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The Changing
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Veterinary
Services:

A Report of a Survey
of Chief Veterinary
Officers' Opinions

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A report to the Office International des Epizooties

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THE CHANGING ROLE OF VETERINARY SERVICES: A REPORT OF A SURVEY OF CHIEF VETERINARY OFFICERS' OPINIONS

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***Summary:** This paper reports the results of a survey of Chief Veterinary Officers' (CVOs) opinions carried at the OIE General Session in May 1995. It focuses on their views on a number of key issues related to current policy debates about the delivery of animal health services: the nature of service delivery, the main influences on current activities, the major clients of State Veterinary Services (SVSs), and requirements for improvement of SVSs .*

Highest priority was given to provision of public good services by SVSs, but a large majority of CVOs in Africa and Asia favoured the retention of therapeutic services by the state. The most favoured alternative is the provision of therapeutic services by private practitioners, whilst there is some difference of opinion but little support for the use of paravets, contrary to the prevailing view in the literature.

The most important influences on current activities of SVSs are professional veterinary bodies and the OIE, with differences between regions for other explanatory factors. This is an illustration of the way in which a set of common professional norms are shared internationally by the veterinary profession, and which are important in determining and homogenising the structure of services delivered, particularly the emphasis on professionalism and the associated regulation of drugs, treatment and trade.

There are regional differences in perceptions as to which of the SVSs' major client groups are most important, with Europe focusing on public health and the food industry whilst Africa considers smallholder farmers and public health to be most important. Where differences of this nature exist, a single approach to animal health service delivery is unlikely to be sufficient to meet all needs.

Chief Veterinary Officers consider larger budgets and better trained staff as their most important requirements in improving the quality of service provided by SVSs. Other options associated with reform scored poorly, suggesting that unless any proposed veterinary reforms offer a clear and unambiguous benefit with minimal risk, they are unlikely to be strongly supported by State Veterinary Services, and are consequently unlikely to be successful.

INTRODUCTION

The crisis of public sector finances in developing countries during the 1970s and 1980s, and growing perceptions of statist models of development as inefficient compared with market-based approaches, led to international pressure for reform of state institutions (Farrington et

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al 1993). The consequent Structural Adjustment Programmes promoted by multilateral lending agencies in many developing countries typically involved reductions of state expenditures and therefore departmental budgets.

The impact of budget reductions and broad service responsibilities left many State Veterinary Services with insufficient operating budgets to fulfil their obligations and encouraged the view that they had become ineffective and inefficient (CTA 1987; de Haan and Nissen 1985). The publicity given to this view provoked calls for privatisation of many of their roles, so as to reduce the state's budget liabilities and simultaneously to improve the efficiency of animal health service delivery by introduction of market forces (Leonard 1985; de Haan and Bekure 1991).

Whilst proponents of privatisation have now accepted that not all animal health services may be taken over by the private sector (for example, Umali et al 1992), efforts have continued to promote reform of those services considered to be 'private goods', and to delegate their provision to organisations other than the state. The focus has also shifted away from defining the private sector as comprising solely market-dependent operators. A growing understanding has emerged of the current activities and potential roles of other non-state organisations, collectively known as the 'third sector' and including producers' associations, non-governmental organisations (NGOs) and co-operatives, which are able to provide 'public good' animal health services.

In recent years there have been claims that reform programmes have failed, and that the reasons for these failures have been the refusal of donors to consult, and to agree processes of change, with State Veterinary Services (e.g. Gros 1994; Odeyemi 1994). It has been argued that the reforms did not consider the objectives and opinions of key stakeholders in State Veterinary Services, and had furthermore been motivated primarily by a need to reduce budget deficits rather than improve the delivery of animal health services (Tber 1995). As a consequence, reforms did not receive strong support from State Veterinary Services. A review of the literature conducted by *Livestock In Development* (Holden et al 1996) concluded that if programmes of reform were to be successful, there was a need to locate such debates within State Veterinary Services, to understand their needs and perspectives, to address their reservations and aspirations, and to secure their interest and participation in the design and implementation of any reform programme.

The Overseas Development Administration (ODA) of the United Kingdom is currently undertaking a review of policy for delivery of animal health services in different economic, social and livestock production environments. The aims of the study, which is being conducted on behalf of the ODA by *Livestock In Development*, are to:

- evaluate existing examples of alternative ways of providing animal health services;
- draw together these examples and associated theoretical work so as to identify a set of principles upon which policy may be based;
- present the results to policy makers in a user-friendly form.

The literature review has already raised a number of issues which require further research investigation. This paper reports the results of a survey of Chief Veterinary Officers aimed at eliciting their views on current and future directions in animal health service delivery policy.

Its purpose is to provide a vehicle for heads of State Veterinary Services to express their views, and to incorporate these into the process of defining the direction of the ODA research. It is intended that this would mark the beginning of a consultative process aimed at identifying appropriate policy options acceptable to, and sponsored by, all interested groups.

SURVEY METHODOLOGY

The survey took the form of a questionnaire distributed to 108 Chief Veterinary Officers at the General Session of the Office International des Epizooties (OIE, the world organisation for animal health) in Paris in May 1995. The questionnaire was prepared in English, French and Spanish. It was anonymous except that countries were asked to classify themselves according to OIE region: Africa, America, Asia, Europe, Far East, Middle East or Oceania.

The questionnaire asked CVOs a range of questions designed to elicit their views on the following main subject areas:

- **Service delivery:** which types of organisation should deliver which types of service?
- **Influences:** what are the greatest influences on current practice regarding service delivery, and on views held as to any future developments?
- **Clients:** who are the most important clients for the state veterinary services?
- **Improvement:** what would CVOs most need to improve the quality of State Veterinary Services in their country?

Respondents were asked either to allocate a score to, or to rank in order of importance, a number of possible answers, and were allowed to provide their own answers if desired. The results of these assessments and ranking exercises do not allow results to be interpreted in absolute terms, but instead allow trends in CVO thinking to be identified. Where findings are strongly positive or negative, some confidence may be inferred that the result represents some kind of consensus. Where rankings are given middle values, there are two possible explanations: one is that the middle ranking represents the priority afforded to that option; the other, that there was no consensus in the opinions expressed. Both of these possible outcomes are of interest in the current context.

There were a total of 56 replies, representing 52% of delegates present. This figure represents approximately 80% of countries speaking the three languages in which the survey was distributed. The following numbers of replies were received from each OIE region: Africa 18, Americas 4, Asia 8, Europe 12, Far East 2, Middle East 8, and Oceania 4.

RESULTS

The answers to the survey are presented here graphically with an accompanying discussion to highlight points of interest.

Who should deliver services?

State Responsibilities:

Respondents were asked about which services they considered to be the responsibility of the state, and those which were less important for the state to provide. This is of interest because of recent debates concerning the role of the state in animal health service provision which categorise the different types of service using economic concepts, and seek to infer from these categories which services would be more suitable for privatisation. This question aims to establish whether there is any similarity between the views of CVOs and theoretical arguments.

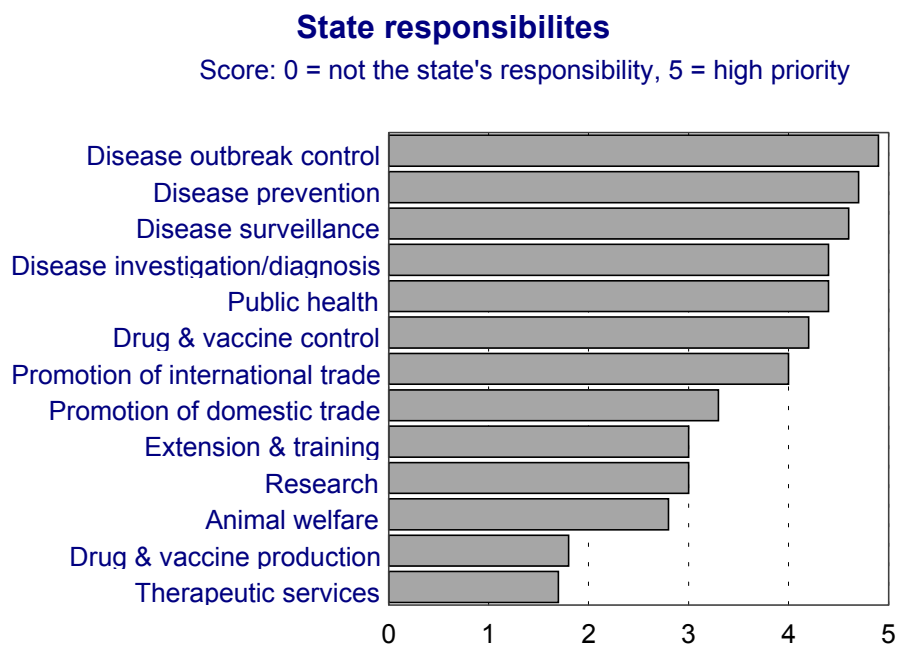


FIG. 1
Chief Veterinary Officers' views on services most appropriately provided by the state

The graph shows that CVOs appear to have grouped the different services into three distinct categories, corresponding to high, medium and low priority. These categories correspond well with the theoretical arguments concerning delivery of animal health services, particularly in relation to issues of public and private goods, economies of scale, moral hazards and externalities. There was widespread agreement between countries on the high priority given to sanitary aspects of veterinary service, including disease control and drug regulation, and to promotion of safe international trade, which in economic terms would be classified as public goods. The middle priority group apparent from the graph consist of services such as extension/training, research, and promotion of domestic trade, which may have either public or private good characteristics and occupy a theoretical 'grey area'. The two services given lowest priority as responsibilities of the state, namely drug and vaccine production and the provision of therapeutic services, are usually considered to be private goods.

Therapeutic services:

The delivery of therapeutic services is of particular interest because they are a private good which should theoretically be exclusively provided by the private sector (Umali et al 1992), but in many countries are often a component of state services. In the context of debates on privatisation of veterinary services, theory therefore suggests that therapeutic services are strong candidates for withdrawal from provision by the state. Delivery of therapeutic services was therefore investigated by two questions. One asked CVOs whether therapeutic services were the responsibility of the state.

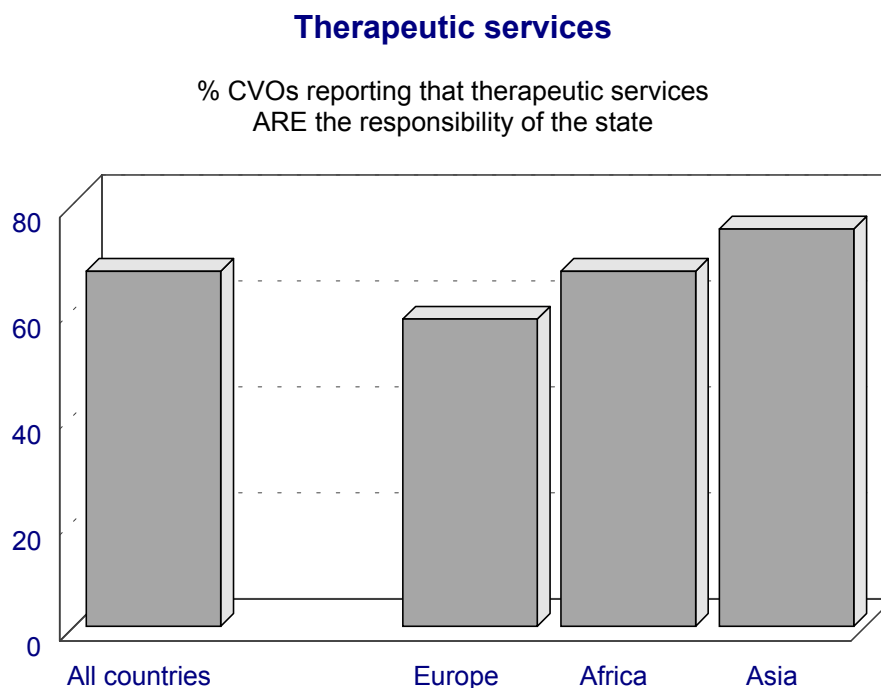


FIG. 2
Are therapeutic services the responsibility of the state?

Sixty seven percent of all respondents considered that therapeutic services are part of the state's business, but this average concealed interesting regional variations whereby 58% of countries in Europe felt that the state should be providing therapeutic services compared with 67% in Africa and 75% in Asia.

Another question asked who should provide therapeutic services:

Who should provide therapeutic services? (All countries)

Score 0 to 5: 0 = no involvement, 5 = sole provider

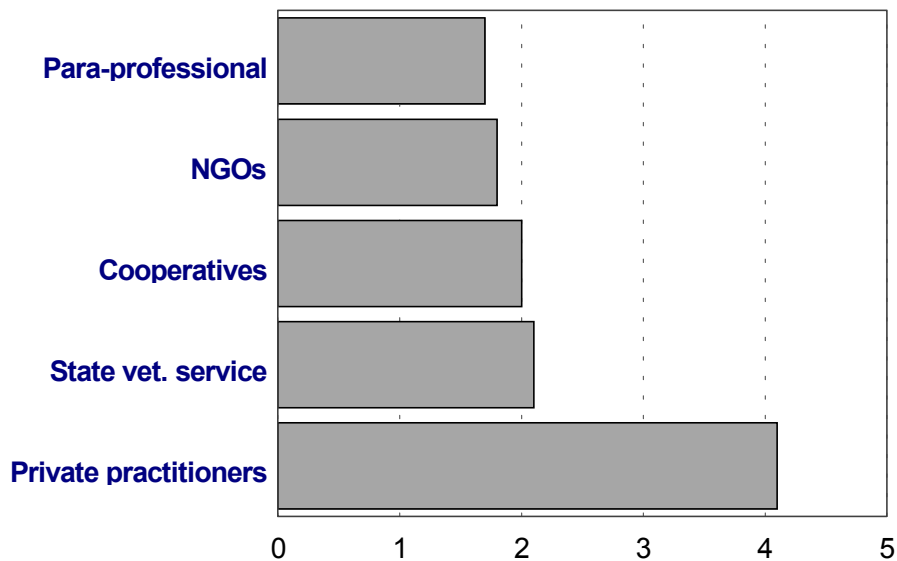


FIG. 3

Chief Veterinary Officers' views on the most appropriate organisations to provide therapeutic services

The overwhelming response was that therapeutic services should be provided by private veterinary practitioners, with some support for provision by State Veterinary Services in Africa, but limited enthusiasm for co-operatives or NGOs to become involved. The lowest priority overall was given to para-professionals, which were least favoured in Africa and placed above NGOs only in Asia.

Paravets:

A commonly expressed view encountered in the literature review which preceded this survey (Holden et al 1996) suggested that paravets are one of the most promising avenues for increasing the provision of animal health services in the rural areas of many developing countries. In this survey, Chief Veterinary Officers expressed only limited enthusiasm for the involvement of paravets in service delivery, with their preferred roles being in extension and training, animal welfare, and disease prevention and control. There was weak support for their involvement in disease investigation and promotion of safe domestic trade in Asia, and in public health and disease surveillance in Africa. Views on the role of paravets specifically as providers of therapeutic services are reported in Figure 4.

In general, scores allocated to paravets were moderate to low, indicating only limited enthusiasm for their involvement in service delivery. Overall, the highest scores were given for a role in extension and training, animal welfare, and disease prevention and control, with only weak support for their involvement in disease investigation and promotion of safe domestic trade in Asia, and in public health and disease surveillance in Africa.

Respondents were asked for their views on the role of paravets specifically as providers of therapeutic services, which again had surfaced as an important option from the literature review. (Figure 4.)

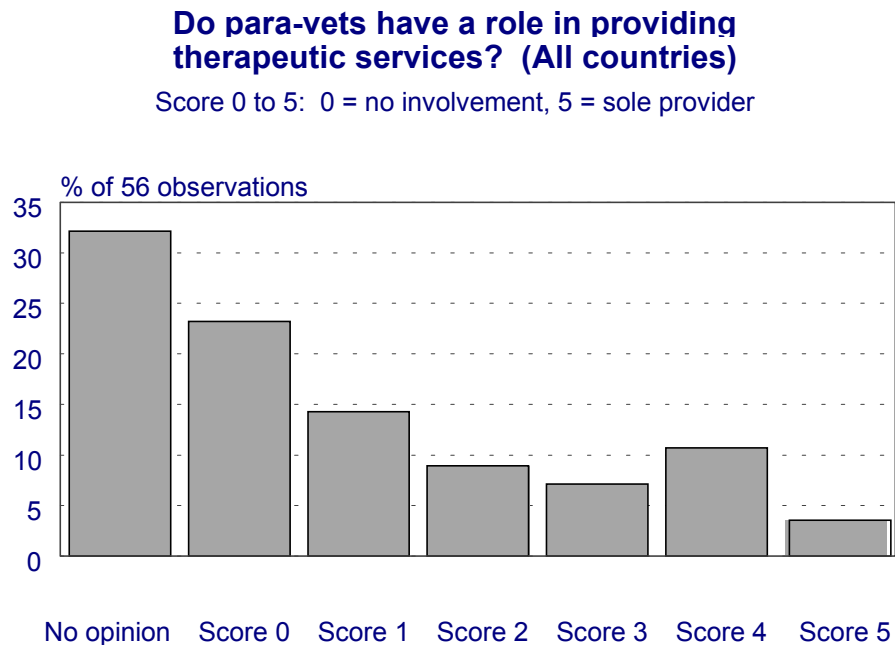


FIG. 4
Chief Veterinary Officers' views on the role of paravets in delivery of therapeutic services

Approximately one third of respondents were unable/unwilling to express a view either way. The largest group of positive replies was that paravets had no role in provision of therapeutic services, and the scores awarded both overall and regionally were low, again suggesting only limited support for their involvement. However, the respondents giving scores of 4 and 5 as shown in Figure 4 clearly felt that paravets had an important role, possibly even as sole provider of therapeutic services. A greater number of CVOs considered that paravets have some role to play than those who considered they have no role at all. Overall, there is a difference in opinion between countries, with the majority unenthusiastic about their involvement.

Why does this difference of opinion exist between the apparent unpopularity of paravets, as expressed by Chief Veterinary Officers, and the literature, which regards them as an important means for delivery of veterinary services? This question is addressed in the next section.

Influences on Current Views and Practice in Service Delivery

This set of questions was aimed at understanding the forces which were felt by CVOs to be important influences on the structure and operation of State Veterinary Services in their country. This aimed to investigate the process by which decisions on individual SVS policy arise, particularly in relation to the setting of objectives and choosing which services are to be delivered. Answers for all countries are shown in Figure 5.

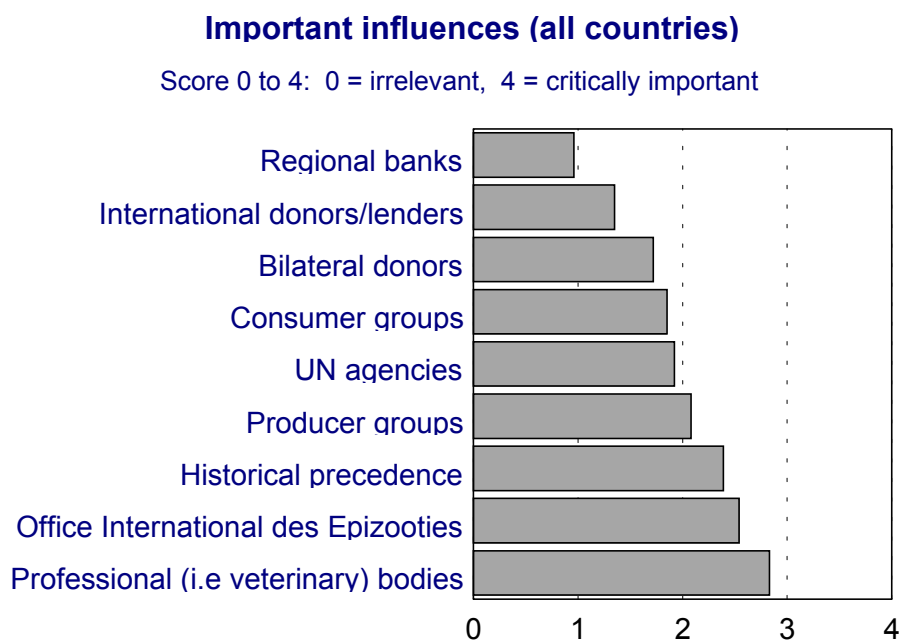


FIG. 5
*Influences on structure and operation of
State Veterinary Services - all countries*

Figure 5 reveals that the most important influences on current veterinary activities are felt to be professional veterinary bodies and the OIE itself. Chief Veterinary Officers are influenced by other veterinarians and appear to be guided to a significant extent by the views of their professional colleagues: they are subject to veterinary ‘peer pressure’.

The importance of historical precedent in determining current structures and activities was also acknowledged to be important, illustrating how institutional change in a large organisation with defined traditions, such as a State Veterinary Service, is often a slow process. Producer groups are also considered important influences, suggesting that veterinary services should be responsive to producers’ requirements.

Further interesting patterns emerge when this result is disaggregated into its regional components.

Important influences
 Ranking in order of priority
 9 = most important, 1 = least important

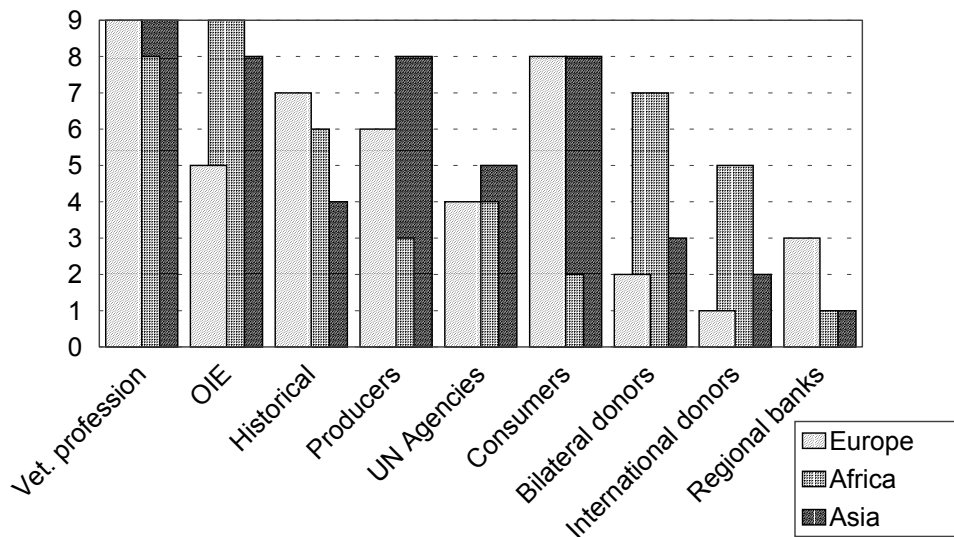


FIG. 6
*Influences on structure and operation
 of State Veterinary Services - regional*

The importance of the influence exerted by veterinary professional bodies is clear in all regions. However, the OIE is felt to be particularly influential in African and Asian countries.

Historical precedent appears to be of moderate but varying importance in each of the three regions. Producers and consumers are felt to be very important in Asia and Europe, but markedly less so in Africa. Aid donors are relatively more influential in African countries than elsewhere, with the requirements of bilateral donors particularly important compared with multilateral donors or agencies of the United Nations. In Asia, the views of UN agencies are relatively more important, whilst in Europe, the UN and other donors are considered less important.

The responses to this question illustrate how veterinary services and veterinarians around the world share a common set of professional standards or norms, which are promoted by professional veterinary associations and the OIE. This view is supported by Figure 1 (q.v.), which illustrates the strong and almost unanimous support given to the regulatory functions of State Veterinary Services.

The existence of these professional norms has important implications for delivery preferences, particularly in relation to the question of paravets posed previously. Where strict professionalism and high quality service is required, the use of paravets - who are not trained as professional veterinarians and who therefore do not share those standards - is understandably resisted. However, the literature illustrates the difficulties encountered in providing a 'fully fledged' professional veterinary service in many economic and geographic environments, with the conclusion that the quality of service provided by the state, especially in more remote areas, is frequently poor. The question may be raised: how appropriate are

professional norms which require rigorous standards, in areas where delivery of animal health services based on professional veterinarians has proved to be difficult to implement? Should they be relaxed in order to address the constraints which are seen to exist? The next section provides some insight into these questions.

Main Clients of State Veterinary Services

It would be expected that the objectives of State Veterinary Services, and the structure of any service provided by them, would be determined to a large extent by whom they consider to be their main clients, and the nature of their clients' needs. Thus, an understanding of whom CVOs consider to be their main clients is crucial in any process of policy reform. CVOs were asked to score a range of clients according to their importance, and the results for Europe are presented in Figure 7.

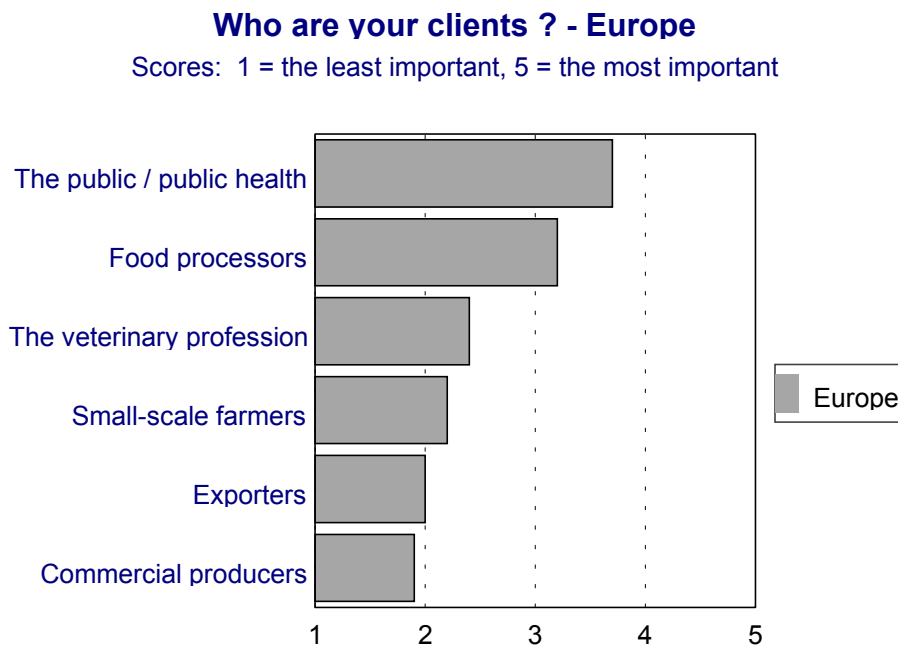


FIG. 7
Main clients of State Veterinary Services - European countries

European CVOs see the public and the food industry as their major clients, followed by the veterinary profession and then producers. Figure 8 compares this finding with an average of the replies from African countries.

Who are your clients ? - Africa and Europe

Score: 1 = the least important, 5 = the most important

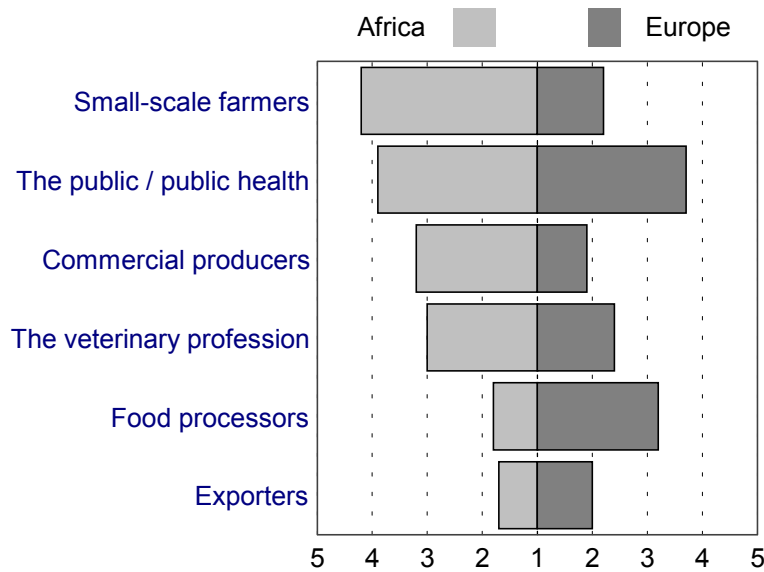


FIG. 8

Main clients of State Veterinary Services - Africa and Europe compared

This reveals a different order of priorities in Africa, oriented more towards livestock producers and less at the food industry. The needs of small-scale farmers are uppermost in the minds of African CVOs, followed by the public and then commercial producers and the veterinary profession. The food industry and exporters are given a low priority by African CVOs.

The answers here indicate clear differences between the requirements of different State Veterinary Services, largely according to geographical region. In Europe, the focus on public health and the food industry requires a strong regulatory body and high professional standards. However, these norms may not necessarily be appropriate in other regions such as Africa, where the emphasis is stated to be on smallholders. The differences between western livestock systems designed to meet the needs of the food industry, and smallholders in developing countries, are stark. Where differences of this nature exist, a single approach to animal health service delivery is unlikely to be sufficient to meet all needs. Pursuit of the traditional professional norms in animal health service delivery, based on the requirements of consumer demand in northern countries, may be counterproductive in situations of resource scarcity, as exists in many developing countries. There is an apparent conflict in many developing countries between the desire for high professional standards - as expressed in this survey - and the ability realistically to maintain levels of service.

How to Improve Current Services?

Chief Veterinary Officers were asked what they would most like to help them improve the quality of the service provided by the State Veterinary Service in their country. This question is of interest because of the observation that State Veterinary Services have on the whole resisted moves towards a more liberal approach to veterinary service delivery (de Haan and

Umali 1992; Mpelumbe 1993; Leonard 1992). It is therefore important to find out what measures CVOs would suggest to address any shortfalls in services provided.

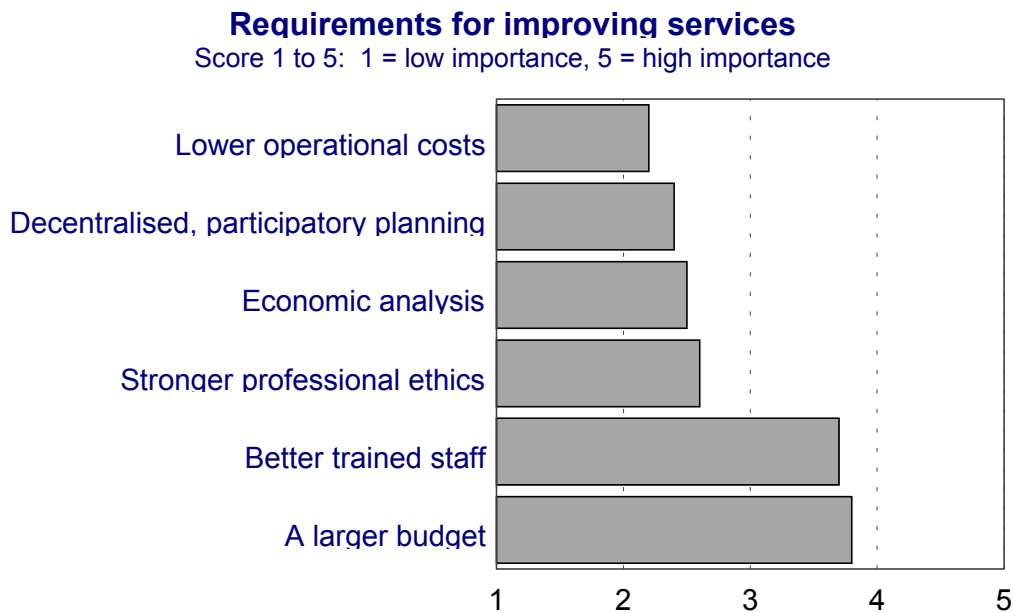


FIG. 9
Chief Veterinary Officers' views on measures required to improve their State Veterinary Services

By far the most important developments that might improve the veterinary services are perceived by CVOs to be a larger budget and a better trained staff. This suggests that CVOs view the best way of improving the delivery of veterinary services is to strengthen their own activities, with less emphasis on restructuring or change. Underlying this position must be the assumption that current approaches are satisfactory but that it is simply their quantity and quality which require attention. Alternative answers associated with reform of veterinary services such as a reduction of operational costs, introduction of economic analysis of disease constraints, or decentralised client-focused planning, scored poorly. Another implication is that CVOs would prefer systems of cost recovery (i.e. charging for services provided by SVSs themselves) to privatisation.

CVOs therefore appear disinclined to address the conflict between a desire for high professional standards and realistic service options by experimenting with new delivery options. Instead, the answers to this question suggest the favoured approach would be to resource the State Veterinary Services sufficiently to allow expansion of professional services.

CONCLUSIONS

Service Delivery

CVOs have emphasised the importance of disease control and regulation which are the goods suggested by economic theory to be most suitable for state provision. Conversely, they have indicated the lower importance given to drug supply and therapeutic treatment, which is also in line with theoretical debates. The overwhelming nominees to take over provision of therapeutic services, in particular, are private practice veterinarians, with little enthusiasm for the involvement of any other types of organisation except the state. However, in many developing countries, the record is of a decline in the state's ability to deliver adequate levels of service, and a lack of private veterinarians on which to rely.

Nevertheless, despite the low priority given to therapeutic services, and the support for private practice, a large majority of CVOs, especially in Asia and Africa, consider them to be a component of the services which State Veterinary Services should provide.

Paravets receive weak support for involvement in a range of tasks, but there is a division of opinion as to whether they should provide therapeutic veterinary services. The lack of enthusiasm for paravets as providers of therapeutic services suggests that any recommendation to use paravets to provide services where private veterinarians are unavailable or unwilling to work, and where state services are unable to provide adequate levels of service, would currently be unacceptable to the majority of CVOs. The answers do not provide an insight into how services might be provided where these constraints apply.

In essence, CVOs appear to be arguing that whilst they accept the economic arguments for privatisation of therapeutic services and would support an increased role for private practice, other considerations cause them to support the continued provision of therapeutic services by the state and to reject the involvement of paravets. Views expressed in the literature relating to animal health service delivery firmly support the use of paravets as one of the most promising means of ensuring delivery of animal health services where professional services have proven difficult to provide. When discussing directions in the reform of veterinary services, it is therefore important to address the issue of why this major difference of opinion has arisen.

Influences

This survey shows that professional veterinary bodies, including the OIE, are highly influential. It also suggests that there exists a common set of professional norms world-wide, which require the highest professional standards. These norms influence the structure of services provided by State Veterinary Services, and have tended to homogenise policies internationally, in line with meeting these professional standards. Thus regulation, and the associated idea of provision of veterinary services by professionals wherever possible, features as an almost unanimous priority for CVOs world-wide.

In this situation, countries may be reluctant to challenge the international status quo by re-evaluating their objectives and reorienting their services. Where this is the case, any process of reform of State Veterinary Services which is aimed at increasing effectiveness and efficiency becomes more difficult.

Paravets are not veterinary professionals, and therefore do not meet these requirements for high professional standards in veterinary service delivery. The emphasis on professionalism tends therefore to preclude the use of paravets as an option for delivery to smallholder farmers, and may help to explain the lack of enthusiasm for their services that is expressed by CVOs in this survey.

Clients

There are clear differences in the clients, and therefore the requirements, of State Veterinary Services in different regions. The fact that European CVOs perceive their main clients to be the public and the food industry suggests that the emphasis of their State Veterinary Services on sanitary measures and regulation is appropriate, since the prime role of their Veterinary Services is to ensure the safety of the livestock products entering the human food chain. Moreover, private clinical services are widespread and effective, so that the needs of producers are cared for in this way.

This is, however, in contrast to the situation in regions such as Africa, where the priority is stated to be on providing services to support the smallholder sector. Given these differences, it is unlikely that a single approach to animal health service delivery, as tends to be promoted currently through professional organisations, would be sufficient to meet the consequent diversity of needs. Since it has proven impossible to provide professional veterinary services to many parts of a large number of countries, the appropriateness of trying to maintain existing professional standards in these situations is liable to be questioned. Apparently, choices need to be made between animal health services based on high professional standards - which have frequently been seen to perform inadequately in many environments - or less professional services which are more accessible to the majority of producers, especially smallholders in more remote areas.

It would seem that priorities need to be established between those services that must be executed by the state to ensure their adequate delivery, and those where market forces can be allowed to dictate the scope and quality of service provided - perhaps with some modest quality control function being provided by the state.

Improvement

CVOs do not feel a need for drastic restructuring of their SVSs, but they would like to have more money to spend and a better-trained staff. The implication is that if SVSs had more money and better staff, they would be happy with the service they provide, and would see no pressing need for change. This is in contrast to much of the literature on delivery of animal health services, and to the views of most donors, both of which have strongly advocated reform. With this view, it is unlikely that CVOs will vigorously support any major reforms unless they can see a clear and unambiguous benefit, with little risk. Without CVO support, any reforms are unlikely to be successful.

Despite this apparent view that there is little need for restructuring, CVOs expressed a low priority for state delivery of therapeutic services and a strong demand for them to be supplied by private practice veterinarians, which implies the recognition of a need for change.

However, they simultaneously advocated the continued involvement of the state in delivery of therapeutic services. Clearly, there are some issues to be resolved here.

IMPLICATIONS FOR POLICY RESEARCH

The survey findings raise a number of further issues which will need to be addressed before appropriate policies are designed which will allow the sustainable restructuring of service delivery in the animal health sector. A number of questions are now set in their policy context to serve as suggestions for future work.

1. The aggregated survey results obscure a number of clear differences of opinion by country and region for some issues, though not for others. There is a particular divergence between Europe and Africa/Asia.

- Are these differences reflected in policies and recommendations emanating from professional bodies?

2. There is general agreement on state responsibilities and priority services, according to economic principles, but still the majority, especially in developing countries, want the state to provide private-good services such as therapeutic treatment.

- Why is this the case?
- Under what conditions is this desirable/necessary?
- Where the state provides private-good services, to what extent are they adapted to suit the needs of local production systems and market forces?

3. The emphasis placed on the importance of public health and food hygiene begs the question as to what extent Ministries of Health should be involved determining the scope and scale of SVS operations. What value do *they*, the human health authorities, place on these services?

4. Answers to this survey suggest broad support for limited privatisation of some services.

- Which services should be privatised?
- Which services should not be privatised?
- On what basis would these decisions be made?

5. The survey shows overwhelming support for private practitioners to provide therapeutic service. However, evidence suggests that market-dependent private practitioners would not serve many rural areas in developing countries, and would not reach poorer livestock-keepers. Since the main clients for African CVOs especially are seen to be smallholder farmers:

- How could adequate levels of therapeutic services be delivered?
- What are adequate levels of service?
- What would happen in areas not served by private veterinary practitioners?

6. In some countries, this gap has been addressed by the use of paravets in rural areas. However, there is very little CVO support for paravets to provide therapeutic services though they may sometimes be acceptable for disease prevention and control, or extension.

- Why do many CVOs have reservations about the use of paravets?
- Are their arguments justified?

7. Professional bodies and the OIE have a great influence on the current structure and mode of operation of state veterinary services. The views of fellow professional veterinarians are therefore of great importance in CVO decision-making.

- To what extent have these veterinary bodies been involved in debates on reform of service delivery?
- Have any guidelines been provided to CVOs by these bodies to help them manage reforms?
- Do CVOs feel that current policy movements meet their needs and reflect their concerns?

8. In Africa and Asia, the wishes of bilateral donors are also important in determining policy.

- Do messages vary between donors?
- What factors determine donor policy?
- Are the policies appropriate and have they been well thought out?
- Have donors consulted professional veterinary bodies when formulating policies?
- Has there been any comparison of experience under different policy regimes?

9. Regional differences are apparent in the groups considered to be the main clients of the State Veterinary Services. In Africa, the main clients of the State Veterinary Services are perceived to be smallholder farmers.

- What are the implications for service orientation of differences between countries in the perception of who are their main clients?
- Is the current orientation of State Veterinary Services best set up to serve their clients?
- Does it meet their needs?
- How do we know if it meets their needs?
- If it does not meet needs, why is that?
- How might it be improved?

10. The main demand expressed by CVOs is for a larger budget to fund their service. In the context of structural adjustment and declining government spending:

- Where would the extra money come from?
- Could some be raised by restructuring existing services?
- What components of current services could savings be drawn from?
- What aspects of the State Veterinary Service would any extra money be spent on?
- If no extra money is forthcoming:
 - what are the priorities?
 - what is the minimum level of state involvement (from merely providing quality control through to actual execution of services)?
 - what alternatives funding mechanisms are available?

11. Another priority requirement is for improved staff training.

- What would be the nature of the desired training?
- At which staff cadres would it be directed?

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