federal Capital. NVMA sees itself as "the umbrella of all Veterinary Surgeons who are registered with the Veterinary Council of Nigeria". Though, membership in NVMA should be voluntary, it is almost a rule that veterinarians registered by VCN are by default members of NVMA. The association has strong backing of veterinarians in both public and private practice. NVMA is politically well connected and are very influential in many states. The Veterinary Council of Nigeria (VCN) and the NVMA organize regular continuing education for veterinarians on separate levels, but in close collaboration to update vets with recent information and technology in the profession.

<sup>5</sup> Separate from the Department of Animal Husbandry Services in the FMARD is the Department of Veterinary and Pest Control Services (DVPCS) which functions as the policy adviser to the Government on all Animal Health, Safety and wholesomeness of food of animal origin for human consumption and Pest Control Services. According to their website, the Department is involved in the prevention, control and eradication of trans-boundary animal diseases and pests, control of vector and vector-borne diseases, zoo-sanitary certification services, provision of veterinary public health services, food safety services and zoonotic diseases control to guarantee healthy national herd, wholesomeness of foods of animal origin, international trade in livestock and livestock products and the general economic well-being of the populace.

<sup>6</sup> The National Agency for Food and Drug Administration and Control (NAFDAC) is in charge of registration and control of all drugs/medicines, including veterinary medicines and biologicals. This, as it relates to veterinary drugs and vaccines is very clearly a distinctive role that has historically been within the purview of VCN and the DVPCS/FMARD and is now viewed in veterinary quarters as being "taken over" by pharmacists in NAFDAC. This fact is generating conflicts, but it is inevitable as VCN and FLDPCS have not been able to effectively handle this part of their responsibility over the years.

<b>Research and Training Institutions (both public and private)</b>	11 universities offering graduate and post-graduate courses in veterinary medicine plus hundreds of other institutions and college offering graduate and non-graduate courses in relevant fields	2
	National Veterinary Research Institute (NVRI) <sup>7</sup>	2
<b>Processors /Industrial Manufacturers</b>	Sam Pharmaceuticals	1
	Jawa Pharmaceuticals	1
	Crosley Simbad	1
<b>Inputs suppliers (Top Multinational; not in any order)</b>	Boehringer Ingelheim	1
	MSD Animal Health	1
	Ceva Sante	1
	Phibro Animal Health	1
	Zoetis Animal Health	1
	HIPRA Animal Health	1
<b>Inputs suppliers (Top National; not in any order)</b>	Animal Care Services Konsult Ltd	1
	Turner Wright Ltd	1
	Adamore Nig. Ltd	1
	Jubaili	1
	Agrited	1
	Thlala Kolo Ltd	1
<b>NGOs (not in any order)</b>	Zoetis-ALPHA (African Livestock Productivity and Health Advancement)	1
	Association of Christian Veterinarians Nigeria (ACVN)	1
	Oxfam Nigeria	1
	Caritas Nigeria	1
	Catholic Relief Services	1

**Table 3: Description of scores of actors' levels of involvement in the forgoing conflict in the animal health industry**

Score	Description
<b>0</b>	<ul style="list-style-type: none"> <li>• Not at all involved in the regulatory tussles</li> <li>• Some of them like MACBAN and PAN are very influential in their respective sectors</li> <li>• They are at the receiving end in terms of poor quality of AH products and services</li> </ul>
<b>1</b>	<ul style="list-style-type: none"> <li>• Only their members or staff are affected by the tussles</li> <li>• The input suppliers and manufacturers among them would probably be happy to have an Animal Health Industry Association (AHIA) that can serve as a platform for joint representation with the regulatory bodies.</li> </ul>

<sup>7</sup> Along with some of the 11 university veterinary departments/faculties across the country, National Veterinary Research Institute (NVRI) is the reference laboratory for the diagnosis and investigation of livestock diseases that collaborates with international reference laboratories. NVRI is recognized as a Regional laboratory for West and Central African countries for avian influenza and trans-boundary animal diseases (TADs). It is also involved in the production and testing of vaccines for the control of animal diseases in the country and conducts research and training in relevant veterinary fields.

Score	Description
	<ul style="list-style-type: none"> <li>• NSAP already has members across the industry but as a result of the conflicts between the different stakeholders, NSAP has not been functioning as an umbrella association for the other associations. For this reason, NSAP can be viewed in some quarters as a parallel professional association with others like ASAN, NAAHHT, and NVMA, and may not be qualified as an industry association.</li> <li>• ANVAI brings together the input suppliers, more to present a common front for talking issues of product distribution, with less focus on other aspects of the industry.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Both their members and their activities/operations are affected</li> </ul>
3	<ul style="list-style-type: none"> <li>• They already have a separate regulatory body creating a separate professional niche for themselves in parallel to others.</li> </ul>
2-4	<ul style="list-style-type: none"> <li>• They are deeply involved in the tussle but in the shadow of others like the NVMA, PSN, VCN and NAFDAC.</li> <li>• Many agro-vets are operating in contravention of existing laws, but are still able to exploit the system by the connivance of the input suppliers themselves as they provide the essential points of sale for inputs.</li> <li>• The human pharmacy stores are being encouraged by PSN and PCN as a way to assert their control on animal medicines in conflict with NVMA and PCN.</li> </ul>
4	<ul style="list-style-type: none"> <li>• They are now only trying to have a separate regulatory body, but the VCN is pushing to have them registered as veterinary paraprofessionals</li> <li>• The NAAHT considers their classification as veterinary para-professionals as derogatory.</li> </ul>
5	<ul style="list-style-type: none"> <li>• They and/or their members are right in the middle of the tussle trying to assert their professional control over the distribution of veterinary medicines and vaccines.</li> </ul>

## 2.3 Challenges and Opportunities

### 2.3.1 Challenges

i) **Legislative/regulatory conflicts:** There are several deficient and conflicting laws in the animal health industry in the country. The case of the Veterinary Surgeons Act which established the VCN and only gives it regulatory mandate over veterinarians, veterinary education and veterinary practice premises has been a serious challenge for the industry. VCN currently has no legal mandate over the animal health para-professionals. Relevant professionals, aside from the veterinarians feel that their classification as “veterinary para-professionals” is derogatory and portends a position of being subject to the control of veterinarians. Different bodies or associations of the different professionals are proposing separate laws (and some have successfully achieved this) to guide their practice and for a way to escape what they regard as the “lordship” of veterinarians in some of the main regulatory/public agencies like VCN and FDVPCS. Also by omission, until the 1990s, no other body or law had envisaged the need for regulatory control over other professionals in the animal health industry apart from veterinarians (Gongora et al., 2019).

ii) **Weaknesses in collaboration and co-ordination** with poor communication among the various competent authorities NAFDAC, NIAS, PCN, FDVPCS, VCN – which has aggravated the issue of product adulteration/substitution and illegal importation of animal products and veterinary medicines, which is constituting major challenges within Nigeria’s animal health system, leading to inefficiencies in resource

utilization and poor levels of control (Gongora et al., 2019). It is therefore not surprising to find reports about unsupervised and unregulated para-professionals. Secondly, until 1993, with the establishment of NAFDAC, the various existing human health legislations, including the Pharmacists Council of Nigeria Decree were specific on roles of the pharmacist in control and handling of 'drugs' but too silent on veterinary/animal medicines. According to Ogbonna et al. (2015), the National Drug Policy in Nigeria 1985-2015, generally referred to 'drugs' and a search through the document and the current Pharmacist Council of Nigeria Law did not find the words "veterinarian" and "animal" mentioned at all.

**iii) The economic gains:** It is important to clarify that various interests and policies regarding animal medicines are not only for addressing the risks of public and environmental health (from residues or resistance creation) but also for economic reasons (Kingsley, 2015). Animal medicines and vaccines are a big money spinner for stakeholders. Therefore, the legal flaws and others, including economic interests have inevitably created conflicts over claims to professional and statutory mandates/responsibilities in the provision of animal health products and services in Nigeria. Different professional and business bodies with relevance to the animal health industry in their field - veterinary medicine, animal science, animal husbandry/health/production, pharmacy, agriculture or even trade or merchandise, etc. - have advocated for new laws or amendments of existing laws, leading to a proliferation of policies as different actor-groups claim their own rightful or equitable share in the animal health economy. For example, the animal scientists have successfully created the Nigerian Institute of Animal Science (NIAS) with an enabling law (NIAS Act 2015) as a parastatal of the FMARD. There is currently a case in court between the veterinarians (VCN/NVMA) and the pharmacists (PSN/PCN) to establish which of them should exercise professional control over the distribution of veterinary medicines and vaccines. 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 VCN and a separate law to guide their practice and as a way to escape the "lordship" of veterinarians in VCN.

**iv) Neglect of the rural last-mile:** Having different bodies with conflicting or overlapping mandates for regulatory authority leads to weaknesses and insufficient controls on sales and usage, particularly at the retail and last-mile level. Ogbonna (2015) also indicated that the human drug distribution system in Nigeria is not faring better and that the human health system is still in the process of evolving sustainable solutions to the same problems in the animal health sector. Without collaboration with others, NVMA has been making its own efforts at regulating the animal health product delivery and clinical/ambulatory veterinary services sector. Examples of such activities of the NVMA include the publication of directories of qualified veterinarians as well as the publication of approved veterinary premises, picketing of unregistered practitioners, engagement of the law enforcement agents, etc. These efforts are carried out especially in the NVMA chapters, where members in private practice are facing serious competition from illegal operators in the different state capitals. The results of these efforts are not enough to achieve sanity in the industry as the real challenges are in rural areas, where NVMA members are few or absent. Other competing stakeholders (e.g. pharmacists, animal scientists, etc.) are also working at cross purposes with one another and you cannot expect the input suppliers to be so much concerned, except to exploit the situation to gainfully market their products.

v) **Compartmentalization:** The exact nature of the problem of animal health products and services is difficult, as it is experienced differently from different social and structural locations. From the point of view of animal owners, the problem is clear: treatment failure. For importers, distributors, and vendors of internationally well-known brand names, the problem is seen in economic terms (Kingsley, 2015). Two aspects of regulation and control are important – the regulation of products (medicines and vaccines, etc.) and the regulation of services delivery as in the provision of routine clinical services, preventive healthcare for livestock. These two aspects are strongly intertwined but sometimes handled separately as different stakeholders have not collaborated. The VCN, FDVPCS and NVMA are regarded as belonging to the veterinarians, the PCN and PSN belong to the pharmacists, while ASAN, NSAP, NIAS, etc., belong to others. For the input suppliers and manufacturers, concerns are focused on the product adulteration and distribution aspects. For professional bodies, concerns are focused on who qualifies to provide advisory/prescription services and treat/prevent diseases in animals. For producers, the concern is that of effectiveness, accessibility, and affordability of products. As most animal production activities are located in rural areas or remote areas, where the question becomes more of ease of accessibility and availability, lack of an integrated approach for the coverage of animal health products and services play out against the entire system (Mshelbwala, 2013). A summary of the challenges faced by the animal health industry in Nigeria and the effectiveness of the regulatory institutions in tackling them is presented in **Annex 4a**.

### 2.3.2 Opportunities

From the foregoing cases of challenges in the industry, it is clear that the institutional and regulatory framework needs to be addressed for the effective and efficient functioning of the animal health industry in Nigeria and an industry association, such as the one being interrogated by this scoping study, can go a long way to facilitate the win-win division of roles and responsibilities between different institutions/bodies involved and facilitate a collaborative strategy of control/regulation of animal health services and products.

There is a significant opportunity to learn from the experiences and lessons from existing sector-extensive institutions in the industry such as the National Society of Animal Production (NSAP). The challenges of mistrust by various parties, diverse interests, poor management, and poor visibility are opportunities for the establishment of a new umbrella association. The new association is better developed from scratch to win the confidence of all stakeholders, especially when the foundation is not affiliated to any of the existing parties.

## The Case for Animal Health Industry Association

Stakeholder perspectives on the need for, and possible institutional architecture of, an AHIA in Nigeria were mainly obtained through key informant interviews and online (questionnaire-based) surveys. A summary of perspectives of the key informants interviewed (listed in **Annex 1**) are summarized in **Annex 2**. Initial results were discussed in a (virtual) stakeholder validation workshop (see key takeaways in **Annex 3**). Some results from online surveys are summarized in Annex 4 (key animal health industry challenges)



and **Annex 5** (suggestions for sustainable resourcing of an AHIA in Nigeria). The findings/implications of these findings, taken together with a review of the status of the industry, have informed the sections below on relevance, partnerships, governance, and financial sustainability.

### 3.1 Relevance

Most of the interviewed respondents, especially the input suppliers, opined that the AHIA idea is welcome as it will encourage relevant stakeholders to come together for the common good of the industry. 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. An industry association can 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. They have an existing Association of Veterinary and Allied Industry (ANVAI), a relatively less known institution that has been ineffective, but is currently being 'reactivated'. Thus, while there was no immediate consensus on building an AHIA on an existing institution, some stakeholders felt ANVAI had 'the basic characters required' and could be resuscitated, restructured and strengthened to serve as the umbrella body. However, doubts about broad acceptability across the industry suggest that formation of a new entity has a higher likelihood of success in Nigeria than building on an existing association. This is especially so because the animal health industry space in the country is extremely crowded (with many institutions/associations involved and most having overlapping mandates and their operations are not coordinated).

Other candidates which came up included the Nigerian Society of Animal Production (NSAP), which is older than ANVAI. Though NSAP is still functional, it is no longer as active as it used to be. NSAP already has members across the livestock industry that include the animal health stakeholders, but probably as a result of the conflicts between the different professionals, NSAP has not been functioning as an umbrella association for the other associations and is currently not well known or accepted as an industry association.

Some of the key informants, mainly from the professional bodies, were of the opinion that there is too much diversity of interests in the industry, which will not make it interesting to have an umbrella AHIA as you cannot bring different professional bodies under one umbrella; some think that a merger of professional associations cannot work. For example, NSAP can be viewed by some of the professional bodies, especially the veterinarians, as a parallel association with others like ASAN and NAAHHT. It also became apparent that some existing bodies may suffer serious problems of confidence and the foundation may not be right for the current moves to have a representative AHIA. The recommendation here therefore is to have a new association, starting from a clean slate.

An overwhelming 94% of survey respondents see the need for an AHIA. According to the respondents, the following key activities/roles could be prioritized by the proposed association:

- Regulations and policy formulations
- Training and capacity building to the stakeholders
- Bridging the gap between professional groups, the private sector, and the government

- Set industry/quality benchmarks.
- Interfacing with the regulatory bodies, controlling the entry and execution of self-regulation/peer-review mechanisms
- Civic education campaigns to enlighten the public and clear unnecessary doubts on the roles of the association.
- Lobby government to improve regulations.
- Mobilize finances to the industry.
- Oversee public investments in the industry on behalf of the stakeholders.
- Develop and manage new frameworks for products and service standardizations in the industry.

The process for establishing the AHIA should start with an intentional stakeholder engagement focusing on ensuring clear articulation of the purpose, objective and focus of the proposed association as an apex and facilitative body of the Nigeria animal health industry. The stakeholders indicated that some of the key players in Nigeria may resist the formation of the association if the objective and focus area is not well articulated in a way that addresses their concerns; some at this point do not see the proposed body as an apex or facilitative body their interests but as competition aimed at taking over their roles and current mandates.

### 3.2 Collaboration and Partnerships

**Collaborations and institutional arrangements, including relations with existing institutions:** Based on their institutional experience in the human health sector, the PCN, PSN, and NAFDAC through their Veterinary Medicines and Allied Products Directorate can be regarded as having strong potential for the effective regulation of animal health products. This potential can be harnessed and integrated with the long experience of the VCN and FDLPCS to regulate the service delivery of different categories of clinical/curative care and animal healthcare by veterinarians and other professionals such as NIAS, ASAN, NAAHHT and low cadre animal healthcare workers and the Agrovets. All the private sector organizations mentioned in **Table 2** should qualify as members. Having an AHIA that is not biased towards product distribution or the service delivery aspects but focused on facilitating across-industry collaborations will yield better results for the common good of the industry in Nigeria. Focusing on the product quality and distribution aspects in the hope that the service delivery aspects will be addressed by others over time could be a quick fix approach but would be unsustainable as the two aspects are intertwined.

**Partnership with the public sector:** If a decision is taken to have the AHIA in Nigeria, it should be driven by the private sector industry actors (listed in **Table 2** above) as members, while engaging the public sector - VCN, NIAS, FDLPCS, PCN, NAFDAC and others - as partners yet not as members since they are the regulators. This partnership approach with the public sector is to have the consensus of both sectors and provide the opportunity to bring about better integration of the private sector actors into the animal health public policy. There is no need, in the process of formation and registration of this kind of industry association (AHIA), for special permissions from the government or any policy or regulation outside of what is already prescribed in the Companies and Allied Matters Act. However, the stakeholders noted that Government buy-in and coordinating the outfit at the initial stages could be strategic in avoiding the more active/financially strong corporate bodies having commanding influence in its operations.

Stakeholders interviewed expressed opinions on options of formation of a new association versus strengthening existing institutions such as ANVAI (repeatedly), NSAP and NVMA were proposed. However, it was reiterated that these institutions e.g., ANVAI will need to be visible so that stakeholders are aware of its activities and be able to be willing to take on the role of the voice of the industry. The focus of the proposed association as an animal health-focused association would require these proposed organizations to change from the current focus industry (e.g., veterinary-oriented only) to industry association.

From the online survey, 47% of respondents believed that there exist some organizations that can function as an umbrella animal health industry association without much investment while 38.3% of the respondents seem to disagree (see **Table 4**). Additionally, 43% believe that there are associations/institutions which could be strengthened to serve as umbrella animal health sector association.

Overall, there does not seem to be a consensus on whether or not building an AHIA on an existing institution would work. Given the complexity and mistrust among industry players and the existing turf/mandate wars among various factions or camps, it is strongly recommended that the establishment of an AHIA in Nigeria should start with a robust stakeholder engagement approach to uncover and help address the current mistrust issues. Assumptions about building on any one existing institution at this point is unlikely to work!

**Table 4: Institutions examined as potential candidate umbrella AHIA (if restructured and strengthened)**

Association/Institution	Can serve as an AHIA	Need strengthening to serve as AHIA
Nigerian Association of Animal Health and Husbandry Technologists (NAAHHT)	12	6
National Veterinary Medical Association (NVMA)	4	4
National Veterinary Council of Nigeria (NVCN)	3	3
Association of Nigerian Veterinary and Allied Industry (ANVAI)	2	2
NAFDAC		
Poultry Association of Nigeria (PAN)		1
Nigerian Institute of Animal Sciences (NIAS)		2
Veterinary Association of Nigeria/Nigerian Vet Association		2
Nigerian Society of Animal Production (NSAP)		1

### 3.3 Governance and Management

**The need for intentional mediations and negotiations efforts:** One of the findings of this scoping study is the need for strengthened collaboration between the veterinarians (VCN and NVMA) and the pharmacists

(PSN and PCN). There was a sense that these institutions are not adequately aligned on roles in areas in which intentional collaboration could potentially pay significant dividends in terms of efficiency and effectiveness with important implications for the institutions themselves, the regulator and the consumers of their services. As alluded to above, while adjustments in some aspects of policy and legislation to better clarify institutional roles and operational modalities may be necessary, one of the first steps in the establishment of an AHIA in Nigeria should be a 'mediation' convening that brings together some of the critical institutions – specifically NAFDAC, VCN, and PCN on the one hand, and NVMA, NAAHHT and ASAN on other. This process should aim to achieve a better understanding of possible overlapping mandates and associated concerns and to explore whether or not existing legal instruments and policies are implicated, and/or if current relationship challenges are more operational, relating to institutional leaderships. The goal should be to identify ways of resolving these apparent differences as part of the roadmap towards a unifying framework under some form of AHIA. The size and complexity of the animal health sector in Nigeria also calls for a consideration of stepwise approach to a national AHIA, possibly starting with a subset of states, and building upwards to national level.

**Membership structure:** Results of the scoping study suggest that an AHIA as an umbrella association should not have restrictions on memberships by the full range of the private sector industry actors (see **Table 2**). Further, stakeholders consider that individual members of the 'body corporates' should not be accepted as members. This is important to reduce the chance of having too many members from one segment mobilized to hijack the AHIA. The AHIA should be an all-inclusive secondary association and should be the point of liaison or cooperation between the different stakeholder groups involved in the animal health products and services segments. The public sector - VCN, NIAS, FDLPCS, PCN, NAFDAC, etc. - should be engaged as partners, not as members since they are the regulators. Each member group/company should have equal status through representatives duly appointed/mandated at their primary group/company levels. This will reduce the chance of a crisis of confidence developing. A different or equal number of delegates per group/company can be considered, depending on their size (e.g., national spread, the financial worth of business and level of operation) of each group/company, but care should be taken to avoid having one group being dominant over others. It is the delegates, having equal status, that should then elect or appoint the leadership of the association. Elections may bring about undue politicking, whereas appointments may be more business-oriented. Governance of the AHIA should not be under guarded or "birthed" or influenced by any of the government agencies or any of the member groups/companies.

According to the respondents interviewed, the major interventions/actions that an animal health industry association – if established - should take as a priority are:

- i. Facilitate enabling policy environment for the development and growth of local veterinary drug manufacturing companies.
- ii. Capacity-building activities to enlighten the public on progressive practices in the animal health sector.
- iii. Deliberate investment in (influencing) active regulation of practices and ensure order is restored in the trading of quality products.
- iv. Promote self-regulation/peer enforcement of standards to create a functional industry that delivers quality, value-for-money service to consumers.
- v. Invest in the development of critical infrastructure such as cold storage facilities.

At the formative stages of the proposed association, the consultations among the founding members will also determine the scope of the association – for example, the question of whether or not the association will cover all the nodes of the animal health industry chain - production, animal health, trade, system audit, products and services, primary or secondary healthcare, as well as areas of coverage.

### 3.4 Sustainability

The scoping study also examined challenges likely to hinder the sustainability of the proposed association. The following were the foreseen challenges prioritized by the respondents.

- i. Funding issues (adequacy of funds and commitment of funders and financing mechanisms)
- ii. Competition/rivalry attitude from expected stakeholders given existing mistrust and rivalry among some of the entities. There is also the issue of leadership – i.e., who leads and how this is determined. These challenges could be addressed by ensuring a more viable and sustainable institution arrangement that facilitates effective collaboration of existing professional bodies. Also, litigation issues may arise due to conflicts of interest.
- iii. Acceptability and membership drive: How to achieve acceptance (to join the AHIA) by the vast majority of the players that are already grouped in one big association or the different associations.
- iv. Clarity of aims and roles in the industry: The AHIA is likely to be seen as a duplication that is unnecessary. This perception need to be proactively addressed at early stage of the AHIA establishment process.
- v. Gaining the trust and cooperation of the different existing professional groups
- vi. Policy formulation issues under the current disorganized sector (especially effective engagement of private sector players).
- vii. Forming a conglomerate with structured organogram: The process of achieving this is considered a herculean task! however, once the scope and ethics are set out with detailed definition, justification and modules for operation, this can be achieved!

The AHIA platform's financial and institutional sustainability would depend on stakeholders' interest to contribute resources (e.g., membership/partnership subscriptions, fees and other charges), based on whether they come to realize ***what is in it for them*** as individual bodies. Organizing the AHIA as a for-profit business entity would enable it to provide paid services and this will help it to become financially sustainable. Additional options that would ensure sustainability of the proposed animal health industry association include donor funding, having volunteers of skills and resources, and member organization contributions. Details of options of ensuring sustainability are presented in **Annex 5**.

## Summary and Conclusions

This scoping study was commissioned to assess the status of the animal health industry in Nigeria, evaluate the potential for establishing an umbrella animal health industry association, and provide recommendations on the process for such an establishment. The data gathering and analysis process involved conducting key informant interviews, questionnaire-based surveys, and desktop reviews of literature including policy documents and technical publications on past accounts of the undertakings, challenges and opportunities faced by different actors in the industry.

The study finds that despite a long-founded formal structure, the animal health industry in Nigeria is quite fragmented and exhibits a lot of inefficiencies widely-linked to institutional and regulatory failures. At first, the State reduced funding and interfered with the control and functioning of the supply chain, thus jeopardizing the quality of products and services over time. Thereafter, the increasing population of qualified personnel persistently neglected demand for quality services at the rural last-mile end of the value chain. In addition, although widely developed, the private sector, which is the most active, is quite disorganized and unregulated. The low productivity and contribution of the livestock industry to the agricultural and national GDP is causally linked to the challenges in the functionality of the institutional frameworks in the animal health industry. There is a wide lacuna in the legislative and regulatory aspects of the industry, which creates a lot of distrust between the stakeholders of the existing national industry associations with various scopes of operations.

There have been trials to establish industry-wide associations, although with a focus on a few groups of actors in the sector, to see significant improvement in the operations and productivity of the industry. However, due to a host of challenges including unaddressed gaps in policy and law which lead to ineffective regulations and diversity of interests leading to the scramble for economic gains, these previous establishments have since grown weaker irrespective of their membership sizes. A vast body of literature links the failures in the industry to inefficient policies and regulations.

There is a great potential for the establishment and growth of an umbrella AHIA in Nigeria, but the process has to be very strategic and deliberate on all fronts, learning from the experiences of the different existing and past animal health-oriented associations in the country. It must incorporate a strategy to heal the wounds of the divide in the industry and create a harmonious ground for an inclusive animal health industry agenda. In essence, an AHIA development strategy must be very intentional, inclusive and assume a mediatory approach. Some feasible suggestions for a sustainable AHIA include: ensuring it is developed from scratch to limit risks of fallout due to mistrust, funding by stakeholder contributions, having the private sector actors as members and the public sector actors as partners to the association, and be built on a solid cohesive institutional environment that accommodates and provides space and voice to all bodies of actors in the industry. The governance of the umbrella association should be free of interference from the government. Further, it should focus on facilitating collaboration among the different actors across the animal health and animal product value chains and speaks on behalf of the collective industry. Overall, the study sees a strong need, as a first step, for a roundtable discussion with all the key associations in the industry including the regulatory bodies on the need for an AHIA and the structuring process. What is clear at this moment is that the proposed association will need to be a catalyst or facilitative apex organization which will be an industry voice ensuring the animal health industry players collaborate among themselves in problem identification, co-creation of solutions, and have access to

products and services they need – including enabling policies and legislation - to deliver on their mandates and objectives.

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## Annexes

### Annex 1: List of key informants interviewed

- i. Alhaji Ibrahim Tijani – Veteran Animal Health Technologist
- ii. Dr. Bolajoko Bashir- Representative of Executive Director, NVRI
- iii. Dr. Gbenga Idowu - Former Executive Secretary, Association of Christian Veterinarian
- iv. Dr. Isebor - Veteran Veterinarian and Former Vice - President of NVMA and NSAP
- v. Dr. Kolade - E.D. Zygosis and Secretary, ANVAI
- vi. Dr. Moses Arokoyo- Country Manager, Boeringer Ingen
- vii. Dr. Yusuf – Secretary, NAAHHT
- viii. Mr. Kunle Osunsanya - Vice Chairman, PAN
- ix. Mr. Adeoye – President, ASAN
- x. Mrs. Sumbo Abimbola – Owner Simply Animal Stores (AgroVet Shop)
- xi. Prof. Eustace Iyayi – Registrar, NIAS

### Annex 2: Summary of results of key informant interviews

1. Most of the KII respondents found it difficult to put a figure/value on the size of the AH industry in Nigeria; one respondent who tried to name a value quoted N 16 billion for biological (i.e. vaccines), excluding pharmaceuticals. Another actor quoted a value of N 1 trillion. All KII respondents agree that the industry is huge and with diverse professional and business entities involved
2. In terms of the key players, the respondents mentioned several input providers and input trade actors – five of the names that kept recurring on the lists provided by respondents include (not in any order) national players like Animal Care, Adamore, Turner Wright, Agricare and Zygosis and international players like Boeringer Inghelm, Ceva and Zoetis. One respondent said that the key players are vets, graduate animal scientists and lately pharmacists.
3. Talking about how the industry is organized at the moment, respondents agree that the industry is in “disarray”, largely unorganized and unregulated. It is an all-comers industry and anyone that has the money can get in and out with ease.
4. Respondents described the policies and regulations governing the animal health inputs/services in Nigeria as having “very loose enforcement”, with “many confusing regulations”; “confusions in the

policies”; “everybody working at cross purposes”; “several conflicting laws, not reflecting the realities in many cases”. One respondent noted that “government is grappling with a lot of things and they don't have time for the AHI”

5. Practices in the animal health inputs/services supply chain is “driven by business people who employ all the professionals”. The supply chain is still “very rudimentary; a lot needs to be done to better the lot of the farmers and end users”. It is “all comers, free for all” and it “can be much better than what it is presently”. There are many “sharp practices as actors exploit the poor regulatory environment”.

6. The main challenges facing the industry has to do with the “weak regulators, who breed Imitations”, thus “quacks are having a field day and many fake and substandard drugs and vaccines circulating freely”. The situation is aggravated by “poor knowledge on the part of farmers”. There is “treatment failures and loss of confidence in some brands; good, proven brands are packaged without consideration for smallholders”.

7. Respondents suggest the “strengthening of the existing organizations to perform their roles” and “wake up to their responsibilities” and “act according to the laws” and engender “clear win-win division of roles and responsibilities between different institutions/bodies. “Relevant stakeholders should come together to sanitize the industry”.

8. On whether there is a need for an industry association in the country, most respondents said yes. One of those who said no reported that there is the Nigerian Society for Animal Production (NSAP), which is as an umbrella body for all the stakeholders in the livestock industry. Another respondent also reported that there is an existing, but moribund Association of Veterinary & Allied Industry (ANVAI). One other respondent said “maybe or maybe not; it depends on the roles that the AHIA will perform. One respondent said “let everybody maintain their lanes, there is chasm on every side, an AHIA not needed”

9. As to the roles that such an industry association might play in addressing the current challenges, two respondents from the professional bodies were emphatic about their opinion that an AHIA is not needed as “too much diversity will not make it work” as “you cannot bring different professional bodies under one umbrella; a merger of professional association cannot work”; “...we have enough associations that should be made to function well”. “NSAP was doing well in the past; it should be strengthened to do more”. “ANVAI should be resuscitated and strengthened”. But others were of the opinion that an AHIA in Nigeria will “promote the common goal of the livestock sector” and “may bring some sanity into the system”. It “can facilitate benefits to members”. “Can help identify criminal elements in the AHI”; “it may be able to facilitate the business side of AHI to exclude unqualified people”. “An industry association can stimulate or awaken the regulatory agencies to their responsibilities”.

10. On the benefits of having a decentralized association structure, respondents said that “There will be benefits if the AHAI is properly structured as “regional but with one central association, with government support”. It “can exist at the geo-political zones, with a central National umbrella”. “Benefits are possible when common interests are pursued”. “...an umbrella national association will be big and strong (well resourced) enough to advocate for the industry”. But one respondent said that the AHIA is “not going to be beneficial, it will turn out to be a mere political effort” and “...If at all the association should be totally decentralized”. “The existing association should be brought down to the grassroots”. “NSAP with local chapters can work better”

11. Some of the reasons why an industry association of this kind does not exist in the Nigeria today include “the lack of sincerity and poor coordination among stakeholders” as “the existing associations are fighting for their interests alone, and not for the industry’s interests. “Veterinarians and Pharmacists are in court trying to gain control of who controls animal drugs”. “Self-interest of the people; they come together when there are problems and abandon the ship once there is momentary respite...” “There was no functional secretariat for meetings” “...something similar to an AHAI was attempted three years ago, but petered out because the drivers were young and not well connected”. “Too much diversity and the Vets would not let it happen”. “Pursuit of professional interest has hindered the AHAI in Nigeria”. “Individual interests of key stakeholders continue to override joint or collective interests”. “Different individual actors are still able to get away with sharp practices as the crisis continues”

12. There were no respondents from the public/regulatory sector yet, but most respondents said that “the public sector should do their jobs and leave the private sector to do their business. “Government can facilitate to bring all stakeholders together and then back off to let the system run by herself”. “Let them act according to the laws establishing them and enforce what they have been enabled to enforce”. “The Vets control the government institutions they will want to subjugate everybody”. “Public sector should stay off completely so as not to bug down the association with bureaucracy” “Public sector should give recognition to the private sector led AHIA. Public sector should not control or fund the AHAI; should be independent, self-governing and self-managed”.

13. Also because there were no respondents from the public sector institutions, it was difficult to compare their responses to those of the private sector actor views in terms of what registration type, membership model is allowable. But most respondents (private sector actors) suggested that “veterinarians and animal scientists in private practice should drive the process with government backing”. “All parties involved in the AHAI - Professionals, business people and the farmers can be members...” “Registration type should be non-profit or for profit business entity; if business/for profit the entity can easily become financially sustainable”.

14. On whether regulatory/policy reforms are needed to facilitate the formation of an AHIA in Nigeria, respondents generally considered that no new laws are required”. “No need for government policies and regulations outside of what already exist in the statutes”. “... so long as the legal frameworks guiding the industry are harmonized and conflicting agency roles addressed for win-win situation”.

15. On the existing associations/organizations to build from, NSAP and ANVAI are the two organizations mentioned. One respondent said that “they may have suffered serious problems of confidence and the foundation may not be right for the current move”.

### **Annex 3: Key highlights of the validation workshop notes**

1. *There was a general agreement that an AHIA is needed but wider stakeholder consultation is required to deepen the understanding of animal health sector in Nigeria.* There are many institutions in the animal health industry with overlapping mandates and stakeholders feel that it is necessary to reach a consensus across the board on the establishment of the AHIA.

2. *The purpose, objective and focus of the proposed association needs to be clearly articulated.* Some stakeholders feel that the proposed AHIA would be a competitor aimed at taking over their roles and current mandate, rather than an apex and facilitative body of the Nigeria animal health industry.
3. *The scope of the association.* Questions were raised on the scope and coverage of the association - will it cater to production, animal health, trade, audit the system, products and services, primary or secondary healthcare? It was suggested that the AHIA can start small and then expand its mandate.
4. *Involvement, consultation and role of the regulators.* Stakeholders suggested that the regulatory bodies be engaged and their roles in the AHIA be clearly defined. Government buy-in and coordinating the outfit at the initial stages could be strategic in preventing the more active and financially strong corporate bodies from having a commanding influence in its operations
5. *Engagement of the private sector.* The engagement of the private sector during the scoping study was appreciated.
6. *Formation of a new association versus strengthening an existing one.* It was proposed that a new association be formed or an existing one, such as ANVAI, NSAP or NVMA be strengthened. It was, however, reiterated that the institution will need to be visible so that stakeholders are aware of its activities and it should be able to be willing to take on the role of the voice of the industry.
7. *The need for a roundtable discussion* with all the key associations in the industry plus the regulatory bodies on the need for an AHIA and the structuring process.

Some of the challenges identified with the formation of the AHIA are:

1. *Name of the body.* Calling the AHIA an association is creating resistance among stakeholders as they see it as a competitor. It was suggested that it could be a forum or a network.
2. *Managing stakeholders' expectations.* Bringing together all the complex institutions from different parts of the country will be a challenge. Stakeholders were urged to be open to partnership to enable growth in the sector.
3. *Acceptability/ownership of the proposed institution* among the target member associations/institutions. Possible observation of roles to be conflicting or overlapping those of existing ones.
4. *Organizational structure.* Identifying a more robust model of operation (and coverage) of the new institution given the vast and complex nature of the animal health industry and the country.
5. *Tariffs, levies and permits.*

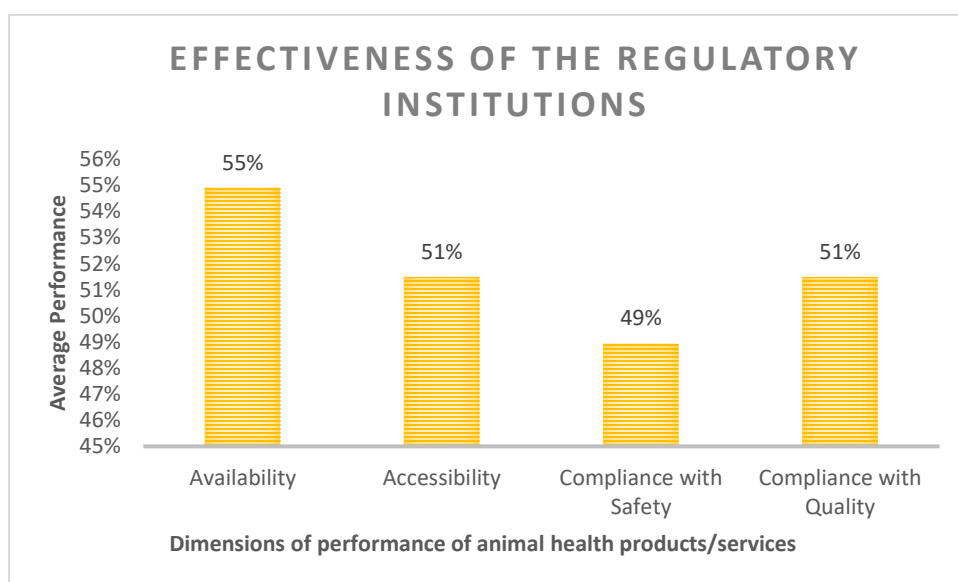
The next steps for this process were agreed on as follows:

- i. The questionnaire has to be sent out again to some of the stakeholders who were not able to provide feedback.

- ii. ECI-Africa will share the preliminary report of the scoping study in Nigeria and some documents on the structure and development journey of existing and functioning AHIA in other countries (South African and Kenyan case studies are suggested and promised).
- iii. GALVMed noted the need for and is considering the possibility of having another more inclusive forum for even more detailed discussions to chart the path towards the formation of an apex AHIA in Nigeria upon receiving and reviewing the preliminary report.

#### Annex 4: Key animal health industry challenges

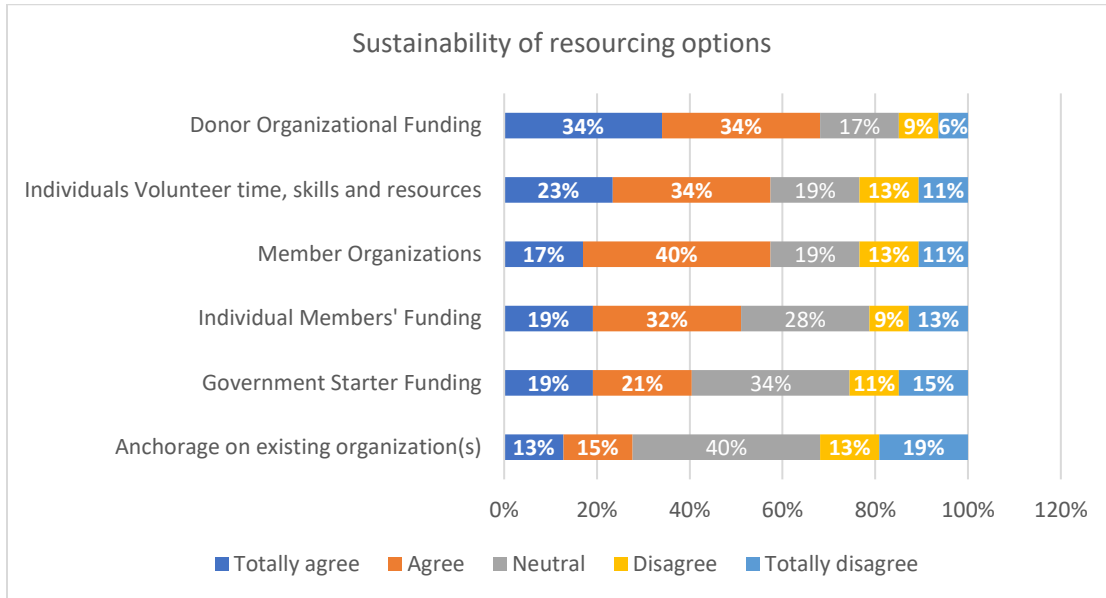
The figure below summarizes perspectives of a total of 47 respondents representing a cross-section of the animal health industry. The challenges are classified in respect to availability, accessibility, safety and quality of animal health inputs.



The top-ranking challenges for a typical small to medium scale livestock keeper include:

- i. Weak and unstable policy/regulatory environment. Thus, the lack of trust in the government's efforts towards enforcement of the regulations leading to rampant cases of drug adulteration, counterfeit products and conflict between different factions of the professional and technical groups.
- ii. Quality and affordability of the health products and services delivered in the import-dominated market.
- iii. Infrastructural constraints – lack of cold-chain, poor storage, costly transportation

**Annex 5: Options for ensuring the sustainability of the proposed AHIA**



- a. Reliance on government funding is considered unsustainable, with fears of political interference, corruption, conflict of interest given government hosts the regulatory agencies, and silencing of the advocacy power of the association. Others observed that government can install significant support except that it is already over-burdened and may not keep the promise.
- b. Stakeholders generally consider that the association would succeed only in an autonomous setting and that any funding approach is unlikely to work.