Workshop report

Public-private partnerships (PPPs) for veterinary service delivery in Ethiopia

20 June 2019, Lalibela Hall, ILRI campus, Addis Ababa

Photo credit- ILRI
HEARD project stakeholder workshop report
European Union - Health of Ethiopian Animals for Rural Development (HEARD)

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International Livestock Research Institute (ILRI)
Ethiopian Veterinary Association (EVA)

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1. Introduction

Ethiopia is endowed with large and diverse livestock population in Africa (17 percent cattle, 15 percent small ruminants, 10 percent camels and 49 percent equines). Livestock are extremely important for the country’s economic development, food and nutrition security, and poverty reduction. However, the off-take rate and per capita consumption of livestock products is one of the lowest in the world. Technical, institutional, infrastructural, environmental and policy challenges are key constraints for livestock development.

Inefficient delivery of animal health service to smallholder and pastoralist livestock keepers is the main challenge to minimizing the impact of diseases.

Veterinary service in Ethiopia is primarily provided by the public sector, with clinics in every district and health posts in almost every kebele. However, effective service to the livestock keepers is not satisfactory. Participation of the private sector is highly low owing to the limited policy support.

To increase the participation of the private sector in the veterinary service sector, a Veterinary Service Rationalization Road Map has been proposed in 2014 by the LVC-PPD project.

The Health of Ethiopian Animals for Rural Development (HEARD) project has been launched in March 2019 with an aim of implementing the road map that is designed to improving Ethiopia’s veterinary service delivery system. HEARD is implemented by the International Livestock Research Institute (ILRI) and the Ethiopian Veterinary Association (EVA). Its focus is on strengthening capacity development and piloting public-private partnerships.

The active involvement of the private sector on its own or through public-private partnership (PPP) models is currently constrained by the lack of effective business models. It has been reported that private service providers, especially those providing service at the grassroots level, are struggling to provide quality services and survive as viable businesses and often find themselves being in competition with public service providers.

A stakeholder workshop involving public and private stakeholders took place in June 2019 with an aim of identifying gaps in the veterinary service delivery. The gaps identified by the participants include:

- Limitations on policy, strategies and regulations (such as illegal trade and use of drugs, drug sales without prescription, practicing veterinary tasks without license, and lack of incentives for professionals and service providers)
- Poor sectoral and institutional coordination (between regional and federal offices, NGOs and GOs, the private and public sectors)
- Limited capacity of both professional and paraprofessional service providers and laboratory diagnostic services
- Poor access to services and inputs (drugs in quantity, quality, variety and affordability)

This report summarizes the activities and outcomes of the workshop.

This workshop was organized by ILRI/EVA HEARD project. It was attended by 41 participants comprised of: public and private veterinary service providers, educators, non-governmental organizations, international organizations, donors including the European Union and World Organization for Animal Health (OIE), Ministry of Agriculture, regional agricultural bureaus, FAO, Agricultural Transformation Agency, National Veterinary Institute, HEARD project coordinators from Amhara, Oromia and Somali regions, Gondar University, Haromaya University, Jigjiga University, Brooke Ethiopia, private clinics and drug stores and a global service provider Zoetis.
It was facilitated by Barbara Wieland, leader of ILRI HEARD project with support of the ILRI-HEARD team. The workshop was organized in three sessions. The topics covered in the first session include: presentations on the gaps identified in veterinary service delivery in Ethiopia, report on PPP experiences from Ethiopia and Kenya, highlights on related opportunities for PPPs as well as introduction of OIE’s PPP initiative. The second session saw group exercise where participants were asked to identify the gaps to the possible PPP typologies based on the presentations in the first session. The OIE handbook on PPP models was reprinted and distributed to each of the participants to facilitate the exercise and for future reference in implementing the models. The third session was devoted to discussing the outcomes of the mapping exercise, and ways forward.

2. Workshop aims and objectives
The aim of the workshop is to discuss and prioritize gaps in veterinary service delivery in Ethiopia and identify possible public-private partnership models to address these gaps.

Objectives:
- Understand public-private partnership (PPP) and PPP typologies
- Map gaps to possible PPP typologies
- Agree on ways forward in defining and setting up PPPs

3. Session one: understanding public-private partnerships (PPPs) and PPPs typologies

I. The concept of PPPs
Wieland Barbara, ILRI HEARD project coordinator, introduced the HEARD project, the concept of PPPs, workshop aims and objectives.
https://www.slideshare.net/ILRI/heard-wieland

II. Critical gaps in veterinary service delivery
Gizaw Solomon, ILRI HEARD project coordinator, presented critical gaps in veterinary service delivery in Ethiopia that were identified in the first stakeholder workshop held in April 2019. These gaps were used in the mapping exercise in session two of the workshop.
https://www.slideshare.net/ILRI/heard-so Solomon

III. Experiences of PPPs from Kenya
Onle Siyat, presented FACTS Ltd Kenya experience with PPP models with the Kenyan public sector in pastoralist areas. The presentation was followed by discussions.
https://www.slideshare.net/ILRI/heard-siyat
IV. Experiences of PPPs from Ethiopia
Desta Samuel, deputy coordinator of LVC/PPD project, presented lessons learned from sanitary mandate contracting scheme (SMCs) under the LVC/PPD project. The project was supported by the European Union with a EUR 10 million fund and implemented by the MoA and EVA. Discussions were held on factors for sustainability of PPP models.

https://www.slideshare.net/ILRI/heard-samuel

Kassa Gebreegziabher, shared the experiences of Tesfay and Mulugeta Veterinary Activity Partnership, a company founded by young veterinary graduates (two men and a woman) in Tigray region. The services they provide include: poultry production, mobile clinic service, rabies vaccination, drug wholesale, and commission works (sale of day-old chicks, poultry feeds, poultry vaccine by commission in collaboration with private poultry producers and women association).

https://www.slideshare.net/ILRI/heard-gebreegziabher-163812924

V. The use of mobile apps to support diagnosis
Saville Kiera and Revie Crawford, representing Brooke and University of Strathclyde UK respectively, presented the use of a mobile application to support diagnosis across multiple animal species and improve disease surveillance in remote settings. They also demonstrated the functionality of the smartphone application which is primarily for clinical decision support.

https://www.slideshare.net/ILRI/heard-crawford

VI. Introduction to the African Livestock Productivity Health Advancement Program
Yenehun Anteneh, representing Zoetis, introduced the objectives of the African Livestock Productivity Health Advancement (ALPHA) program and the veterinary service provider, Zoetis’s support to PPPs in Ethiopia. Zoetis is currently partnering with NAHDIC, VDAFACA and EVA in Ethiopia.

https://www.slideshare.net/ILRI/heard-alpha-168914950

VII. PPPs models experience from OIE
Dieuzy-Labaye Isabelle from OIE, who joined the workshop virtually, presented OIE’s support to public-private partnerships in the veterinary domain. She discussed:
- Key milestones of the OIE initiatives starting from 2017 and beyond
- Introduction of the OIE handbook and e-learning modules where practical examples on PPP can be found
- Explanation of the global typology of PPPs in support of national veterinary services (transactional PPP, collaborative PPP and transformative PPP)
- Roles of leaders at different stages in the PPP initiative
- Highlight on some PPP example initiatives from the handbook annex
- Encouraged participants to use OIE resources (www.oie.int/publicprivatepartnerships).
VIII. Discussion on critical factors for sustainability of PPPs

Following the presentations, participants discussed the critical factors for contributing to the success and/or failure of the PPP modalities presented. The key issues discussed are listed below:

Discussion with Onle:
- Participants asked Onle to explain the privatization process of the veterinary service in Kenya and the critical factors for its success
- It was a gradual process and it required a persistent endeavour to convince the government to let go of some of the veterinary services to the private sector.
- Government commitment to change policies is a critical factor.
- There should be delineation of delivery of public and private goods. In Kenya, vaccination for important transboundary animal diseases which constitutes a public good, is handled by the public sector, whereas vaccination for other diseases and other clinical services (deworming, tick control, drug sells, and non-infectious disease treatment) were left for the private sectors since 1991.
- Gaps in veterinary service need to be identified, which then can be turned into opportunities to involve the private sector
- Platforms need to be created in which the government and private sector work together on animal health service provision. In Kenya, such a platform was created with support of ILRI and resulted in services provided by the FACTS company being synchronized with the public sector as a field animal health service provider.

Discussion with Desta:
- Sanitary mandate contracting scheme has been discontinued since support from the project stopped. And it has not been sustainable in the tested form. Therefore, it needs amendment.
- Public veterinarians cannot be involved in vaccination services under a PPP sanitary mandate. The roles for public and private actors need to be clearly delineated.
- Budget allocation for the intervention was mentioned as a priority issue for sustainability and the budget source need to include the livestock keepers alongside the government and projects.
- The public sector should deliver services in certain areas that are not attractive for the private sectors.

Discussion with Kassa:
- Lack of support from the government is a major challenge his company faces.
- Resource limitations are key constraints for start-ups companies like his. This included expensive space rental cost for clinics and lack of transportation to provide mobile clinic services which, as a result, restricted the service to urban areas only.

Discussion with Klara and Crawford:
- The participants questioned the applicability of the mobile applications in remote areas of Ethiopia where electricity and mobile networks are limited. It was clarified that data input can be done offline, but internet/3G connection is required for uploading data.

Discussion with Yenehun:
- Yenehun explained that the fair competition with NVI, the public vaccine producer and supplier, is the critical success factor for his company. Product and service quality were also important factors for his company’s success.
Discussion with Dieuzy-Labaye:
- Participants asked about the role of donors in PPP initiatives
  o Donors play the role of catalysts. Once the private and public sector understand the benefits of the initiatives, the catalysts exit from the process.
  o Commitment of government officials on policy issues is also critical for the success of PPP initiatives

4. Session two: mapping gaps to possible PPP typologies
The participants were grouped into four within the categories public sector, private sector and NGOs. Each group was labelled as white, pink, green and yellow. Two activities were given for each group.

Group exercise one
The groups were tasked with reviewing the gaps identified in the first stakeholder workshop in April 2019 and discuss which of these can be addressed through a PPP. The tasks include:
• Reviewing the veterinary service gaps and selecting those for which the group thinks a PPP model is appropriate. They consulted the OIE handbook for examples.
• Discussing which PPP typology can address each gap. Suggestions from the different groups were compiled.

Group exercise
The groups presented their assessment and discussed. Results of the first session of the group work are presented in the above picture. Each of the groups found that only about 1-2 of the 16 gaps cannot be solved by PPP models. The most frequently identified PPP arrangement was collaborative.

Table 2. Assessment of four groups (white, pink, yellow and green) of participants on appropriateness of PPP models to fill the gaps in veterinary service

<table>
<thead>
<tr>
<th>Gaps in veterinary service</th>
<th>White group</th>
<th>Pink group</th>
<th>Yellow group</th>
<th>Green group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease reporting system, poor quality report, interrupted report, low report rate</td>
<td>Transformativ</td>
<td>Collaborative</td>
<td>No PPP</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Extension service on animal diseases, awareness of disease</td>
<td>Transformativ</td>
<td>Transformative</td>
<td>Transactional</td>
<td>Transactional</td>
</tr>
<tr>
<td>Illegal drug trade, drug abuse, drug sale without prescription</td>
<td>Collaborative</td>
<td>Collaborative</td>
<td>Transformative</td>
<td>Transformative</td>
</tr>
<tr>
<td>Poor sectoral coordination between regional and federal offices, MOA an MOH, NGOs and GOS, private and public sector</td>
<td>No PPP</td>
<td>Collaborative</td>
<td>No PPP</td>
<td>No PPP</td>
</tr>
<tr>
<td>Lack of support from the government to the private sector (training, refreshment courses, experience sharing, credit)</td>
<td>Collaborative</td>
<td>Collaborative</td>
<td>Transformative</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Poor access to services and inputs (drugs in quantity, quality, variety and affordability)</td>
<td>Collaborative</td>
<td>Transformative</td>
<td>Collaborative</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Role of CAHWS (should serve in areas not covered by professionals) training of CHAW’S</td>
<td>Transactional</td>
<td>Collaborative</td>
<td>Transactional</td>
<td>Transactional</td>
</tr>
<tr>
<td>Access and quality of laboratory diagnostics services</td>
<td>Collaborative</td>
<td>Transactional</td>
<td>Collaborative</td>
<td>Transformative</td>
</tr>
<tr>
<td>Non-infectious diseases are not well managed due to inputs shortages, absence of farm gate clinical services</td>
<td>Collaborative</td>
<td>Transactional</td>
<td>Transformative</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Absence of mobile clinic services</td>
<td>Transactional</td>
<td>Transactional</td>
<td>Transformative</td>
<td>Transformative</td>
</tr>
<tr>
<td>Vaccination programs (absence of vaccination strategy in Ethiopia, no schedule for vaccination)</td>
<td>Transactional</td>
<td>Collaborative</td>
<td>No PPP</td>
<td>Transactional</td>
</tr>
<tr>
<td>Vaccines products for poultry are in large packs (500 doses), not suited to smallholders, rarely available</td>
<td>No PPP</td>
<td>Transformative</td>
<td>Transformative</td>
<td>No PPP</td>
</tr>
<tr>
<td>Misconduct of practitioners (drug sold without prescription, not enough information for drug sold)</td>
<td>Transactional</td>
<td>Collaborative</td>
<td>No PPP</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Lack of awareness on rational drug usage (AMR) farmers attitude (preference to drugs based on price tags)</td>
<td>Collaborative</td>
<td>Transformative</td>
<td>Collaborative</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Limitations in skills among both professionals and paraprofessional service providers</td>
<td>Collaborative</td>
<td>Transformative</td>
<td>Transactional</td>
<td>Transformative</td>
</tr>
<tr>
<td>Lack of incentives for professionals and others service providers</td>
<td>No PPP</td>
<td>Collaborative</td>
<td>No PPP</td>
<td>Collaborative</td>
</tr>
</tbody>
</table>
Group exercise two
The second exercise was on planning a PPP. Each group selected two gaps out of the 16 presented. The tasks include identifying:

- The expected benefits of each of the selected PPPs for each of the two gaps chosen
- The stakeholders needed to be involved in the proposed PPPs
- Roles of the key partners involved
- The resources needed

The groups presented. Results of the second group are presented below.

Group 1 (white group)
Gap 1: Poor access to services and inputs (drugs on quantity, quality, variety and affordability):

- Benefits
  - Improve service quality
  - Increase services
  - Reduction in disease morbidity and mortality
  - Increase productivity and animal prices
  - Increase the animal off takes as a result of improved animal health services
  - Improve nutrition
  - Decrease microbial resistance
  - Increased access to the inputs

- Who needs to be involved/role (partners with their responsibility)?
  - PPP- role in providing veterinary inputs, services
  - The private sector (private veterinarians, entrepreneurs)
  - Government sector – role in Monitoring & Evaluation, services, regulation
  - NGOs - role in funding
  - Farmers/pastoralists
  - Input suppliers

- What resources are needed?
  - Professional resources
  - Logistic (vehicles)
  - Infrastructure
  - Drug and vaccination resource

Gap 2: Absence of mobile clinic services

- Benefits
  ✓ Improving animal health services
  ✓ Decrease morbidity and mortality
  ✓ Address health service at the farm gates
  ✓ Decrease use of illegal drugs
  ✓ Decrease disease transmission
  ✓ Improve public health
  ✓ Improve animal production
  ✓ Increase job opportunity
✓ Save working time of farmers/owners
✓ Increase society income

- Who needs to be involved/role (Partners with their responsibility)?
  - Government sector- extension and regulation, Monitoring & Evaluation
  ✓ Private veterinarians- extension, services
  ✓ NGO’s- funding (resource mobilization)
  ✓ CAHW’S –mobilization of the community
  ✓ Pastoralists - clients
  ✓ Financial services- loan and credit provision

- What resources are needed?
  ✓ Professional resources
  ✓ Logistic (vehicles)
  ✓ Infrastructure
  ✓ Drug and vaccination resources

**Group 2: Pink group**

**Gap 1: Vaccination programs (absence of vaccination strategy in Ethiopia, no schedule for vaccination):**

- Benefits
  - Better control of disease occurrence
  - Production and productivity increases
  - Better international trade,
  - Income of producers and
  - The country foreign currency increases

- Who needs to be involved/role (Partners with their responsibility)?
  - Government
  - Service providers
  - Private vaccine and related inputs producing companies
  - Livestock owners; producers
  - Development partners

- What are the roles of the key partners involved?
  - Government: Designing vaccination program strategy, regulation, monitoring, budget
  - Service providers: Quality service provision, reporting
  - Private vaccine and related inputs producing companies: Producing quality, affordable and enough amount of vaccines and related inputs
  - Livestock owners: Cooperate in bringing their animals for vaccination (service delivery); cooperate with government and service providers in all activities
  - Development partners: Budget and technical support

- Resources needed
  - Human resource
  - Inputs
  - Financial resource
  - Logistics
Gap 2: Misconduct of practitioners (drug sold without prescription, not enough information for drug sold)

- **Benefits**
  - Quality veterinary service (reducing the drug resistance and drug side effects, improved curability)
  - Production and productivity increases
  - Save of farmers’ treatment cost
- **Who needs to be involved/role (Partners with their responsibility)?**
  - Government; including judiciary body
  - Service providers
  - Private drug and related inputs producing companies
  - Livestock owners; producers
  - Development partners
- **What are the roles**
  - Government; including judiciary body, veterinary statutory body council: Establish veterinary statutory body, execute and implement legal frameworks.
  - Service providers: Selling quality drugs with prescription, giving enough information about the drug
  - Private drug and related inputs producing companies: Produce quality and standard drugs and inputs
  - Livestock owners; producers: Being aware of the service, service providers and the laws
  - Development partners: technical support
- **What resources needed**
  - Skilled human resource
  - Financial resource (for training; awareness campaigns)
  - Logistics

Group 3: Yellow group

Gap 1: Poor access to services and inputs (drugs in quantity, quality, variety and affordability)

- **Benefits**
  - Improve service quality
  - Increase service coverage
  - Decrease morbidity and morbidity from diseases
  - Increase productivity
  - Increased livestock off-take
  - Improved nutrition
  - Decreased Antimicrobial drug resistance
  - Increased access to input
- **Who needs to be involved/role (Partners with their responsibility)?**
  - Government
  - Private sectors
- NGOs
  - What are the roles of the key partners involve?
    - Government: regulation and monitoring
    - Private sectors: provide veterinary inputs and services
    - NGOs: Funding, capacity building (training)
  - Resources needed
    - Financial resource
    - Technical
    - Infrastructures
    - Drugs

**Gap 2: Absence of mobile clinic services**

- Benefits
  - Improving animal health services
  - Decrease morbidity and mortality from the diseases
  - Increase clinical service coverage
  - Decrease illegal drug use
  - Improve public health
  - Improve animal production and productivity
  - Address farm gate service
  - Increase job opportunity
  - Improve livelihood of the producers
- Who needs to be involved/role (Partners with their responsibility)?
  - Government sector
  - Private veterinarian
  - NGOs
  - Pastoralists
  - CAHWs
  - Financial sectors
- What are the roles
  - Government sector: extension service, regulation, monitoring and evaluation.
  - Private veterinarian: extension service and services
  - NGOs: funding (resource mobilization), catalysing
  - Pastoralists: client, use service from legally certified veterinarian
  - CAHWs: mobilization
  - Financial sectors: provide loan and credit
- What resources needed
  - Professional resources
  - Vehicle and motor bikes
  - Infrastructure resources
  - Drug resources
Group 4: Green group

Gap 1: Illegal drug trade, drug abuse, drug sale without prescription

- **Benefits**
  - Avoid drug resistance (AMR)
  - Encourage private sector (increase business gain)
  - Reduce conflict around illegal trade
  - Customer satisfaction increase
  - Increase provision of good quality drug

- **Who needs to be involved/role (Partners with their responsibility)?**
  - Government (federal and regional animal health and development offices VDFACA)
  - Private sectors (drug, producers, importers, distributors, retailers)
  - Professional associations (EVA)
  - Livestock owners, producers
  - Community

- **What are the roles of the key partners involved?**
  - Government: registration, certification, quality testing, regulation, monitoring, stakeholder mobilization and enforcing the law and regulations.
  - Private sectors: manufacturing and importing quality drug, selling drug with prescription, refraining from selling and distributing illegally imported drugs.
  - Professional associations (EVA): providing up to date information to the practitioner and concerned legal body.
  - Livestock owners: avoiding the use drug from illegal source.

- **Resources needed**
  - Financial resources
  - Technical

Gap 2: Disease reporting system, poor quality report, interruption report, low report rate

- **Benefits**
  - Better control of animal diseases
  - Reducing AMR
  - Timely response to disease outbreak
  - Enabling targeted vaccination
  - Improve the livelihood of the farmer and pastoralists
  - Reduce zoonosis

- **Who needs to be involved/role (Partners with their responsibility)?**
  - Government (Ministry of agriculture and livestock resource)
  - Private veterinary sectors
  - Community

- **What are the roles**
  - Government on setting up policy and strategies
  - Private sector: timely reporting, supporting reporting system by developing mobile application
5. Session three: ways forward

The participants discussed on ways forward on the implementation process of the identified PPP models. The workshop helped increase participants' awareness on PPPs. More detailed discussions based on the suggestions made will be held in smaller groups, or in the form of regional task forces in the future. Reflections and recommendations on ways forward are listed below:

Participants reflections:
- The sessions were presented in attractive manner and explained the concept of PPPs
- Farmers, as end users, need to be involved in PPPs development
- The gaps are well identified but still need to be refined because some are not specific
- It is better to see benchmarks from other countries (experience from other country)
- Sensitization is important by doing situational analysis to adjust it to Ethiopia’s context
- Ethiopia can be benefit from the livestock resource by applying PPPs

Recommendations on ways forwarded:
- Veterinary statutory body should be established immediately before implementing PPPs
- Veterinary service rationalization road map and other relevant legislations on the table need to be endorsed to facilitate the implementation of PPPs
- It is better to also involve policy makers to take PPPs initiative forward
- It is important to establish task forces that are led by the MoA and consisting of working groups from the Ministry, regional livestock heath and development bureaus, universities and private sector which formulates and comes up with a complete document on how to apply PPPs
- Demand should be analysed to identifying areas where the private sector can function and collaborate.

Aha! moment
At the end of the sessions, participants were asked to note down their general observations and their take home messages from the workshop:
- There is a need for policy that supports PPPs
- PPPs can increase animal productivity and livestock keepers’ income
- Currently animal health service delivery in Ethiopia is under government monopoly and the private sector has no market niche for the service
- It was good to get experiences from other countries (Kenya) and OIE in the workshop
- Meeting the private sector and the public sector to exchange experiences
- Gained insight on PPP sustainability issues
- The workshop in general was excellent, I liked most of the presentations
✓ The workshop was a learning experience for the participants and would produce important outputs for the organizer
✓ Suggestion: Prepare two important PPP documents (plan)
✓ We learned a lot on PPPs
✓ We cannot achieve much without the collaboration between the public and private sectors
✓ The workshop was good. Continue giving awareness to private practitioners and government animal health works
✓ In the Somali region, as private veterinarians, we welcome the establishment of regional task force that will follow up every steps of the project activities
✓ I have really appreciated how ILRI is committed to initiate the PPP model in Ethiopia
✓ There are private vets in Ethiopia that are ambitious and could bring about positive change for animal health and welfare
✓ If the government steps back and makes space for the private sector, it could create more opportunities for a sustainable system to thrive
✓ Surprised how Ethiopia is far behind even from neighbouring Kenya
✓ The key role of the different stakeholders should be defined
✓ I learned a lot regarding privatization, public and governmental collaboration in veterinary domain
✓ Legal and illegal marketing of the veterinary drug in the country is a challenge
✓ I am proud to participate in the workshop. I expect to see more. It would be good to get a certificate of participation in the future
## Workshop agenda

**EU 11th EDF - Health of Ethiopian Animals for Rural Development (HEARD)**

Public-Private Partnership models for Veterinary Service Delivery in Ethiopia

HERAD project stakeholder workshop

20th June 2019 – ILRI Addis Campus

**Aim**: this workshop aims to discuss and prioritise identified gaps in veterinary service delivery in Ethiopia and identify possible public-private partnership models to address these.

**Objectives:**
- Understand PPP typologies
- Map gaps to possible PPP typologies
- Agree on way forward in defining and setting up PPPs

<table>
<thead>
<tr>
<th>Time</th>
<th>Sessions</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 am</td>
<td>Registration</td>
<td>Yodd Girma</td>
</tr>
<tr>
<td>08.45 am</td>
<td>Objectives, agenda and introductions</td>
<td>Barbara Wieland (ILRI) and facilitator</td>
</tr>
<tr>
<td>09.15 am</td>
<td>Critical gaps in veterinary service delivery in Ethiopia</td>
<td>Solomon Giwot (ILRI)</td>
</tr>
<tr>
<td>09.30 am</td>
<td>Experiences of PPP from Kenya</td>
<td>Siyat Onle (FACTS ltd)</td>
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<td></td>
<td>Experiences of PPP from Ethiopia</td>
<td>Samuel Mulat</td>
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<td></td>
<td>PPP experience from Mekele</td>
<td>GebreGizabher Kasa (private veterinarian)</td>
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<tr>
<td></td>
<td>The use of mobile apps to support diagnosis</td>
<td>Mare Savile (Brooke, UK) / Crawford Revie (University of Strathclyde, UK)</td>
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<tr>
<td></td>
<td>Introduction to A. LF.H.A. (Business Development in the animal health sector)</td>
<td>Anteneh Yenenhu (A.L.F.H.A. African Livestock Productivity and Health Advancement)</td>
</tr>
<tr>
<td>10:45</td>
<td>Brief reflection on critical factors for sustainability</td>
<td>Facilitator: Barbara Wieland</td>
</tr>
<tr>
<td>11.00 am</td>
<td>Coffee Break</td>
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<tr>
<td>11.30 am</td>
<td>PPP models experiences from OIE</td>
<td>Isabelle Dieuty-Labaye (OIE)</td>
</tr>
<tr>
<td></td>
<td>- Overview of PPP typologies</td>
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<td></td>
<td>- Guidelines for PPP in veterinary domain</td>
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<td></td>
<td>- Examples</td>
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<tr>
<td>12.30 pm</td>
<td>Lunch</td>
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<tr>
<td>1:30 pm</td>
<td>Group work 1:</td>
<td>Groups</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Plenary feedback and discussion</td>
<td></td>
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<tr>
<td>03.00 pm</td>
<td>Coffee</td>
<td></td>
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<tr>
<td>03.20 pm</td>
<td>Group work 2:</td>
<td>Groups</td>
</tr>
<tr>
<td>04.10 pm</td>
<td>Plenary feedback and discussion</td>
<td></td>
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<tr>
<td>4.30 pm</td>
<td>Final words - the way forward - closing</td>
<td>Barbara Wieland Melaku Azsefa</td>
</tr>
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</table>
Pictures from the workshop
The Health of Ethiopian Animals for Rural Development (HEARD) project is financed by the European Union.

Among others, one of the objectives of the project, ‘improving the technical competencies of veterinary service providers to enable them to deliver better and provide rationalized services’ is jointly implemented by the International Livestock Research Institute (ILRI) and the Ethiopian Veterinarians Association (EVA). The lead implementer of the HEARD project is the Federal Democratic Republic of Ethiopia’s Ministry of Agriculture.

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