

POLICY BRIEF SERIES

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The IGAD Centre for pastoral Areas and Livestock Development



Enhancing Animal Health Services in the IGAD Region



INTRODUCTION

The Intergovernmental Authority on Development (IGAD) stretches over an area of 5.2 million km² with a population of approximately 188 million. Countries of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda constitute IGAD. Approximately 60-70% of the landmass is arid and semi-arid land (ASAL) with highly variable rainfall making it suitable for livestock production. Eighty per cent (80%) of the region's human population keeps livestock. Thus livestock rearing is a vital livelihood asset for people living in the ASALs. In areas that are suitable for crop production, a mixed crop-livestock production is practiced with major emphasis on dairy and poultry production. The population of livestock stands at 532 million¹ in the region and contributes an estimated 57% of the Agricultural Gross Domestic Product (AGDP).

The livestock sector is, however, constrained by scarcity of pasture and water in ASALs, cyclic drought with devastating consequences, trans-boundary animal diseases (TADs) and zoonoses with an ever-increasing frequency of occurrence in a wider geographic regions. The most common TADs are Foot and Mouth Disease (FMD), Peste des Petits Ruminants (PPR), Contagious Caprine Pleuropneumonia (CCPP), Contagious Bovine Pleuropneumonia (CBPP) and Newcastle Disease (ND). These diseases are often

disseminated during dry spells through livestock movement in search of water and pasture. TADs are a threat to national livestock industries due to huge losses incurred through high number of sick animals, high death rates and costs of treatment and vaccination as well as trade restrictions imposed on livestock and livestock products from infected areas. Since these diseases are transboundary in nature and some of them are zoonotic, occurrence of them in one country will affect neighboring countries making TADs key to social and economic life of people both at national and regional scale.

IGAD /ICPALD developed a regional Animal health strategy in consultation with member states (MS). Key stakeholders and partner organizations validated the strategy. ICPALD has used the strategy document to extract key challenges and identify policy issues for follow up and implementation by stakeholders.

IMPACT OF ANIMAL DISEASES ON NATIONAL ECONOMIES

Studies on the economic impact of TADs in different counties have shown tremendous losses. These are primarily due to mortality, feed inefficiency, low productivity, reduced reproductive performance and poor genetic gains. Unfortunately, these diseases are not quantified in routine economic studies of disease impacts. However, based on available evidence it has been estimated that billions of dollars are lost every year due to animal diseases. For example:

- *In Ethiopia, annual losses due to livestock mortality associated with diseases and other causes are 16 - 20 billion ETB (USD 0.8 - 1 billion²).*
- *In Somalia, the livestock industry lost an estimated US\$ 435 million when importers in the Arabian Peninsula imposed trade bans in 1997/1998 and 2000/2002 as a result of Rift Valley Fever (RVF) outbreaks in the Horn of African countries³.*
- *In Kenya and Tanzania, during the 2006 -2007 RVF outbreaks it is estimated that the livestock sector lost in excess of US\$ 54 million and US\$ 10.3 million respectively⁴.*

The huge socio-economic impacts associated with epizootics and epidemics of RVF and other TADs justify the need for effective, coordinated, prevention and control measures by all member states (MS). RVF is of great danger to livestock keepers who live in close proximity to their animals as well as to butchers and other workers who handle livestock products such as meat, hides and skins, bones, blood etc. Effective prevention and control of these diseases will have measurable impacts on incomes, improved social and physical wellbeing, reduced vulnerability, increased food security and increased options for sustainable management of natural resources.

RESPONSIBILITIES OF THE VETERINARY SERVICE IN THE IGAD REGION

Veterinary service is one of the global public goods for which the Veterinary Authorities in all countries of the IGAD region are responsible for implementation of animal health and welfare measures as per the standards and recommendations provided in the Terrestrial Animal Health Code of the World Animal Health Organization (OIE). These roles and mandates include:

- Routine or emergency vaccinations to contain notifiable diseases such as FMD, CBPP, LSD, SGP, CCPP, RVF and PPR during or in anticipation of outbreaks.
- Compulsory notification of prescribed animal diseases, inspection, movement controls through systems which provide adequate traceability, registration of facilities, quarantine of infected premises or areas, testing, treatment, humane killing of infected animals,

disposal of carcasses, or destruction of contaminated materials, controls over the use of veterinary medicines, etc.

- Continuously undertake passive and active disease surveillance to monitor the preventive and control measures of identified TADs.

The veterinary service should take into account of the region's priority diseases based on their perceived socioeconomic importance. These include:

- 1) *Multiple species diseases, infections and infestations: FMD and RVF;*
- 2) *Cattle diseases and infections: Lumpy Skin Disease (LSD), CBPP and Bovine brucellosis;*
- 3) *Sheep and goat diseases and infections: PPR, Sheep and Goat Pox (SGP) and CCPP;*
- 4) *Other diseases and infections: Camel pox and*
- 5) *Avian diseases and infections: Infection with avian influenza viruses (HPAI) and Newcastle disease virus .*

CONSTRAINTS TO ANIMAL HEALTH SERVICE DELIVERY IN THE IGAD REGION

Sustainable means for the delivery of animal health services and ensuring access to affordable and effective animal health inputs remains a major challenge. Conventional active surveillance has been both technically and financial inefficient. Many countries are not able to sustain active surveillance activities due to inadequate human and financial resources. Passive surveillance is also not in place in most countries due to low level of awareness and community engagement by farmers and producers in animal health surveillance systems. Consequently, public veterinary services and the livestock sector cannot fully detect nor respond timely to outbreaks of new disease threats, nor successfully manage the control of TADs. Surveillance is especially poorest in the pastoralist and agro-pastoralist livestock production systems as well as in rural poultry production systems. The sustained control is faced with several constraints including:

- i. *Outdated policies and legal frameworks that do not support regional coordinated transboundary animal disease prevention and control measures between member states;*
- ii. *Socio-political instability in some of the member states (MS) such as Somalia and South Sudan that have high populations of livestock with extensive stock movement ;*
- iii. *Limited financial and institutional support in most member states to develop the livestock sector and implement disease -control strategies despite the fact that it is a routine public function;*
- iv. *Poor coordination of interventions and apparent inaction or extreme delays in cases of reported animal health emergencies/ during outbreaks;*
- v. *Poor access to some livestock populations especially in ASALs by veterinarians and veterinary para-professionals due to poor road infrastructure, insecurity and inadequate transport utilities;*
- vi. *Weak distribution and dispensary systems for delivering livestock health products (medicines, vaccines, diagnostics) to all areas especially ASALs of most countries;*
- vii. *Weak animal disease surveillance and reporting systems to support early detection of high-impact animal diseases;*
- viii. *Inadequate capacity of veterinary laboratories to provide efficient, timely and accurate diagnostic services;*
- ix. *Inadequate number of trained manpower in veterinary services especially for specialized veterinary services tailored to poultry, dairy and camel health problems;*

- x. *Lack of adequate quality control of veterinary education as well as absence of Continuous Professional Development (CPD) programs and poor control of work ethics and competence among professionals and para-professionals;*
- xi. *Ineffective disease prevention and control policies and strategies, for example lack of effective preparedness for animal disease emergencies and weak national and regional coordination in the control and prevention of transboundary animal diseases;*

POLICY RECOMMENDATIONS

Member states should:

- i. *Review and modernize legal framework for delivery of animal health services in line with the OIE guidelines to facilitate the implementation of coordinated regional animal health service delivery.*
- ii. *Use the regional Animal health strategy;*
- iii. *Strengthen both passive and active disease surveillance and reporting systems ;*
- iv. *Promote regional sharing of data to improve coordinated and harmonized regional disease prevention and control efforts;*
- v. *Support the veterinary services with adequate human, physical and financial resources to enable them undertake all aspects of disease control ;*
- vi. *Strengthen the management and diagnostic functions of veterinary laboratories in line with standards specified by the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals 2016 (<http://www.oie.int/international-standard-setting/terrestrial-manual/access-online/>) to provide timely and reliable diagnostic services . This will ensure that animals are treated after confirmatory diagnosis;*
- vii. *Advocate for Increased budgetary allocations to the agricultural sector to at least 10% based on the Maputo and the Malabo Declarations;*
- viii. *Enhance coordinated and synchronized cross border disease surveillance / vaccination of priority TADs along common borders of member states.*

Additionally, IGAD should consider facilitating regional studies on socio-economic impact of TADs on household and national economies. The data generated should be combined with the one for surveillance to enhance extraction of evidence for advocating for policy actions and strategies for harmonized cross border disease prevention and control.

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