Influencing agricultural policies through evidence
(Control of Classical Swine Fever)

V Padmakumar, Ram Deka, Iain Wright

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The Challenge

- High mortality of pigs due to CSF causing huge economic loss in North East India
- Animal health care services are confined to urban/peri-urban areas
- Inadequate supply of quality vaccine
- Anecdotal evidence
The Approach

- Carried out participatory epidemiological study
- Tested tissue and serum samples for CSF virus antigen
- Assessed economic loss due to mortality, treatment and replacement
- Conducted another study on vaccine production, storage, delivery and effectiveness
- Documented the findings (Research brief)
Stakeholder consultation

Policy Round Table
Most significant results

- Govt. of India initiated national swine fever control programme targeting north east India
- Augmented licensing process for CSF cell culture vaccine production by public/private institutes
- TATA-ILRI project trained village scouts in pilot villages and started vaccination against pigs (no cases reported after vaccination)
- Govt. of Nagaland took policy decision to mainstream the model throughout the state with state resources
## Insights

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<tr>
<th>Cost Category</th>
<th>India</th>
<th>North East</th>
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<tbody>
<tr>
<td>Vaccination doses required /year</td>
<td>22.26 million</td>
<td>7.64 million</td>
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<tr>
<td>Vaccine availability</td>
<td>1.2 million (lapinised)</td>
<td>0.04 million (lapinised)</td>
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<tr>
<td>Gap</td>
<td>21.06 million doses /year (95%)</td>
<td>7.60 million doses/year (99%)</td>
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Accessiblity of farmers to health services can be enhanced substantially through village scouts.
Key Lessons

• Creating evidence (problem and results) is the first and foremost step
• Stakeholder consultation to validate findings
• Documentation of results (research briefs, video) keeping in view of the customer
• Involvement of state actors /policy makers right from the beginning
• Sustained interaction, follow up with the policy makers
Thank you for your Attention!

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