

Mechanisms for collaboration between public and private veterinarians: the animal health accreditation mandate

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Summary

There are several examples of national collaboration between official Veterinary Services and the private sector, in both developed and developing countries. In developed countries national veterinary systems tend to have a 'centripetal' structure: from the private to the somewhat centralised public system, whilst in developing countries there is currently the reverse, i.e. a 'centrifugal' movement. Faced with international quality requirements for national Veterinary Services, the institutional foundations for the execution of certain official activities by the private sector are provided by the OIE (World organisation for animal health), particularly in the *Terrestrial Animal Health Code*. The private sector should however be employed using clear formal procedures governed by various legally recognised systems. At this level, the animal health accreditation mandate has the advantage of combining within a single concept several legal benefits associated with each type of collaboration. Moreover, it can encourage private veterinarians to work in the field, and to continue to do so for a reasonable length of time, thus providing a *de facto* territorial network of competent, logistically independent professionals, acting as *ad hoc* public service agents for both the design and implementation of animal health related activities, all at an economic cost that does not compromise the budget of the national Veterinary Services. By making savings in terms of human and material resources, the animal health accreditation mandate appears to be particularly suitable for developing countries where means of communication and intervention often come up against unforeseen logistical difficulties.

Keywords

Accreditation – Animal health accreditation mandate – Certification – Privatisation – Quality – Transfer of authority – Veterinary Service.

Introduction

The Final Act that concluded the cycle of multilateral negotiations known as the Uruguay Round led to the creation of the Geneva-based World Trade Organization (WTO) in 1993, which became operational on 1 January 1995. The new agreements on international trade established by the WTO soon had a major impact on the animal health field. Under the new WTO agreements, health barriers replaced the quotas and tariff barriers formerly in operation under the 1947 General Agreement on Tariffs and Trade and the Uruguay Round. Any exporting country must now certify the good health status of any animals or animal products it wishes to export. The importing country is authorised to check the validity, veracity

and reliability of the certification received from the exporting country by evaluating the quality of the Veterinary Services of its trading partners, if necessary. To do this, countries can use the recommendations of the OIE (World organisation for animal health), published in the *Terrestrial Animal Health Code* (chapter 1.3.3.) (5).

The overriding concern of countries exporting animal foodstuffs should therefore be to ensure that the organisation and operation of their Veterinary Services is of optimum quality, in terms of both logistics and human resources. When viewed against the current backdrop of public spending cuts worldwide, this quality approach could be seen to run counter to the general budget restriction policies. It is therefore necessary to find a method for organising Veterinary Services

that is both more effective and cheaper. This quest for effectiveness and financial viability varies in importance in different parts of the world. While it is merely a concern for rich and developed countries, in developing countries it is crucial to the very survival of Veterinary Service activities.

The great majority of countries in the world first permitted and then encouraged the emergence of a private sector for the delivery of veterinary services. In some countries the redistribution of veterinary human resources started some time ago and in others the process has begun more recently, but in both cases the result has been that some of the activities formerly carried out by public officials are now being performed by private veterinary professionals (5).

According to the OIE terminology in the *Terrestrial Animal Health Code*, Veterinary Services are comprised of the Veterinary Administration and of all the veterinary authorities:

a) the Veterinary Administration means the governmental Veterinary Service which has authority throughout the country to implement the animal health measures and international veterinary certification process which the OIE recommends, and to supervise or audit their application

b) the Veterinary Authority means a Veterinary Service, under the authority of the Veterinary Administration, which is directly responsible for the application of animal health measures in a specified area of the country. It may also have responsibility for the issuing or the supervision of the issuing of international veterinary certificates in that area.

In this article the author shall describe the different mechanisms by which the official Veterinary Services can engage the services of the private sector.

Background

In western Europe, where the emergence of veterinary medicine and, later, a veterinary profession (3) led to the creation of the first veterinary school in Lyons (France) in 1762, the public veterinary service was created to meet the need for an organised structure to control animal diseases, primarily those of infectious origin. Again taking the example of France, the first structured national 'Veterinary Services' appeared towards the end of the nineteenth century, in 1884 to be exact. It is interesting to note that in the developed countries, veterinary systems were restructured, moving them from the private sector into the public sector. Conversely, in developing countries, we are now seeing the emergence of a private sector designed to remedy the shortcomings of the public sector, whose presence in the field has been severely limited by the budget restrictions of the past twenty-five years. We find a similar situation in countries that had a centralised economic system for a number of years, where the emergence of a private

veterinary sector has gone hand in hand with liberalisation over the past decade.

Therefore, historically speaking, it was in Western Europe that the private sector was quicker to become involved with a range of animal health activities that went beyond simply caring for production animals (individually or collectively).

Institutional references in World Organisation for Animal Health documents

Terrestrial Animal Health Code

The *Code* refers on many occasions to the involvement of private veterinarians in national Veterinary Services. For instance, article 1.3.4.5. on 'Evaluation criteria for human resources' in the chapter entitled 'Guidelines for the Evaluation of Veterinary Services', states that:

'The *Veterinary Services* should demonstrate that their human resource component includes an integral core of full-time civil service employees. (...) This does not exclude the possibility of employing, in addition, (...) private sector veterinarians' (5).

Later, article 1.3.4.13.2.a.ii. cites, again among the evaluation criteria for human resources, the number of 'private veterinarians authorised by the *Veterinary Services* to perform official veterinary functions. (*Describe accreditation standards, responsibilities and/or limitations applying to these private veterinarians*).' (5).

In February 2003, the OIE also set up an *Ad hoc* Group with the task of studying the role of private sector veterinarians and para-professionals in the provision of animal health services. The initial conclusions of this *Ad hoc* Group (6) affirmed the involvement of private veterinarians in the official Veterinary Services:

'The *Ad hoc* Group recommended that, in order to strengthen animal health and veterinary public health services through improved involvement of private veterinarians and para-professionals, *Veterinary Administrations* build official links with service providers, particularly individual veterinarians and veterinary associations (...). The Group recommended that links between *Veterinary Administrations* and private veterinarians take the form of contracts for the provision of specific services such as disease monitoring and surveillance, animal vaccination, food inspection and disease prevention and control' (6).

Administration and management of Veterinary Services

In 'Administration et gestion des Services vétérinaires' [Administration and Management of Veterinary Services], a three-volume book published by the OIE in 1994, there are many references to the possibility of involving private veterinarians in the official duties of Veterinary Services (volume II, chapter 5, b). These public duties can be transferred to private veterinarians in different ways: by approval, accreditation, an animal health accreditation mandate, commissioning, swearing an oath, or appointment as an official veterinarian (these definitions will be explained later) (3).

In chapter 2 of the book ('Les modalités d'exercice de la profession vétérinaire' [Means of practising the veterinary profession]), there is a table entitled 'Répartition des activités liées à la santé animale entre secteurs public et privé' [Breakdown of animal-health related activities between the public and private sectors]. Rather than reproducing the table here, the author presents the results of a participative session held during a workshop in Eritrea in April 2003 (1). This table illustrates the possible distribution of tasks between the public and private veterinary sectors, by pointing out the potential areas in which an accredited private sector could intervene (Table I). The conclusions concord precisely with the proposed breakdown of activities in the OIE document.

Different systems in operation

A review of the situation in a few European countries at a recent seminar (2) reveals that, depending on the country, all private veterinarians are involved in official health policy activities to a greater or lesser degree:

– in the United Kingdom (UK), where there are 2,000 private veterinary clinics, there is a corps of 7,000 local veterinary inspectors working in both the public and private sector, under contract with the government. These inspectors are responsible for monitoring the health of animals and the quality and safety of the procedures for selling and processing animals and animal products

– in Germany, there are 21,000 veterinarians in service, of whom 2,000 are public service veterinarians. Private veterinarians sign contracts with the government for epidemiological surveillance and meat inspection activities

– in Russia, private veterinarians are not authorised to carry out official tasks

– in Lithuania, there are 1,650 veterinarians, of whom 1,150 are private veterinarians. Of these, 500 have signed a contract with the government to act as 'official veterinarians' involved in official health policy tasks (however, in this case the author does not believe that the title 'official veterinary', which the Lithuanian representative used at the seminar, corresponds to the definition in the *Terrestrial Animal Health Code*: 'veterinarian

Table I
Distribution of animal health tasks between the public and private sectors (1)

Field of activity	Public sector	Private sector	
		Accreditation	Solely advisory role
Health policy			
Design	X		
Implementation planning	X		
Implementation		X	X
Regulation	X		
Control	X		
Veterinary medicines			
Authorisation to import veterinary medicines	X		
Quality control	X	X	
Routine inspections	X		
Production of veterinary medicines			X
Production of vaccines	(X)	X	X
Importation and distribution			X
Retail selling			X
Destruction of veterinary medicines	X	X	
Veterinary service provision			
Animal care			X
Non-compulsory vaccination			X
Animal production advice and inputs			X
Official veterinary tasks			
Compulsory vaccination		X	
Compulsory tests		X	
Compulsory sampling		X	
Epidemiological surveillance		X	
Meat inspection	X	X	
Inspection of markets	X	X	
Food processing establishments	X	X	
Control of animal movements	X	X	
Border controls	X	X	
Official certification	X	X	
Official extension services	X	X	
Laboratory diagnosis			
Implementation of diagnostic tests	X	X	X

authorised by the *Veterinary Administration* of the country to perform animal health and/or public health inspections of *commodities* and, when appropriate, perform certification in conformity with the provisions of Section 1.2. of the *Terrestrial Code*)

– in the Netherlands, there are around 2,000 veterinarians in service, around 95% of them private veterinarians. They are all responsible for reporting to the Veterinary Services any type of disease legally recognised as contagious. Rural veterinary practitioners are responsible, under contract by the Veterinary Services, for carrying out medical prophylaxis and active and passive epidemiological surveillance activities

– in Italy, the Veterinary Services are highly decentralised and the central unit works in collaboration with various 'local health agencies', each with its independent budget, which are

responsible for applying the health policy in their regional field of competence, in coordination, where appropriate, with the central administration of the Veterinary Services. Any private veterinarian authorised to practise has a duty to declare any infection to the local health agency. Furthermore, *ad hoc* contracts are signed between the agency and individual private veterinarians to implement tasks relating to animal health control (epidemiological surveillance, sanitary or medical prophylaxis) and veterinary public health (abattoirs and inspection of animal foodstuffs). However, veterinarians under such contracts have no decision-making powers for introducing health measures

– of the 10,500 veterinarians in service in Poland, 2,300 work for the government and 5,000 are private practitioners (the remaining 3,200 are not involved in the provision of veterinary care). The private veterinarians carry out certain official tasks under contract, such as vaccinations, tuberculin testing, meat inspection and animal protection

– in France, there are 11,000 veterinarians in service, of whom 1,000 work full-time for the public service (500 public officials and 500 contracted veterinarians). The 10,000 private veterinarians all hold an animal health accreditation mandate, which authorises them to carry out official health policy and certification tasks. In the exercise of their animal health accreditation mandate, these 10,000 private veterinarians (including around 4,000 working rural veterinarians, who are more directly involved in the activities of the animal health accreditation mandate than the strictly small animal clinicians, who use it only for veterinary public health against rabies), provide manpower equivalent to 500 full-time ‘official veterinarians’ (as defined by the *Code*) employed by the Administration. The concept of the animal health accreditation mandate is examined in greater detail a little later.

Depending on the requirements of the Administration, the role of private veterinarians can range from simply reporting suspicions of the diseases targeted by the health policy (Germany), to carrying out an official disease control mission. In some cases (France), this mission can be very comprehensive, conferring powers on private veterinarians to organise disease control in collaboration with the local authorities, even going so far as allowing them the possibility of requisitioning police resources for health measures. However, whatever the certification system in operation, as far as the OIE is concerned, the ‘Chief Veterinary Officer’ (CVO) of each country still has supreme responsibility for the official international veterinary certificates issued in that country.

These various examples clearly illustrate that the national Veterinary Services of various countries engage the services of the private veterinary sector on an *ad hoc* basis to carry out a greater or lesser number of tasks relating to their national health policy.

These tasks are carried out through various types of links between the official services and the private service provider, as described below.

Approval

The private veterinarian is appointed, on the basis of his or her qualifications and expertise (expertise assessed on the basis of qualifications or by testing), to carry out a mission with clearly specified objectives, for an indefinite period (Germany, Poland, Lithuania and the Netherlands).

Accreditation

After checking that a private veterinarian has the requisite skills and resources to provide a service (on the basis of a list of criteria required and verified by the Administration) the private veterinarian is authorised to carry out missions that are entrusted to him or her with every guarantee of impartiality. Accreditation is always granted for a limited period (usually from one to five years) (UK).

Commissioning and swearing an oath via a national veterinary authority

A national authority is appointed by law to be responsible for carrying out all public veterinary missions. Veterinarians receiving a public mandate are then commissioned and put on oath by this authority. This system can be found in Algeria and Italy.

By commissioning a veterinary professional, the Administration considers that he/she is qualified to carry out any public missions that the Administration might entrust to him or her. The Administration is then responsible for any misdemeanours committed by the commissioned agent.

By swearing an oath, the official representing the Administration benefits from a reversal of the onus of proof in any dispute. The official therefore does not have to prove any arguments that he or she puts forward, but instead it is up to the person contesting his or her allegations to prove his or her misdemeanours. Swearing an oath must be preceded by commissioning.

Official veterinarian

The government-appointed official veterinarian is authorised to guarantee to other national authorities, compliance with the required health undertakings in international agreements signed by the government. This title has special significance at international level.

Animal health accreditation mandate

This concept is expanded upon below.

Animal health accreditation mandate

This section examines the way in which the Veterinary Services are organised in France, a country where the concept of the animal health accreditation mandate has been developed since 1866 (3). This concept has subsequently been adopted, generally successfully, by numerous French-speaking African countries, beginning with Chad in 1994.

Definition

The animal health accreditation mandate is a renewable mandate (e.g. annually) which the government confers on a private veterinarian to carry out health policy tasks. The animal health accreditation mandate is assigned by decree.

When the private veterinarian, known as a 'veterinarian with an animal health accreditation mandate' (*vétérinaire sanitaire*) fulfils these tasks, he or she is considered to be an official veterinarian (in the sense of the *Terrestrial Animal Health Code*), invested with the official authority of a public official, with the responsibilities and protection attached to this position, which means he or she can, for example, call upon the aid of the police force.

Duration of the mandate

The animal health accreditation mandate is assigned for a limited period, usually renewable, for example annually. However, under certain circumstances the mandate can be assigned for *ad hoc* emergency activities in the case of an epizootic or epidemiological surveillance.

Remit

A *vétérinaire sanitaire* is the only one with the power to attend to 'diseases legally considered to be contagious'. According to the terms of their mandate, a *vétérinaire sanitaire* may carry out official vaccinations, issue official certificates, take health protection measures in collaboration with the local authorities, collect any samples or carry out any diagnostic test required, conduct epidemiological surveillance activities, etc. (Table I).

Geographical jurisdiction

The geographical remit of a *vétérinaire sanitaire* is limited to his or her customers and to clearly defined areas (for example, abattoirs, markets, etc.).

Mode of remuneration

The remuneration for any acts carried out in connection with this official mission may be paid entirely by the government, or

in part by the customer (and in part subsidised by the government), or else totally paid by the customer.

From a legal standpoint (3), the animal health accreditation mandate can be considered as delegation, authorisation and subcontracting rolled into one, as follows:

- delegation, since the Administration transfers some of its powers when it grants a private veterinarian an animal health accreditation mandate
- authorisation, since the Administration grants a *vétérinaire sanitaire* the power to act, with or without instructions. This entitles them to carry out a number of legal acts on their own behalf or on behalf of the Administration, in line with their recognised capacities (for example, writing official certificates, collecting samples, seizing animals or carcasses)
- subcontracting, since the *vétérinaire sanitaire* carries out tasks for which the Administration retains overall leadership (such as implementing a compulsory vaccination campaign).

However, recent experiences with the animal health accreditation mandate in Africa have led to a certain amount of confusion. The most common source of confusion has been that the Administration has confused the professional practice of veterinary medicine (private veterinary practice) with the exercise of the animal health accreditation mandate. It is true that, since the animal health accreditation mandate has often represented the first step towards the privatisation of veterinary activities, private veterinarians were often referred to (and still are in some countries) as 'mandate holders' (*mandataires*). However, the range of activities delegated by the public services to the private sector includes tasks that may or may not be included in the animal health accreditation mandate, depending on whether they are official or not. For example:

- a campaign of disinfection or non-official vaccination can be carried out by means of a simple service contract concluded with the government, unrelated to the official activities governed by the animal health accreditation mandate
- a campaign of official vaccination, formalised by issuing official vaccination certificates comes within the framework of the animal health accreditation mandate, and in this case there is no need to draw up a service contract. However, a *vétérinaire sanitaire* will be obliged to comply with the procedures for such vaccination, as specified in the national health policy
- the 'voluntary' or 'compulsory' nature of the act has no bearing on whether or not it will be included in the animal health accreditation mandate. For example, in France, at the start of the campaign to eradicate rabies, the vaccination of domestic carnivores against rabies was not compulsory in non-infected French departments. However, as this task must be validated by an official vaccination certificate in the statutory format, only private veterinarians with an animal health accreditation mandate were allowed to hold and administer the vaccine.

Example of implementing the animal health accreditation mandate in developing countries

As mentioned above, a number of African countries have implemented the animal health accreditation mandate in the past ten years, primarily under the impetus of the Pan African Rinderpest Campaign (PARC). The following example looks at Niger, the second country after Chad (1994) to take the accreditation mandate route, which the author monitored at the time in his capacity of technical assistant for the programme (4).

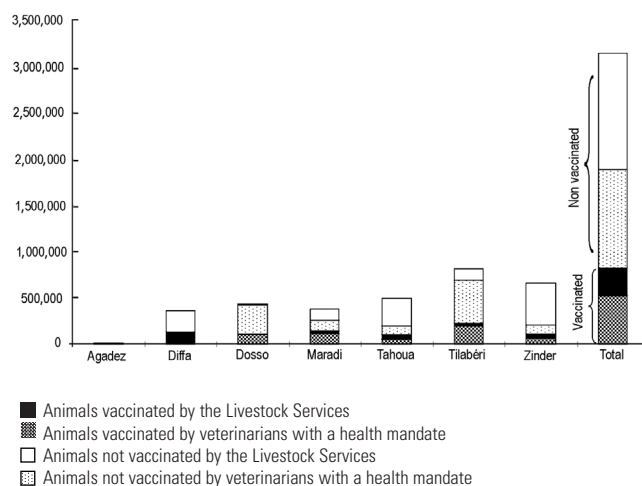
Niger embarked on the animal health accreditation mandate venture when it implemented the 1995-1996 vaccination campaign against rinderpest and contagious bovine pleuropneumonia (CBPP). Given the great reluctance and suspicion aroused by the concept in West Africa at the time, the experience can aptly be described as a venture, because it required a certain amount of courage for CVOs to impose such an experiment on subordinates. Up until then, medical prophylaxis for these two diseases had been provided solely by teams of public service veterinary technicians (para-professionals) working under the responsibility of veterinarians from the Administration.

In 1997, five animal health accreditation mandates were awarded to five private veterinarians for a total of ten districts distributed throughout five departments. The Livestock Services were responsible for vaccinating the other districts. The target of the vaccination strategy was to vaccinate 80% of the estimated one million cattle in border areas. At the end of the vaccination campaign, 826,000 head of cattle were vaccinated, so the target was not only achieved but exceeded. Figure 1 shows the respective results for each sector (public or private) by region.

The results in the figure show a better vaccination coverage of the allocated areas by private veterinarians (33%), compared with the performance of public service officials (19%).

A financial study also revealed that a private veterinarian with an animal health accreditation mandate vaccinated one head of cattle for 125 CFA (*Communauté Financière Africaine*: African Financial Community) francs; this represents 30% of the cost for the same service by public sector teams.

Furthermore, during this initial experiment under the conditions of the agro-pastoral zone of Niger (Niger is a Sahelian country), a private veterinarian could, solely by exercising his or her animal health accreditation mandate during the vaccination campaign, expect to earn an equivalent income to that of a public service veterinarian who oversees a



Coverage of the allocated areas by:
 – veterinarians with a health mandate: 33%
 – the Livestock Services: 19%

Coverage of the livestock population by:
 – veterinarians with a health mandate: 17%
 – the Livestock Services: 9%

Figure 1
Vaccinations against rinderpest and contagious bovine pleuropneumonia carried out by the Livestock Services and by veterinarians with a health mandate in Niger in 1997

vaccinated cattle population of a minimum of 35,000 head (private veterinarians vaccinated from 49,500 to 105,000 cattle each) (Table II).

Since this initial experiment was carried out within the framework of a cost recovery policy, the respective shares paid by the farmer and the government subsidy were revised, with the result that, in 2002, the government (with local authority contributions) subsidised only 40% of all CBPP vaccinations.

Table II
Breakdown of the price of a vaccinated bovine
 (in CFA francs: 1 CFA franc = 0.0015 €) (1997 figures)

Price breakdown	CFA francs	Percentage of the total	Recipient of the payment
Price paid by the farmer	75	47%	Veterinarian with a health mandate
Total subsidies broken down into:	85	53%	Veterinarian with a health mandate
– Cost of each vaccine dose	35	22%	Producing laboratory
– Payment after the livestock services have certified the number of head vaccinated	35	22%	Veterinarian with a health mandate
– Payment after checking serological quality and marking and evaluating vaccine losses	15	9%	Veterinarian with a health mandate
Total price	160		

In 2003, seven private veterinarians with an animal health accreditation mandate vaccinated the cattle population of fourteen districts.

The results of this initial experiment in Niger have therefore been highly positive.

Subsequently, Guinea Conakry, Senegal, Cote d'Ivoire, Mali and Burkina Faso have all successfully embarked on the same experience. To date, a total of seven African countries have adopted the concept of the animal health accreditation mandate.

Advantages and drawbacks

Advantages

The advantages of the animal health accreditation mandate take a variety of forms at both the economic and institutional levels.

At the economic level, there are the following advantages:

- the animal health accreditation mandate allows the rational use of the existing network of private veterinarians in the field and creates a more tightly meshed network over the country as a whole, which reduces the cost of implementing epidemiological surveillance activities
- human resource management in the public service is simplified, which can lead to a reduction in its field personnel
- the logistics of managing the travel of health support teams in the field are reduced to a minimum, with private veterinarians providing their own transport
- personnel costs are reduced, since *vétérinaires sanitaires* only work part-time for the government and earn most of their income from their professional veterinary activities. In France, it has been calculated that the 4,000 private 'rural' *vétérinaires sanitaires* are the equivalent of 500 full-time public officials
- the animal health accreditation mandate represents a significant source of revenue for private veterinarians. This income security strikes a special chord in countries that are in the process of privatising their animal health service provision: banks feel more confident about lending money and there is a better geographical distribution, thereby minimising the burden of areas 'with poor potential'.

The institutional advantages are as follows:

- the animal health accreditation mandate tightens the network of official veterinarians in the field who are actually in contact with the animals and are accredited to issue official vaccination certificates
- *vétérinaires sanitaires* can be mobilised to carry out *ad hoc* health tasks at any time, upon simple decree by the prefecture

or municipality. A *vétérinaire sanitaire* – who acts as a municipal health adviser – can, with the agreement of the mayor of the district, ensure that urgent local health measures are adopted to safeguard veterinary public health. In this type of emergency measure, a *vétérinaire sanitaire* can minimise the consequences of the administrative inertia that is inherent in certain chains of command

- the existence and formalisation of numerous private veterinarians, by means of the animal health accreditation mandate, raises the existing standards of expertise in the field, with these mandated veterinarians replacing public service para-professionals (this and the preceding points respond fully to the concerns expressed in paragraph two of article 1.3.4.5. of the *Terrestrial Animal Health Code* on the evaluation of Veterinary Services: 'In this case, the evaluation should provide assurances that disease monitoring is being conducted by a sufficient number of qualified, experienced field veterinarians who are directly involved in farm visits; there should not be an over-reliance on technical assistant staff for this task')
- an animal health accreditation mandate confers 'official status' on any veterinarian holding a mandate, earning him or her recognition from farmers; this legitimisation is sometimes hard to secure in countries that have recently embarked on a privatisation scheme
- the involvement of private veterinarians in public service activities enhances their professional ethics, even when they are practising as private professionals
- the animal health accreditation mandate also provides the Veterinary Administration with a means to control the activities of private sector professionals
- the mandate increases civil society involvement in national concerns about veterinary public health, food safety and consumer protection, by illustrating the 'stable to table' concept in practice
- lastly, the evolving nature of the animal health accreditation mandate concept means that it can be tailored to the specific operational needs of each country in a flexible way. In France, over the past twenty years, the mandate has progressed from purely implementing health measures to implementing epidemiological surveillance measures, and it is now evolving towards epidemiological alert functions.

Drawbacks

However, there are a few constraints and pitfalls in implementing the mandate.

'Mandate holder' concept

There is often confusion between the implementation of the animal health accreditation mandate and the private practise of veterinary medicine. This confusion has become so entrenched in West Africa that even messages sent in connection with the PARC project have caused misunderstandings. For instance,

messages saying that such and such a farmer was not required to accept the care provided by such and such a veterinarian because that veterinarian did not have an animal health accreditation mandate...

This confusion can be explained by the special context in which veterinary privatisation was carried out in the Sahel. On the one hand, as mentioned earlier, the animal health accreditation mandate was essential in launching the first private veterinarians, both for economic reasons and to establish them as 'official' in the field. However, in virtually all Sahel countries, the privatisation of veterinarians was met by fierce competition from qualified para-professionals (technicians, auxiliaries assistants, advisers), who were not able to hold an animal health accreditation mandate themselves.

Professional ethics and the animal health accreditation mandate

The exercise of the animal health accreditation mandate calls for a high standard of professional ethics which it is sometimes hard to find in countries that have recently gone through privatisation programmes, where professional regulatory and disciplinary organisations (veterinary colleges, councils and chambers) have not yet attained the level of authority their role requires.

In fact, applying health policy to safeguard the public interest can lead a veterinarian with an animal health accreditation mandate to take decisions that go against his or her own short-term commercial interests (decisions relating to infection, slaughter, infection zone), which could be poorly viewed by the customer who appears to be 'targeted' by these decisions. Moreover, the power conferred by the possession of an animal health accreditation mandate, and the temptation to corruption to which its holder could be subject as a consequence, could well lead certain persons with dubious morals into professional misdemeanours. However, this is not to say that such misdemeanours are any more frequent or dangerous than for public service personnel, particularly if such personnel are still involved in animal clinic activities.

There is also a certain incompatibility between the exercise of the animal health accreditation mandate among customers, and the guarantees of independence required by the *Terrestrial Animal Health Code*, with respect to issuing official certificates.

Once again, the proper organisation of the veterinary profession, both public and private, is all important. The experience of France has shown that, in the context of a clear and logical segregation of duties between the public and private sectors, implementing the animal health accreditation mandate with the highest standards of professional ethics requires a high standard of training for veterinarians and strong internal regulation of the profession by a powerful and respected independent college of veterinarians.

Remuneration for the animal health accreditation mandate: government involvement is essential

As discussed earlier, the exercise of the animal health accreditation mandate is independent from the mode of remuneration for a veterinarian with a health mandate. While the principle is valid in general, it can be qualified for those countries which introduce the animal health accreditation mandate concept at the same time as a policy of privatising farmer services, usually accompanied by a cost recovery strategy. In this case, a financial contribution from the government for compulsory sanitary measures appears to be vital if farmers are to accept a private veterinarian mandated by the Administration. In fact, too great a change in the habits of farmers can lead them to reject the entire concept of privatisation.

The animal health accreditation mandate seen as a 'contract'

Recent experiences of implementing the animal health accreditation mandate have also revealed one pitfall that is to be avoided, namely, equating granting an animal health accreditation mandate with assigning a service contract. Two examples can be cited: Chad and Kenya, which both contracted out compulsory rinderpest vaccinations during the PARC programme. In general, such errors have been committed in 'risk' situations. In Chad, the animal health accreditation mandate was launched at the same time as a privatisation strategy in a market far from conducive to veterinary activities. In Kenya, the animal health accreditation mandate was only granted for a short period (the vaccination campaign).

In both cases, veterinarians with a health mandate, who had become mere casual contract employees, were often content to arrive in the field and take health measures only for the short period of the mandate, limiting their professional activity to vaccinations.

Under these circumstances, it is impossible to exploit the main advantage of the animal health accreditation mandate, which is to capitalise on the network of private veterinarians based in the field. As stressed earlier, the mandate represents a synergetic relationship between the public Veterinary Administration and private veterinarians: in return for providing a secure financial basis and recognition for the legitimacy of private veterinarians through the animal health accreditation mandate, the government can rely, at all times and virtually free of charge, on a network of agents already in operation, who can temporarily be attached to the public service.

Conclusion

The animal health accreditation mandate is not the only alternative for the Veterinary Administration of countries wishing to temporarily avail themselves of the services of

private veterinarians, since there is a variety of other systems in existence in other countries that have also proven their worth. However, a comparison with these other systems reveals a number of advantages to using the animal health accreditation mandate, especially in terms of the flexibility it gives to mobilise *vétérinaires sanitaires* and the speed with which they can take action in an emergency. In developed countries the comparative advantages of the animal health accreditation mandate have yet to be proven by means of operational effectiveness studies and economic studies; however, the mandate is of particular interest to developing countries, where in many cases communication networks are still incomplete and prevent the chain of

command from functioning properly. It is in this difficult day-to-day situation in the field, where *vétérinaires sanitaires* are constantly confronted with unforeseen epidemiological incidents as dramatic as they are sudden, that the animal health accreditation mandate proves its worth, not only by safeguarding animal and public health, but also by significantly raising the standard of reliability of the official veterinary certification system. ■

References

1. Collective (2003). – Seminar on human resources for Veterinary Services in Eritrea. Ministry of Agriculture, Asmara, Eritrea, 7 pp.
2. Collective (2003). – Seminar on the harmonisation of activities for National Veterinary Services and private veterinarians on the basis of the OIE *International Animal Health Code*. Seminar organised by the OIE and the Lithuanian Veterinary Services, Vilnius, 1-5 September.
3. Dufour B., Lobry M., Seynave R.L., Tacher G. & Vallier G. (1994). – Administration et gestion des Services vétérinaires. Vol. II : Exercice de la profession vétérinaire : conditions d'évolution. Première partie – Activités privées et organisation publique. Deuxième partie – Services vétérinaires : le droit et l'éthique. OIE, Paris, 176 pp.
4. Le Brun Y. (1997). – Bilan des mandats sanitaires, 1997. Direction de l'Élevage, Ministry of Agriculture, Republic of Niger, 17 pp.
5. OIE (World organisation for animal health) (2003). – Terrestrial Animal Health Code, 12th Ed. OIE, Paris, 539 pp.
6. OIE (World organisation for animal health) (2003). – Rapport de la réunion du Groupe *ad hoc* de l'OIE sur le rôle des vétérinaires du secteur privé et du personnel para-professionnel dans la fourniture de services en santé animale, Paris, 10-11 February. Working document, OIE, Paris. ■